

ATTESTATION PAPER

No. *McG...*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? *Thomas Gilbert Lyman Ellis*
2. In what Town, Township, or Parish, and in what Country were you born? *Accrington, Lanc. England*
3. What is the name of your next-of-kin? *Mrs Ellen Swift (Mother)*
4. What is the address of your next-of-kin? *2002 Waverly St. Montreal*
5. What is the date of your birth? *May 14th 1890*
6. What is your trade or calling? *clerk*
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. *no*
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*

Thomas G. Ellis (Signature of Man.)
R. W. Hollingworth (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thomas G. Ellis*, 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 *June 9th* 1915 *Thomas G. Ellis* (Signature of Recruit.)
R. W. Hollingworth (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas G. Ellis*, 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 *June 9* 1915 *Thomas G. Ellis* (Signature of Recruit.)
R. W. Hollingworth (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 *9th* day of *June* 1915.

R. W. Hollingworth (Signature of Justice.)

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

R. W. Hollingworth (Approving Officer.)

DESCRIPTION OF Thomas Gilbert Givan Ellis ON ENLISTMENT.

Apparent Age 25 years 0 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. 5-8 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion dark

Vacc. left arm

Eyes brown

Hair black

- Religious Denominations { Church of England
 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 June 9 1915

Place Montreal

J. B. Stamer
 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

T. G. G. Ellis 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.

JUN 15 1915

Walter W. D. Smith (Signature of Officer.)

Date June 15 1915

Captain & C.O.
 2nd UNIVERSITY CO'Y. C.E.F.

C.E.F.

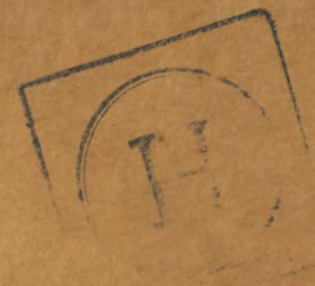
ELUS THOMAS GILBERT

MCG 171

PPCLI

05330

DIED 21-6-16



2888

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps P. P. C. I.
Regimental No. W3034 Rank Pte Name Ellis J. G. G.

Enlisted (a) 9/6/15 Terms of Service (a) Duration of War Service reckons from (a) 9/6/15

Date 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				

27 L B D Jones from Eng Rouen 24-8-15
& taken on strength

28 Bn joined - Battr in the field 19.15 B 2, 3

3-6-16. 13 Staty HP. Mult Shell Wnds Sgt, Adm 13 Staty HP. 3-6-16. W3034 No 453.

21-6-16. " " S.W. Neck Wrist & Face,
Died. 8.40 P.M. in No 13 Staty HP. 21-6-16. W3034 - Party Order No 26 of ³⁰/₁₆

D of W

[Signature]
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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O]

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				
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); border: 1px solid black; width: 100%; height: 100%; pointer-events: none;"> <div style="position: absolute; top: -100%; left: -100%; width: 100%; height: 100%; border: 1px solid black; background-color: transparent;"></div> </div>					

Name Ellis, Thomas Rank Private.
Gilbert, Girvan.

Reg. No. MCG171.

Unit P.P.C.L.I.

Next of Kin CANADA.

Date	1916. Movement	Place	Casualty S.W.	List No. A.	Notified N/K O. M.	W.O. List
3-6	No.13. Stny Hosp'	Boulogne	Multiple.	372	7848	
18-6	- - -	<i>Seriously Ill</i>	"	<i>a.379</i>	<i>8377</i>	
20-6	- - -	<i>Wound</i>		<i>a.381</i>		<i>22/6</i>
21-6	<i>Died of Wounds</i>			<i>a.382</i>	<i>8676.</i>	<i>30/6</i>
					<i>20/6</i>	

JBN

R.L.25.E.223.

Had.

M

649-E-245

Re No. ^{me &} 171 Pte., [✓] Thomas [✓] G.G. [✓] Ellis P.P.C.L.I.

