31 11/4

Proceedings of Court of Inquiry or on men
reported Missing on Active Service
Attestation Papers
Decin ation of change of name
Authority for special enlistments
Documents of re-enlisted men
Regimental Conduct Sheet
Character Standard
Compulsory Stoppages
Casualty Forms
Proceedings on discharge
NAME OF TAXABLE PARTY.
Corps History Sheet
Date and No. of Deposit Receipt for
Date and No. of Deposit Receipt for Purchase Money and Amount
Purchase Money and Amount
Purchase Money and Amount
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Purchase Money and Amount Parchment Certificate Medical Report for Invalids Medical History Sheet Proceedings of Regt. Court Martial Copies of Convictions by Civil Power
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Purchase Money and Amount

M. F. W. 62. 60m.—0-16. H. Q. 1772—30 -985. No No

DIS	
	Name BRENNAN, JOHNALBERT,
	Regt. No 25.8 Rank
Mi	Corps. 13. M. stone. M. M. M. M. ach Man. M. ach

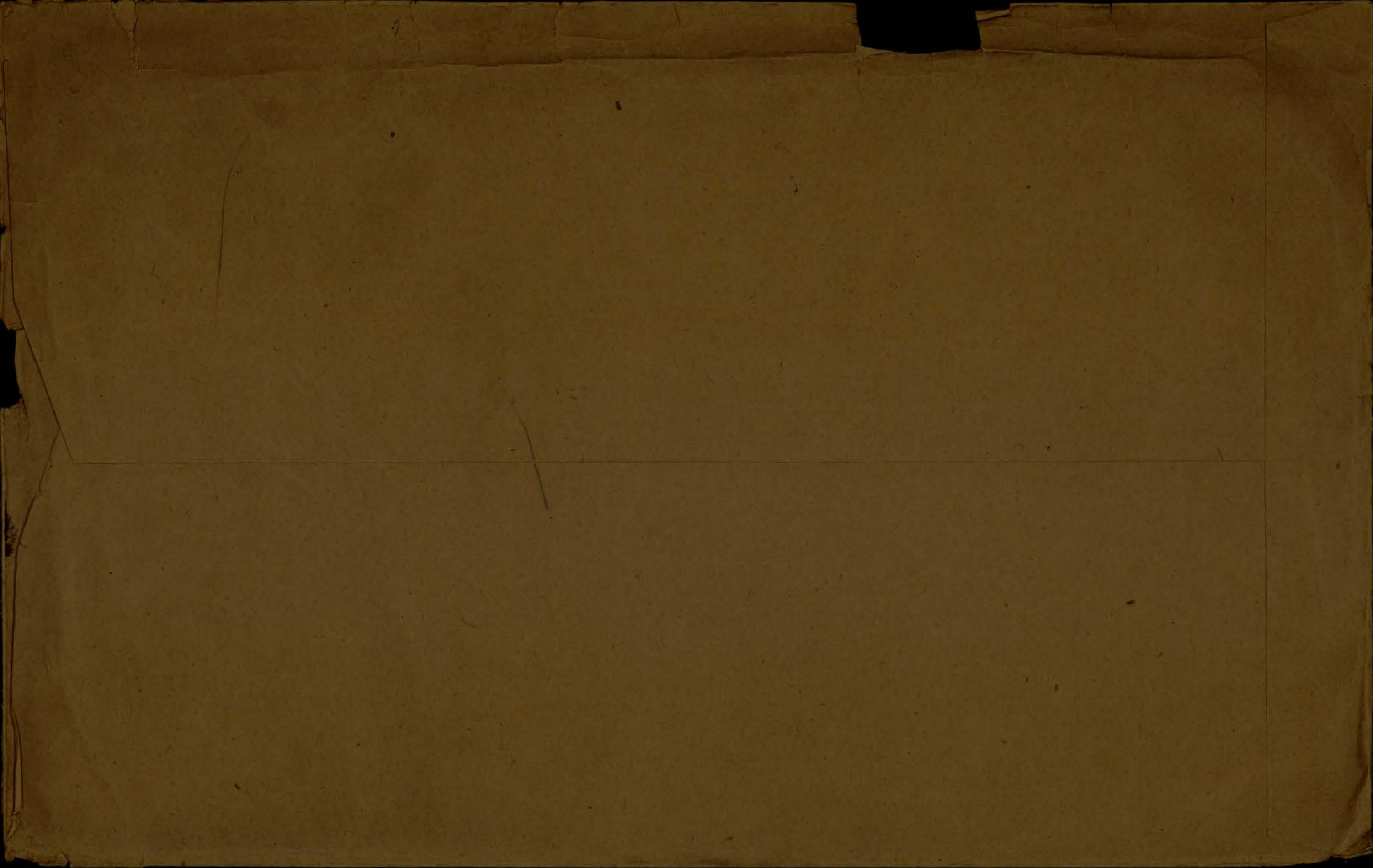
Index Card	
Casualty Card . /	
Non-Effective Card	in the same
Part II Order Card	1/
Change of Address Card	11
Honour & Ave al Card	1

