

59th. OVERSEAS BATTERY C. F. A.  
15th O/S Brigade C. F. A.  
ATTESTATION PAPER.

TRIPLICATE

No. 327951

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

1. What is your surname? Moorman
- 1a. What are your Christian names? Donald James
- 1b. What is your present address? Suite 4, Rosetta Apts., Winnipeg
2. In what Town, Township or Parish, and in what Country were you born? Truro, N. S.
3. What is the name of your next-of-kin? James Moorman
4. What is the address of your next-of-kin? 8 Inglis St., Halifax, N.S.
- 4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? Feb 7th, 1894
6. What is your Trade or Calling? Bank Clerk
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? Yes 100th Regt., Winnipeg Grenadiers
10. Have you ever served in any Military Force? Attached to above for last four months  
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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Donald James Moorman, 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.

Signature of Recruit: Moorman  
Date: March 7th 191 6 Signature of Witness: [Signature]

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Donald James Moorman, 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.

Signature of Recruit: Moorman  
Date: March 25th 191 6 Signature of Witness: [Signature]

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 20th day of March 191 6  
Signature of Justice: R. J. Riley

Description of Donald James Moorman on Enlistment.

Apparent Age 22 years 1 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 36 ins.  
 Range of expansion 3 ins.

Complexion Fresh

Eyes Grey

Hair Dark

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

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 March 7th 1916.

W. E. Guest  
Capt C.A.M.C.  
 Medical Officer.

Place Winnipeg

\*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.

Donald James Moorman 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)

Date March 20th 1916.

REGIMENTAL DOCUMENTS

NAME

*Morrison, Donald*



REGIMENT NO.

*27951*

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Category

DEATH

*H*

DISCHARGE

Category

*App Flight*

*30513*

DESERTION

*2*

*60 - 21*  
*31 - 21*  
*1 - 21*

*2*

RECORDED  
MEDICAL ARCHIVE



*Deceased*  
*15-9-50*  
*Ottawa*

*480074*



6344

**PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.**

**INSTRUCTIONS.**

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... *15th O/S Brigade C. F. A.*  
*59th OVERSEAS BATTERY C. F. A.*

(2) Regimental Number *327951*

(3) Full Name of Soldier..... *Donald James Noorman*

(4) Place of Birth..... *Truro, Nova Scotia*

(5) Are you married, or not?..... *No*

(6) If married, state,  
 (a) Full name of your wife..... ✓

(b) Present Postal Address..... ✓

(7) Are you a widower?..... *No*

(8) Have you any children?..... *No*

If so, give number of boys and girls..... ✓

Also their names and ages..... ✓

(9) Is your Father alive?

Yes

James Moorman, 8 Ingle's St.,  
Halifax, N.S.

If so, state name and address

(10) Is your Mother alive?

Yes

If so, state name and address

Sophie Moorman, 8 Ingle's St.,  
Halifax, N.S.

(11) If your Mother is a widow

No

Are you her sole support, or not?

No

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?

No

If so, in what Company?

None

Have you made arrangements for payment of your Insurance premium?

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*[Signature]*

Officer Commanding.

Date

4<sup>th</sup> August 1916

REG'T L NO 324951

H. Q. FILE NO. 649-

NAME

*Moorman D. J.*

RANK AND CORPS

*Sgt. 15th Bde C. F. A.*

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

25	Connaught, Aldershot	1-1-17	N. Y. D. (2)
30	Connaught, Aldershot	20-1-17	Disch. (V. D. G.)

SURNAME.

Moorman

CHRISTIAN NAMES

Donald James.

REGL. NO. 327 951.

RANK Dr

UNIT 59<sup>th</sup> Bty C.F.A. (15<sup>th</sup> Bde.)FORMER CORPS 100<sup>th</sup> Regt. Winnipeg Grenadiers. (4 mos.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Moorman, James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

8 Inglis St. Halifax  
N. S.

COUNTRY OF BIRTH

Canada, Inver. N.S.

