

ATTESTATION PAPER.

No. 526893

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Young
- 1a. What are your Christian names?..... Henry
- 1b. What is your present address?..... 422 Chambley St. Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... London. England
- 3. What is the name of your next-of kin?..... Mrs C. Goldson
- 4. What is the address of your next-of-kin?..... 422 Chambley St. Montreal
- 4a. What is the relationship of your next-of-kin?..... Sister
- 5. What is the date of your birth?..... 4th April 1881
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No British Navy 14 years
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Young, 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.

Henry Young (Signature of Recruit)

Date 22nd January 191 7. Abromel (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Young, 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.

Henry Young (Signature of Recruit)

Date 22nd January 191 7. Abromel (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 Montreal this 22nd day of January 191 7.

R. H. Bourgeois (Signature of Justice)

Major,
O.C. A.M.C. Training Depot No. 4.

19
17
36

2102007
28 14-17
my

Description of Henry Young on Enlistment.

Apparent Age.....35.....years.....9.....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.....3.....ins.

Chest measurement { Girth when fully expanded.....37½.....ins.
 Range of expansion.....2½.....ins.

Complexion.....Fresh.....

Eyes.....Grey.....

Hair.....Brown.....

Religious denominations. { Church of England.....X.....
 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*.....Six.....for the Canadian Over-Seas Expeditionary Force.

Date.....22nd January.....1917.

Place.....Montreal.....

Charles
Captain
 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.

.....Henry Young.....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.

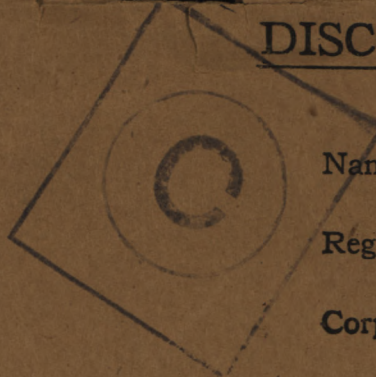
R. B. Castle (Signature of Officer)
Major

Date.....22nd January.....1917.

C. B. A. M. O. Training Depot No. 4.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... *1*
- 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..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... *2*

DISCHARGE DOCUMENTS



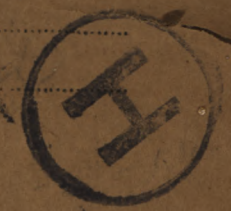
Name Young, Henry,
 Regt. No. 526893 Rank Pte
 Corps A. M. C. I. D. #4

