

2.8th BN.

ATTESTATION PAPER.

No. 43140

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Samuel Hewell*
2. In what Town, Township or Parish, and in what Country were you born?..... *Middlesex Co. Ont.*
3. What is the name of your next-of-kin?..... *John Hewell*
4. What is the address of your next-of-kin?..... *Crampton, Ont.*
5. What is the date of your birth?..... *27 Jan 1879.*
6. What is your Trade or Calling?..... *Teamster.*
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?..... *1 Camp. A.M.*
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*

Samuel Hewell (Signature of Man).
Geo. B. Dingwall (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel Hewell*, 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.

Date *24th Oct* 1914. *Samuel Hewell* (Signature of Recruit)
Geo. B. Dingwall (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Hewell*, 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.

Date *24th Oct* 1914. *Samuel Hewell* (Signature of Recruit)
Geo. B. Dingwall (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 *Noosejaw* this *24th* day of *Oct* 1914.

Robert [Signature] (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 Samuel Hewell on Enlistment.

Apparent Age 35 years 10 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. 7 3/4 ins.

Chest measurement { Girth when fully expanded 39 1/2 ins.
 Range of expansion 1 1/2 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

None

Religious denominations. { Church of England -
 Presbyterian -
 Wesleyan yes
 Baptist or Congregationalist -
 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 24th Oct. 1914.

Place Moose Jaw

[Signature]
 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:—

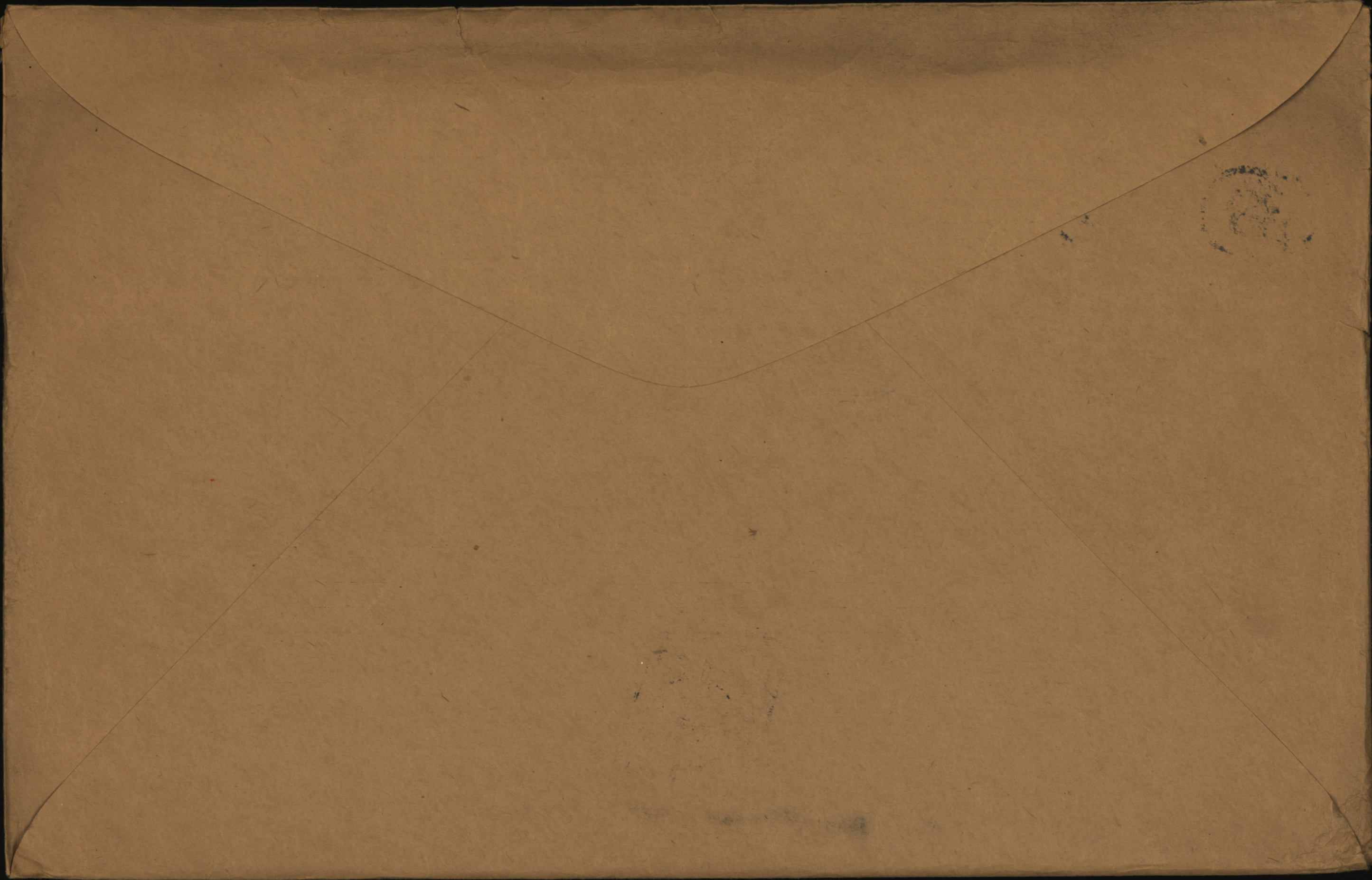
CERTIFICATE OF OFFICER COMMANDING UNIT.

