

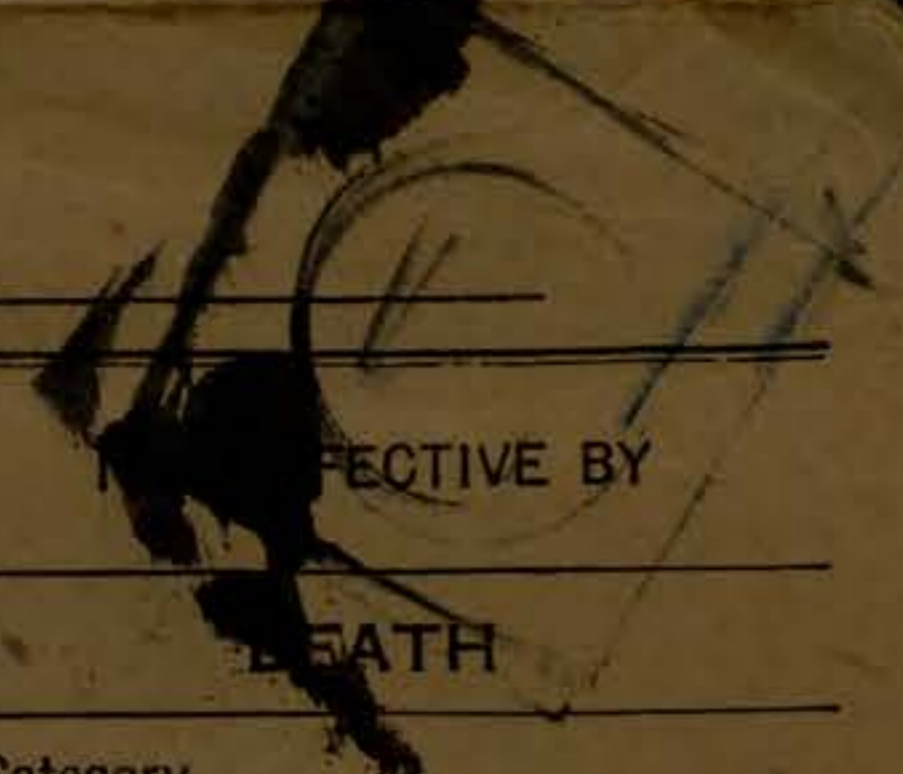
REGIMENTAL DOCUMENTS

NAME Wesley Thomas

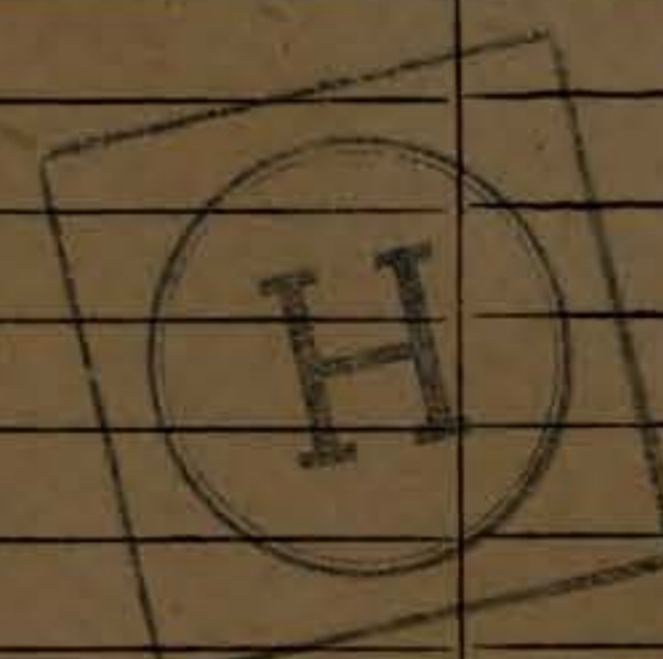
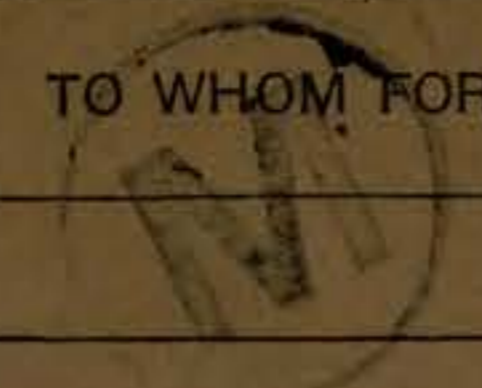
REGT. NO. 622933

