

Copy
of H. G. 28/3/16

Duplicate

ATTESTATION PAPER.

No. 133050

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Gilchrist, Maurice Howard*
2. In what Town, Township or Parish, and in what Country were you born?..... *Richmond Que*
3. What is the name of your next-of-kin?..... *Gen H Gilchrist (Father)*
4. What is the address of your next-of-kin?..... *Richmond Que*
5. What is the date of your birth?..... *July 19 1897*
6. What is your Trade or Calling?..... *Carpenter*
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?..... *8th Royal Rifles*
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? }..... *M. H. Gilchrist* (Signature of Man.)
[Witness Signature] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Maurice H. Gilchrist*, 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 *Oct 28* 191 . *M. H. Gilchrist* (Signature of Recruit)
[Witness Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Maurice H. Gilchrist*, 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 28* 191 . *M. H. Gilchrist* (Signature of Recruit)
[Witness Signature] (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 *29th* day of *Oct* 191 .

[Magistrate Signature] (Signature of Justice)

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

[Approving Officer Signature] (Approving Officer)

C. C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Description of *Gelchrist, Maurice N.* on Enlistment.

Apparent Age 19 years 3 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. 4 1/2 ins.

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

Complexion Fair

Eyes Brown

Hair Brown

- Religious denominations.
- Church of England.....
 - Presbyterian.....
 - ~~Wesleyan~~ Methodist..... ✓
 - Baptist or Congregationalist.....
 - Other Protestants.....
 (Denomination to be stated.)
 - Roman Catholic.....
 - Jewish.....

*Small mole under left arm.
 mole on back of neck.*

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 h'm* fit for the **Canadian Over-Seas Expeditionary Force.**

Date..... Oct 20 191 Jachabot Captano

Place..... Mine
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.

M H Gelchrist 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] Lieut.-Col. (Signature of Officer)
 O.C. 73rd (Overseas) Bn, Royal Highlanders of Canada, C.E.F.

Date..... OCT 28 1915 191

133050

I.D. number
No. d'identification

GILCHRIST

Surname
Nom de famille

MAURICE, HOWARD

Given names
Prénoms

K.I.A. 31.8.16

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

OPEN
ATIP

Location
Lieu

3524

3524

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

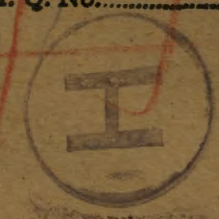
H. Q. No.

