

Copy

# ATTESTATION PAPER.

No. 65433

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... James Hayes
  2. In what Town, Township or Parish, and in what Country were you born?..... Montreal P.Q.
  3. What is the name of your next-of-kin?..... Mrs Hayes
  4. What is the address of your next-of-kin?..... 37 Overdale Ave.
  5. What is the date of your birth?..... 13 Jan. 1891
  6. What is your Trade or Calling?..... Shoemaker
  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?..... 2 years and  
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
- Sgd. James Hayes (Signature of Man).  
Sgd. J. Crawford (Signature of Witness).



### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Hayes, 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.

Sgd. James Hayes (Signature of Recruit)  
Date Oct 23 1914 Sgd. J. Crawford (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Hayes, 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.

Sgd. James Hayes (Signature of Recruit)  
Date Oct 23 1914 Sgd. J. Crawford (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 23 day of Oct 1914

Sgd. W.D. Birchall (Signature of Justice)

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

.....(Approving Officer)



Description of James Hayes on Enlistment

Apparent Age 24 years 9 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.  
 Range of expansion 2 1/2 ins.

Complexion fair

Eyes Brown

Hair Dark Brown

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

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.)

2 Vacc on left upper Arm  
Third finger of left hand scarred by cut at end scar (faint) on left ankle  
Cuts on top of head.



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 23rd 1914 H. S. Muckleston

Place Montreal Capt. A. M. C. 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.

..... 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 of Officer)

Date..... 191 ..



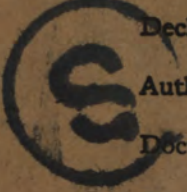
3P. 22.10.16.



DISCHARGE DOCUMENTS

R. O. No.....

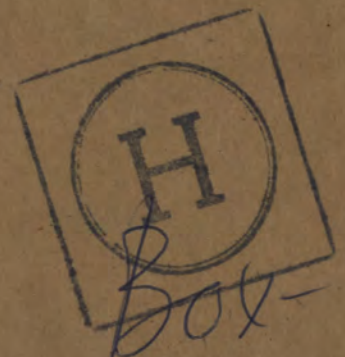
H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *12 3*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- 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.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name HAYES JAMES.  
 Regt. No. 65433 Rank Pte  
 Corps 24th V.R.