UNIT 44th Bn

H. Q. FILE NO.

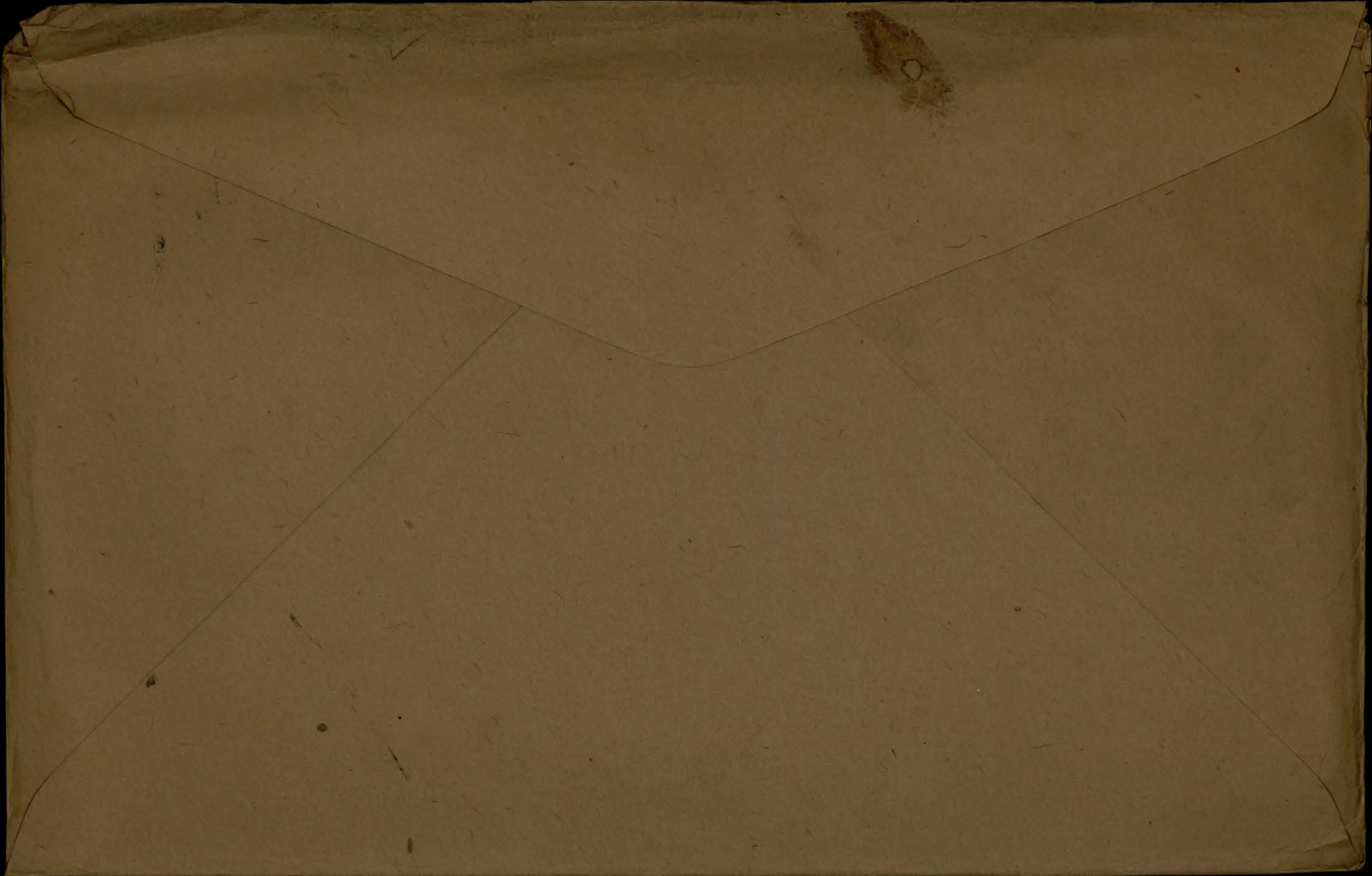


(S)



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					<hr/>
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W 2589
FORM 11-18
1272-50-1007



ATTESTATION PAPER

Original
No. ~~22862~~
Folio. 22.933

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

- 1. What is your name? *Thos Copeland.*
- 2. In what Town, Township, or Parish, and in what Country were you born? *Argenteuil, Quebec.*
- 3. What is the name of your next-of-kin? *Anthony Copeland*
- 4. What is the address of your next-of-kin? *Shrewsbury, Quebec*
- 5. What is the date of your birth? *December 1883*
- 6. What is your trade or calling? *Miner.*
- 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?
If so, state particulars of former Service. *Yes*
- 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*

Thos Copeland (Signature of Man.)
P. R. Rasmussen (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thos Copeland*, 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 *May 5th* 191*5* *Thos Copeland* (Signature of Recruit.)
P. R. Rasmussen (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thos Copeland*, 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 *May 5th* 191*5* *Thos Copeland* (Signature of Recruit.)
P. R. Rasmussen (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 *Munroby* this *5th* day of *May* 191*5*.
J. J. Halliday (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
..... (Approving Officer.)

M. F. W. 23.
200 M.-3-15.
H.Q. 1772-39-841.

W. J. ...
P. R. Rasmussen
Lieut-Colonel
Commanding 44th Batt. C.E.F.

DESCRIPTION OF Thos. Copeland ON ENLISTMENT.

Apparent Age 32 years — months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2½ ins.

Complexion Fair

Eyes Grey

Hair Fair

- Religious Denominations { Church of England X
 Presbyterian
 Methodist
 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 May 5th 1915

Place Winnipeg

[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

Thos. Copeland 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.

Date May 5th 1915

[Signature] (Signature of Officer.)

Lieut-Colonel
 Commanding 44th Bate. C.E.F.

22824

668

Copeland, T., Pte.
#622833.
44th Battalion, C.E.F.

ESTATES BRANCH,

MAR 2 1918

MILITIA DEPT.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 622833

Name Pte Thos Copeland

Unit 44 Battalion C.E.F.

Military Will.

In the event of
my death I give the
whole of my property
and effects to my
Brother A. Copeland
Shrewsbury ^{Que} ^{Canada}

Signature Pte Thos. Copeland

Rank and Regt. 44 Battalion C.E.F.

Date April 27 - 1918



RECEIVED MILITARY WILL
P. BIDWELL, Lieut.,
PAYMASTER.
44TH BN. CANADIAN INFANTRY.

27835

Admitted 30.3.16

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Copeland

Christian Name Thomas

Examined { on 6 day of May 1915
at Winnipeg
Birthplace { City or Town Argentia
County Quebec, Can.

Approved by [Signature]
Rank Capt M.O.

Apparent age 32 yrs
Trade or occupation Miner
Height 5 Feet 8 Inches.
Weight 150 Lbs.
Chest measurement { Minimum 35 1/2 inches.
Maximum expansion 2 1/2 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number 1
When Vaccinated last July 1915
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>July 1915</u>	<u>React.</u>	<u>CMS</u>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 12</u>	<u>React</u>	<u>CMS</u>
<u>22</u>	<u>"</u>	<u>CMS</u>
<u>July 4</u>	<u>"</u>	<u>CMS</u>
<u>3/7/16</u>	<u>TAB</u>	<u>CMS</u>
		M.O.
		M.O.
		M.O.

