

Original
ATTESTATION PAPER.

No. ~~175~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

110119

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *William Cyr*
2. In what Town, Township or Parish, and in what Country were you born?..... *Sherbrooke Quebec Can.*
3. What is the name of your next-of-kin?..... *Frank Cyr (Father)*
4. What is the address of your next-of-kin?..... *Manchester New Hampshire*
5. What is the date of your birth?..... *19th August 1891*
6. What is your Trade or Calling?..... *Driver*
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?..... *Yes*
10. Have you ever served in any Military Force?.. *United States Militia 3 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*

William Cyr.....(Signature of Man).
L. E. Watson.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Cyr*, 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.

..... *William Cyr*.....(Signature of Recruit)
 Date *March 31st 1915* *L. E. Watson*.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Cyr*, 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.

..... *William Cyr*.....(Signature of Recruit)
 Date *March 31st 1915* *L. E. Watson*.....(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 *Sherbrooke* this *31st* day of *March* 1915

..... *L. Gill*.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... *L. Gill Capt*.....(Approving Officer)

Description of William Cyr on Enlistment.

Apparent Age 23 years 7 1/2 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. 6 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 39 ins.

Complexion Dark

Eyes Dark

Hair Dark

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

The large circular vaccination mark on left upper arm. Also scar on right leg posteriorly & also ant.

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 31st March 1915

Place Sherbrooke Que. J. H. Hume 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.

W. Cyr.....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.

J. H. Hume Lt. Colonel (Signature of Officer)
 O. C., 5th CANADIAN MOUNTED RIFLES

Date 31 Mar 1915

20/9/68 amd



DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 3441

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name *CYR WILKIAM*

Regt. No. *110119* Rank *6 pl.*

51029

Corps *5th B M R*

Killed in Action 14-16/9-16



Form of Will - 1
R. 149 - 1
Cas card - 1
copy with
copy
R. 221

1
2-22
2-22
11-22

mx 20
23/10

7d. a/c

649-C-5303. 110119. Ste. Wm. Cyr., 5th. C.M.R.,

Eley. Forster Ple - 5th B.M.P.

Medals & Dec.

(Father)

Frank Cyr., Esq.,
73 Maple St.,
Manchester, New Hamp.
U.S.A.,

M

Plaque & Scroll. (Father)

Same as above.

Serial No 465892

Memorial Cross. (Mother)

Mary Cyr.
Same as above.

Scroll Desp. JAN 6 1921 Reg. No. 77959

Plaque Desp. JAN 16 1922 Reg. No. P 25149

28133

HA

desp 29-10-20

(M) C 28444

45-6

M

PS
Number

110119

Rank

Cpl B

Surname

CYR

Christian Name

William

Units

5th C. M. R. Theatre of War France

Date of Service

24-10-15 D

Remarks

(H) Frank Cyr, Esq.

Latest Address

73 Maple St.

Manchester New Hamp.

Roll No.

B. Page 19963. U.S.A.

200m. 6-21.M.

TOTAL SERVICE WHERE AND HOW LONG DATE AND PLACE OF OR

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID.....

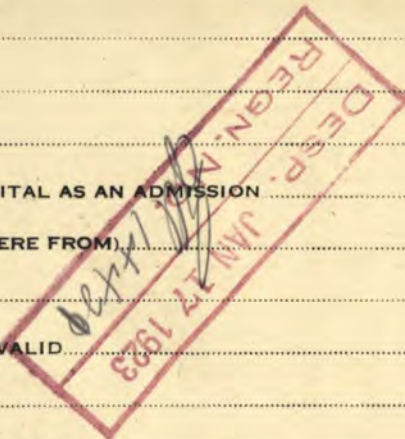
DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

..... HOSPITAL.....



M. F. W. 142,
1772-39-1171.
50m.-2-19.

* CROSS OF

Name CYR. William Rank CPL

Reg. No. 110119

Unit 5th C.M.R.

R. 25-C-1771

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14/16-9-16	ex.BCS.No.167;d/27-9-16 Rep.from Base:	<u>KILLED IN ACTION</u>		A217	01838	2/10

NAME

Cyr. Wm.