*Killed in action 17.9.16*  
 15927  
 M  
 11-10-20



*BOX-4185*

*14.6*  
*21.7*  
*33.7*

*A. D. 5122-1*  
*A. D. 3178-1*  
*2nd Capt*  
*paycard-1*

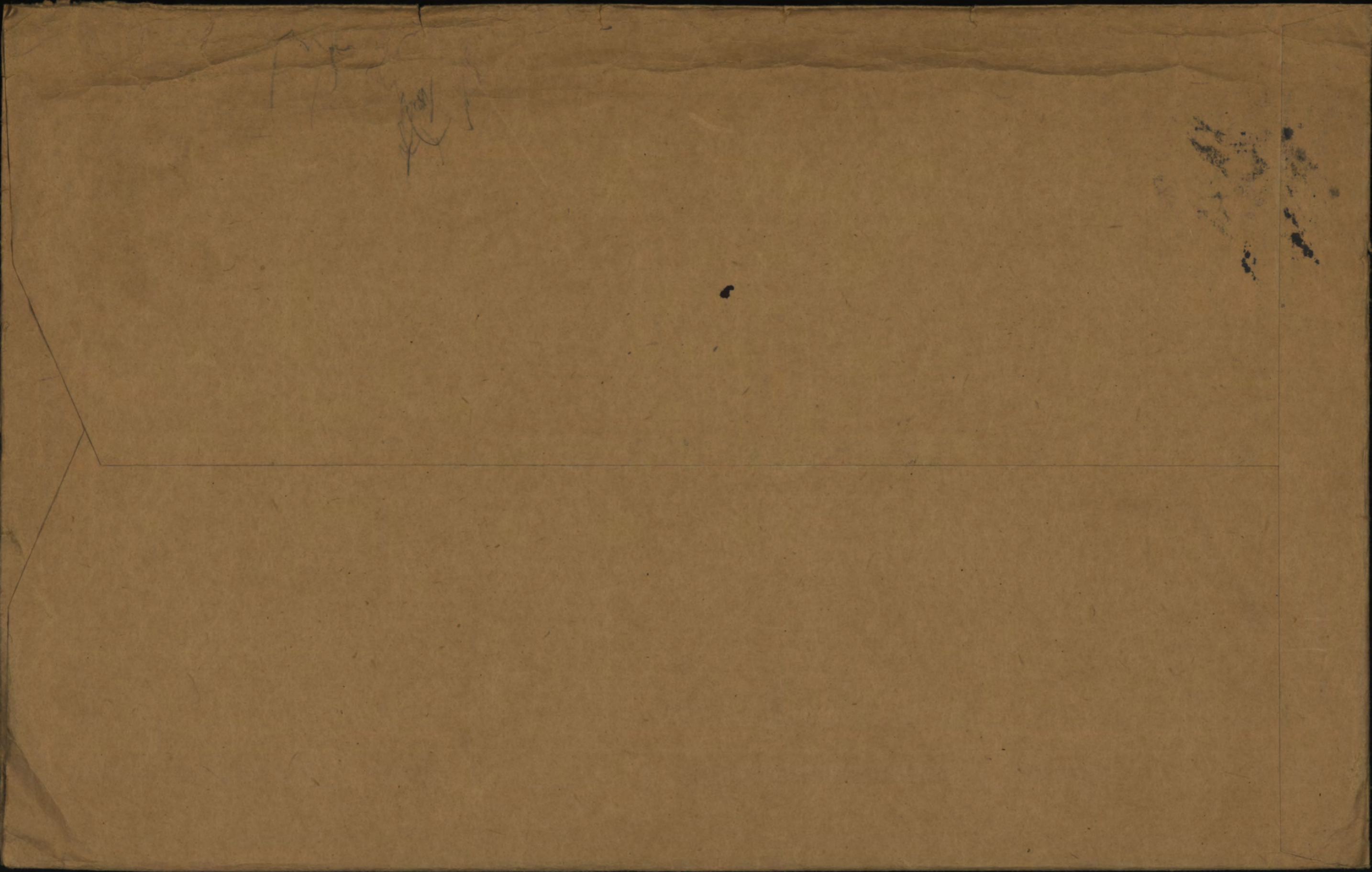
M. F. W. 62.  
 100m.-6-17.  
 H. Q. 1772-39-935.

*Max of 2/20*

*1-2713204*

*2*







*Wah* <sup>was</sup> Number 65433 Rank *Private*

Surname HAYES

Christian Names James

Unit *24 Bn Can Inf* Theatre of War *France*

Date of Service *15-2-15*

Remarks *Further*

Latest Address *Martin Hayes Esq*

*37. Overdale Ave*

*Montreal, Que. Can*

Roll No. *B.*

56 737. 1000 APR 18 1927

9 5714 19 2000

SEP 14 1927



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



NAME

Hayes James

REG'TL. No. 65433

RANK AND CORPS

Plt 24th Bn

CABLE

NO.

DATE

"6"

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
01936	3-10-16	Rep. missing Sept. 17th 1916 ✓
Cas Bn. Rep	3-5-17	<del>Prev. report missing now for office purposes presumed to have died down etc since Sept</del>
A. F. B.	2090 C	<del>17th 1916</del> Cancelled as per Auth. Letter D. J. C. 6-11-17
July 12 <sup>th</sup> 1917		
M. 6191 5-2	13-10-17	Prev. rep. missing presumed dead now killed in action Sept. 17th. 1916. ✓
A. F. B.	2090 A	Prev. reptd. missing now killed
Rouen	6.10.17	in action 17. 9. 16, in the field France. Noted 22. 11. 17



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

- | LIST No. | HOSPITAL  | DATE OF<br>ADMISSION | REMARKS      |
|----------|---|----------------------|--------------|
| A 337    | Rep. from Base.   | 17-9-16              | Missing      |
| A 555    | <del>Pre rep. missing now for office purposes<br/>presumed to have died or rd since</del> |                      |              |
| A 351    | <del>Cancelled as per</del>   | <del>17-9-16</del>   | S.L. A 38-5. |
| A 351    | Pre reported missing now rep. killed in action  | 17-9-16              |              |



Name HAYES. James. Rank PTE.