Enlisted on 6 day of May 1915 at Winnipeg

	CORPS	REG'T NUMBER	HABITS.	DATE.
Joined on enlistment	<u>44 Bath Co</u>	<u>22882</u> <u>622933</u>	<u>Good</u>	<u>May 6/15</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.

Surname *Kaplan* Christian Name *Thomas*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Isolation Hotel Aldershot</i>		<i>30</i>	<i>3</i>	<i>16</i>	<i>26</i>	<i>4</i>	<i>16</i>	<i>Measles</i>	<i>28</i>	<i>11th day - pain & discharge from ears - cured.</i>	<i>A. Beadel Lt Colonel A 73 - A 83-2. KT.</i>
Reported from Base		<i>2</i>	<i>11</i>	<i>16</i>	<i>8</i>	<i>11</i>	<i>16</i>	<i>Sick. N.Y.D.</i>	<i>Rejoined Unit.</i>	<i>7/23</i>	

Duplicate report posted to base. Original Medical History Sheet posted to base. 7/23

No. *622933* Name *Kepland J* Sqn., Batty., or Company } *b* Corps *4th Batt. C. E. F.* Date of enlistment } *5/3/15* G.C. Badges } *—* Service or Proficiency Pay } *—*
 Date of last entry in Company Conduct Sheet } *16-4-16* No. and date of last drunk } *nil* Period not reckoning towards freedom from extra fine } *—* Sheet No. *one* Signature O.C. Company, etc. } *R. C. Powell major* Character *good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Transferred to				Battalion.					
<i>5.5.17</i>	<i>Entitled to one Good Conduct Badge.</i>			<i>Auth: 44th Can. Inf. Pt. II 114</i>					
	<i>Dead of Wounds.</i>			<i>Auth: 44th B. Can. Infy. Pt. II 20. 122</i>					

Army Form B. 122

Dead of Wounds
LI-01-03

J.B.K.

30 AUG. 1916

Casualty Form—Active Service.

CAN. RECORDS, LONDON

Regiment or Corps *44th Battalion C.E.F.*

Regimental No. *622933* Rank *Private* Name *Copeland, Thomas*

Enlisted (a) *2/5/1915* Terms of Service (a) *DoQW* Service reckons from (a) *Enlistment*

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) *None*

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				
		<i>Embarked from Halifax,</i>	<i>Canada</i>	<i>22-10-15</i>	
		<i>Arrived in Bramshott,</i>	<i>England</i>	<i>30-10-15</i>	
		<i>Proceeded for service overseas with 44th Bn.</i>		<i>AUG 10 1916</i>	<i>J.W. Chapman</i> Major & Adj. 44th Battalion C.E.F.
<i>10-8-16</i>	<i>44th. Bn.</i>	<i>Disembarked France</i>	<i>Havre</i>	<i>12-8-16</i>	<i>Nominal Roll</i>
<i>11-11-16</i>	<i>"</i>	<i>Evac. sick</i>	<i>Field</i>	<i>2-11-16</i>	<i>B.213. R.C.S. 61, 18-11-16</i>
<i>"</i>	<i>"</i>	<i>Rejoined unit</i>	<i>Field</i>	<i>8-11-16</i>	<i>" " "</i>
<i>4-11-16</i>	<i>12 C.F.A.</i>	<i>Haemorrhoids adm</i>	<i>12 C.F.A.</i>	<i>2-11-16</i>	<i>a.36. " 66, 24-11-16.</i>
<i>"</i>	<i>11 C.F.A.</i>	<i>" " adm.</i>	<i>11 C.F.A.</i>	<i>"</i>	<i>a.36. " 69, 28-11-16.</i>
<i>"</i>	<i>"</i>	<i>" " To</i>	<i>12 C.F.A.</i>	<i>"</i>	
<i>13-1-17</i>	<i>OC.44th.</i>	<i>Attached to 176th. Tun. Co., Royal Engineers (AUTH: 10th.C.I.B.10-6-2)</i>	<i>Field of 15-12-16</i>	<i>17-12-16</i>	<i>Can. Sec. 147/723 Pt. II. O. 15/19-1-17.</i>
<i>7-4-17</i>	<i>do.</i>	<i>Ceases to be attached</i>	<i>Field</i>	<i>3-4-17</i>	<i>B.213. Pt. II. O. 54/16-4-17</i>
<i>14-4-17</i>	<i>do.</i>	<i>Wounded in action</i>	<i>Field</i>	<i>10-4-17</i>	<i>B.213. D.C.S. 145</i>
<i>25.4.17</i>	<i>C.B.D</i>	<i>T.O.S "a"</i>	<i>Havre</i>	<i>25.4.17</i>	<i>NA</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

622933. PRIVATE COPELAND

THOMAS

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				
13.4.17	32 Stry.	N.W. Arm. R	Adm.	13.4.17	W 3034/298.
19.4.17	1 Cow.	" "	Adm.	19.4.17	W 3034/310.
20.5.17	C.B.A.	S.O.S to Isolation	Filed	20.5.17	NR
14.6.17	4 C.B.D.	F.O.S "a"	"	14.6.17	W 3034 - NR 242
22.6.17	"	Left for 4th but Btw.	"	22.6.17	NR 332.
24.6.17	4 Snd Bn	Arrived "	"	24.6.17	NR
8.9.17	3/644	Reported from 4th but Btw	"	8.9.17	B.213. Dec. 195.
6-10-17	do.	Granted Good Cond. Badge	"	5-5-17	B.213. Pt. II. O. 114/15-10-17
30.10.17	3 Aust. C.C.S.	Died of wounds. Received in action (S.W. Thigh, R.)	"	30.10.17	a 36. R. 1. 16. 28881. OO. No. 122 of 5.11.17
<p><i>Indorse</i> Lieut. for Lt. Col. a a g Canadian Section</p>					