Meds. & Decs. Step Father Mr. Wm Swift
2002 Waverly Steet,
Montreal, Que.,

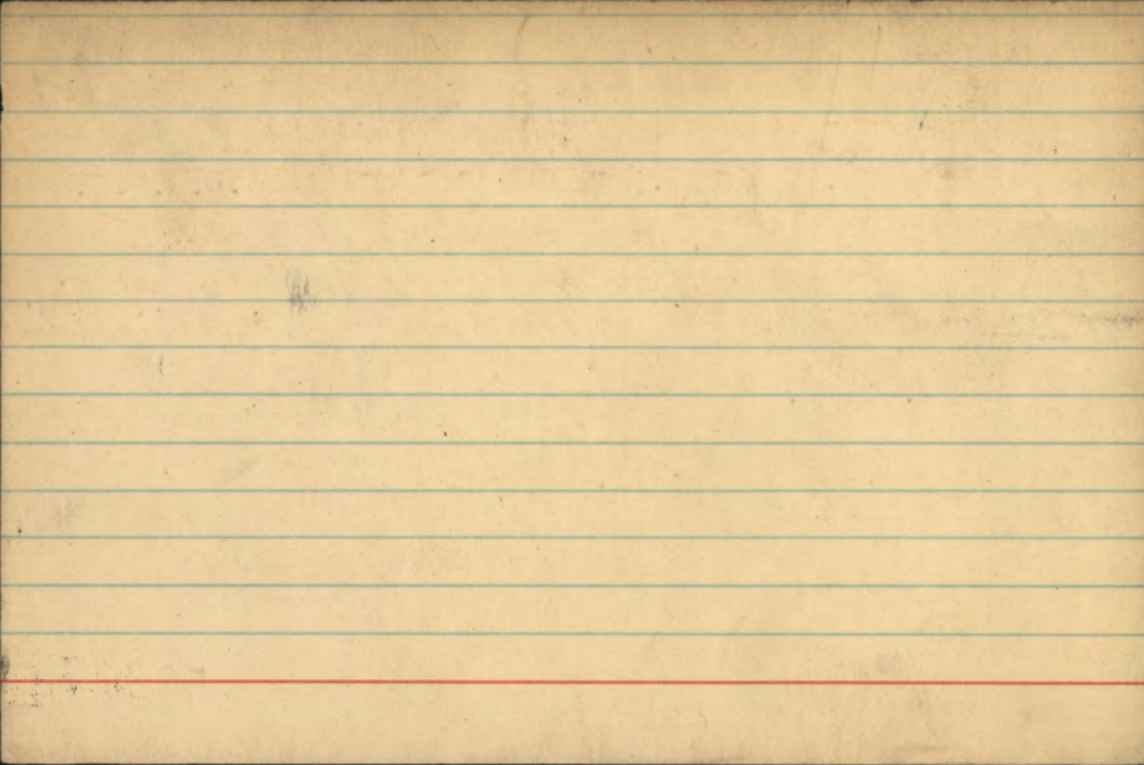
P. & S. Next of kin unlocated.

Ser # 761360

Mem. Cross Nil.

*Eligible for star Ste. P.P.C.L.I.
Elig. " V.M.
Elig. " R.N.M.*

57647



a-2-2.

PS

Number

mcg 171

Rank

Plt.

Surname

ELLIS

Christian Name

Thomas Gilbert Loran

Units

P.P.C. 2. J

Theatre of War

France

Date of Service

24-8-15

Remarks

(Step Father) Mr. Wm. Swift,

Latest Address

2002 Waverly St.,
Montreal,

Roll No.

Due

18 Page 16898

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

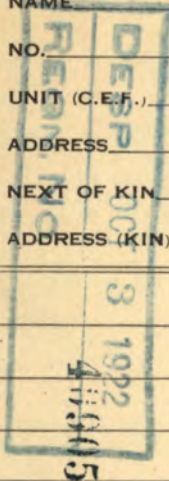
ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE



SURNAME.

Ellis.

CARD NO. ✓

CHRISTIAN NAMES

Thomas Gilbert Gervan

FOLL.