DATE

Feb. 7<sup>th</sup> 1894

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Mar. 20<sup>th</sup> 1916

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Bank Clerk*

RELIGION

*Ch of C.*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*1*

MONTHS

HEIGHT

*5*

FEET

*8*

INCHES

CHEST MEASUREMENT

*36*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Fresh*

EYES

*Gray*

HAIR

*Dark*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Winnipeg, Man*

DATE

*Mar 7<sup>th</sup> 1916*

*Present address -*

*Suite 4, Rosetta Apts.  
Winnipeg, Man.*

No. 327951

RANK *Dr.*

NAME

*Moorman, D.**J.*

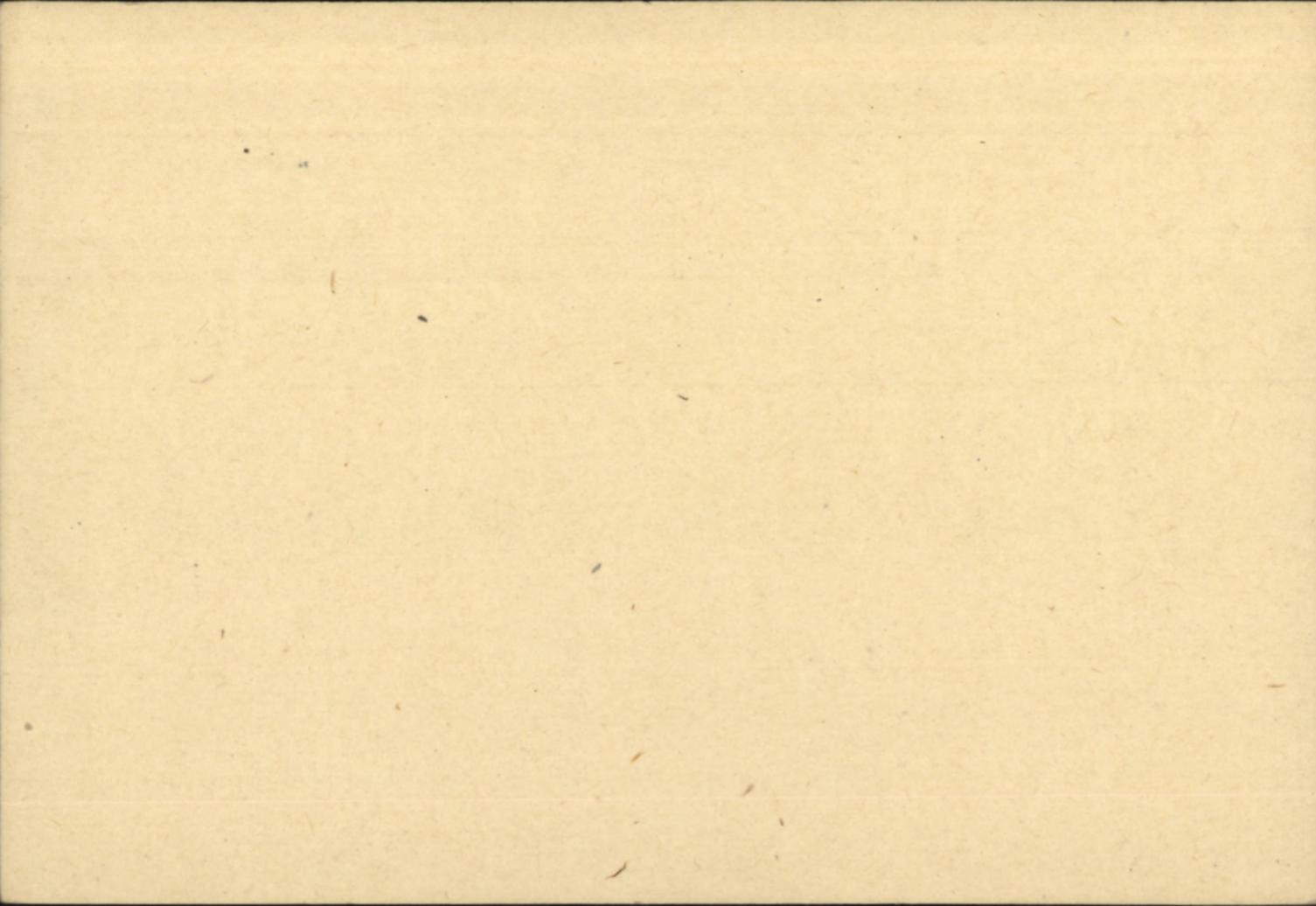
T. O. S. 20-3-16

UNIT

*59<sup>th</sup> s/s. Battery, C.F.A. (15<sup>th</sup> Edge)**D.O. 15 of 21-3-16*

M. D. 10-3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Mar. 20</i>	<i>Mar. 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		







Min 332-113-10  
Sept.  
VM " - Min  
Number

327951

Rank

FR

Surname

MOORMAN

Christian Name

Donald James

Units

Rank DVR.