Samuel Hewell 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 24th Oct. 1914.

[Signature]
24 Col.



NAME

Newell, Samuel

H. Q. FILE No. 649-

REGT'L No. 73140

RANK AND CORPS

Plt. 28th. Battalion.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. 206xx

FOLL.

N.O.A.

John Newell (R.N.S.)
Campton, Ont.H 105-
4524

12-4-18

Died of wounds #6 Tld Amb. Def.
Apr. 5th, 1918. (lost Sud. Leg & Chin)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

115-1	Dival. Rest-Station 6 Can. Fd. Amb.	20 12/15	Boil on neck.
120.	Dival. Rest-Station. No. 6. F. A.	8 1/16	Disch. to Duty. (Boil on neck)
a 573	Rep from Base	7 7-17	sick not stated
a 577	Rep. Unit	12 7-17	not stated
a 184	No. 6 Can Field Amb	5-4-18	Died of wounds, SW chin & leg

NEWELL, S. (Pte) #73140, 28th Bn.

649- N-3694.

J.G.A.G.

O.K. for 14/15 Star Plc. 28th Bn

MEDALS & DECORATIONS. (Brother) John R. Newell, Esq.
R. R. No. 1,
Mossley, Ont.

PLAQUES & SCROLLS. (Brother) John R. Newell, Esq.
Address as above.

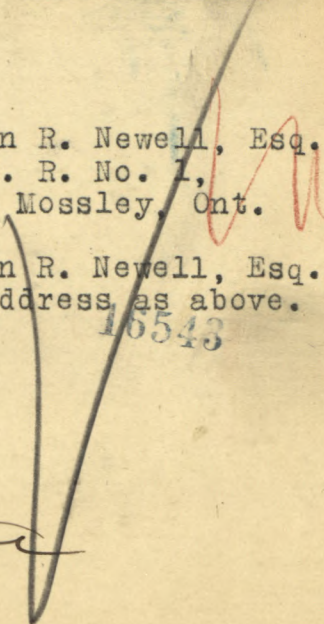
(Serial no. 753314)