Name *Gilchrist Maurice Howard*

Regt. No. *133050* Rank *Pte*

Corps *13th Bn Royal Highlanders* **11246**

Killed in action 31st 8/16



case card
Stom of Will 1
Copy of Will 2

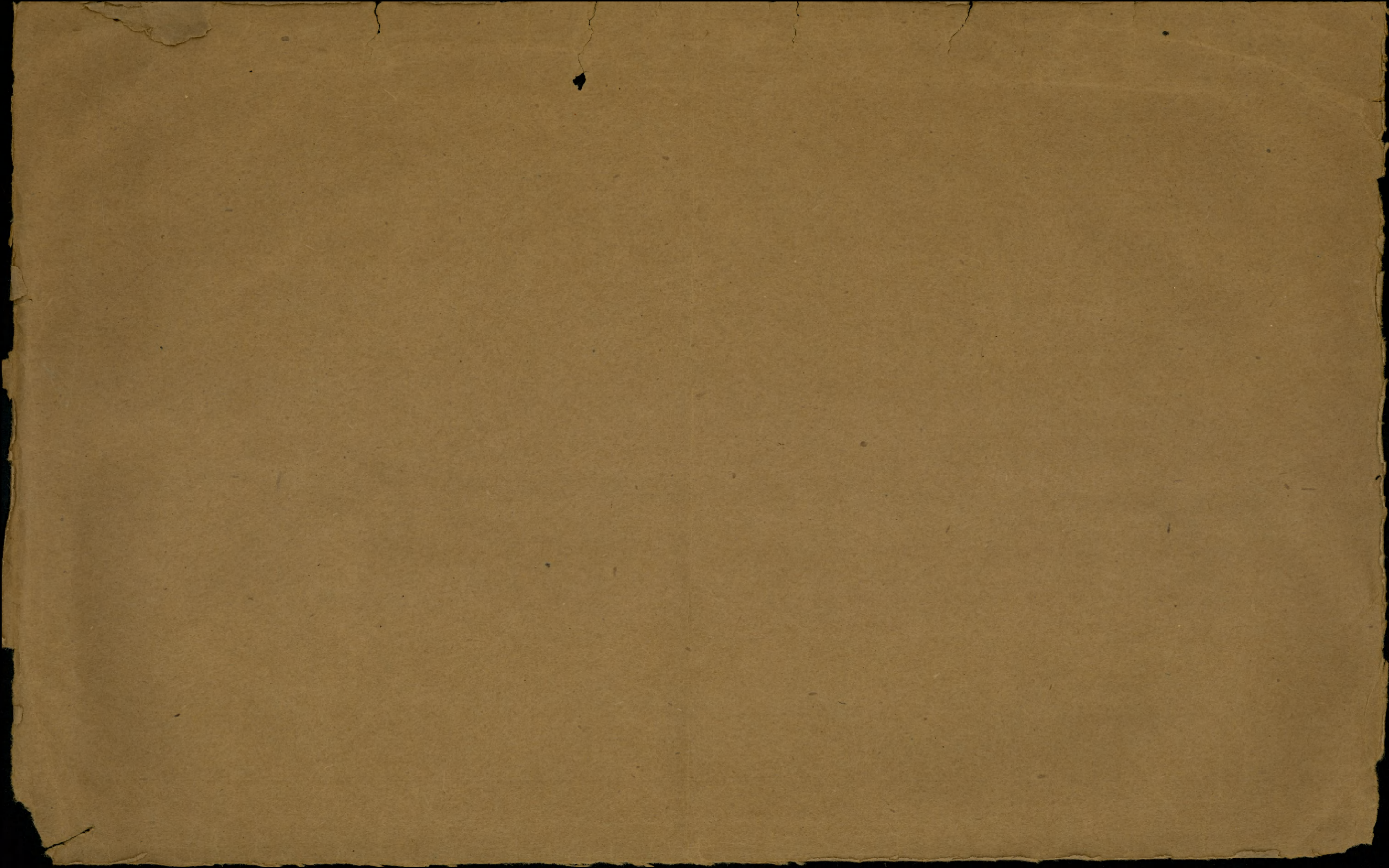
(3)

3-12
22-12
26 12

WS

16-91

1 - P.C.



MSR
Stam

Number *113000*

Rank *Plt* *B*

Surname *GILCHRIST*

Christian Name *Maurice Howard*

Units *73rd Air Canteen* Theatre of War *France*

Date of Service *12-8-16* *D*

Remarks

Latest Address *Gen. R. Gilchrist, Esq.*

Box 207, Richmond, V. Q.

Roll No.

B. Page 15467.

200m. -2-21. m.

*—Name will be given in full; surname first.

Next of kin

Address on leave

Address on discharge

Transportation issued
Yes No

Date

1922

Previous occupation

Diagnosis

Date

AUG 4

Remarks

Date of Medical
Boards

Date and place of
enlistment

Character on
discharge

REGN. NO. 1450415

DESP

GILCHRIST, M.H. 133050 Pte. 73rd Bn.

Medals
& Decs.

not elig. for 14-15 years

(father) Geo. R. Gilchrist,
Box 207,
Richmond, P.Q. *m*

(father) As above.

(mother) Mrs. E.A. Gilchrist,
Address as above.

P. & S.

Serial No 766849

Memorial Cross

JAN 14 1921

Scroll Desp. _____ Reqn. No. *710204*

Plaque Desp. *JUL 21 1921* _____ Reqn. No. *P.66* 470 *a*

Desp. 28-10, 20 (m) @ 27852

M

722

649-4-2941

D

CAPD NO.

SURNAME.

Gilchrist

CHRISTIAN NAMES

Maurice Howard

FOLL.

REGL. No.

133050.

RANK

Plt.

UNIT

73rd

Batt

FORMER CORPS

8th Royal Rifles

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gilchrist Geo. H.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Richmond, P. Q.

COUNTRY OF BIRTH

Canada, Richmond, P. Q.

DATE

July 19th 1897.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Oct. 29th 1915

Sailed from Halifax

S.S. "Adriatic" 31-3-16

L. L. 94504. M. & D. 6512

o/s. 31-3-16. $\frac{362}{8}$

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

19

YEARS

3

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Small mole on L. arm. Mole on back of neck

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Oct 28th 1915

No.

RANK

Plt

NAME

Gilchrist M H.