Reg. No. 65433.

Unit 24th. Battalion.

Next of Kin Canada.

R/25. H. 1790

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-9-16.	Missing.		A337.0.1936.		3-10-16.	
<p>Now for official purposes presumed to have          Died in or since 17-9-16. A555.          Pres. Rep. Died Now</p>						
<p>Killed in Action          (P.T. DO 88 d/6-10-17 BC 44) 135 6191</p>						





Hayes. Pe Gas #65433 - 24<sup>th</sup> Bw

Name & Address of Legatee

M

Name & Address of Next of Kin

Pa. 36

Name & Address of Female Next of Kin

Place Desp. No. JAN 13 1921 Regn. No. Pa. 3618

Scroll Desp. No. JAN 14 1921 Regn. No. 710338



Hayes Pte James 65433

649114666  
page 1

Elig for 14-15 Star.

94<sup>th</sup> Ann.

Medals and  
Decorations

See next below



Plaque &  
Scroll

Martin Hayes (father)

(Serial no. 767296.)

37 Overdale Ave  
Montreal Que

Cross of  
Saerfue

Mrs Elizabeth Hayes (mother)

37 Overdale Ave.  
Montreal Que

Resp. 27-2-20  
C 2085

(unnamed)

D

No. 14 RANK Pte.  
65433 Mar. Paylist.

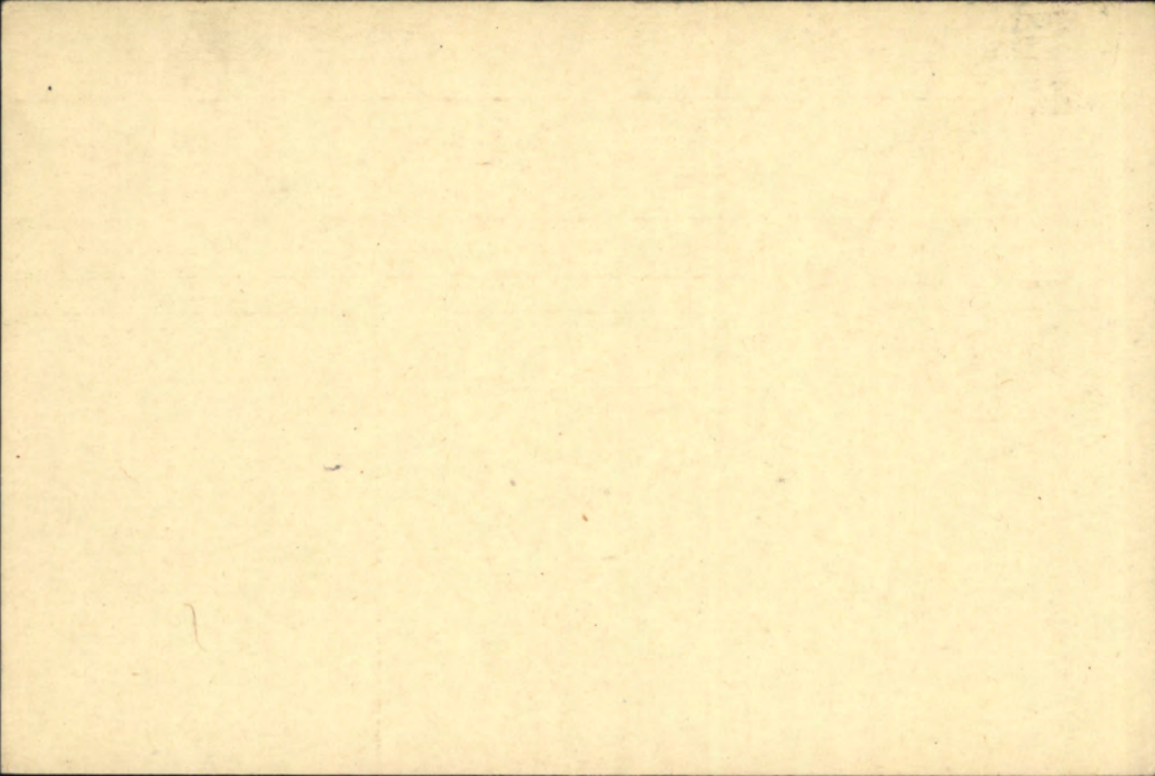
NAME Hayes J.