R. O. No.....

H. Q. No....

37993

5-18



Bordon's armonico Battery

ATTESTATION PAPER.

No. 75

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

	QUESTIONS TO BE PUT	BEFORE ATTESTATION.
1.	What is your name?	albert Brennen
	In what Town, Township or Parish, and in what Country were you born?	Eardley arelies
3.	What is the name of your next-of-kin?	John Brennen
4.	What is the address of your next-of-kin?	a Earlley andre
5.	What is the date of your birth?	July 2888
6.	What is your Trade or Calling?	O Oslace
7.	Are you married?	- Ow
	Are you willing to be vaccinated or re-	0/
	vaccinated?	40
9.	Do you now belong to the Active Militia?	O no
	Have you ever served in any Military Force?	43MDCOM One year
11.	Do you understand the nature and terms of your engagement?	Jes
12.	Are you willing to be attested to serve in the)	Yes
	CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	1. C. Luma (Signature of Man).
	6	Establishment (Signature of Witness).
the	termination of that war provided His Majes charged.	r last longer than one year, and for six months after sty should so long require my services, or until legally (Signature of Recruit) Batter (Signature of Witness)
	OATH TO BE TAKEN BY	MAN ON ATTESTATION.
in o	r true Allegiance to His Majesty King George to	he Fifth, His Heirs and Successors, and that I will as ajesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, help me God.
	1 1 the office	C' Tomma (Signature of Recruit)
Da		Satte S (Signature of Witness)
		OF MAGISTRATE.
	The above questions were then read to the Re	nestion, and that his answer to each question has been made and eigned the declaration and taken the oath
bef	ore me, at 1219 10 ce at this	(Signature of Justice)
	I certify that the above is a true copy of the ?	
	***************************************	(Approving Officer)

Description of Sola Colo	Bremon Enlistment.
Description of Joseph Oco	On Emistment.
Apparent Age	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. 10 ins.	Ivac mark left arm
Girth when fully expanded ins. Range of expansion ins.	I vac mark left arm mole behind right phoulder
Complexion Nark	
Eyes Grey	
Hair Nank	
Church of England Presbyterian	
Baptist or Congregationalist	
Other Trovestants,	
Roman Catholic	
\Jewish	
CERTIFICATE OF MEI	DICAL EXAMINATION.
of rejection specified in the Regulations for Army Med	find that he does not present any of the causes dical Services. r eye; his heart and lungs are healthy; he has the
free use of his joints and limbs, and he declares that l	
Date 101.	W. Crue & Welson
Place Myhrere	Capt Class
*Insert here "fit" or "unfit." Norm Should the Medical Officer consider the Recruit unfit h	Medical Officer. ie 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:—	o will all the toregoing Certificate only in the case of those who have

CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
John allest of	having been finally approved and
The state of the s	Attestation, and every prescribed particular having
been recorded, I certify that I am satisfied with the e	orrectness of this Attestation.
	(Signature of Officer)
Date 1915	

Name Brennan, J.A. Rank Pte.

Reg. No. 258.

Unit Borden's Machine Gun Battery, (2nd.Div).

Next of Kin Canada.

Mary III			- 1	Contract of the Contract of th	* '	SOUTH FROM
Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916.	O.C.Borden's Mac. C KILLEI	The state of the s	N, by High	74.	M. 3421	
3-u	Burial Report by Chaple ried at Laiteric, Map		1	6.D.	(. 33/4 cm (Extract	ndated from