CFA (CAF)

Theatre of War

France

Date of Service

Remarks

VM only BWM claimed by Air Min.

Latest Address

Suite 20, Linda Vista Apto.

Hughan St., Winnipeg, Man.

Roll No.

B. Page 22905

5m-7-23. (M95).

eng

B. W MEDAL.

VICTORY MEDAL

DESP. NO.  
REGN. NO.

TO. MRS MARGARET MOORMAN  
22 GOULBOURN ST  
OTTAWA. ONT.

*11.6*  
*21*  
*26.10.22*  
*Confidential*

Born by Air Min 332-113-164  
DM by this Dept.

27<sup>12</sup>/<sub>23</sub>

Number ..... 324951 ..... Rank A. Sergt

Surname ..... MOORMAN

Christian Name ..... Donald James

Units ..... C.F.A. Theatre of War France  
S.O.S. appointed Flight Cadet. R.A.F. 16.6.18

Date of Service ..... auth. CARD. PEDD. 364. of 30.12.18

Remarks AIR FORCE ROLL #1 PAGE 113. AM 252361/20/87/10.7.20

Latest Address .....

*Page 227/34*

Roll No. *Spec. Air Force Roll #1.*

DESP. MAY 14 1924

REGN. NO. 4191

**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank DRY Name DONALD JAMES Surname MOORMAN  
Unit or Corps 60 Battery C.F.C. (If a soldier) Regt. No. 327951  
Born at Truro, N.S. on date Feb 7th 1894  
Signature (for identification) [Signature]

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. none

Weight 135 lbs. stripped  
Height 5-8 1/2 in.

2. **NUTRITION AND DIATHESIS?**  
Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**  
normal

4. **RESPIRATORY SYSTEM?**  
normal

5. **HEART?**  
Abnormal Sounds? none  
Abnormal Size? no  
Pulse Rate? 78 Intermittence or irregularity? none

6. **ARTERIES**.—Any hardening? none

7. **DIGESTIVE SYSTEM?**  
normal

8. **GENITO-URINARY SYSTEM?**  
Urinalysis—s.g. p. 1022 Reaction? acid Albumen? nil Sugar? nil

9. **SKIN, MIDDLE EAR, EYE**  
or any other part? normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? fit

Examined at 13 Berners St W Signed J. H. Bell Major C.A.M.C. M.O.  
Date 16-10-18 Signed [Signature] M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board and Soldiers leaving the Service upon being found unfit for duty by a Medical Board are not to be reported on this form.

Name: DRY

Surname: FRANKLIN

Signature: FRANKLIN

Rank or Grade: Private

Regiment: 1st

(This column left blank)

Date: 1918

Signature of Physician: [Signature]

This examination is to be made only by two Medical Officers.

Weight: 150

Height: 5' 8"

Temperature: 98.6

1. PHYSIQUE - Any abnormality, condition of treatment, etc. to be reported.

2. NUTRITION AND DIETETICS

After searching rapidly and thoroughly examination is any evidence found of disease or impairment of the parts indicated.

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Abnormal sounds: None

Pneumal size: Normal

Pulse rate: 72

Intelligence or irregularity: None

6. ASTERIES - Any abnormality

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

9. SKIN, NAILS, EAR, EYE

10. Is there any evidence of impairment of health, physical, or mental, or any other abnormality?

11. Question as to the nature and extent of the condition of the system.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the D.C. commandant or the Officer in Charge of the Unit to be sent before a Medical Board for regular board.

Surname

Christian Name or Names

Reg. No.

Moorman.

D. J.

327957.

Rank

Unit

Co.

Troop

Batty.

Dr.

15 Sde. C.F.A.

Hospital

Date of Admission

Transferred

Bonnaught H. Aldershot

Hosp.

1-1-17.

Hosp.

Hosp.

Hosp.

Diagnosis

N. D. G.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Dis. 20. 1. 17

REMARKS

Cl. 9. 1. 17. 25.