medically unfit



01625

R. O. No.....
 H. Q. No.....



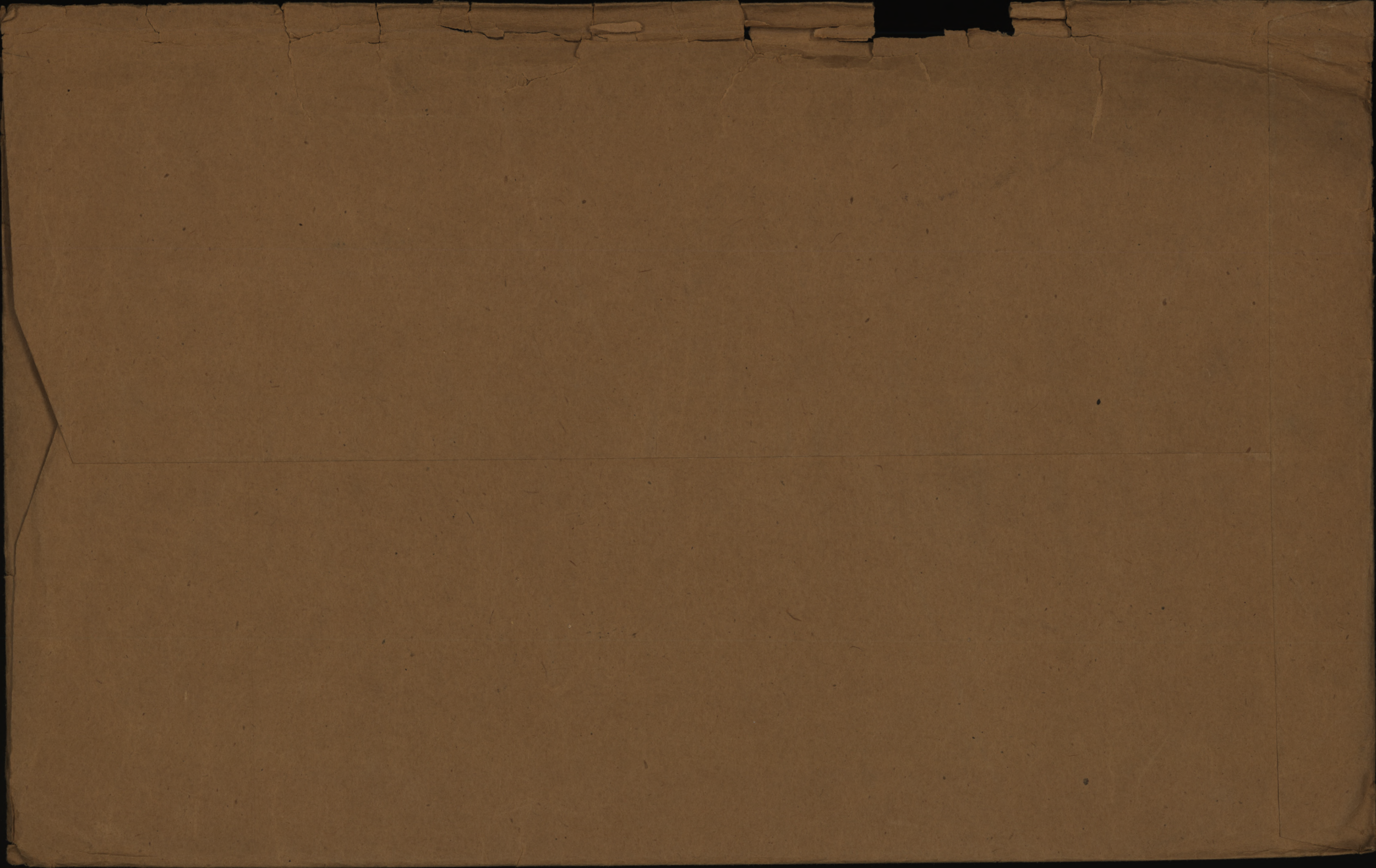
*(Comp) to B.P.C.
 on M.F.W. 2505
 Ref. B.P.C. - Spec. 809d/26.9.19
 ED*

*Ret 19-10-1919
 Complete Docs to B.P.C.
 on M.F.W. 2505
 Ref. B.P.C. Spec. 1284
 d/27/11/19
 MS*

*Comp docs to B.P.C. on
 M.F.W. 2505
 Ref B.P.C. - Spec 1401
 d/17/12/19
 45*

*1
 2 21
 2 2X
 7 21
 1*

*am +
 17-2-21
 ac*



649-Y-809

*S.O.S.M.U. 22-11-17
m 20.4.*

✓ ✓ ✓ ✓
YOUNG, Pte. Henry #526893

✓
R.A.M.C.

Med & D

(Brother)

Edwin Young Esq.,
37 Roseheath Ave.,
Toronto, Ont.

P & S

(Brother)

