

ATTESTATION PAPER.

No. 177/87

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Eden*
- 1a. What are your Christian names?..... *Maynard Lionel*
- 1b. What is your present address?.....
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Gaspé South Que.*
- 3. What is the name of your next-of-kin?..... *Osman Eden*
- 4. What is the address of your next-of-kin?..... *Gaspé South Que.*
- 4a. What is the relationship of your next-of-kin?..... *father*
- 5. What is the date of your birth?..... *June 20th 1897*
- 6. What is your Trade or Calling?..... *Labourer*
- 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*
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, *Maynard Lionel Eden*, 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.

Date. *Oct 4th* 191*5* *Maynard Lionel Eden* (Signature of Recruit)
A. Bickerdike jr. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Maynard Lionel Eden*, 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. *Oct 4th* 191*5* *Maynard L. Eden* (Signature of Recruit)
A. Bickerdike jr. (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 *Gaspé* this *4th* day of *October* 191*5*.

S. J. Richmond (Signature of Justice)

Description of Eden Maguard L. on Enlistment.

Apparent Age 18 years 4 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. 9 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Light 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* fit for the Canadian Over-Seas Expeditionary Force.

Date Oct. 7th 1915 John Macartney
 Place Gaspe Gaspe
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.

Maguard Lionel Eden having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

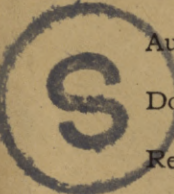
Date Nov. 19/1915

- 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.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit..... 1
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name Eden Maynard L
 Regt. No. 17789 Rank Pte
 Corps 57th Batt
Deceased

R. O. No.
 H. Q. No. 649-E-374



01500
30

Pay Card 2

649. E. 374

30 - 26
 12 - 26
 6 - ~~26~~ 24

2821

No. 177187 RANK *Plt.*

NAME

Eden M. R.

T. O. S. 19-10-15

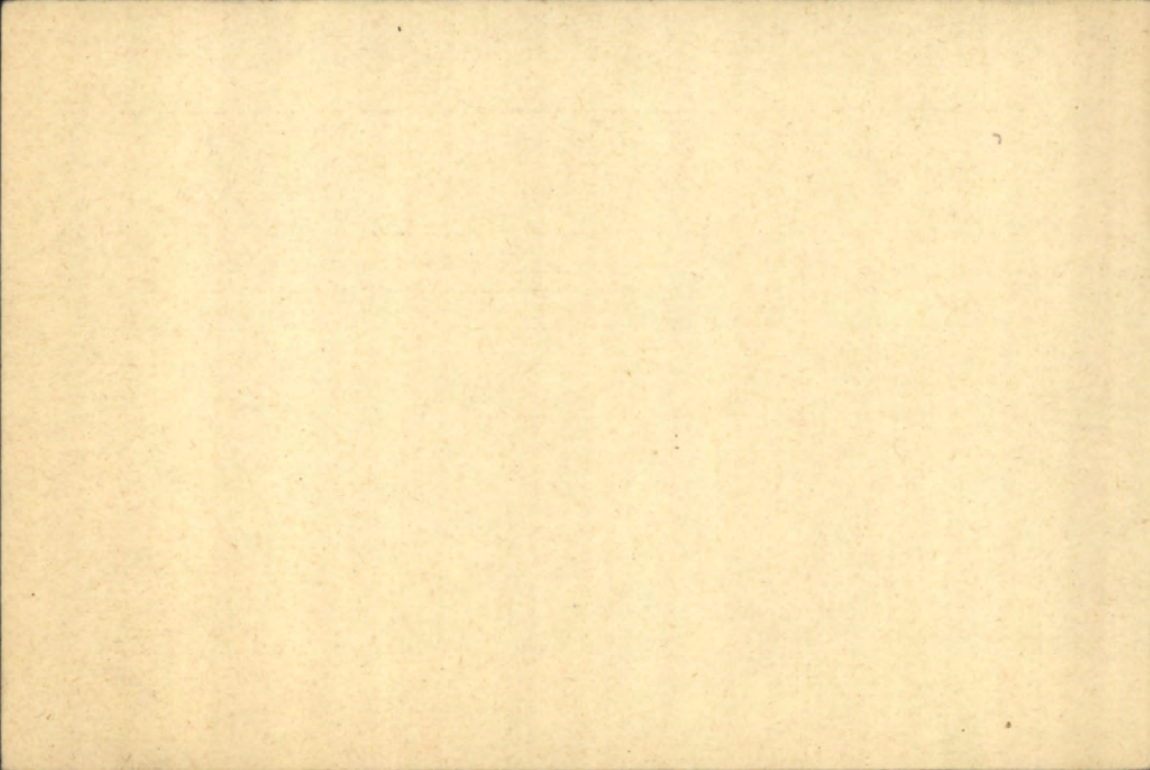
UNIT

87th Battalion (Canadian Grenadier Guards)

DO 270720-10-15

M. D. *H*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Oct. 19</i>	<i>1915</i> <i>Oct. 31</i>	<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>OS.</i>		
<i>Jan.</i>		<i>OS.</i>		
<i>Feb.</i>		<i>OS.</i>		
<i>mar 1</i>	<i>mar 6</i>	<i>OS.</i>	<i>Transfd to 4th Div H. Q. 7-3-16</i>	<i>DO 6507 17-3-16</i>



No. 177187

RANK

Plt.

NAME

Eden L.