- 23. 1. 17 - 30

A.M.D. 2 Dept.

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

10h

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

52P

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

M. F. W. 54. (A. F. B. 193.)

250M-1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 59th. OVERSEAS BATTERY C.F.A. / 15th O/S Brigade C.F.A.

Regimental No. 327951 Rank Private Name McErmann, Donald James  
C. E. F.

Enlisted (a) 20<sup>th</sup> March 1916 Terms of Service (a) Two Six months Service reckons from (a) Mar. 20. 1916.

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) Signalling / Bank Clerk

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				

Embarked Canada Halifax Sept. 11. 1916.

Arrived England - Liverpool Sept. 22. 1916. ✓

22.1.17 OC., 14th BDE, C.F.A. Absorbed by 50th. Battery, Halifax Pt. 20<sup>a</sup> 22.1.17. 14th. Brigade, C.F.A.

CERTIFIED CORRECT. AUG 1917 CAN. RECORDS, LONDON. 22.1.17 15

22.1.17 OC., 14th BDE, C.F.A. Proceeded Overseas on service. Witlley Camp. 21.8.17. Part 2 order No. 232. J.H. Gillespie Capt. For Adj. 14th Bde, C.F.A.

28.8.17 LR LANDED IN FRANCE HAVRE 22.8.17 8851 + 5

31.1.18 H. AG Transferred to England pending transfer to a Gadet Unit of the R.F.C. + posted to G.A.R.D. Witlley England 31.1.18 W.O. letter 100/Flying Corps/294 (SD. 3c) dated 30.12.16. G.O.C RFC 929/186 (A) d/3.2.18 Ref. file KE.24176 d/7.2.18.Z. Part II # 10 d/8.2.18

has Schawell for Lt. Col. Lieut. P.T.O. Gen. Sec. g.H.2.3#Ech.

(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, Shoering 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				
21.11.18	BARD	<p>DISCHARGED IN ENGLAND, K. R. &amp; O. PAR. 392, SEC. XXV.</p> <p><i>J. D. Paul</i> Captain Officer commanding, No. 2 Canadian Discharge Depot,</p> <p><i>leaves on com. to Imp. Cadet Schl. R.A.F. &amp; is S.O.S. on being dischd. in Br. Isles.</i></p>	Borden	16.6.18	<p><i>Pt. II. O. 325.</i></p> <p><i>J. D. Paul</i> LIEUT. FOR LT. COL. HQ RECORDS C.O.M.A.</p>

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom Mr. James Moorman  
 Address 8 Inglis St.  
Halifax

By Whom Assigned Moorman *D. J. Moorman*  
 Regtl. No. 324951  
 Rank Dr  
 Corps 59<sup>th</sup> Batty, 15<sup>th</sup> Bgde

Rate \$150.00 **SEP 1 - 1916** *N.S.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Make envelope  
 for  
 Lt. Cadet  
 R. A. T.*



10/10/10

10/10/10

10/10/10

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2  
 (Assignee)

Mr. J. Moorman

Name of Soldier

Moorman D. J.  
 or 324951 - 59<sup>th</sup> Bty. 15<sup>th</sup> Bde

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15.00
				SEP 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		M 19307	15	
Oct.		J 24025	15	
Nov.		T 28226	15	
Dec.		M 24987	15	
Jan.	1917	Q 38711	15	
Feb.		Q 45332	15	
March		J 57884	15	15-05
April		J 3670	15	15-02
May		F 10704	15	15 (W)
June		E 16457	15	
July		F 23880	15	6
Aug.		S 31277	15	
Sept.		S 38465	15	6
Oct.		J 44476	15	
Nov.		Y 50966	15	
Dec.		Q 58004	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

su

240

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

# FORM OF WILL.

I, Donald James Moorman (Name in full)  
Regimental Number 2127951 serving in 59th Battery  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

83384

I bequeath all my real estate unto

James Moorman  
8 Rudolph Street  
Halifax, Canada } Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

James Moorman  
8 Rudolph Street  
Halifax, Canada } Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this seventh day of November A. D. 1916

D. Moorman Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness S. C. B. Baile  
Address of Witness no 327925  
59th Battery C.F.A.C.E.F.  
Occupation of Witness Soldier.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of Second Witness M. Bernard  
Address of Witness no 327981  
59th Battery C.F.A.C.E.F.  
Occupation of Witness Soldier