REG'T'L. No.

110119

RANK AND CORPS

Cpl. 5th. Co. M. R.

CABLE

NO.

DATE

NATURE OF CASUALTY

01838

2-10-16

Killed in action between Sept. 14th + 16th / 16

B2090R Rouca

27-9-16

" " " " " " " " " " " "

LIST No.

HOSPITAL

DATE OF
ADMISSION

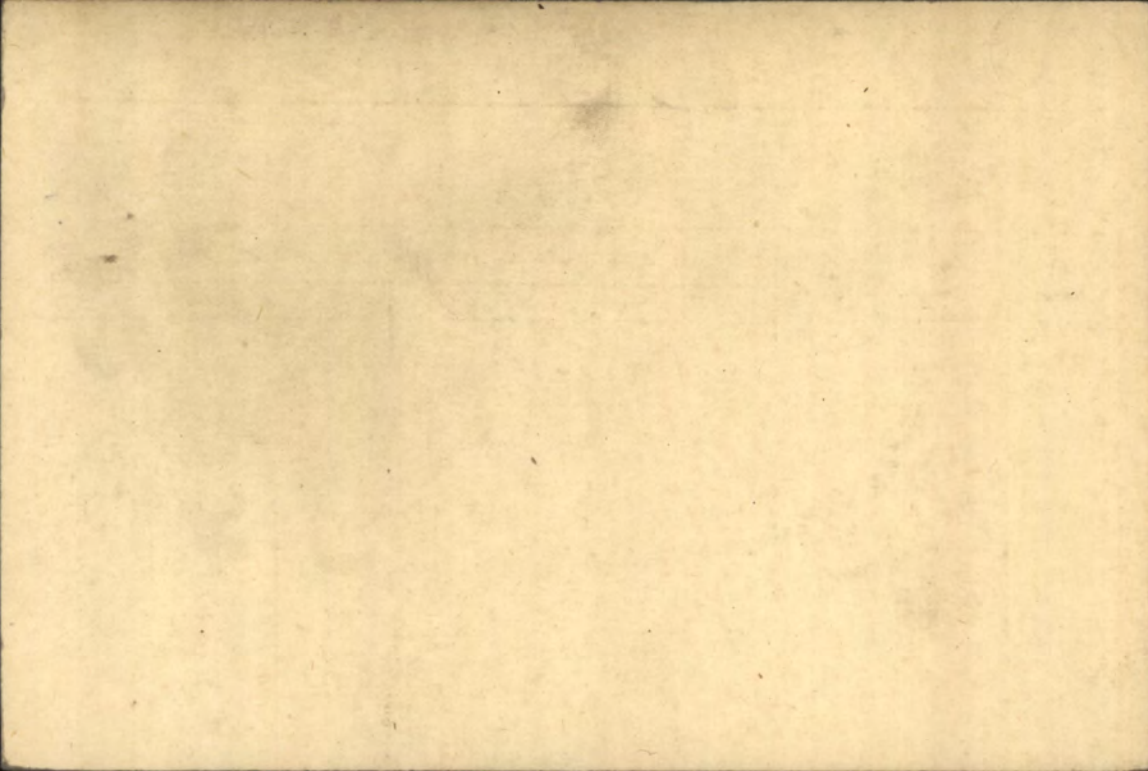
REMARKS

A 217⁽¹⁾

Rep. from Base.

14-16/9/14

Killed in action



649-C-5303

CARD NO.