Rank _____ Name **COPELAND Thos** Reg'l No. **622933**
 Unit **44th Bn** If in perm. Corps, _____ Married or Single **Single**
 What Unit? _____
 Place and Date of Enlistment **Winnipeg, 5 May 1915** Place of Birth **Argentuesh, Quebec**
 Name and Address, Next-of-Kin **Anthony Copeland**
Shrewsbury, Quebec Relationship _____

*M.X.
25/4/20mf*

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

N/E. R.B. No. **8371**
 File R.L. _____
 Category **D.W.**

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				
		<i>Arrived in England.</i>	<i>Stapland</i>	30 OCT. 1915	
<i>5.1.16</i>	<i>Adj. H.H.H.</i>	<i>At 6.30 a.m. 4.1.16. to 7 p.m. 4.1.16. Forfeit \$1.10</i>	<i>Bramshott,</i>	<i>4.1.16</i>	<i>Part II Order 5</i>
<i>31.4.16</i>	-	<i>Adm to Isol Hosp.</i>	<i>Aldershot</i>	<i>31.3.16</i>	<i>92 (German measles) D. 82.66</i>
<i>28.4.16</i>	-	<i>Dis from -</i>	-	<i>26.4.16</i>	<i>119 S.C.H. 76</i>
<i>31-8-16</i>	<i>44th</i>	<i>Embarked For France</i>	-	<i>10-8-16</i>	<i>Pt-11-224</i> <i>at 7.15.16 checked</i>
<i>22.11.16</i>	"	<i>Reported from Base (Sick)</i>	<i>Field</i>	<i>2.11.16</i>	<i>Ch. 473</i> <i>M.Y.D.</i>
"	"	<i>Rejoined Unit</i>	"	<i>8.11.16</i>	<i>Ch. 473</i> <i>Haemorrhoids</i>
<i>19.1.17</i>	"	<i>Attd to 176th Tunn Co R.E.</i>	"	<i>17.12.16</i>	<i>At 10 15</i>
<i>20.4.17</i>	"	<i>Adm No 32 Stat Hosp</i>	<i>Womincux</i>	<i>13.4.17</i>	<i>Ch A 195 G.S.W R.P.m</i>
<i>16.4.17</i>	-	<i>Leave to be att to 176th Tunn Co R.E.</i>	<i>Field</i>	<i>3.4.17</i>	<i>Pt 11 DO 514</i>

17

622933 Capeland. Y.

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				
28.4.17	HH ^d . B	Trnsf No 1 Com Depot	Boulogne	19.4.17	CLA 202 GSW RArm
28.4.17	--	Discharged Base Details		20.4.17	CLA 202 --
16.10.17	--	Awarded Good Conduct Badge	Mt Field	5.5.17	Pt II DO 114
6.11.17	--	Adm No 3 Aus Coas Clearing Sqn	Mt --	29.10.17	CLA 56 SW Rleg
6.11.17	--	Died of Wounds	Pls --	30.10.17	CLA 56 --
5.11.17	"	S.O.S. Died of Wounds	" "	30.10.17.	Pt II O. 122

Rank *Pte* Name *COPLAND Thos* Reg'l No. *622933* P-56 ✓
 Unit *44th Bn* If in perm. Corps, What Unit? Married or Single *Single*
 Place and Date of Enlistment *Winnipeg, 5 May 1915* Place of Birth *Argentuesh, Quebec*
 Name and Address, Next-of-Kin *Anthony Copeland* Relationship
Shrewsbury, Quebec

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place *30.10.17* Reason Relationship
20/50 1/17



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						
<i>1915</i>																	
<i>Nov. 30.</i>	<i>30.</i>	<i>30</i>	<i>1⁰⁰</i>	<i>3000</i>	<i>30</i>	<i>10⁰</i>	<i>300.</i>		<i>3300</i>			<i>3163</i>			<i>3163</i>	<i>137</i>	
<i>Dec. 31.</i>	<i>31.</i>	<i>31</i>	<i>.</i>	<i>31..</i>	<i>31</i>	<i>.</i>	<i>310</i>	<i>137</i>	<i>3547</i>			<i>3407</i>			<i>3407</i>	<i>140</i>	
<i>Jan. 31</i>	<i>31</i>	<i>31</i>	<i>.</i>	<i>31..</i>	<i>31</i>	<i>.</i>	<i>310</i>	<i>140</i>	<i>3550</i>			<i>1460</i>		<i>110</i>	<i>1570</i>	<i>1980</i>	<i>1⁰⁰ U.S.</i>
<i>Feb. 29</i>	<i>29</i>	<i>29</i>	<i>.</i>	<i>29.</i>	<i>29</i>	<i>.</i>	<i>290</i>	<i>1980</i>	<i>5170</i>			<i>1216</i>			<i>1216</i>	<i>3954</i>	
<i>Mar. 31</i>	<i>31</i>	<i>31</i>	<i>.</i>	<i>31.</i>	<i>31</i>	<i>.</i>	<i>310</i>	<i>3954</i>	<i>3644</i>	<i>119</i>		<i>730</i>			<i>1460</i>	<i>3904</i>	
<div data-bbox="727 1666 1111 1961" data-label="Text"> <p>Statement of MAR 12 1918 Amount rendered</p> </div> <div data-bbox="2401 1700 2730 1893" data-label="Text"> <p>Married forward to Large Ledger sheet <i>Settled</i></p> </div>																	
		<i>152</i>			<i>1520</i>			<i>16720</i>		<i>10706</i>		<i>110</i>		<i>10816</i>		<i>5904</i>	