	m-derica and the second					
Date	Movement	Place	Casualty	List No.	Notified * N/KO.	W.O. List
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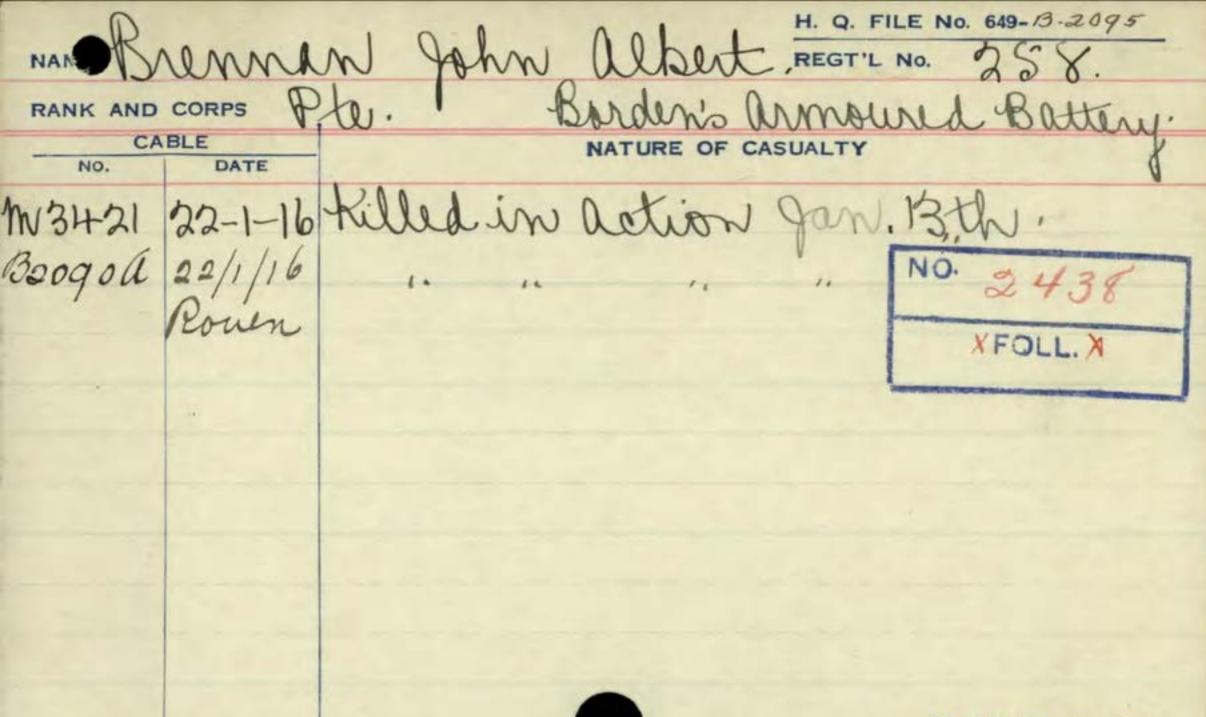
M. F. W. 22. 100m,-1-16, H. RELATIONSHIP TO SOLDIER NEXT OF KIN, CHANGE OF ADDRESS LOFF CARD NO.

WIDOWER MARRIED TRADE OR CALLING Policeman RELIGION Roman Catholie DESCRIPTION. YEARS 7 APPARENT AGE 30 MONTHS FEET / O INCHES HEIGHT CHEST MEASUREMENT 36 INCHES EXPANSION COMPLEXION Lark EYES Grey HAIR Lark
DISTINGUISHING MARKS / Nac. mark, left arm. mole
behind right shoulder. MEDICAL EXAMINATION. PLACE Montreal DATE Jan. 15/14.

Borden's Mac. Tun Bly Brennan, J.A., Pte. 258 B.A.Bty. 649-B-2095 Med. & Dec. (Father) John Brennan, Esq., R. R. No. 1, Scroll Desp. 10 1921 | 886 Beech Grove, Hardley, P. Q. Rayn No. S. (Father) Address as above. uin 1/155273 Mem. Cross. (Mother) Mrs. J. Brennan. 8 lig for 14-15 Slan B. m. J. Bey. Pt.

638478 DEC 27 1920

DATE OF HOSPITAL **ADMISSION** REMARKS LIST No. 7 H O.b. Borden's Machine 13-1-16 Hilled in action Buttery Reports By High Explosive



