S

REGIMENTAL DOCUMENTS

NAME ACTON. William REGT. NO. 913805. UNIT 197th o/s Bath H. Q. FILE NO. 920

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C H

W. 2589
100M-11-19
1772-39-1377

197th O/S.Batt.

ATTESTATION PAPER.

No. 913805.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DEPT. MILITIA & DEFENCE
DEC -1 1917
H.Q. CANADA

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Acton
1a. What are your Christian names? William
1b. What is your present address? 70 Cordova St. City.
2. In what Town, Township or Parish, and in what Country were you born? Manchester Eng.
3. What is the name of your next-of kin? XX
4. What is the address of your next-of-kin? XX
4a. What is the relationship of your next-of-kin? XX
5. What is the date of your birth? 13th Feb 1872
6. What is your Trade or Calling? Labourer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
9. Do you now belong to the Active Militia? XXXXX No
10. Have you ever served in any Military Force? No.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Acton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

W. Acton (Signature of Recruit)

Date Nov 3rd. 1916 191 . A. Russell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Acton, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

W. Acton (Signature of Recruit)

Date Nov 3rd. 1916. 191 . A. Russell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Vancouver this Third day of Nov 1916.

C. G. Heenehan (Signature of Justice)

M. F. W. 23
750M—9-16
W. O. 1779-86-841

Description of ACTON, William on Enlistment.

Apparent Age 44 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6½ ins.

Chest measurement: Girth when fully expanded ..... 37 ins.
Range of expansion ..... 2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Brown

Religious denominations:
- Church of England ..... ✓
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other denominations ..... (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

4 Vac L
Slight varicose veins R leg
Tattoo inside R forearm
Inequality in size of thighs

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date Nov. 3rd 1916. G Brumpony

Place Vancouver. Capt Canadian

Medical Officer.

*Insert here "fit" or "unfit.

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....191 .

ATTESTATION PAPER.

No. 913805.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DEPT. MILITIA & DEFENCE
DEC -1 1917
H.Q. CANADA

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Acton.
1a. What are your Christian names? ..... William
1b. What is your present address? ..... 171 West Montavolia Portland, U.S.A.
2. In what Town, Township or Parish, and in what Country were you born? ..... Manchester, England.
3. What is the name of your next-of kin? ..... Amelia Acton
4. What is the address of your next-of-kin? ..... Manchester, England
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... 13th February 1873
6. What is your Trade or Calling? ..... Labourer
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Acton, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Sgd. W. Acton (Signature of Recruit)

Date Novr. 2nd 191 6 . John Kennedy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Acton, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Sgd. W. Acton (Signature of Recruit)

Date Novr. 2nd 191 6 . John Kennedy (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Winnipeg this 2nd day of November, 191 6 .

(Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-841

Certified a true copy of original.

Description of ..... on Enlistment.

Apparent Age.....years .....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ....ft.....ins.
5 7

Chest measurement. { Girth when fully expanded..... .....ins.
36
Range of expansion.... .....ins.
3

Complexion .....
Ruddy

Eyes .....
Grey

Hair .....
Brown

Religious denominations. {
Church of England.....
Presbyterian.....
Methodist..... .. ..
Baptist or Congregationalist.....
Roman Catholic.....
Jewish..... .....
Other denominations.....
(Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will. unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....for the **Canadian Over-Seas Expeditionary Force.**
unfit

Date.....191 . .....

Place..... .....
Sgd. O.Stephenson Capt.
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....191 .

No card

MEDICAL HISTORY SHEET

Surname ACTON Christian Name William

DEPT. MILITIA & DEFENCE
DEC -1 1917
H.Q. CANADA

Examined on 3rd day of Nov. 1916 at Vancouver

Birthplace City or Town Manchester
County England

Approved by G Murphy
Rank Capt Camp M.O.

Apparent age 44

Trade or occupation Labourer

Height 5 feet 6½ Inches

Weight ~~135~~ 127 lbs.

Chest measurement Minimum 35 inches
Maximum expansion 37 inches

Physical development Fair.

Small-pox Marks

Vaccination Marks Arm Right ✓ Left Yes
Number 1 4

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease 1908

(b) Slight defects but not sufficient to cause rejection
Vision: 20/30 each eye. Vision 20/20 each eye
Inequality in size of thighs
Slight varicose veins L. leg.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

CORRECTED BY PERMANENT MEDICAL BOARD VANCOUVER, B.C.

Enlisted on ..... day of ..... 191..... at .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		913805		
Transferred to				

PERMANENT MEDICAL BOARD
VANCOUVER CENTRE

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
VANCOUVER, B.C.	NOV 25 1916	Fit.	F. Butler Capt President D Nicholson Capt Member

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

MEDICAL HISTORY SHEET

DEPT. MILITIA & DEFENCE
DEC -1 1917
H.Q. CANADA

Surname ACTON Christian Name William

Examined { on 3rd day of Nov. 1916 / at Vancouver.

Approved by C B Murphy Capt Can C

Birthplace { City or Town / County

Rank Capt Can C M.O.

Apparent age

Trade or occupation

Height feet Inches

Weight lbs.

Chest measurement { Minimum inches / Maximum expansion inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision 20/20 each eye

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		913805.		
Transferred to				

PERMANENT MEDICAL BOARD
VANCOUVER CENTRE

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
VANCOUVER, B.C.	NOV 25 1916	Fit	L B Carter Capt President D Nicholson Capt

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Original not available

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 197th Battalion

Regimental No. 913805 Rank Pte Name Acton, William

Enlisted (a) 2-11-16 Terms of Service (a) C. E. F. Dofeas Service reckons from (a) 2-11-16

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
20-12-16.	197th Bn	S.O.S. as being Med. unfit	Winnipeg Man	20-12-16.	Pt II D.O. # 265.

[illegible]

Lieut for H.Q.R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

649-a-4709

CARD NO. S.O.S. Dis.

20.12.16. FOLL. IO

SURNAME. Acton,

CHRISTIAN NAMES William.

REGL. NO. 913805 RANK Pte.

UNIT 197th. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Acton, Amelia.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Manchester, England.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Manchester DATE Feb. 13th. 1873

PLACE OF ATTESTATION Winnipeg, Man. DATE Nov. 2nd. 1916.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No 913805 RANK Pte NAME Actor William

T. O. S. 2-11-16 UNIT 197th Battalion
(B.O. 265 of 20-12-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 2	Dec 20	c	Discharged 20-12-16 Med Unfit.	B.O. 265 of 20-12-16
			a/c closed by payment S	