D

REGL. No. *McG. 171-*

RANK *Pte.*

UNIT *2nd McGill P. P. C. L. I. Reinforcement.*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Swift, Mrs Ellen.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

2002. Waverly St. Montreal. P. Q.

COUNTRY OF BIRTH

England Accrington Lanes

DATE

PLACE OF ATTESTATION

Montreal. P. Q.

DATE

June 9th 1915.

0/8-29/6/15-¹³²2

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

NA ● Ellis Thomas Gilbert Givan REGT'L. NO. *mcly. 171*

RANK AND CORPS

Pte. P. P. C. I. I.

CABLE

NO.

DATE

NATURE OF CASUALTY

*C.**M7848**10-6-16**Adm. to No. 13 Stat. Hosp. Boulogne, June 3rd '16.
G.S.H. Multiple ✓**M8377**14-6-16**Seriously ill at No. 13 Stat. Hosp.
Boulogne June 18, 1916. Shrapnel
wrist, face, neck, ✓**M.8676**22-6-16**Died of wounds. No. 13. Stat. Hosp.
Boulogne June 21st. 1916. —**A7B2090Q**30-6-16**None**" " " " " "*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A372	No 13. Stat Boulogne	3-6-16	S. Multiple
A379	O.C. " " " repts	18-6-16	SW. Wrist face neck. Seriously ill
A381	O.C. " " " "	20-6-16	" " " " " "
A382	O.C. " " " "	21-6-16	SW. Multiple. All of wounds.

Surname

Christian Name or Names

Reg. No.

Ellis

J. G. G.

M. G. 1411
Troop Batty.

Rank

Unit

Co.

Plt

P. P. C. L. I.

Hospital

Date of Admission

Transferred

13. Stat. Boulogne

Hosp. 3. 6. 16

Hosp.

Hosp.

Hosp.

Diagnosis

S.W. Multiple

(1)
Later Diagnosis (if changed)

(2)

Died of wounds. 21. 6. 16.

(3)

(O.C. 13 Stat. Boulogne)

Additional Diagnoses: If more than one state present

DISPOSITION

Worse (ser. ill) 20. 6. 16.

Date

REMARKS

b.d. 12. 6. 16 # 2342

" 22. 6. 16. A381.

" 23. 6. 16. A382.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL.

McG 171

MEDICAL HISTORY SHEET.

Surname Ellis Christian Name Thomas Siebert Gerwan

Examined { on 9th day of June 1915
at Montreal
Birthplace { City or Town Acornington
County Savo. Eng.

Approved by [Signature]
Rank Private

Apparent age 25
Trade or occupation Clerk.
Height 5 Feet 5.5 Inches.
Weight Lbs.
Chest measurement { Minimum 35 inches.
Maximum expansion .3 inches.
Physical development
Small-Pox Marks

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
When Vaccinated last
(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS.
<u>6/7/15</u>	<u>Reg.</u>	<u>George Stephens</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1915</u>		
<u>June 11</u>		<u>[Signature]</u> M.O.
<u>22</u>		<u>[Signature]</u> M.O.
<u>2/4/15</u>		<u>[Signature]</u> M.O.

Enlisted on 9 day of June 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>UNIVERSITY COY. C.E.</u>	<u>[Signature]</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.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