## CANADIAN ARMY DENTAL CORPS.

## DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. *327951* \* NAME *MOORMAN. D.J.* RANK *DR.* UNIT *60*  
*to R.A.F.* *BATT.*

Date of Examination	<i>Oct 16/18.</i>
Present Dental Condition	<i>2 Cavities in upper 6 roots in upper</i>
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	<i>No</i>
Has he ever declined Dental Treatment?	<i>No.</i>
Recommendation	<i>No cavities Extract roots</i>

Date *Oct 16/18.*

Station *London.*

Signature of Examining Officer *[Signature]* Capt.  
C.A.D.C.

\* Name should be entered in block letters.

CANADIAN ARMY DENTAL CORPS  
DENTAL CERTIFICATE

Note: This form will be returned to the Medical Director, Canadian Army Dental Corps, at the address indicated on the reverse side of this certificate.

EDDIE No. 3

<p>1. Name of patient</p>	<p>2. Date of examination</p>
<p>3. Present Dental Condition</p>	<p>4. Degree of loss or decay of teeth in the lower and/or upper arches, which is being treated</p>
<p>5. Name of dentist</p>	<p>6. Has he ever received dental treatment</p>
<p>7. Recommendation</p>	<p>8. Signature of Examining Officer</p>

Date

Station

Signature of Examining Officer

100-1  
C.A.D.C.

\* Name should be entered in block letters

**LAST PAY CERTIFICATE.**

OF

No. 327951 Rank Pte. Name MOORMAN. D.J. Unit Imp. Cadets

Reason Account closed \* (Discharged) \* (Transferred) \* (To Canada) Date 17-6-18 Authority R.A.F. Woking.  
Flight/Cadet

CR.	\$	¢	DR.	\$	¢
Balance frwd. <u>as at</u> <u>Canada</u>		<u>10</u>	Cash Payments	<u>445</u>	<u>76</u>
Agreed by soldier			Date A.R. No. Unit Amt.		
EARNINGS					
From <u>1 Sept '16</u> To <u>16 June '18</u>					
<u>654</u> days at Pay <u>1.00</u>	<u>654</u>				
" F.A. <u>.10</u>	<u>65</u>	<u>40</u>			
" W.P.					
Daily Total			Assigned Pay for period		
			<u>1-9-16</u> to <u>28-2-18</u> at <u>15.00</u>	<u>270</u>	<u>00</u>
			per month in favour of		
From .....			Name .....		
..... days at Pay			Address .....		
" F.A.			Relationship .....		
" W.P.					
Daily Total			* This assignment has been		
			stopped effective		
			or		
Any other credits.			* Is being continued in		
Interest on deferred pay			England pending advice of		
Cash Effects			final discharge of soldier,		
			or		
			* Being a Canadian Payment,		
			cancellation or otherwise		
			of future payments will be		
			dealt with by Ottawa		
			* (Strike out whichever		
			inapplicable).		
			OTHER CHARGES.		
I hereby certify that I am			<u>V.D. 30-12-16 - 20-1-17</u>		
satisfied that the balance of			<u>P.2.O. 22-3-17</u>	<u>13</u>	<u>20</u>
my account as shewn on this			<u>22 days at 60¢</u>		
statement is correct.			Balance <u>GR</u>		<u>44</u>
Signature of soldier.	<u>729</u>	<u>40</u>	Note. This Balance is <u>£0-1-10</u>	<u>729</u>	<u>40</u>
			subject to deductions of		
			all amounts endorsed on		
			back hereof. P.T.O.		

*Accepted for  
R.A.F. Woking*

Particulars of Sep. Allce. payable in England

Name .....  
Address .....  
Relationship .....  
Monthly Amount .....

\* Payment discontinued Date ..... Reason .....

\* or Payments being continued by Chief Paymaster pending advice of final discharge of soldier in Canada.

\* (Strike out whichever inapplicable).

Certified Correct,  
J.C. SEYBOLD.

COMPILED BY.....

CHECKED BY.....

Lieut.  
for Colonel,  
Chief Paymaster.



13053 D-1

No. 327951

Rank. Junior

Name. Moorman S J

Bn. 57th Bty

S.A. A.P.