L. L. Job 87318-M. & D. 6106.

M. F. W. 42—25m.-10-15, H. Q. 1772-39-893,

Surname	Christian	Name or Names	Reg. No	
Brennan.	J.	A.	258	
Rank	Unit	Co.	Troop	Batty
Pte. Can	. Mch. Gn	. Corps. (Admission
Transferred			Hosp.	
		***************************************	Hosp.	
			Hosp.	
			Hosp.	
Diagnosis				
(1) Later Diagnosis (if ch	nanded)			
(2)	iangeu)			
(3)				
Additional Diagnoses	: If more than one	state present		
	WITTIM IN	ACETON	17 7 70	
DISPOSITION	KILLED IN	ACTION:-	13-1-16.	Date
***************************************		REMA	RKS	
C.L. 22-1-1	6. 74.	Rept'd by	O.C. Mch	. Gun
		-		
******************************	Corp	s. Killed	by High H	X-
	plos	ive shell.		
	20000000			
***************************************	*********	A.M.D. 2	DEPT.	
***********		Diam's	OMEC. LO	ndon.
	В	ch. of D.G.M.S.	Critical Control	1

1.51

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1		
2		
3		
4		
5		*****************
6	•	***************************************

[P.T.O.

Casualty Form-Active Service. Regiment or Corps Dordon's Motor Machine Gue Battery Rank Ho. Regimental No. 258 Service reckons from (a). Terms of Service (a) Enlisted (a). Date of promotion to) Date of appointment) Numerical position on roll of N.C.Os. to lance rank present rank Extended. Qualification (b) Re-engaged Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as taken from Army Form B. 213, Date Place reported on Army Form B. 213, Army Form Army Form A. 36, or other From whom A. 35, or in other official documents. The Date official documents. received authority to be quoted in each case. Janded in France.

15-1-16 O.C. Unit. Killed in action by High
Explosive Med. In the Field 13-1-15 B213. TOER HE RECORDS CANADIAN SECTION G.H.Q. 380 ECHELON (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.

e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

	Report	Record of promotions, reductions, transfers,	uctions, transfers,		Domesile	
Date	From whom received	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.	
				1151		
				-		
	1 2 3 5 50					
1						

Pre Name BRENNAN John Albert Mey BAy Reg'l No. 258 Cm. 1685 If in perm. Corps, What Unit? Unit Bordens M.G.Battery Married or Single Single Place and Date of Enlistment Montreal, 15 January 1915 Place of Birth Canada Name and Address, Next-of-Kin John Brennan Eardley, Relationship Quebes Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Character Reason Report Record of promotions, reductions, transfers, casualties, etc., during active REMARKS Place Date From whom service. The authority to be quoted Taken from Official Documents Date received in each case. mbarked S. S. Carpathia hocked for France Southen plot 14. 9, 11 Non Race Killed in action de France 13-1-16 Cas find 74 Killed in action with Field 13-1-16 Part II O 4/Can

	K THE					
Rep	ort	Record of promotions, reductions,				
Date	From whom received	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	
	•					

NameBRENNAH John Albert Reg'l No. 250 Rank If in perm. Corps, What Unit? Married or Single ingle UnitBordens M.C. Battery Place and Date of Enlistment Montreal, 15 Jamary 1915 Place of Birth Canada Name and Address, Next-of-Kin ohn Brennan Eardley, Relationship Quebec Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Character & L. 32 Discharge, Date and Place Reason Field Allowance PAY Voncher Date Remarks. Other Total Total Cash Assigned No. Balance Casualties, etc. Credits Debits Credits Payments Charges Rate Rate Date Amount Amount From Days × 30 days De fale. 30 00 30 10 5850 5850 300 2250 5850 " Sul alle 15da. 3100 4535 3,10 11 25 4535 165 35 3000 22 50 10 50 3300 22 50 300 3250 310 31 00 31 4460 32 50 1210 3406 31,00 3, 100 3406 1361 Oct. 1 Oct. 31 1415 6478 1415 Nov1 Nov 30 30 300 64 78 97 78 14 28 83 50 14 28 83 50 261 26/ 11499' Dee:1 Dec 31 290 mar31 36 60 3822 440 82 228 35 182 366 tatement of effects Moreh NGV 14 1866 BALANCE TRANSFERRED TO NEW LEDGER. unt rendered