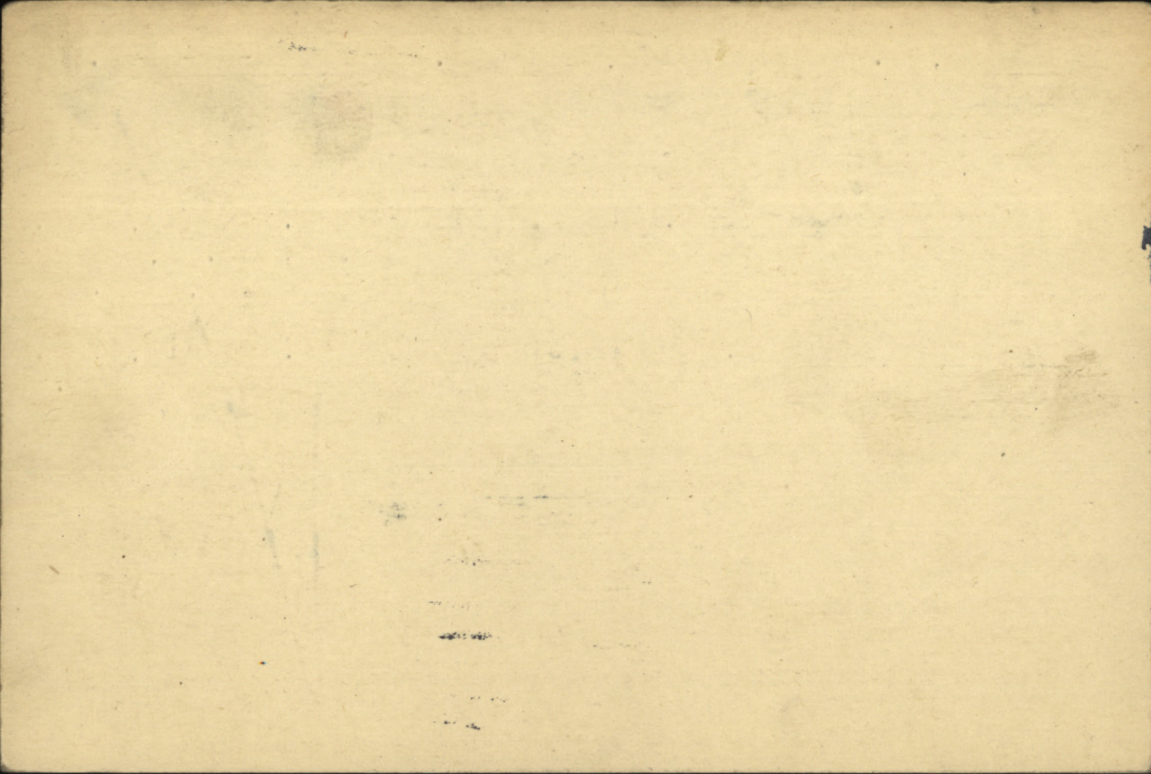
16543

MEMORIAL CROSS. (N I L)

Scroll Desp. *23¹¹/W* Reqn. No. *21494*

Plaque Desp. *DEC 15 1921* Reqn. No. *P80753*





CARD NO.

D
54
75

SURNAME.

F. Jewell

CHRISTIAN NAMES

Samuel.

FOLL.

REGL. NO.

73140

RANK.

Pte.

UNIT

28th

Bn.

FORMER CORPS

1 camp A. M.

NEXT OF KIN.

NAMES IN FULL

Jewell, John

RELATIONSHIP TO SOLDIER

B. N. S.

ADDRESS

Brampton, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Middlesex Co^{out.}

DATE

PLACE OF ATTESTATION

Moose Jaw.

DATE

Oct 24th 1914

L. L. 5052 - M. & D. 6512

29-5-15-
92
21

M. F. W. 22. 100m. - 1-18. H. Q. 1772-30-522

Sailed from Montreal per, S.S. Northland

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Gamester

RELIGION

Wesleyan.

DESCRIPTION.

APPARENT AGE

35

YEARS

10

MONTHS

HEIGHT

5

FEET

7 3/4

INCHES

CHEST MEASUREMENT

39 1/2

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Dark Brown.

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Moose Jaw

DATE

Oct 24th 1914

✓ 49B

B

Number 73140 Rank Plt

Surname NEWELL

Christian Name Samuel

Units 28th Cav Inf Theatre of War France

Date of Service 17-9-15-

Remarks Brother

Latest Address Mr. John R. Newell

R. R. # 1. Mossley Ont.

Roll No "B" Page 6793-

DESP OCT 26 1921

REGN. NO. *W/64829*

No 78140

RANK

Pte

NAME

Newell S

T. O. S.

UNIT

28th Battalion

M. D. 10

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'D	PARTICULARS	AUTHORITY
1914 Nov 9	1914 Nov 30	✓		
1915 Dec	1915	✓		
Jan		✓		
Feb		✓		
Mar		✓		
Apr		✓		
May		✓		

UNIT SAILED
MAY 29 1915



Name NEWELL. S. Rank PTE.

Reg. No. 73140.

Unit 28th. Battalion.

Canada,

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
30-1-15	30-12-15. D.R.S.6.C.F.A.	Boil on Neck	115.			
8-1-16. Dis to duty.		" "	120.			
7.7.17	<i>Sick to F.A.</i>		<i>Not stated</i>	<i>A573</i>		
12.7.17	<i>Rejoined Unit.</i>		"	<i>A577</i>		

25-N-795

Name *Stowell Samuel* Rank *Pte.*
 Unit - *28th Bn.*
 Next of Kin *Canada*

73140
 Reg. No. ~~75140~~

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5.4.18	Died of wounds	Swchin, L. Leg	a/s	4	4	H/105 16524
	c/vote	c/v 6. 6. 7. a.				
	Regpt c/v should read	CL 11-4-18	73140, a	140		

Surname **Newell.** Christian Name or Names **S.** Reg. No. **73140.**
 Rank **Pte.** Unit **28th. Battn.** Co. **Pash.** Troop Batty.
 Hospital **Div. Rest Sta. No. 6 C.F.Amb.** Date of Admission **30-12-15**
 Transferred **6 C.F. Amb.** Hosp. **5-4-18**

Hosp.

