

2nd Batt

A1265D

1 Orig
No.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Watt*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Antrim, Ireland*
 3. What is the name of your next-of-kin?..... *Jane Watt (Mother)*
 4. What is the address of your next-of-kin?..... *Randals town, Ireland*
 5. What is the date of your birth?..... *21st of March 1886.*
 6. What is your Trade or Calling?..... *Labourer*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *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*
- John Watt* (Signature of Man).
P. S. Hancock (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Watt*, do solemnly declare that the above answers made by me to the above questions 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.

John Watt (Signature of Recruit)

Date *Feb. 22nd* 1915 *P. S. Hancock* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Watt*, 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.

John Watt (Signature of Recruit)

Date *Feb. 22nd* 1915 *P. S. Hancock* (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 *Port Hope* this *22nd* day of *Feb* 1915

T. B. Chalk (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of John Watt on Enlistment.

Apparent Age... 28 years..... months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height..... 5 ft. 8 ins.

Chest measurement { Girth when fully expanded..... 35 ³/₄ ins.
 Range of expansion..... 2 ins.

Complexion..... Fair

Eyes..... Blue

Hair..... Black

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

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..... 16 Feb Feb..... 1915

Place..... Port Hope

R. H. Shields
 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.

..... John Watt..... 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]..... (Signature of Officer)
 Commanding 39th Battalion, C. E. F.

Date..... MAR 6..... 1915

B.P. 6/12/18

2

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name WATT JOHN
 Regt. No. 412650 Rank Pte
 Corps 39th Res. Bn. C.S.I.

Killed in Action
22 9/16

Memo 23/10/18
pl 24-10-18

For correct name
See 412650. Pte Fulton, John.



09736

21-10
8-10
3-10

1

A.D. B 122-1
A.D. B 178-1
1 Seal Card
1 R-122
M. F. W. 62.
100m. - 6-17.
H. Q. 1772-39-935.

10153

649-W-6067

SURNAME. *Watt*

CARD NO. ✓

D

CHRISTIAN NAMES *John.*

FOLL.

REGL. NO. *412650*

RANK *Pte.*

UNIT *39th.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Watt, Mrs. Jane

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Randalstown, Ire.

COUNTRY OF BIRTH

Ireland, Antrim,

DATE

Mar. 21st. 1886

PLACE OF ATTESTATION

Port Hope Ont.

DATE

Feb. 23rd. 1915



Q/S 17-6-15 128

From Montreal per. S.S. Mississauga 17/6/15.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Yes
Labourer

RELIGION

Baptist or Congregational

DESCRIPTION.

APPARENT AGE

28

YEARS

—

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35 3/4

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope Ont.

DATE

Feb. 16th. 1915

Present address, not stated.

Eligible for 14/15 Star. Pte. 2nd Bn. H.A.P.

WATT, J. Pte. 412650 2nd Bn.

Medals (Father)
& Decs.

Wm. Fulton, Esq.,
Tamnaderry, Randalstown,
Co. Antrim, Ireland.

15380

M

P. & S. *Serial no. 764071*
(Father as above).

Scroll Desp. DEC 31 1920 Regn. No. *77096*

Memorial Cross.
(Mother)

Plaque Desp. JAN 28 1922 Regn. No. *P 27259*

Mrs. Jane W. Fulton,
(Address same as above).

(Not married).

less JUL 21 1920 (M.) C. 15795.

a

(2)

41-5

169

No.

RANK

Plt

NAME

Watt John

T. O. S.

UNIT 46th Durham Regt
39th Bn Dewata

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Feb 10 mar 1	1915 Feb 28 mar 24	✓ ✓	Trans to 39th Bn	mar Paylist



26

Number

412.650

Rank

Pte ~~B~~

Surname

Watt

Christian Name

John

Units

2nd Bn Can Div

Theatre of War

France

Date of Service

27/10/15-

Remarks

Father

Latest Address

Mr. Sym. Futton

Lamnaderry, Randalstown

Roll No.

B. Page 12847

Co. Antrim Ireland

200m.-2-21.M.

DESP. JUN 15 1922

REGN. N.

Y/39409

NAME

Watt John

REG'T'L No.

412650

RANK AND CORPS

Pte. 1st 2nd Bn. (form. 39th Bn)

CABLE

NATURE OF CASUALTY

NO.

DATE

02111 4-10-16

A.7.B. 2090a

Rouen 30-9-16

Killed in Action Sept. 22nd 1916 ✓
Killed in Action 22nd Sept. 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a479

Rep. from Base

27-9-16

Killed in action

Surname

Christian Name or Names

Reg. No.

Watt J.
Rank P. Unit 2 Bn.
Hospital

412650.
Troop Batty.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 22.9.16

DISPOSITION

Date

Ch. 5.10.16 Hx 79

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

CERTIFIED CORRECT.

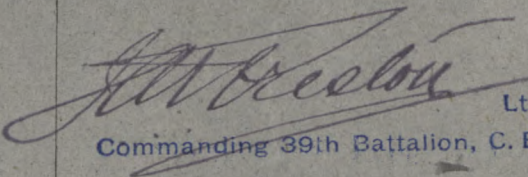
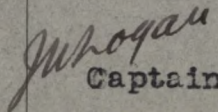
Canadian Record Office,
Westminster House,
Millbank, S.W.