SURNAME *Cyr.*

CHRISTIAN NAMES *William.*

FOLL. **D**

REGL. No. *110119.* RANK *Pte.*

UNIT *5th C. M. R.*

FORMER CORPS *United States Militia.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Cyr. Frank.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Manchester, New Hampshire
291 Lake Ave., U.S.A.*

aut 800 P 16-9-16

COUNTRY OF BIRTH *Canada, Sherbrooke, P.Q.* DATE

PLACE OF ATTESTATION *Sherbrooke, P.Q.* DATE *Mar. 31st 1915.*

*O/S. 17-7-15-156
B*

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

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 14/10.9.16

DISPOSITION

Date

BL 2.10.16 A217/1

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank *Cpl.* Name *CYR, William,* Reg'l No. *110119.* P-56
 Unit *5th C.M.R.* If in perm. Corps, What Unit?
 Married or Single *Single.*
 Place and Date of Enlistment *Sherbrooke, March 31st, 1915.* Place of Birth *Canada.*
 Name and Address, Next-of-Kin *Frank Cyr, Manchester, New Hampshire* *Canada.*

Relationship *Father.*
 Assigned Pay Monthly \$ *20.00* Payable to *Entered on N.E. Card Index.....*

46 St Louis St., Sherbrooke. Relationship *Checked by F.H. Murray.....*

Separation Allowance \$ Payable to
 Discharge, Date and Place *16-9-16 Kina, Canada* Relationship
 Reason *CL 217* Character *2-10-16*



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>Aug 1</i>	<i>Aug 31</i>	<i>31</i>	<i>1.00</i>	<i>31 -</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>10 -</i>	<i>44</i>			<i>31.63</i>			<i>31.63</i>	<i>12.47</i>	
<i>Sept 1</i>	<i>30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>300</i>		<i>45.47</i>			<i>41.36</i>			<i>41.36</i>	<i>4.11</i>	
<i>Oct 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>38.21</i>			<i>996</i>	<i>20 -</i>		<i>29.96</i>	<i>8.25</i>	<i>newly acct.</i>
<i>Nov 1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>		<i>41.25</i>			<i>268</i>	<i>20 -</i>	<i>212</i>	<i>24.80</i>	<i>16.45</i>	<i>of stores Nov/15.</i>
<i>Dec 1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>50.55</i>			<i>16.83</i>	<i>20</i>		<i>36.83</i>	<i>13.72</i>	
<i>Jan 1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>34.10</i>			<i>5.23</i>	<i>20</i>		<i>25.23</i>	<i>22.59</i>	
<i>Feb 1-2-6</i>	<i>29</i>	<i>29</i>		<i>29</i>	<i>29</i>		<i>290</i>		<i>31.90</i>			<i>5.23</i>	<i>20</i>		<i>25.23</i>	<i>29.26</i>	
<i>Mar 1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>310</i>		<i>34.10</i>			<i>2.62</i>	<i>20</i>		<i>22.62</i>	<i>40.74</i>	

Statement
 FEB 26 1917
 Account rendered

Satisfied


Checked *[Signature]*

Cash found in effects *[Signature]*

Carried forward to Large Ledger sheet

3HH *2H HD 11* *278 40* *312 18* *115 HH 120* *212 23766*

Rank _____ Name **CYR, William,** Reg'l No. **110119.**
 Unit **5th C.M.R.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Sherbrooke, March 31st, 1915** Place of Birth **England.**
 Name and Address, Next-of-Kin **Frank Cyr, Manchester, New Hampshire, Canada.**
 Relationship **Father.**


m x
23/10/20


Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

RL C171


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>Embarked for France.</i>		<i>24 OCT 1915</i>	
<i>16.9.16.</i>	<i>OC. 5. C.M.R.</i>	<i>To be act/cpl. with pay.</i>	<i>Field.</i>	<i>11.6.16.</i>	<i>Ph. I. O. 40.</i>
<i>26.9.16.</i>	<i>-"</i>	<i>To be Corporal.</i>	<i>Field.</i>	<i>11.6.16.</i>	<i>Ph. I. O. 45.</i>
<i>2.10.16.</i>	<i>5. C.M.R.</i>	<i>Killed in Action.</i>	<i>Field.</i>	<i>14.6.16.</i>	<i>C.P.R. 217.</i>
<i>27.9.16.</i>	<i>-"</i>	<i>Killed in Action.</i>	<i>Field.</i>	<i>14.6.16.</i>	<i>Ph. I. O. 46.</i>

NA. 2
 REMARKS
 Taken from Official Documents ✓

601350

Register No. 601350

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 4149-w-9

Reg't'l No. 110119 Name William Cyr
(Christian Name) (Surname)
Unit 5 Batten Rank Cpl Date of enlistment.....
Date of casualty 14-16 Sept 1916 B.P.C. File No. 192326
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Mary Adeline Cyr Relationship w. Mother
Address 411 Prescott St
Manchester
h. h. u. s. a.