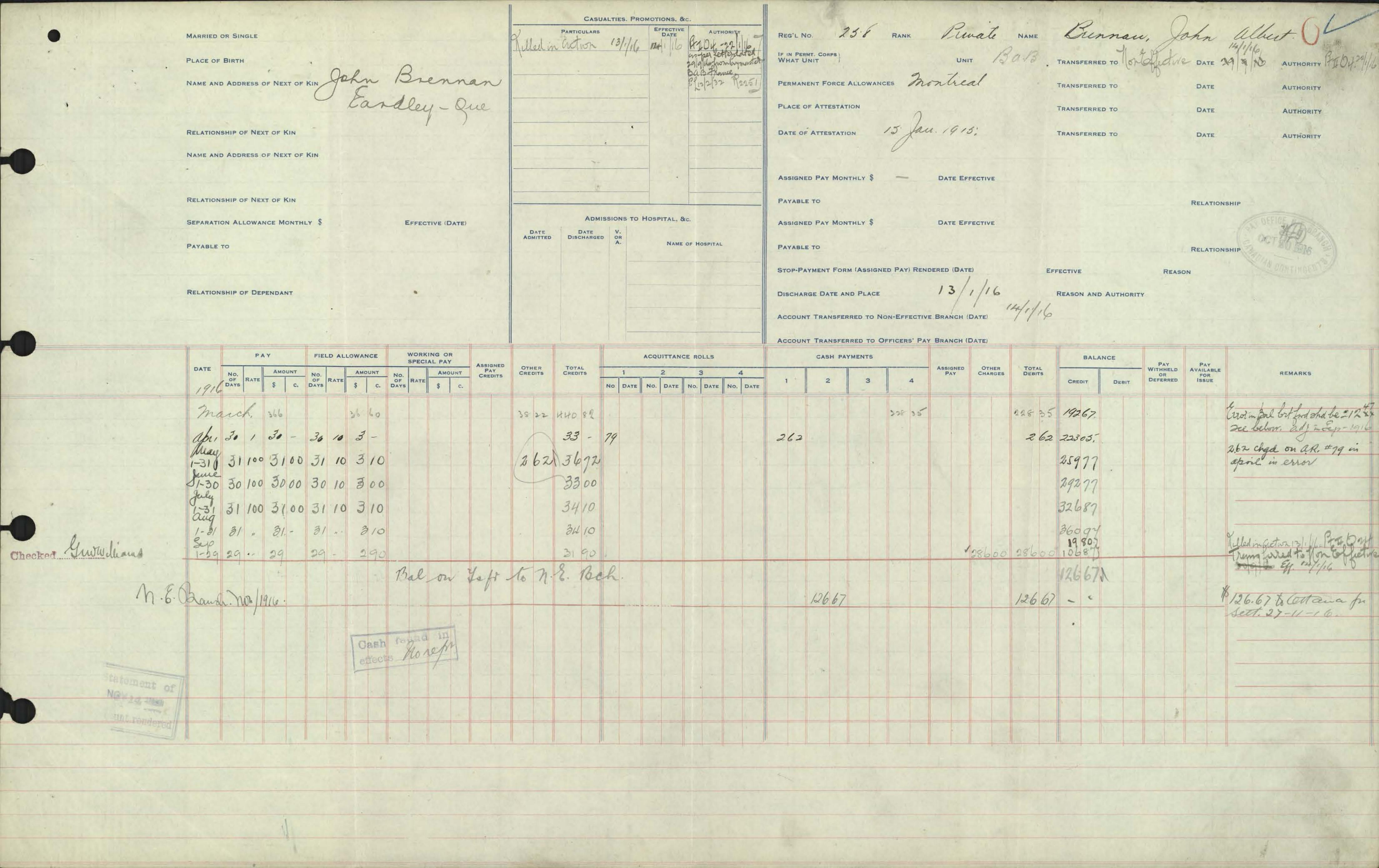
- July 1'252 Field Allowance Date PAY Voucher Other Tetal . Cash Assigned Other Total Debits Remarks. No. of Days Balance Credits Credits Payments Charges Casualties, etc. No. Date Rate Amount Rate Amount From

MEDICAL HISTORY SHEET.