Surname **Opeland** Christian Name or Names **J.** Reg. No. **622933**
 Rank **Pte** Unit **44th Batt.** Co. **man.** Troop Batty.
 Hospital Date of Admission

Transferred **Aldershot Mil. Isolation Hosp.** **31-3-16.**
32 State Hosp Wimereux Hosp. **13.4.17**
no 1 Conv. Dep. Boulogne. Hosp. **19-4-17**
3 Aust G. G. Station Hosp. **29.10.17.**

Diagnosis **German Measles.**
 (1) Later Diagnosis (if changed) **N.Y.S.**
 (2) **Haemorrhoids** *intest*
 (3) **G.S.W.R. Army** *aw.*

Additional Diagnoses: *if more than one state present.*
Swth Leg (Thigh)
died of wounds. 30.10.17

DISPOSITION **Disch 26.4.16** Date

66
C.L. 6-4-16.
" 28.4.16 75 (Errat. Note.)
" 29.4.16 46
" 22-11-16 273^W
" 4.12.16 283
26.4.17 2195
" 28-4-17 2202
" 7.11.17 H.56 (1)

REMARKS
Rep'd. from Base Sick. 2-11-16
Base Det. Boulogne 20-4-17

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

Handwritten signature

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Copeland, Thos. Pte. 622933 44th Bn. 649-C-10872

not elig. for star.

Medals ~

Decorations. (Brother) Mr. Anthony Copeland,
Shrewsbury, P.O.
P.Q.

(M)

M

P. & S. (Brother) Mr. William Copeland,
Sault Ste. Marie,
Ontario

Serial No 492775

*111 Felawn Ave.,
7²/₂*

Memorial
Cross.

(Nil)

Scroll Des. *MAR 18 1921* Regn. No. 229654

Plaque Des. *AUG 31 1921* Regn. No. 25798
P. R. 4349
L. P. R. 12-9-21

mf

Plaque re desp. 15.2.22 F 169

Number 422933

Rank Pte

Surname COPELAND

Christian Name Thomas

Units 44th Bu Band Theatre of War France

Date of Service 10-8-16

Remarks

Latest Address (Brother) Mr William Copeland
Shrewsbury P.O., P.Q.

Roll No

200m.-6-21

Page 19297

Handwritten initials in red ink

Handwritten initials in red ink

Large handwritten letter 'D' and 'R' in blue ink

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

REG. No. 14774
DESP. JAN 1919

REGT'L NO 122933
 H. Q. FILE NO. 649-

NAME Copeland Thomas
 RANK AND CORPS Sgt 44th Bn.

FOLLOWS
 NO.

 FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
en 2428	20-4-17	Adm. # 32 Stationary Hosp. Winneent April 13th 1917. G.S.W. rt. arm. ✓
M 6312 37-4. 160-2	8-11-17	Adm. 3 Australian Cas. Cl. Stat. Oct 29th 1917. G. S. W. rt. leg. ✓
M 6312	9-11-17	Died of wounds 3 Aust. Cas. Clg. Stat. Oct. 30 ^m 1917 ✓
A 7B 2090a Rouen	5-11-17	Died of wounds received in action 3 Aust. Co. Co. S. in the field France or Belgium 30-10-17.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
66	Mil Isolation Aldershot	31-3-16	Measles German measles as per list 45.
76	" "	26-4-16	measles Disch
A 73	Repton Base	2-11-16	Sick H. 4.8.
A 73	" " Rej unit-	8-11-16	Haemorrhoids H. 4.83.
A 195	#32 Stat. Wimereux	13-4-17	Gsw R. Arm.
A 202	#1 Convt. Dep. Boulogne	19-4-17	Gsw, rt arm.
A 212	Base Helleyls Boulogne	20-4-17	" " " "
A 56-1	3 Cust. Cas. Cl. Str	29.10.17	" Re Leg.
A 57-1	Killed of wounds	30.10.17	" " Thigh

Name COPELAND, Thomas
Rank Pte.

Reg. No. 622933.

Unit 44th Bn.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
31-3.	M.I.H. Aldershot.	German	Measles.	66.		
26-4.	DISCHARGED.	(do	do)	76.		
2-11.	Reported from Base.	Sick.	NYD.	A.73.		
8-11.	do Rejoined Unit.		(NYD.)	A.73.		
	Ascertained.	Haemorrhoids.		A.83.		
13-4	No 32 Stat. ^H , Wimereux	GSW	R.Arm	A195	M2428	20-4
19-4	No 1 Conv Depot	Boulogne	do	A202		
20-4	Base Details	Boulogne	do	A202		
	-					

649-C-10872

CARD NO.

SURNAME.

Copeland

CHRISTIAN NAMES

Thomas

FOLL.

REGL. No.

622933

RANK

Pte.

UNIT

44th

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Copeland Anthony

RELATIONSHIP TO SOLDIER

(Brother)

ADDRESS

Shrewsbury P. O.

COUNTRY OF BIRTH

Canada Argentuil P. O.

DATE

PLACE OF ATTESTATION

Winnipeg

DATE

May 6/15.

0/523-1075 $\frac{243}{7}$

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

Thomson 25-C-3877.

Name COPELAND.

Rank

PO

Reg. No. 642933

ER

Unit 44 Bn

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-10-17	3. Aust. C. & S.	S.W. R. Coy.			M6313	6876
30-10	Now. Rptd. <u>DIED OF WOUNDS.</u>	at No 3 Aust. C. & S.		A56 M6313		P. 90630 30/10/17
		S.W. R. Coy.				

No. 17 22862 RANK Pte

NAME Copeland I.