T. O. S. 23-10-14 UNIT 24th. Battalion  
Nov. Paylist.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 26 Oct.	1914 31 Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1915 Jan.	1915 Feb.	✓		
	Mar.	✓	Forfeits 2 days pay 6-2-15 + 10 days C.B.	A.O. 83 of 6-2-15
	Apr.	O.S.	14 days detention forfeits 7 days pay 16-3-15	Mar. Paylist.
	May 1.	✓	In hospital 19-3-15	" "
	May 10.	O.S.	Transfd. to Composite B <sup>n</sup> . 10-5-15.	May Paylist.





C.

649-H-4666

CARD NO.

SURNAME. *Nayes*

CHRISTIAN NAMES *James*

REGL. No. *65433* RANK *Pte.*

UNIT *24<sup>th</sup>*

FORMER CORPS *A. M. C.*



FOLL.

*Bw.*

*S*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Nayes, Mrs.*

RELATIONSHIP TO SOLDIER *R. N. S.*

ADDRESS *37 Overdale Ave., Montreal, P. Q.*

COUNTRY OF BIRTH *Canada Montreal P. Q.* DATE

PLACE OF ATTESTATION *Montreal, P. Q.* DATE *Oct. 23<sup>rd</sup> 1914*

*018. 115-15. 73/9*



*From Montreal per S.S. "Cameronia" 11-5-15*

MARRIED

SINGLE

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

*Present Address*

Surname

Christian Name or Names

Reg. No.

*Trayco.*  
*Pte*  
Hospital

Unit

*J.*  
*24 Btw. 1st. Que. Reg. (24)*

*65433*

Troop Batty.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Missing 17.9.16 Rpta from Base  
now for off. Purposes presumed to have*

*Cancelled → Died on or since 17-9-16*

DISPOSITION

Date

*HP*

*3.10.16 A 337<sup>(1)</sup>*

REMARKS

*C.L. 4-17 A 555*

*" 13-10-17 A 35<sup>(4)</sup> → Prev. rep'd. Missing now  
Killed in Action.  
17-9-16*

*" 13-10-17 A 35<sup>(5)</sup> note. Cancel Entry on C.L. A. 555 R*

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



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank \_\_\_\_\_ Name **HAYES Jas.** Reg'l No. **65433.**  
 Unit **24th Bn.** If in perm. Corps, Married or Single **Single.**  
 What Unit? \_\_\_\_\_  
 Place and Date of Enlistment **23.10.14. Montreal.** Place of Birth **Montreal, Canada.**  
 Name and Address, Next-of-Kin **Mrs Hayes. 37. Overdale Ave. Montreal.**  
 Relationship **Mother.**



Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

*25.11.1990*

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				
16.6.15.	O.C. 24.	Taken on strength 26"	East Sandling.	16.6.15	PT-II O # 216.
1.9.15.	b.	Forfeit 1 day's pay. A.W.L.	b.	1.9.15.	Do 294
19-9-15.		Embarked for France.	Folkestone.	15-9-15.	Embr. memo: 288.
3.10.16	"	Report from base missing	Field	17.9.16.	LA 337. O.N.
13.10.16	"	Missing after action	"	17.9.16	PT II 63
4-7-17	" -	presumed to have died on or since	" -	17-9-16	Also PT II DO. 63. 24-7-17. CL 9. 555
6-10-17	" -	DO 63 amended to read killed in action	" -	17-9-16	Cancelled by DL 9 35 PT II DO 88



Date	From whom received	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
12-10-17	1st Lt. J. L. S. S. S.	Cancelled		17-9-16	C 29 35
12-10-17	" "	Now killed in action	France	17-9-16	C 29 35