Regiment or Corps 39th Res. Bn. C. E. F.
 Regimental No. 412650 Rank Pte. Name Watt, J.

Enlisted (a) 16-2-15 Terms of Service (a) Duration of War Service reckons from (a) 16-2-15

Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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				
		 Lt.-Col. Commanding 39th Battalion, C. E. F.			
28/10/15	Can Bse.	Reinforcement for 2nd Battalion—Taken on Strength,	Can. Base Depot.	27/10/1915	Nom. Roll.
5/11/15	do	Leaving for 2nd Bn.	Field,	5/11/15	101/C.E.F/G/25.
14/11/15	2nd Bn.	Joined Unit,	Field,	8/11/15	B. 213
24-9-16	do	Killed in Action	do	22-9-16	B. 213
					 Captain for Lt.- Col. A. A. G.

(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.

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				

30.4.16	2nd Reg	Killed in action	Field	22.9.16	<p>DTA 054 OLA/479 d/s 10.16</p> <p><i>D. D. [Signature]</i> for <i>Att</i> i/c Records, <i>OMTC</i> Lieut.</p>
<i>[Large diagonal line crossing out the rest of the table]</i>					

En 50710

R-122 ✓

Rank _____ Name **WATT John**

Unit **39th BN.** If in perm. Corps, What Unit? _____ Married or Single **Single.**

Place and Date of Enlistment **Port Hope, Ont. 19th Feb. 1915.** Place of Birth **Antrim, Ireland.**

Name and Address, Next-of-Kin **Jane Watt, Randalstown, Ireland.**

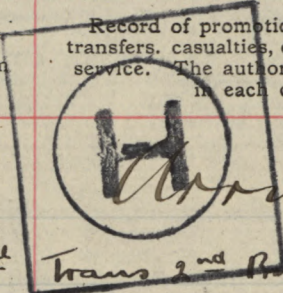
Relationship **Mother** N/E. R.B. No. _____
 File R.L. _____
 Relationship _____ Category **KA**

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship _____ **N E R B No /**

Discharge, Date and Place _____ Reason _____ Character _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
					
¹⁰ 26 15	oc. 39 th	<i>Trans 2nd Bn.</i>	<i>England</i>	<i>3/15</i>	<i>PH.D. 204</i>
<i>7.11.15</i>	<i>" 2nd</i>	<i>On strength 2nd Bn</i>	<i>In the Field</i>	<i>27.10.15</i>	<i>" - 37</i>
<i>30.9.16</i>	<i>" "</i>	<i>Killed in Action</i>	<i>" " "</i>	<i>22.9.16</i>	<i>" 57</i> <i>CHA/479</i> <i>d 5.10.16</i>

✓

Rank _____ Name **WATT John** Reg'l No. **A 12650**
 Unit **2nd / 59th BN.** If in perm. Corps, What Unit? _____ Married or Single **Single.**
 Place and Date of Enlistment **Port Hope, Ont. 19th Feb. 1915.** Place of Birth **Antrim, Ireland.**
 Name and Address, Next-of-Kin **Jane Watt, Randalstown, Ireland.** Relationship **Mother**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____



Discharge, Date and Place _____ Reason **Kin A** Character **ClA 479**
 _____ **22.9.16** _____ **3-10-16**

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount							No.
July 1	July 31	31	1.	31 00	31	10	310		31	3250			3250	160		
Aug 1	Aug 31	31	1	31 00	31	10	310	87	65	487			3284	373	Adj of Etc	
Sept 1	Sept 30	30	1	30	30	10	300			2797			3213	460		
Oct 1	Oct 31	31	1	31	31	10	310			3410			535	3335	2nd Bn. 31-10-15 B.D. 704	
Nov 1	30	30		30	30		3			33			179	64	56	
Dec 1	1916 31	31		31	31		310			3410		146	937	89	29	Q.S. H. 181 # 8.39 th B.D. Oct 15
Jan 1	31	31		31	31		310			3410			523	118	16	
Feb 1	29/2/16	29		29	29		290			3190			523	144	83	a74.3503 C.D. Jan 30/15
Mar 1	31	31		31	31		310			3410		18	541	173	52	
				275			2750			87303371		12821	164129	85173	52	

Statement of
APR 18 1917
 ACCOUNT FORWARDED

Cash found in effects **W.R.**

settled

Checked *W.R.*

BALANCE TRANSFERRED TO NEW LEDGER.

Iron Office
2nd Bn

DUPLICATE

John

412650

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname WATTE Christian Name John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Ireland County _____

Examined ... { on 16th day of February 1915,
at Port Hope

Declared Age ... 28 years ... days.

Trade or Occupation ... Labourer

Height ... 5 feet 8 inches.

Weight ... 170 lbs.

Chest Measurement { Girth when fully Expanded 35 3/4 inches.
Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... 7 years

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) _____

(b) Slight defects but not sufficient to cause rejection ... (b) _____

Approved by (Signature) R. N. Shields
(Rank) Lieut.
Medical Officer.

Enlisted ... { at Port Hope
on 16th day of February 1915.

Corps.	Regtl. No.
<u>2nd Battrn</u>	<u>412650</u>

Became non-effective by ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in it have been taken from the Attestation Paper on _____ day of _____ 1915.

(Signature) _____
(Rank) _____