T. O. S.

UNIT

8th Regiment
Royal Rifles.

M. D. 5-

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915	1915
May 21	May 31
June	
July	
Aug	
Sept	
Oct 1	Oct 7

✓
✓
✓
✓
✓

Transferred to 73rd O'Haras Bn 7-10-15 20212 21-10-15



No. 133050, RANK *Ste.*

NAME *Gilchrist; M. N.*

T. O. S. *28-10-15 (20.79)* UNIT *73rd. Battalion C. I. F.*
29-10-15.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec. 28.</i>	<i>Nov. 30.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1916.</i>	<i>1916.</i>			
<i>Jan.</i>		<i>✓</i>	<i>Forfeits 5 days pay.</i>	<i>(B.O. 37 of 15-1-16.)</i>
<i>Feb.</i>		<i>✓</i>	<i>" 1 " "</i>	<i>(B.O. 12 of 15-1-16.)</i>
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		

UNIT SAILED

MAR 31 1916



Maurice Howard

Name Gilchrist

Rank

Private

Reg. No. 133050

Unit 73rd. Battalion

Next of Kin Canada

R.L. 25-G-944

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
31-8	Rep: from Base, <u>KILLED IN ACTION</u>			XXX A. 9	0495	9/9-

REGT'L No 133 050

NAME

Gilchrist Maurice Howard

H. Q. FILE No. 649-

RANK AND CORPS

Pte 73rd Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

"C"

0495

8-9-16

Killed in action Aug 31st 1916.

A.F.B. 2090
Rowen

4-9-16

" " " " " "

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 9

Rept from Base

31-8-16

Filed in Action

Surname Christian Name or Names Reg. No.
 Gilchrist M.H. 133050
 Rank Unit Co. Troop Batty.
 Pte. 73rd Bn.
 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 31.8.16

DISPOSITION

Date

C.L. 9.9.16 A9

REMARKS

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.

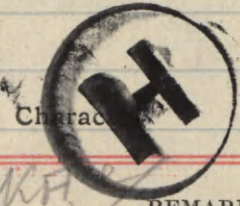
7.

TLH. Rank **73rd. Battn.** Name **Gilchrist Maurice Howard.** Reg'l No. **133050.**
 Unit **73rd. Battn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Montreal, Oct. 12th. 1915.** Place of Birth **Richmond, Que.**
 Name and Address, Next-of-Kin **Geo. H. Gilchrist,**
Richmond, Que., Canada. Relationship **Father.**

Int
16-10-17
18

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character

Date.	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>auth.</i> 11 8-16	S. R. O. 594	10-4-16	<i>Arrived in England</i>	10 APR 1916		
	73rd.		Embarked For France	Bramshott	12-8-16	<i>S.S. Adriatic</i> <i>A.F.B. 103 CKD. 17-8-16</i> Part 2 D.O. 201
4 9-16	73 Bn		<i>Killed in Action</i>	<i>Field</i>	31-8-16	<i>Auth O.C. 73 Bn. letter of 31-8-16. ref. Cas Section H.H.K.I.</i>
9.9.16	✓✓		<i>Killed in Action</i>	<i>Field</i>	31-8-16	<i>62 No 29</i> 137/965

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

69

E JMD

To Whom

Address

Mr. Geo. R. Gilchrist
Richmond P. L.

By Whom Assigned

Regtl. No.

Rank

Corps

*Gilchrist M. H.**133050**Pte**C. Co. 73rd Battr.*Rate *\$20⁰⁰* APR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <i>Casualties</i> </div> <p><i>Killed in action Aug. 31/16. C.L. 8/9/16.</i> <i>J.A.G.</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

100-2507-1000

100-2507-1000

100-2507-1000

100-2507-1000

100-2507-1000

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 15m.-3-16.
 H. Q. 1772-39-819.

70

Sheet No. 2.

Geo. R. Gilchrist

PAYMENTS.

Name of Soldier

Gilchrist M. H.

L. L. Job 95618—M. & D. 6555.

#133050. C. Co 73rd Batta

Month.	Year.	Cheque No.	Amt.	Remarks.
				#20 ⁰⁰
April	1916	V 2014	20	
May		V 6368	20	
June		2 9866	20	
July		F 9340	20	
Aug.		R 13458	20	
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				

Stop, 1/10/14, 3 M 14 ⁷⁰/₁₀₀ Cas. 21 ¹⁰/₁₀₀
 Account closed. Cas.