Hosp.

Hosp.

Diagnosis **Boil on neck.**

(1)
 Later Diagnosis (if changed) **S.W. chin & leg.**
 (2)
 (3)

Additional Diagnoses: If more than one state present

Died of wounds. 5-4-18. R.

DISPOSITION

Dis. to duty:--

Date

8-1-16.

C.L. 12-1-16 # 115

REMARKS

C.L. 18-1-16. 120.

.. 25-7-17. A573. R. 7.B Sick. 7.7.17.
1.8.17. A577. Ry. unit. 12.7.17. R.S.
11-4-18 of 184-1.

18-4-18 A190-1. Note correct No is 73140
+ not 75140 as on A147 Pass

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

B

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

CERTIFIED CORRECT.

Canadian Record Office,
Westminster House,
7, Millbank, S.W.Regiment or Corps 28th N.W. Battn.Regimental No. 73140 Rank Private. Name Newell . Samuel.Enlisted (a) 24.10.14 Terms of Service (a) duration of war Service reckons from (a) 24.10.14.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				
18.9.15	o/c	Disembarked	Boulogne	18/9/15	71. Roll 10/28/1
1-1-16	o/c & c/a.	Boil on neck adm 6.C.7a	In the field	29-12-15	a 36 Dec 68
		" Trans DRB	"	30-12-15	" " 67
1-1-16	DRB.	" adm " "	"	30-12-10	" " 67
8.1.16	"	" To duty "	"	8.1.16	" " 71
14.1.16	o/c	To duty	"	9-1-16	70213 " 75
28.7.16	"	add. Timber Cutting	Field	27.7.16	B213. Dec 206.
1.9.16	"	Rejoined unit ralls to 6th C.I. Coy C.I.	"	29.8.16	B213. Ph order 38 No. 9.16
6.10.16	do	Rejoined unit	"	4.10.16	B213. Ph order 49. 19/16.
20.10.16	"	Attached to Div. Salvage Coy	"	18.10.16	B213 Pt II Orders no 53. d/4.11.16
8.11.16	do	add to 6th C.I. Bn Salvage Coy met Div Salvage Coy	"	18.10.16	B213. Ad. 248 31/15.
22.11.16	do	Granted 10 days leave	"	19/16	B213 Pt II ord 3 d/9/17
5-1-17	"	Returned from leave	"	31-12-16	B.213

(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, Shoing 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				
1917	9c28 th Bn	Returned from Edge Salvoe Coy	Field	12-6-17	95213 DCS 256
15/7/17	do	sent to F Amb.	do	7-7-17	11.01.17 107
21.7.17	do	Rejoined unit	do	12-7-17	310
15 th /17	do	Granted 14 days leave		10 th /17	16213. P/O 120 d/24/17
29/12/17	do	Rejoined unit	do	24/12/17	0213.
6/4/18	6 Cf. Amb.	Lt. Chin Reg. L. Amb.	6 Cf. amb.	5/4/18	M.G. Can bear 15 1888355. A36/ A664. P.O. 332 19/4/18 AFW by word 5/4/18.
		Went of Wounds received in action		5/4/18	

Whogon

Major for Lt.-Col., A.A.G.

Canadian Section G.H.Q. 3rd Echelon B.E.F.

ORIGINAL.

MEDICAL HISTORY SHEET.

X

Surname Newell Christian Name Samuel

Examined { on <u>24</u> day of <u>Oct</u> 191 <u>4</u> at <u>Moose Jaw</u> Birthplace { City or Town <u>Middlesex County</u> County <u>Ont</u> Apparent age <u>36</u> Trade or occupation <u>Teamster</u> Height <u>5</u> Feet <u>7 3/4</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>39 1/2</u> inches. Maximum expansion <u>1 1/2</u> inches. Physical development <u>Good</u> Small-Pox Marks <u>no</u> Vaccination Marks { Arm Right. Left. <u>+</u> Number <u>4</u> When Vaccinated last <u>Feb 3rd 1915</u> (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____	Approved by <u>J. A. [Signature]</u> Rank <u>capt</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td></td> <td><u>+</u></td> <td><u>J. A. [Signature] Capt.</u> M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> <tr> <td></td> <td></td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>3/12/14</u></td> <td></td> <td><u>J. A. [Signature] Capt.</u> M.O.</td> </tr> <tr> <td><u>13/12/14</u></td> <td></td> <td><u>J. A.</u> M.O.</td> </tr> <tr> <td><u>23/12/14</u></td> <td></td> <td><u>J. A.</u> M.O.</td> </tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.		<u>+</u>	<u>J. A. [Signature] Capt.</u> M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>3/12/14</u>		<u>J. A. [Signature] Capt.</u> M.O.	<u>13/12/14</u>		<u>J. A.</u> M.O.	<u>23/12/14</u>		<u>J. A.</u> M.O.
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Enlisted on 24 day of Oct 1914 at Moose Jaw