To Whom *Mr E Swift*
Address *2002 Waverley St*
Montreal
Que

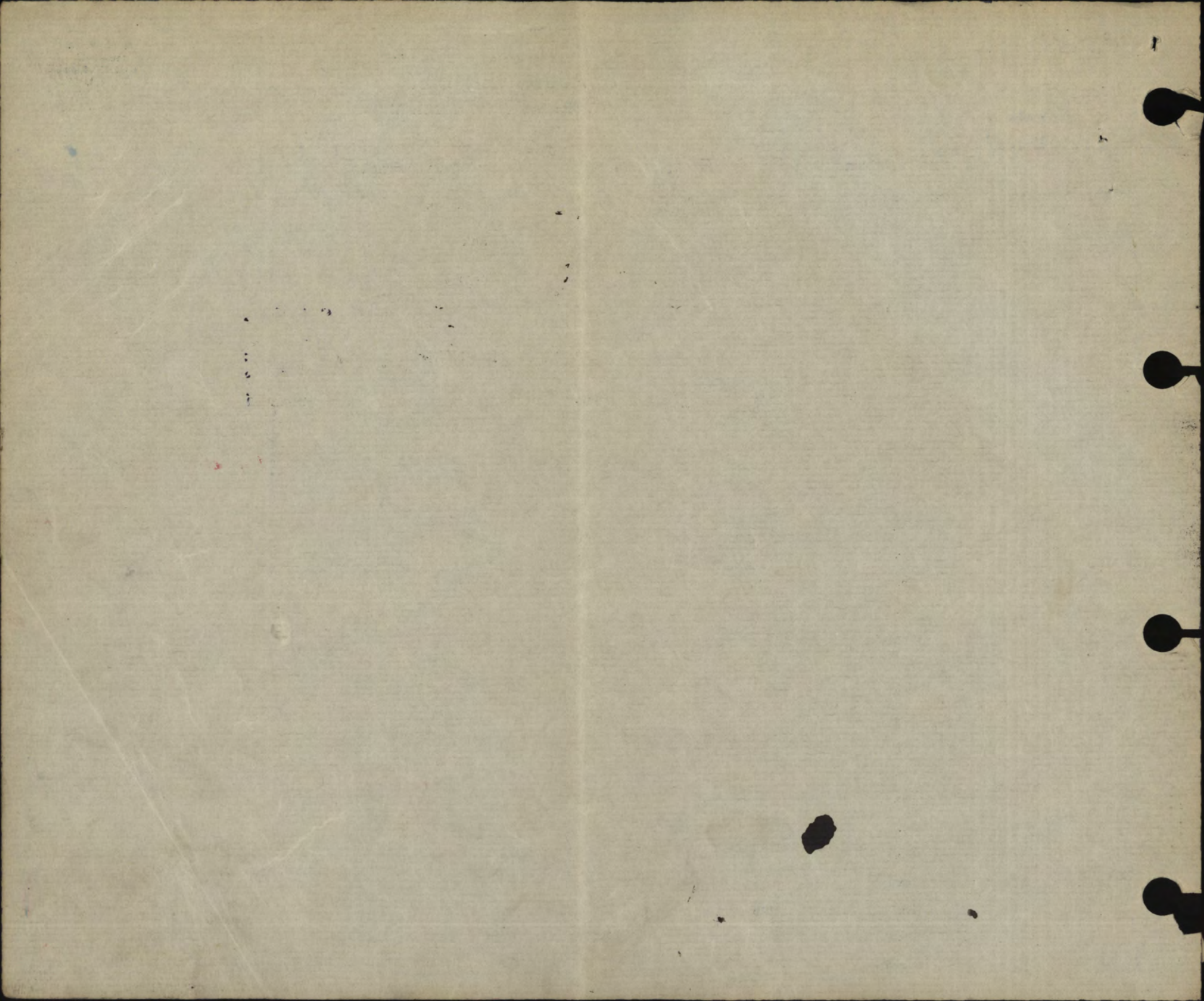
By Whom Assigned *Ellis 299*
Regtl. No. *M G 171*
Rank *Pte*
Corps *2nd university Co*
1st. draft.

Rate *15⁰⁰* *JUL 1 1915*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div> <i>05459 - L-24</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q4890</i>	<i>15⁰⁰</i>	
Aug.		<i>S 2443</i>	<i>15 -</i>	
Sept.		<i>X 664</i>	<i>15 -</i>	
Oct.		<i>Q7162</i>	<i>15 -</i>	
Nov.		<i>S4067</i>	<i>15</i>	
Dec.		<i>T9693</i>	<i>15</i>	
Jan.	1916	<i>Q13070</i>	<i>15</i>	
Feb.		<i>Q13581</i>	<i>15</i>	
March		<i>Q15611</i>	<i>15</i>	

*Also 3 M - July 5/16 F.K.
Died of wounds June 21
L.S. 26/16/16 E.S.R.*



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Wm. E. Swift

L. L. Job 83002.-Req. 6213.

PAYMENTS.