Dependant

Address

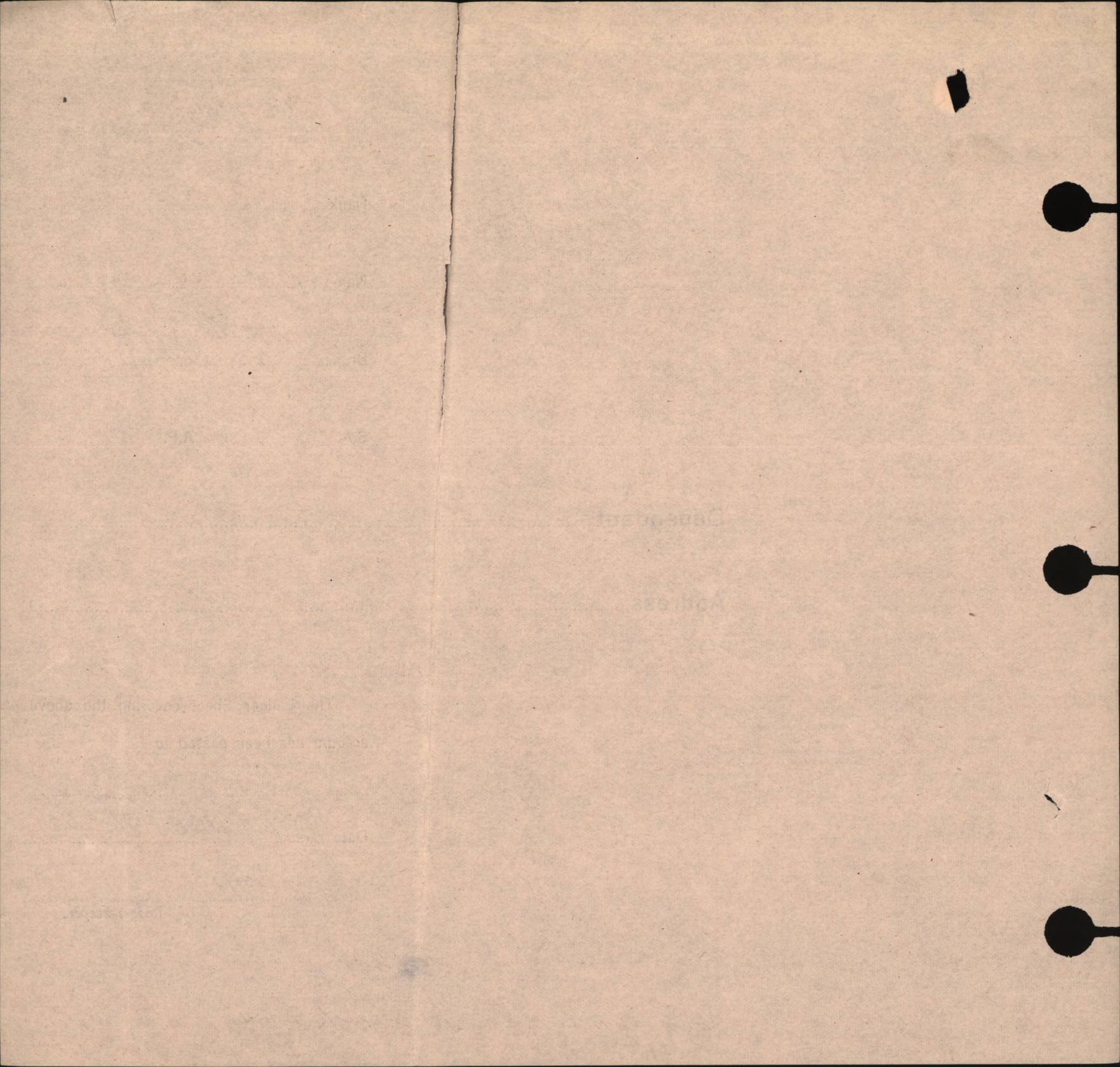
The Ledger Sheet covering the above account has been passed to

By J. L. J. J. Barrow 1943

Date 29.7.20

Ledger-keeper.