Address as above

Mem Cross

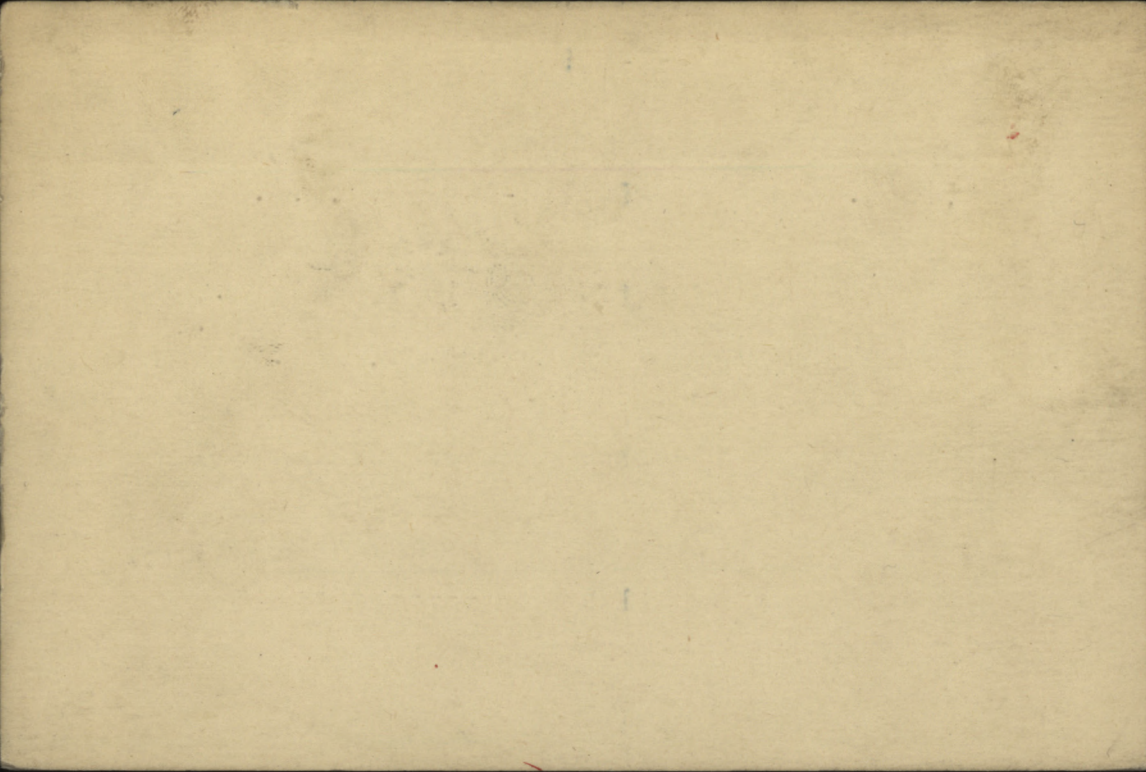
(Nil)

S.R.
49161

not on list

Canada only

B. as



No. 9-26893 RANK

Plt

NAME

Young H.