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

5m

Amount of Special Pension Bonus \$ nil Abstracted by D. Parlow

Eligible for Gratuity \$ -
Less amount of Special Pension Bonus paid..... \$.....
Less Debit Balance of S. A. or A.P..... \$.....
Total deductions \$.....
Balance due \$ -

Cheque No..... Date issued.....

REMARKS: Ineligible as no SA
paid.

Clerk J. G. [Signature]
Audited by
Date.....

Printed
13/8/20
96

Cyr

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

23

To Whom *Frank Cyr*
Address ~~*46 St Louis*~~
291 Lake Ave
~~*Herbrook R.*~~
~~*130 N. Hollis St*~~
~~*Manchester N.H.*~~
Rate *20 00 Oct 1*

By Whom Assigned *Cyr W*
Regtl. No. *110 119*
Rank *pte*
Corps *C Squad. 5 CMA.*

29m 4 10/15 TD

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			"Killed in Action" Stop Nov. 1/16 3 M. Oct. 6/16 Noted Nov. 8/16 — J.H.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Killed in action between Sept. 14 & 16/16 C.L. (17) 2/10/16. J.H.
Feb.				
March				
April				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Pensions Notified DATE <i>7/5/17</i> Killed in Action DATE <i>14/76/19/16</i> <i>no Keuze</i> </div>
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>77179</i>	<i>20</i>	
Nov.		<i>09512</i>	<i>20</i>	
Dec.		<i>P10916</i>	<i>20</i>	
Jan.	1916	<i>Q13491</i>	<i>20</i>	
Feb.		<i>Q13910</i>	<i>20</i>	
March		<i>114470</i>	<i>20</i>	

Rem 13/3/16 Pmk

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2.

Frank Cyr

L. L. Job 8902.-Req. 6213.

PAYMENTS.

Name of Soldier

Cyr W. 24
5 C.M.R

110119

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$ 20⁰⁰</i>	<i>C. Squad.</i>
April	1916	<i>01416</i>	<i>20 -</i>	
May		<i>P4250</i>	<i>20</i>	
June		<i>Q7828</i>	<i>20</i>	
July		<i>H7187</i>	<i>20</i>	
Aug.		<i>J11994</i>	<i>20</i>	
Sept.		<i>E15905</i>	<i>20</i>	
Oct.		<i>D20326</i>	<i>20</i>	
Nov.		<i>K27239</i>	<i>20</i>	
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

*\$26⁰⁰ pay. McKenna 7/5/17.
 Account closed. Cas.
 per Spec. Reg. 10-11-16.
 Nov. cheque \$20.00 for Oct. adj.
 a/c. closed Nov. 1/16 - J.S.*

260⁰⁰ 87X 184/14 2/16

Casualties

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

5th Canadian Mounted Rifles,

C. E. F.

110119 Pte W Cyr.

-14-

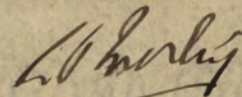
W I L L

Date Oct. 1-10-1915.

In the event of my
death I give the whole
of my property and
effects to Mr Franck
Cyr

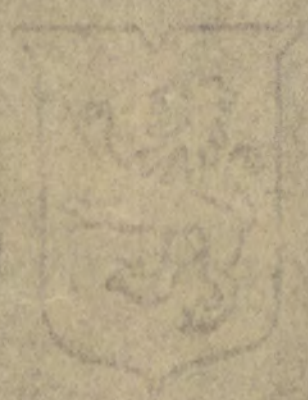
Private Willie
Cyr No 110119
F fith C Me R
C Squad
to Franck Cyr
46 St Louis St
Shurbrooke P Q
Canada.

Certified a true copy.



Lieut.
Estates Branch.