J. W. Clark 1943 29/7/20



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- <i>MOORMAN, Donald James</i>
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>327951</i>
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY
				DATE EFFECTIVE
<div style="font-size: 2em; opacity: 0.5; position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); pointer-events: none;">Flight Cadet</div>				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- <i>15 Bde 67a</i>
				DATE ACCOUNT FIRST OPENED:- <i>1/9/16</i>
				AUTHORITY
				DATE EFFECTIVE
				DATE LEDGER SHEET T'S'D
				UNIT TRANSFERRED TO
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				<i>1/16, R.B. 8.5.19 15.4.19 Attached Repah. Camp</i>
				<i>1/12/19 20-519 Demob.</i>
DATE OF PAYMENT				DAILY RATES OF PAY AND ALLOWANCES
				AUTHORITY
				PAY
				F.A.
				P.F.A.
				SUBS: C ALL'CE

*Approved to  
16/6/18  
RAG Working*

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discharged to Flight Cadets, effec. 17/6/18 - Ledger Bal. - 444 L.P.C. Bal. - 444*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Nov 31</i>	<i>Bal Ford</i>								<i>37 67</i>		
<i>April</i>	<i>P Pay</i>	<i>33 -</i>		<i>AR 1292 9/4/18 Hastings</i>	<i>14 60</i>				<i>46 07</i>		
<i>May</i>	<i>P Pay</i>	<i>34 10</i>		<i>DR Adj Feb Bal</i>	<i>10 00</i>						
				<i>AR 5279 9/5/18 Reading</i>	<i>24 60</i>						
				<i>7021 21/5/18</i>	<i>29 20</i>				<i>26 64</i>		
		<i>34 10</i>			<i>24 33</i>						
<i>June</i>	<i>do</i>	<i>33</i>		<i>9905 10/6/18</i>	<i>53 53</i>						
				<i>BP 11386 19/6/18 Loudon</i>	<i>29 20</i>						
				<i>Over credited June Pay 14 days 21/18</i>	<i>14 60</i>				<i>15 40</i>		
<i>Sept</i>		<i>33</i>		<i>To Disburse 1/2 DO 31/18</i>	<i>43 80</i>	<i>15 40</i>					

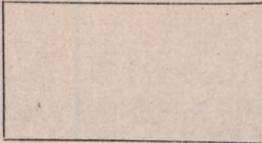
*appointed*  
 A 3 M. FORM NO. 15/2/18 EFFECTIVE 1/3/18  
 DISCHARGED TO *Flight Cadet* RAG DATE 17/6/18  
 PAY BOOK VERIFIED *WAG* 12/7/18  
 Cr. BAL. *444* L.P.C. REN'D 12/7/18  
 AUTHY. *RAG Working*

Checked *Hainsford*

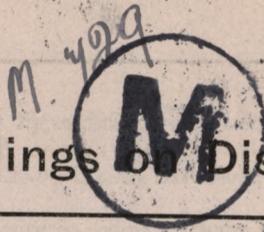








Proceedings of Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 327951. Army Rank Det. 229<sup>th</sup> A.S.

Name Moorman, Donald James.  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 59<sup>th</sup> Bty. 60<sup>th</sup> Bty.

Battalion, Battery, Company, Depot, &c. Av. R.D.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 16/6/18

Place of discharge #2. C.D.D. London.

1. Description at the time of discharge.

Age <u>24.</u> years <u>8.</u> months	Descriptive marks. <u>Nil.</u> 
Height <u>5.</u> feet <u>9.</u> inches	
Chest measurement (girth when fully expanded <u>38.</u> ins.)	
(range of expansion <u>4.</u> ins.)	
Complexion <u>Fair.</u>	
Eyes <u>Blue.</u>	
Hair <u>Fair.</u>	
Trade <u>Bank-clerk.</u>	
Intended place of residence <u>57. Elsinore Rd. Forest Hill. S.E. 23.</u>	

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being apptd Flight Cadet in R.A.F. - 17/6/18.  
Auth: C.P.O. R.A.F. 1/4/18  
Dr R. O. 392<sup>xxv</sup>

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— **VERY GOOD**

4. Character awarded in accordance with King's Regulations:—  
**MILITARY CHARACTER. VERY GOOD**

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer. W.B.W.

Army Form B. 2088 has been issued to\*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).  
 Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

*Not applicable.*

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

*France - 6 mos.*

Certificate of education .....