T. O. S.

UNIT

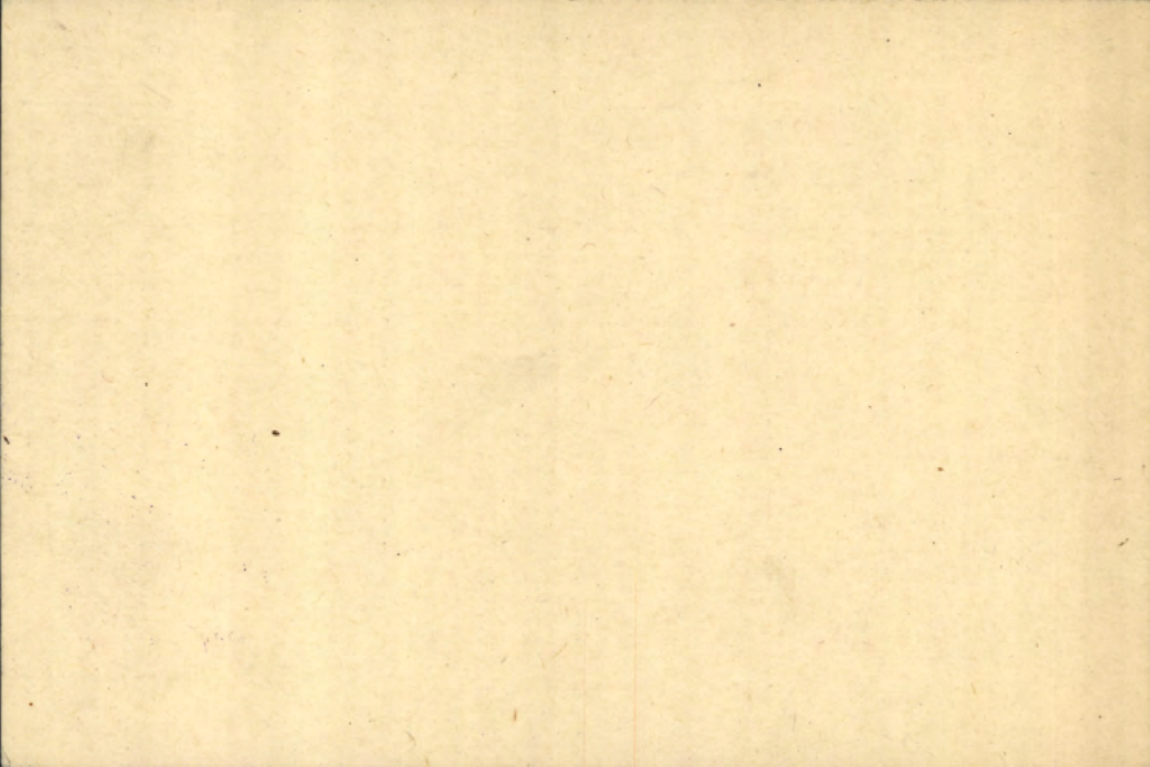
87th Battalion (Canadian Grenadier Guards)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 7	1916 Mar. 12	N.	Died 12-3-16	Mar. Paylist
			% closed by payment. C.	

UNIT SAILED

APR 23 1916



Original not available
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. D. 10a.)

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *87th Bn.*

Regimental No. *177187* Rank *Plt* Name *Eden Maynard Lionel*

Enlisted (a) *4-10-15* Terms of Service (a) *12 years* Service reckons from (a) *4-10-15*

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).

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>17. 3. 16</i>	<i>87th Bn.</i>	<i>Transf. to 4th Div.</i>	<i>St Johns</i>	<i>7. 3. 16</i>	<i>DD. Pt. ii 65</i>
<i>21. 3. 16</i>	<i>4. Div.</i>	<i>S.O. S. "Deceased"</i>	<i>Montreal</i>	<i>12. 3. 16</i>	<i>Auth. 649.5-37 4 folio 7.</i>

Eden Maynard Lionel
for offr

1) 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.]

Casualty Form—Active Service

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				

177187

MEDICAL HISTORY SHEET.

Surname Eden. Christian Name Maynard René

Examined { on 4 day of Oct. 1915
at GASPE QUE.
Birthplace { City or Town GASPE QUE.
County Que.

Approved by J.W. Macartney
Rank M.O.
DEC -3 1917
MILITARY SERVICE CANADA

Apparent age 18' 4"
Trade or occupation Labourer
Height 5 Feet 9 Inches.
Weight _____ Lbs.
Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 38 inches.

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

Physical development _____
Small-Pox Marks _____
Vaccination Marks { Arm Right Left.
Number _____

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec. 19/15 Good</u>		M.O.
		M.O.
		M.O.

Enlisted on 4th day of October 1915 at GASPE QUE.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Can. G. G.</u>	<u>177187.</u>		
Transferred to.....	<u>of Battalion</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
X	X	X	X

FOURTH DIVISIONAL AREA
MAR 21 1916

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 *Eden*

Christian Name

Maynard

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>Montreal</i>		<i>22</i>	<i>Dec</i>	<i>15</i>	<i>12</i>	<i>Mar</i>	<i>16</i>		<i>Gonorrhoea of purely venereal type - Endocarditis developed in 3 weeks and high temperature associated with it</i>	<i>W. B. B. B.</i>	
									<i>died 12 Mar. 1916, autopsy reveals Tuberculosis of Right Middle lobe of lung Tuberculosis of Left Pleura Pericarditis.</i>	<i>W. B. B. B.</i>	