		Christ			
Examined on 15	day of January Montreal, P.Q.	191.5	Approved by	ME Line LO	ees
Rirthplace City or	Town Eardley, Que.		Ra	nk Capt.A.M.C.	М.О
			Date Fit or Unfit	Examined for Re-engage	MENT,
	30				***
		CANDON STREET,			
Veight	190	Lbs.		†	M O
hest measurement	Minimum 200	inches.			M.O.
	Maximum expansion4.	inches			M.O.
Physical development					M.O.
Small-Pox Marks		1			M.O
Vaccination Marks	Arm Right.		Date Result	VACCINATIONS.	1
	Number 1		15/5	11.8 1	100
	st. 1909		1.5		SENLO
				***************************************	M.O.
lisease mace we	hund right sh	veelder	PARTITION OF THE PARTIT		M.O.
	but not sufficient to caus		rate Result	ANTI-TYPHOID INOCULATION	s, ETC.
Cal was and and	di d	se rejection /2	4/14	XV 8 A LAO	. 19
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		22	4/3 Coud	W. Erne , KU	Claro
		22	Ho good	W.Ene. All	Class.
					LEMO. M.O.
	day of January		191. 5 _at	Percupine	Claud. M.O.
Enlisted on 14	day of January Corps.	REGT'L NUMBER.		Percupine	CCM 04 M.O.
Enlisted on 14	day of January	REGT'L NUMBER.	191. 5 _at	Percupine	CCALO. M.O.
Enlisted on 14	day of January Corps.	REGT'L NUMBER.	191. 5 _at	Percupine	CCALO. M.O.
Enlisted on 14	day of January Corps.	REGT'L NUMBER.	191. 5 _at	Percupine	CCM 64 M.O.
Enlisted on 14	day of January Corps.	REGT'L NUMBER.	191. 5 _at	Percupine	LCALO. M.O.
oined on enlistment	Corps. Berden's Armeure Battery	REGT'L NUMBER.	191.5 ат	Percupine s. Date.	LCM 6
oined on enlistment	day of January Corps.	REGT'L NUMBER.	191.5 ат	Percupine s. Date.	LCM 64 M.O.
Foined on enlistment	Corps. Berden's Armeure Battery	REGT'L NUMBER.	191.5 at HABIT	Percupine s. Date.	LCARGE M.C
Foined on enlistment Transferred to	Corps. Berden's Armeure Battery AMINED OR DISCI	REGT'L NUMBER. A 258 HARGED B	191.5 at HABIT	Percupine s. Date.	LCARO. M.O
Foined on enlistment Transferred to	Corps. Berden's Armeure Battery AMINED OR DISCI	REGT'L NUMBER. A 258 HARGED B	191.5 at HABIT	Percupine s. Date.	LONG. M.O.

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.

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. DATES OF Date of Arrival Number of days in Hospital. Signature Discharge from Hospital. Admission into Hospital. DISEASE. STATION. at the of Medical Officer. Station. Day Month Year Day Month Year Name. Christian | Surname



WORKING OR CASH PAYMENTS BALANCE ACQUITTANCE ROLLS FIELD ALLOWANCE PAY SPECIAL PAY PAY ASSIGNED PAY CREDITS TOTAL ASSIGNED OTHER CHARGES TOTAL WITHHELD AVAILABLE REMARKS NO. OF RATE \$ C. DAYS RATE \$ C. DAYS RATE \$ C. DEFERRED ISSUE CREDIT NO. DATE NO. DATE NO. DATE

Date	Brief details, and signature

Table	N.F.	Sarvia	e Table.
lane	IV.	Servic	e labie.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL

Army Form B. 178

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

	MEDICAL HISTORY of	1 amount
Surname_ Brenne	Christian Name John	albert.
CARTOLINA DE CARTO DE CONTROL DE	TABLE I.—GENERAL TABLE. County	Quehec
Examined	at montreal	
Declared Age		days.
Frade or Occupation	Policeman "	he of
Height	5. feet, 10/2	inches.
Weight		lbs. inches.
Chest Girth when fully Expanded. Measurement. Range of Expansion.	4.	
Physical Development		Left England, must
(Arm	Right	
Vaccination Marks Number		men proceeding
When Vaccinated		n process
Vision	\{\begin{align*} \text{R.EV} = \\ \text{L.EV} = \\ \text{L.EV} = \\ \text{L.EV} \end{align*}	f all men
(a) Marks indicating congenital peculiarities or previous disease	(a) mole behind R.	story Sheets of all
(b) Slight defects but not sufficient to cause rejection		The Medical H
Approved by (Signature)	lo Eine	at Kelson
(Rank)	Ca	pt.
	(at montreal.	Medical Officer.
Enlisted	(on 16. day of Janua	ry 1916.
Joined on Enlistment	Bordens M. G. Betty	2 5 8
Transferred to	}	
Became non-effective by		
Yest a	onday of	
(Signature) (Rank)	Entries in	Red Ink made from

Forms B. 178.

(7278.) Wt. 2869-1662, 200M. 5/15. J. T. & S., Ltd.

Colonel in Charge of Records, Canadian Contingents, London,

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital Admitted to Hospit	Hospital	Discharged from Hospital			Disease		Number of days	Rem	arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and readmissions to hospital will be about the				
Traine of Hospital	Day	Mon	h Year	Day	M	onth Yea			in Hospital		arks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer	
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