422933 Oct 1915

T. O. S. 6-5-15

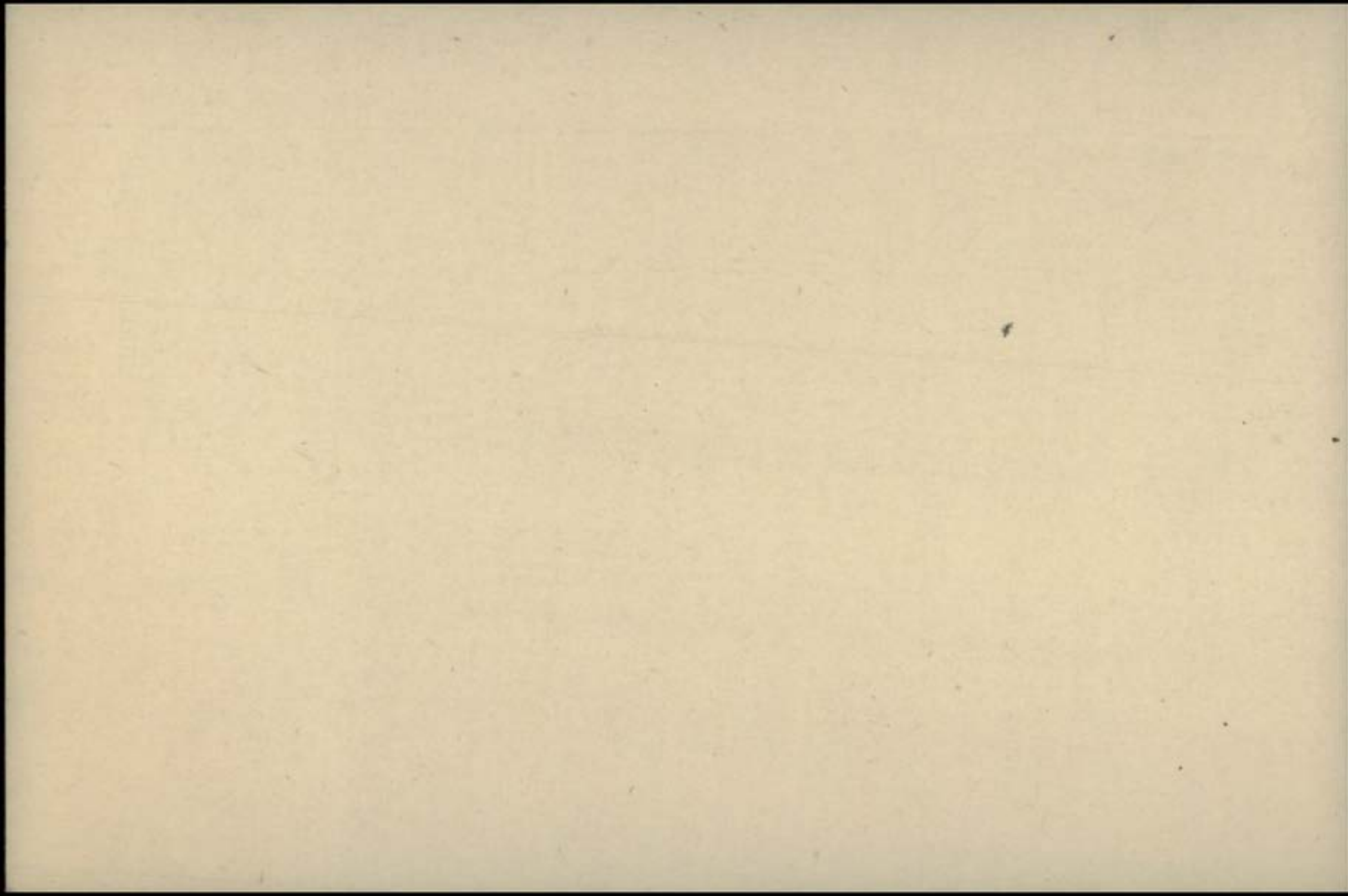
UNIT 44th Battalion C. E. F.

(A.O. #74 - 7-5-15)

M. D. 10

PAID		SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
May 6	May 31	✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		is	forfeit's 3 dys pay.	A.O. 202 Oct. 1915.

UNIT SAILED
OCT 23 1915



MARRIED OR SINGLE
 PLACE OF BIRTH *Argentinesh Que bandada*
 NAME AND ADDRESS OF NEXT OF KIN *Anthony Copeland*
Shewsbury Que, bandada
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Area of W. Wounds</i>	<i>30-10-17</i>	<i>622.56-6-11-17</i>

REG'L. No. *622933* RANK *Plt.* NAME *Copeland Thos.* ✓
 IF IN PERM. CORPS UNIT *4th Batta* TRANSFERRED TO *Pay 2 P* DATE *1-11-17* AUTHORITY *622.56-6-11-17*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Winnipeg Man* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Entered on N.A. Card Index*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Checked by Jm Black*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *e.i.*