Name of Soldier

Ellis J. G. G. 88
2nd Univ. Co. 1st Dfn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916	<i>R 170</i>	<i>15</i>	
May		<i>S 3180</i>	<i>15</i>	
June		<i>T 6464</i>	<i>15</i>	
July	<i>Cancelled</i>	<i>J 9585</i>	<i>15</i>	<i>Account closed has = 6.16</i>
Aug.				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Casualties</i> </div> <i>180⁰⁰ 7 X 19^{2/17} 266</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W.E.S.

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.				

Rank _____ Name **ELLIS Thomas Gilbert Girvan**

Reg'l No. **MOG 178 171**

Unit **P.P.C.L.I. McGill U'sity** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Montreal, 9 June 1915**

Place of Birth **England**

Name and Address, Next-of-Kin **Ellen Swift**

Relationship **Mother**

2002 Waverley St, Montreal.

Assigned Pay Monthly \$ **15⁰⁰/₁₀₀**

Payable to **Rest of Kin**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **21/6/16**

Reason **Wid of Wounded** Character **b.L. 382** 23/6/16



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount										
July	31	31	1 ⁰⁰	31	31	10	3 10	24 20	58 30	35		15		50	8 30	Bal forward	
Diff in Exchange { -93 ✓																	
Aug	31	31	1 ⁰⁰	31	31	10	3 10		35 03	327		2 43	15		17 43	25 90	
Sep	30	30	1 ⁰⁰	30	30	10	3		33	1023		2 68	15		20 36	38 54	
Oct	31	31	1 ⁰⁰	31	31	10	3 10		34 10	1094		2 62	15		20 24	52 40	
Nov	30	30	1 ⁰⁰	30	30	10	3		33	1201		2 62	15		24 75	60 65	
Dec	31	31	1 ⁰⁰	31	31	10	3 10		34 10	1262		2 62	15		29 08	65 67	
1916																	
Jan	31	31	1 ⁰⁰	31	31	10	3 10		34 10	1376		2 62	15		20 24	79 53	
Feb	29	29	1 ⁰⁰	29	29	10	2 90		31 90	1730		2 62	15		20 23	91 20	
Mar	31	31	1 ⁰⁰	31	31	10	3 10		34 10	1796		2 62	15		107 83	17 47	
Cash found in effects 275 -																	
BALANCE TRANSFERRED TO NEW LEDGER																	

Statement of
NOV 15 1916
Account rendered

Settled
See L.L.S.
Checked **W.L.W.**

171. Pt. Ellis, I. G. G.
P. P. C. L. I.

14

WILL July 19th 1915

In the event of my death
I give the whole of my
property & effects to

Mrs Ellen Swift
2002 Waverly St.

Montreal,

Que.

Canada

Signature

Thomas Gilbert Gavin Ellis

Private no. 171

P. P. C. L. I.

09696



H. D.

29460 c

Rank Name ELLIS Thomas Gilbert Girvan

Reg'l No. Mc# 178 171 R-122

Unit P.P.C.L.I. McGill U'sity If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, 9 June 1915

Place of Birth England

Name and Address, Next-of-Kin Ellen Swift
2002 Waverley St, Montreal.



Mother
File R.L.
Category KA

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Serial No 4

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				
18.7.15	OC. 11 th	attached 11 th Bn	Shorncliffe	18.7.15	29-6-15 Nav. Roll.
23.8.15	-	Trans. to P.P.C.L.I.	"	23.8.15	"
25.9.15	" P.P.C.L.I.	Taken on Strength	"	24.8.15	Pt II #40
14/4/16	"	Granted 9 days leave	France	27/3/16	Pt II #16
12.6.16	"	Adm N°13 Staty Hosp.	Boulogne	3.6.16	6 L.A. 372 Sw. multiple
20.6.16	"	"	"	18.6.16	" 379 Seriously ill
22.6.16	"	"	"	20.6.16	" 381 worse.
23.6.16	P.P.C.L.I.	Died of Wounds	13 Staty Hosp. Boulogne	21.6.16	6 L.A. 382 Sw. multiple
30.6.16	"	"	"	"	Pt II 26

SW
18/11/21 mg

[Handwritten signature]