THE UNIVERSITY OF CHICAGO
LIBRARY



THE UNIVERSITY OF CHICAGO
LIBRARY
1892

Universitätsbibliothek
Königsberg

MEDICAL HISTORY SHEET.

Surname CYR Christian Name W.

Examined { on 31st day of March 1915
 at Sherbrooke, P.Q.

Approved by J. R. Goodall
 Rank Capt M.O.

Birthplace { City or Town Sherbrooke,
 County P.Q.

Apparent age 23

Trade or occupation Driver

Height 5 Feet 6 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 31 inches.

{ Maximum expansion 33 inches.

Physical development

Small-Pox Marks

Eyes 4/5

Vaccination Marks { Arm Right - Left
 Number 1 Large.

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease Webb. 2nd. & 3rd. toe left foot.

(b) Slight defects but not sufficient to cause rejection

No venereal history.

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

Date	Result	VACCINATIONS.
<u>1-7-15</u>		<u>Capt J. R. Goodall</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13-5-15</u>		<u>Capt J. R. Goodall</u> M.O.
<u>24-5-15</u>		M.O.
<u>12-6-15</u>		M.O.

Enlisted on day of 191 at

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th. C.M.P.</u>	<u>110119.</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.

101/EAR/5/1

Casualty Form—Active Service.

Regiment or Corps 5th Canadian Mounted RiflesRegimental No. 110119 Rank Pte Name Cyr, WilliamEnlisted (a) 31.3.15 Terms of Service (a) Duration of war Service reckons from (a) 31.3.15Date 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				
			LANDED IN FRANCE 24 N.10.15.		
14.6.16.	Unit.	Granted 6 days leave of absence	Field.	4/6/16.	Bv13.
16/9/16	do	To be a/borporal to complete estabmt. with pay.	do	11/6/16	Bv13 d/17/16 P/II d/26/16/9/16
26/9/16	do	To be corporal to complete estabmt.	do	11/6/16	Bv13 d/27/16 P/II d/26/16/9/16
-9-16.	Unit.	Killed in Action.	do	14-16/9-16.	Report D/22-9-16. Can.Sec.K.I.137/1349 d/25-9-16.DCS167 d/ 27-9-16.Pt.11.46 d/ 27-9-16.

Lieutenant

for Lt Col. A. A. G.

(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.

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				

DUPLICATE.

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 CYR Christian Name W.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Sherbrooke, P.Q. County _____

Examined ... { on 31st day of March 1915,
at Sherbrooke, P.Q.

Declared Age ... 23 years ... days.

Trade or Occupation ... Driver

Height ... 5 feet 6 inches.

Weight ... 130 lbs.

Chest Measurement { Girth when fully Expanded 33 inches.
Range of Expansion 2 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number 1 large

When Vaccinated ...

Vision ... { R.E.—V= 4/5
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Webb 2nd and 3rd toe left foot

(b) Slight defects but not sufficient to cause rejection ... { (b) No venereal history

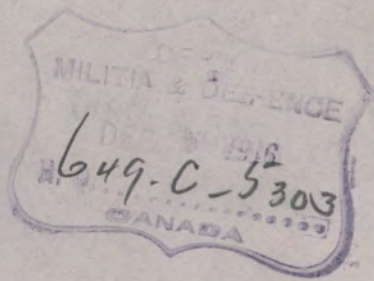
Approved by (Signature) J.R. Goodall
(Rank) Capt.
Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 1915

Corps.	Regtl. No.
<u>5th C.M.R.</u>	<u>110119</u>

Became non-effective by ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and (Signatures) in red have been taken from the Attestation Paper. (Rank) _____ day of _____ 1915



5TH CANADIAN MOUNTED RIFLES
C. E. F.

110119 Pte W. Cyn.

14

WILL

Date Oct-1-10-1916

In the event of my
death I give the whole
of my property and
effects to Mr Franch
Cyr

Private Willie
Cyr No 110119

5th Pith to the R
6 Squadron

to Franch Cyr
46 St Louis St
Shelbrooke P Q
Canada

Handwritten mark resembling the number 77

[Handwritten signature]

61216

R. C. DEC 6 - 1918

Exp. 7/12/16