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS													
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT																
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE					
<i>1/1/16</i>			<i>152</i>			<i>15</i>	<i>20</i>								<i>167</i>	<i>20</i>				<i>107</i>	<i>06</i>			<i>1</i>	<i>10</i>	<i>108</i>	<i>16</i>	<i>59</i>	<i>04</i>															
<i>20/1/16</i>	<i>20</i>	<i>1</i>	<i>30</i>		<i>20</i>	<i>10</i>	<i>2</i>							<i>22</i>		<i>589</i>					<i>21</i>	<i>62</i>			<i>31</i>	<i>62</i>	<i>60</i>	<i>11</i>																
<i>1/2/16</i>	<i>21</i>	<i>1</i>	<i>21</i>		<i>21</i>	<i>10</i>	<i>2</i>	<i>10</i>						<i>24</i>	<i>10</i>	<i>621</i>	<i>17/1/16</i>				<i>972</i>				<i>972</i>	<i>84</i>	<i>78</i>																	
<i>1/3/16</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>33</i>		<i>766</i>	<i>7/3</i>	<i>15/6</i>			<i>7</i>	<i>30</i>			<i>17</i>	<i>04</i>	<i>100</i>	<i>74</i>																
<i>1/7/16</i>	<i>21</i>	<i>1</i>	<i>21</i>		<i>21</i>	<i>10</i>	<i>2</i>	<i>10</i>						<i>34</i>	<i>10</i>	<i>841</i>	<i>20/6/16</i>	<i>905</i>	<i>17/7/16</i>		<i>972</i>	<i>974</i>			<i>19</i>	<i>47</i>	<i>115</i>	<i>27</i>																
<i>6/3/16</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>						<i>34</i>	<i>10</i>	<i>968</i>	<i>29/7</i>				<i>973</i>				<i>9</i>	<i>73</i>	<i>139</i>	<i>74</i>																
<i>1/30/16</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>33</i>		<i>38</i>	<i>24/8</i>	<i>100</i>	<i>8/9</i>		<i>2</i>	<i>61</i>	<i>2</i>	<i>61</i>	<i>5</i>	<i>22</i>	<i>167</i>	<i>52</i>																
<i>1-31/10</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>						<i>34</i>	<i>10</i>	<i>159</i>	<i>19/9</i>				<i>2</i>	<i>62</i>			<i>5</i>	<i>24</i>	<i>196</i>	<i>38</i>																
<i>1-30/11</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>33</i>		<i>274</i>	<i>29/10</i>	<i>328</i>	<i>1/11</i>		<i>2</i>	<i>62</i>			<i>5</i>	<i>23</i>	<i>224</i>	<i>15</i>		<i>165</i>		<i>59</i>	<i>15</i>											
<i>1-31/12</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>						<i>34</i>	<i>10</i>	<i>322</i>	<i>23/11</i>				<i>2</i>	<i>62</i>			<i>2</i>	<i>62</i>	<i>255</i>	<i>63</i>		<i>180</i>		<i>75</i>	<i>63</i>											
<i>1917</i>			<i>42</i>	<i>70</i>			<i>42</i>	<i>70</i>																																				
<i>1-31/1/17</i>	<i>31</i>	<i>10</i>	<i>34</i>	<i>10</i>										<i>34</i>	<i>10</i>	<i>433</i>	<i>6/12</i>				<i>11</i>	<i>34</i>			<i>11</i>	<i>34</i>	<i>278</i>	<i>39</i>		<i>195</i>		<i>83</i>	<i>39</i>											
<i>1-28/2/17</i>	<i>28</i>		<i>30</i>	<i>80</i>										<i>30</i>	<i>80</i>				<i>15362</i>	<i>2/1/16-17</i>					<i>1</i>	<i>75</i>				<i>210</i>		<i>97</i>	<i>44</i>											
			<i>534</i>	<i>60</i>										<i>534</i>	<i>60</i>						<i>163</i>	<i>29</i>	<i>61</i>	<i>02</i>	<i>1</i>	<i>75</i>	<i>1</i>	<i>10</i>	<i>227</i>	<i>16</i>														
			<i>534</i>	<i>60</i>										<i>534</i>	<i>60</i>						<i>163</i>	<i>29</i>	<i>61</i>	<i>02</i>	<i>1</i>	<i>75</i>	<i>1</i>	<i>10</i>	<i>227</i>	<i>16</i>														

Statement of
 MAR 12 1918
 Account rendered

Carried forward

Small Ledger Sheet

622933 Mc Copeland, Thomas

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS													
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT											
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE																
1917	Feb. B/F		534	60					534	60				163	29	61	02																					
	1-31-17	31	1.00	34	10				34	10																												
	1-30-17	30		33					33																													
	1-30-17	30		33					33																													
	1-31-17	31		34	10				34	10	21	1/11/17		2	62																							
	June	30		33					33				2026	5/5	05	B.																						
	1-31-17	31		34	10				34	10																												
	1-31-17	31		34	10				34	10																												
	Sept 30	30		33	00				33																													

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE

Oct.	Bal. B/D	445	59										495	39																								
..	P. Pay	34	10	AR 299 - 207/17	2.68			89	22																													
				AR 268 - 17/19/17	2.67																																	
				DR. AR 322 - 4 4/10	2.67																																	
		34	10	AR 954 - 16 2/10	2.68			2.68					4.32																									
				AR 1055 - 14 4/10	2.10			2.10																														
				AR 1154 - 16/10	4.46																																	
				AR 146.4 - 14/10	4.46																																	
Nov.								12	49																													
1918																																						
	Jan to 30	9	17	1430																																		
				1430																																		
1918																																						
	Feb	25	1882	0.42																																		
	Apr 8		NE 28/32	2.15																																		

165 91
61 02
46 59
97 25
12 49
267
385 97

12 49

Balance transferred to N. E. Branch

580
Lottens for 1/2 14 9/17
143 18

Cash found in effects 5-80

14.9.20
14.9.20

SEP 14 1920

R.C. SEP 14 1920

RECEIVED
RECORD OFFICE
SEP 13 1920
ACTS
TAX

Memorandum for

Anthony Copeland, Esq.,
Shrewsbury, P.O.,
P.O.

ESTATES H. Q.
649-C-10872.

DEPT
MILITIA & DEFENCE
SEP 14 1920
H.Q.
CANADA

MILITARY ESTATES DIRECTORATE,

DEPARTMENT OF MILITIA AND DEFENCE,

OTTAWA, ONTARIO.

1 Bo Anthony
2 Wm
3 Nil

Ottawa, 24-8-20. 191

With reference to the estate of the late Pte. Thos. Copeland,
No. 622833, Battalion 44th Bn.

will you be good enough to furnish on the inside of this form the requisite information regarding the relatives of the late Soldier.

The particulars required are to be carefully filled in and the declaration should then be signed in the presence of a Clergyman, Magistrate or Commissioner for Oaths, who should be asked to complete and sign the Certificate.