T. O. S. 22/1/17

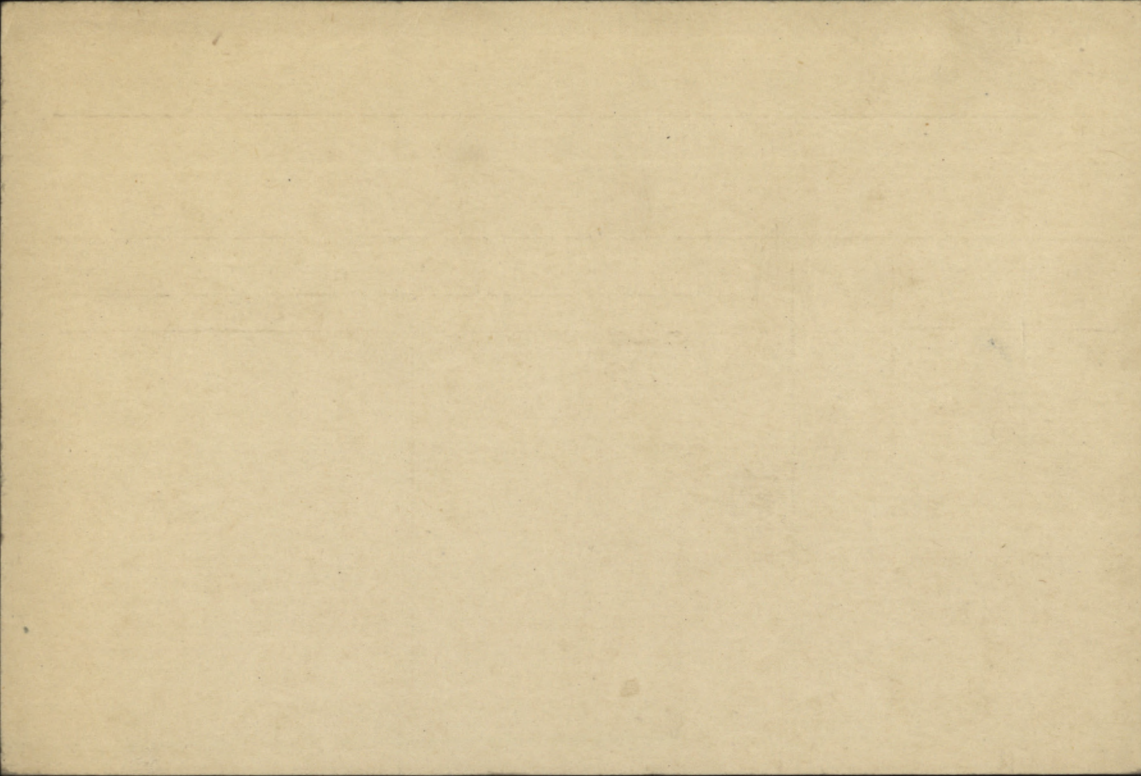
UNIT

A. M. C. Training Depot - No 4

D.O. 22922/1/17

M. D. 4.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1917	1917			
Jan 22	Jan 31	✓		
Feb.		✓		
Mar.		✓		
April.		H.	a. w. r.	D.O. 90.
May.		H.		
June 1	June 23	H.	Transfd. to "A" Unit, M. V. C.	D.O. 175.



248
25
D.C.R.
S. NAME.

Young,

6494.809.

CARD NO.

X

CHRISTIAN NAMES

Henry
Pt

REGL. NO.

526893

RANK

FOLL.
509 DIS 22-11-17/4

UNIT

~~A.M.C. (2d Div)~~ A' Unit in H.C.C.

FORMER CORPS

Royal navy (1st)

NEXT OF KIN.

NAMES IN FULL

Galson, Mrs. C.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

459 Chamblay St., Montreal
P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England London

DATE

Apr. 4, 1881.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Jan. 22, 1917

Trans from A.M.C. (2d Div) to A' Unit in H.C.C. 23/6/17. Auth H 2 593/3/29 V.C. Letter

577/17
SE

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

35

YEARS

9

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

37 1/4

INCHES

EXPANSION

2 1/4

INCHES

COMPLEXION

Fresh

EYES

grey

HAIR

Brown

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Jan. 22nd 1917

*Present Address. 429 Chamblay St.
Montreal, P.Q.*

REG. NO. 526893. NAME Young H.
(SURNAME FIRST)

RANK The CORPS A.M.B.

AGE 35 SERVICE

NAME OF HOSPITAL General Hospital PLACE Montreal

DATE OF ADMISSION 26 - 1 - 17.

DISEASE Epilepsy

DISCHARGE 19 - 2 - 17.

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. **526395** Rank **Pte.** Name **R. Young**

Corps **Special Service M.D. 4** who was* **Discharged**

On **November 22nd** 191**7**, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **November 1st** 191**7**, to **November 22nd** 191**7**, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. 16449	20	00	Reg'tl Pay 22 days at \$ 1 c 00	22	00
by } -----			Field Allow. 22 days at \$ - c 10	2	20
Cheques } No. -----			Other Allowances* 22 days subs.	15	20
Assigned Pay No.			Other Credits* Civilian clothes	13	00
Other Charges* Q.M.S.	1	52	Bal. Dr. (to be deducted by new unit)	-	00
Payment on transfer or discharge No. 16706	29	08			
Balance Cr. (to be paid by the new unit)	-	-			
Total	50	40	Total	50	40

*Give Particulars.

A monthly stoppage of \$ ~~-----~~ (†) has ~~-----~~ (‡) been paid on account of Assigned Pay for the month of ~~-----~~ 191 ~~-----~~ to (Assignee) ~~-----~~
 (Address) ~~-----~~

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ ~~-----~~ has been paid by Paymaster, Military District No. ~~-----~~

REMARKS:—

State (1) date of enlistment **22-1-17**
 (2) if married and if a Separation Allowance Card has been submitted **No record**
 (3) cause of discharge and authority **R.O. 280 Auth. A.A.S. M.D. 4 22.4.26**
dy 6.11.17

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date ~~-----~~

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date **December 17 1917**

Place **Montreal**

R. Shaw
Paymaster, Composite Regiment
Captain CAPT.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

PAY CERTIFICATE

Name: ... Rank: ... Service No: ...