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>28th BATTALION</u>	<u>73140</u>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Rank _____ Name **NEWELL, Samuel.** Reg'l No. **73140**
 Unit **28th Bn.** If in perm. Corps, Married or Single **Single**
 What Unit? _____
 Place and Date of Enlistment **Moose Jaw, 24th Oct. 1914** Place of Birth **Middlesex Co. Ont.**
 Name and Address, Next-of-Kin **John Newell,** Relationship _____
Crampton, Ontario.
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to **18 R. 139 (22)** Relationship _____

N/E. R.B. No. **5949**
 File R.L. **25-N-795**
 Category **DW**

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				
		Emb ^{ked} for England S.S. Northland Embarked for France.		29.5.15	
12.1.16.	W.O.	Dis. Rest. Stal. 6 th Can. F ^{ld} Am ^b .		30.12.15	nom. roll. 28 th Bn. (19.10.15) Boil on N. side Cas. Rpt. " 115.
18.1.16.	W.O.	Discharged to duty		8.1.16	" " " 120 "
11.9.16	28 th Bn	att. 6 th f ^{ld} . Coy Eng.	field	29.8.16	Pt 50.38 + 39 of 2 Div Eng.
1.6.10.16.	2 ^d Div Eng.	leaves to be att. Returns to unit	"	4.10.16	Pt 50.50 + 49 of 28 th Bn.
4.11.16	28 th Bn	att. 2 nd Div. Salvage Coy	"	18.10.16	Pt 50.53.
25-7-17	"	Reported from base Sick	"	7-7-17	B2A.573 Not stated
1-8-17	"	Rejoined unit	"	12-7-17	B2A 577
10.4.18	do	Died of Wounds	Plt. ✓	5-4-18	Pt 50 33

Rank _____ Name **NEWELL, Samuel.** Reg'l No. **73140**
 Unit **28th Bn.** If in perm. Corps, **!** Married or Single **Single**
 What Unit? _____
 Place and Date of Enlistment **Moose Jaw, 24th Oct. 1914** Place of Birth **Middlesex Co. Ont.**
 Name and Address, Next-of-Kin **John Newell,** Relationship _____
Crampton, Ontario.
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

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.	Date							
June	1-30	30	1 ⁰⁰	30	30	10	3		33			30			30	3		
July	1-31	31	"	31	31	"	3 10		34 10			32 50			32 50	4 60		
								168	168							6 28	Adj: of 8c.	
Aug	1-31	31	"	31	31	"	3 10		34 10			31 64			31 64	8 74		
Sep	1-30	30	"	30	30	"	3		33			5 12			5 12	36 62		
Oct	1-31	31	"	31	31	"	3 10		34 10			38 49			38 49	32 23		
Nov	1-30	30	"	30	30	"	3		33			14 24			14 24	50 96		
Dec	1-31	31	"	31	31	"	3 10		34 10			2 61			2 61	82 45		
Jan	1-31	31	"	31	31	"	3 10		34 10			7 85			7 85	108 70		
Feb	1-29	29	"	29	29	"	2 90		31 90			5 23			5 23	135 37		
Mar	1-31	31	"	31	31	"	3 10		34 10			29 56			29 56	139 91		
		215			30 50			168	337 18	197 27					197 27			

Carried forward to
Large Ledger sheet

LAST PAY CERTIFICATE.

PARTICULARS.

1. L.P.C. Issued, date 6.8.18 2. Authority C.A. 184 d/11.4.18
3. Discharged to Out of W's 5.4.18 4. Pay Book Verified
 5. Balance shown on L.P.A. \$ 473.08 6. Balc. shown on Ledger Sheet \$ 473.08
7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
/				

8. Ass'd Pay Cancelled A3M forms rendered
 or
 9. Sep. Allice. and Assd. Pay continued to dependent in
 England and transf'd to Acc'ts Br. for payment

[Signature]
 Certified Correct.

.....
 Officer i/c Group " "

MLX

26.7.20

unsub.