This information is needed for the purpose of record.

After Completion this form should be returned to the above address.

Director of Military Estates.

STATEMENT OF THE NAMES, AGES AND ADDRESSES, OR DATES OF DEATH, OF ALL THE RELATIVES THAT THE SOLDIER EVER HAD IN EACH OF THE DEGREES SPECIFIED BELOW:—

RELATIONSHIP, DEGREE OF	APPLICANT'S STATEMENT.			
	RELATIVES REQUIRED TO BE ACCOUNTED FOR	NAME IN FULL OF ANY RELATIVE (IF ANY) IN EACH DEGREE INQUIRED FOR.	AGE	ADDRESS IN FULL OF EACH SURVIVING RELATIVE OPPOSITE HIS OR HER NAME, AND DATE OF DEATH OF EACH DECEASED RELATIVE.
1	WIDOW OF THE SOLDIER.	<i>unmarried.</i>		
1	CHILDREN OF THE SOLDIER AND DATES OF THEIR BIRTHS			

NOTE.—~~If the late Soldier left surviving him a widow, child, or children, only this form need not be completed any further, other than the signature and necessary declaration.~~

2	FATHER OF THE SOLDIER.	<i>Anthony Copeland</i>	<i>at death 76 yrs.</i>	<i>Died Oct. 11th 1908.</i>
3	MOTHER OF THE SOLDIER.	<i>Ann H. Kingley</i>	<i>66 "</i>	<i>" Aug. 28th 1913</i>
4	BROTHERS. (Full blood.)	<i>William John Copeland, Nathaniel Copeland, Anthony Copeland, Robert Copeland.</i>	<i>50 yrs. 46 " 42 " 40 "</i>	<i>Sault St. Marie, Ontario, Dunsmuir P.O. Prov. Que. Shrewsbury P.O. Prov. Que. Dunsmuir P.O. " Que.</i>
5	BROTHERS. (Half blood.)			
6	SISTERS. (Full blood.)	<i>Sarah Ann Monow</i>	<i>48</i>	<i>Laurel P.O. Prov. Que.</i>
7	SISTERS. (Half blood.)			
8	NAMES of brothers or sisters (whether of the full or the half-blood), of the soldier who are dead, and the date of death of each.	NAMES AND AGES OF THEIR CHILDREN (IF ANY)	AGE.	ADDRESS OF THEIR CHILDREN.
	<i>Joseph Copeland, James Copeland</i>	<i>unmarried</i>	<i>4 yrs. 44 yrs</i>	<i>Died Feb. 25th 1887. " Oct. 21st 1912</i>
	<i>Children of James Copeland.</i>	<i>Florence May Copeland, Eileen Copeland, Susan Bernice Copeland, Lillian Grace Copeland, Geraldine Copeland.</i>		<i>Sault St. Marie Ontario.</i>

NOTE.—If there is not sufficient room to fully complete this form, continue on the last page.

IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN:—

	NAMES OF THOSE LIVING.	AGE.	ADDRESS IN FULL.
9	GRAND-PARENTS OF THE SOLDIER.		
10	UNCLES AND AUNTS BY BLOOD OF THE SOLDIER (NOT UNCLES AND AUNTS BY MARRIAGE)	AGE.	

*Insert degree of relationship, for example:—
"Widow."
"Father."
"Brother."

DECLARATION.

I hereby declare that the above particulars are correct, that the particulars given in this statement are a true and complete statement of all the relatives that the late Soldier ever had in the degrees inquired for, and that I am the * *brother* of the deceased.

N.B.—To be signed in full in the presence of a Minister, Magistrate or Commissioner for Oaths.

Anthony Copeland { Signature of Applicant

*See above.

CERTIFICATE.

I hereby certify that, to the best of my knowledge and belief *Anthony Copeland* Name of Applicant [is the * *brother* of the Soldier above described, and I believe the above Declaration and the Statement of Relatives opposite made by the Applicant and signed in my presence to be complete and correct.

Dated at *Shrewsbury* this *fourth* day of *September* 191-*20*

Signature of Minister, Magistrate or Commissioner for Oaths.

Thos Copeland Qualification *J. P. Resce*
Address *Lakfield, Que*

NOTE.—Before granting the above Certificate, care should be taken to see that the Applicant gives particulars concerning the death of any relative stated by him or her to have died, and that the full name and address of each surviving relative enquired after is stated in its proper place in the statement opposite.

Table III. Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
July 1915	Vaccination.
June 12th	Inoculation, Typhoid.
" 24th	" " "
July 4th	" " " C.M.S.
<i>July 13.</i>	<i>J. ab</i> <i>CMS</i>

Table IV. Service Table.

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

MEM.

DUPLICATE.

622933

ARMY FORM B. 178.

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

MEDICAL HISTORY of

Surname COPELAND, Christian Name Thomas,

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Argentnerk County Quebec, Canada,

Examined ... { on 6th day of May, 191 5
at Winnipeg.

Declared Age ... 32 years ... days.

Trade or Occupation ... Miner.

Height ... 5 feet 8 inches.

Weight ... 150 lbs.

Chest { Girth when fully Expanded 38 inches.

Measurement { Range of Expansion 2 1/2 inches.

Physical Development ... Good.

Vaccination Marks { Arm ... Right Left

Number ... 1

When Vaccinated ... 1915.

Vision ... { R.E. - V= ...
L.E. - V= ...

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

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

Approved by (Signature) C. M. Strong,
(Rank) Capt.
Medical Officer.

Enlisted ... { at Winnipeg,
on 6th day of May, 191 5

Joined on Enlistment ...	Corps. <u>44th Batt:</u>	Regtl. No. <u>622933</u>
Transferred to ...		

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. On _____ day of _____ 191 _____

(Signature) *H. Williams*
(Rank) City