Table with columns for Description, Amount, and Date. Rows include: Pay, Allowance, Gratuity, etc.

Total amount paid: ...

On Transfer of an Officer ...

Signature: ... Date: ...

526893

a.m.c.(T.D. no 4)

UNOFFICIAL

W. C. C. 45

MEDICAL HISTORY SHEET

Surname Young Christian Name Henry

Examined { on _____ day of _____ 191____
 { at _____

Approved by _____
Rank _____ M.O.

Birthplace { City or Town _____
 { County _____

Apparent age _____ M.O.

Trade or occupation _____ M.O.

Height _____ feet _____ Inches _____ M.O.

Weight _____ lbs. _____ M.O.

Chest measurement { Minimum _____ inches _____ M.O.

 { Maximum expansion _____ inches _____ M.O.

Physical development _____ M.O.

Small-pox Marks _____ M.O.

Vaccination Marks { Arm _____ Right _____ Left _____
 { Number _____

Date Result VACCINATIONS

When Vaccinated last _____ M.O.

(a) Marks indicating congenital peculiarities or _____ M.O.

previous disease _____ M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

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

_____ M.O.

_____ M.O.

_____ M.O.

Enlisted on _____ day of _____ 191____ at _____

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment				
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.

PARTICULARS OF DISCHARGE.

1. Name *Young Henry*
2. Regimental Number *520 893* 3. Rank *Private*
4. Corps *Ame. Train., Depo no 4.*
5. Date of Discharge *22-11-17*
6. Place of Discharge *Montreal Que*
7. Place to which transport given. (Give street address where possible.)
429. Chamblay st. Montreal
Enlisted at Montreal 22-1-17.

8. Description at time of Discharge:—
Age *35* years *9* months. Descriptive marks
Height *5* feet *3* inches.
Complexion *Fresh* *None.*
Eyes *Grey*
Hair *Brown*
Trade *Labourer.*

9. The above named man is discharged in consequence of
Being med. unfit
A. A. G. M.D. 4. - 40. 22-4-26 d. 6-11-17
(If medically unfit, state nature of disease or disability.) *U. N. H. Syphilis*

10. To what extent will it prevent his earning a full livelihood?
not stated

11. Character *Indifferent has. been guilty of acts of A.W.L.*

Date *28-12-17*
ms _____ i/c Records.

PARTICULARS OF DISCHARGE

1. Place to which discharged (if not street address where possible)
2. Place of discharge
3. Date of discharge
4. Name of discharged person

5. Particulars as to mode of discharge
6. Name of person
7. Name of vessel
8. Name of ship
9. Name of vessel

10. The name of the vessel in consequence of

11. To what extent will it prevent or curtail a full discharge
12. Name of vessel

As Receiver

W. W. W.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

96 Young

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

7520

u
 Name Young Henry
Surname Christian Name

Regimental Number 526893 Rank Pte

Unit C A M C

Address (in full)

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks: From decl.

File No. 019895-4-113 **WAR SERVICE GRATUITY.**

Register No. 520

Reg. No. 526 893

Name Young Henry

Address

786 Dorchester St West
Montreal Que.

Pay Soldier \$

Clerk J. L. Lowe
12-9-19

Dependent _____

Address _____

Pay Dependent \$ _____

Days 153 Rate 70⁰⁰ Due 350⁰⁰

Less P.D.P. credited _____

Less further Dr. Bal. or overpayment. _____

Net 350⁰⁰

R
W129
24¹⁰/₁₉

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 15/9/19	21155	517493	350 ⁰⁰		1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

J. H. Goldsmith
W. C. Haydon

GEN'L AUDITOR
Posting checked by
J. H. Goldsmith
Date 12-9-19