*Not available.*

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_



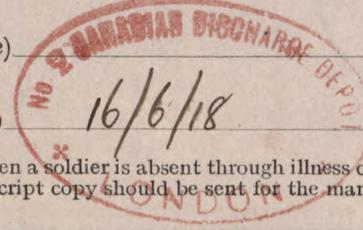
Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_



*[Signature]* (Signature of Soldier.)  
*[Signature]* (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

*[Signature]* (Signature of Soldier.)

10. Statement of service.

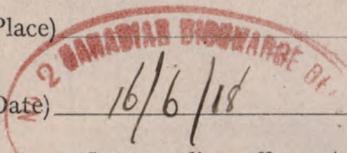
Service towards engagement to 16/6/18 (the date to which the record of service is completed) 2 years 89 days.  
 Further service " " 16/6/18 (the date of confirmation of discharge) ... .. 8 " 272 "  
 Total ... .. 2 " 289 "  
*2 years 89 days*

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 16/6/18 (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_



Signature *A. Hughton Capt.*

\* Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). (Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any). (Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A. 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Rank *Low* Name **MOORMAN, Donald James.** Reg'l No. **327951**  
 Unit **59th Btty. 15th Bde. C.F.A.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Winnipeg. 7th March 1916.** Place of Birth **Truro, N.S.**  
 Name and Address, Next-of-Kin **James Moorman.**  
**8 Inglis St, Halifax, N.S.** Relationship **Father.**

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

N/E. R.B. No *7511*  
 File No. *23-M-729*  
 Category *Comm*

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.				
					<b>ARRIVED IN ENGLAND S S CAMERONIA 22-9-16</b>
30-12-16.	<i>o.c.</i> 15th Bde. C.F.A.	Admitted to Hospital	Aldershot	30-12-16.	<i>(V.O.G.)</i> Pt. I D.O. #183. D. C.L. #25
22-1-17.	<i>o.c.</i> 15th Bde. C.F.A.	Discharged from Hospital	"	20-1-17.	Pt. I D.O. #22. D. C.L. #30
Jan. 17	15th Bde:	SOS. transferred to 60th Bty. New 14th Bde:	Witley,	VI-17	Pt. DO. <i>NSA</i>
13 V. 17.	14th Bde:	T.O.S:	Witley	VII-17	Pt. II 044 <i>NSA</i>
20-8-17	14th Bde CFA	Proceeds to ex.	Witley	VI-17	Pt. II 0233
7.2.18		Transferred to Eng. pending Commission R.F.C. & posted to C.A.C. Witley	Im Field	31.1.18	Pt. I 010 <i>NSA</i>
22.2.18	2 R.F.C. Carling	Acted for pay R. & Acc.	Cdt. Hastings	20.2.18	- 11-46 <i>NSA</i>
26-4-18	no 2 R.F.C. C.A.C. Witley	Proceeded to school of Aeronautics Reading	Hastings	26.4.18	- 23
26-7-18	R.F.C.	applied flight board	Blandford Camp	27-6-18	Aut. R. <i>NSA</i>

*Boorman. Donald James. 327951*

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.				
<i>30-12-18</i>	<i>C.A.R.D.</i>	<i>Ceases in command to Imperial Cadet Unit and is S.O.S. on being Discharged in British Selv.</i>	<i>Bordon</i>	<i>16-6-18</i>	<i>P. 4 D.O. 364</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Sept 1916*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>157</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *32795-1*  
 Rank *Dr.* Promoted Reverted Discharge  
 Soldier's Name *D. J. Moorman*  
 Battalion *5-9. Batty 15. Bgde.*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mr. James Moorman*  
 Address *8. Inghis St. Halifax N.S.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>240-</i>	<i>240-</i>	
<i>Jan</i>	<i>63101 I</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>73321 9</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>91510 H</i>		<i>15</i>	<i>15</i>	
					<i>Cancelled ✓</i>
					<i>Acck. closed 28-2-18 entry 3ms on file 13053-2-1 wjg. 9-3-18</i>

M. F. W. 128  
 400mc-6-17-1772-38-141  
 L. L. 22320-M. & D. 7868.

A STENCIL  
*Cancelled*  
 18-3-18  
 THIS ACCOUNT  
*wjg.*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-6-17-1772-39-141  
 L. L. 22320-M. & D. 1983.