Casualties

F. X. Rend. Date Total \$100⁰⁰
 E.F.X. " Date 28 5/14 ~~Sett...~~

R

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

ORIGINAL

original

OCT 28 Ent'd

MEDICAL HISTORY SHEET.

Surname Gilchrist Christian Name Manie H.

Examined { on 28 day of Oct 1915
at Montreal
Birthplace { City or Town Richmond
County On

Approved by Jacobotaptans
Rank _____ M.O.

Apparent age 19
Trade or occupation carpenter
Height 5 Feet 4 1/2 Inches.
Weight 130 # Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 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.

Vaccination Marks { Arm Right Left
Number 2
When Vaccinated last 3-Years Ago

Date	Result	VACCINATIONS.
DEC 17 1915		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Operated for hammer toes

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
NOV 12 1915	Good	M.O.
DEC 16 1915		M.O.
JAN 1 1916		M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on day of OCT 28 1915 at MONTREAL

	CORPS.	REG'T NUMBER.	RANKS.	DATE.
Joined on enlistment		<u>133050</u>		
73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.				
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 *Beechrit*

Christian Name *Maurice A.*

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>General</i>	<i>Hospital</i>								
		<i>22 Nov</i>	<i>15</i>	<i>1st Dec</i>	<i>1915</i>		<i>Blisters left Heel</i>		<i>infected - recovery</i>	<i>Fit</i>	
<i>S.S. Adriatic</i>		<i>2</i>	<i>4</i>	<i>16</i>	<i>4</i>	<i>7</i>	<i>16.</i>	<i>Sore Throat</i>	<i>3.</i>		

Duplicate Medical History Sheet
posted to here.

W. R. Bourne

FORM OF WILL.

I, Maurice Howard Gilchrist.....(Name in full)
Regimental Number 133050.....serving in 73rd Battalion R.H. of C.
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

.....Elizabeth Anne Gilchrist (Mother).....
(maiden name) Elizabeth Anne M^c Carthur.....
.....Richmond, P. Que. Canada.....
} Name & Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

.....Elizabeth Anne Gilchrist (mother).....
(Maiden name) Elizabeth Anne Gilchrist M^c Carthur M. H. G.....
.....Richmond, P. Que. Canada.....
} Name & Address
of person or
persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this ninth day of June.....A.D. 191 6

Maurice Howard Gilchrist Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness.....James M^cMaster.....
Address of Witness.....73rd Bⁿ C I.R.H of C Bramshott camp.....
Occupation of Witness.....Soldier.....

Name of Witness.....Henry Maxwell Pope.....
Address of Witness.....73rd Bⁿ C I R H of C Bramshott camp. Hants Eng......
Occupation of Witness.....Soldier.....

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
31/8/16	C.P.A. 9. 9. 16

REG'L. No. 133050 RANK Pte NAME Gilchrist-Maurice Howard
 IF IN PERMT. CORPS / WHAT UNIT UNIT 43rd Bn TRANSFERRED TO Hon. Eff. Bch DATE 7.9.16 AUTHORITY C.P.A. 9. 9. 16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 PLACE OF ATTESTATION Montreal Canada TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION October 12th 1915 TRANSFERRED TO _____ DATE _____ AUTHORITY _____



ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE 1/5/16
 PAYABLE TO W. G. Gilchrist, Richmond, P.Q. RELATIONSHIP Father

HOSPITAL, &c.	
NAME OF HOSPITAL	RELATIONSHIP

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 12.9.16 EFFECTIVE 1.10.16 REASON Killed in action 31.8.16
C.P.A. 9. 9. 16

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2		3		4		1	2	3	4				CREDIT	DEBIT				
No.	DATE	No.	DATE	No.	DATE													
85	3/15/16	34	8/27/16			4 87.		4 87.	20 00.		29 74.	21 72.	✓					6 from previous a/c.
221	30/8/16					7 30.	7 30.		20 00.		34 60.	20 12.	✓					
287	15/7/16					7 30.			20 00.		27 30.	26 92.						
						7 30.			20 00.		27 30.	33 72.						Killed in action 31.8.16 C.P.A. 9. 9. 16.
						2 62.			20		22 62.	11 10.						Trans to Hon. Eff. Bch
												11 10						Steps Form rendered 12/9/16 Eff 1/10/16
						11 10					11 10							To Ottawa forment 25.11.17.

Handwritten signature and initials