*We do not hold att: Paper therefore cannot check*  
Army Form B. 103. *W.M.*

**Casualty Form—Active Service.**

Regiment or Corps *24<sup>th</sup> Victoria Rifles (C.E.F.)*

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

Regimental No. *65433* Rank *Private* Name *Hays, J.*

Enlisted (a) *23<sup>rd</sup> Oct 14* Terms of Service (a) *War* 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) \_\_\_\_\_

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>16.9.15</i>	<i>24<sup>th</sup> C.F.R.</i>	<i>Disembarked</i>	<i>Coulogne</i>	<i>6.9.15</i>	<i>Board Roll</i>
<i>7.9.16</i>	<i>...</i>	<i>sentenced to 14 days &amp; P No 1. for (1) Drunk in Camp &amp; (2) breaking out of Guard Room.</i>	<i>Artho Field</i>	<i>1.9.16</i>	<i>B2069 P. 20. 43 dt 14/9/16</i>
<i>24.9.16</i>	<i>...</i>	<i>Missing</i>	<i>...</i>	<i>17.9.16</i>	<i>K. 134/1341. P229 dt 28/9/16 P240563 13/10/16.</i>

*J Whogaw* Capt.  
For Officer i/c Can. Records,  
Canadian Section,  
G.H.Q. 3rd Echelon.

<i>24.7.17</i>	<i>24<sup>th</sup> B<sup>n</sup></i>	<i>Now for official purposes presumed to have Died</i>	<i>Field</i>	<i>17.9.16</i>	<i>D.O. 63.</i>
<i>6.10.14</i>	<i>---</i>	<i>D.O. 63 of 24<sup>th</sup> B<sup>n</sup> is amended to read Killed in Action</i>	<i>Field</i>	<i>17.9.16</i>	<i>D.O. 88.</i>

*W. L. Lundy* Lieut.  
for Colonel i/c Records, *OMP*

(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.]







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

*6*

To Whom *Mrs M. Hayes*  
Address *37<sup>th</sup> Overdale Avenue*  
*Montreal*

By Whom Assigned *Hayes J.*  
Regtl. No. *14* *65433 600*  
Rank *Plé*  
Corps *A. Co. 24<sup>th</sup> Bateria*

Rate *\$15<sup>00</sup>* *MAY 1916*  
*June*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p><del>Casualties</del></p> </div> <p>(1) 2 M. 10/17 and 20/17</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Pensions Notified Date. <i>21-6-17</i></p> <p><del>Killed in Action</del></p> <p>Died of Wounds } Date <i>17-9-16</i></p> <p><del>Missing</del></p> <p>C. L. (S-) <i>17-6-17</i> Clerk. <i>J. M. Brown</i></p> <p><i>1<sup>st</sup> June 1917</i></p> <p>Date Noted. <i>1917</i></p> </div> <p><i>Presumed to have</i></p> <p><i>This and A.P. of 15<sup>00</sup> from June was disallowed. RL 12/9/15. In cheque for July to adjust for May payment. I got cheque for 145<sup>00</sup> to adjust acct</i></p> <p><i>Missing Sept 17/16 to 1.06.17</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May		<i>P 72</i>	<i>15<sup>00</sup></i>	
June		<i>Cancelled. 1856</i>	<i>15<sup>00</sup></i>	
July				
Aug.				
Sept.				
Oct.	1916	<i>R. 9154</i>	<i>45<sup>00</sup></i>	
Nov.		<i>8385</i>	<i>15<sup>00</sup></i>	
Dec.		<i>U 9972</i>	<i>15<sup>00</sup></i>	
Jan.		<i>X 7641</i>	<i>15<sup>00</sup></i>	
Feb.		<i>U 10691</i>	<i>15<sup>00</sup></i>	
March		<i>K 14824</i>	<i>15<sup>00</sup></i>	

~~Casualties~~

(1) 2 M. 10/17 and 20/17

Pensions Notified Date. *21-6-17*  
~~Killed in Action~~  
 Died of Wounds } Date *17-9-16*  
~~Missing~~  
 C. L. (S-) *17-6-17* Clerk. *J. M. Brown*  
*1<sup>st</sup> June 1917*  
 Date Noted. *1917*

*Presumed to have*

*This and A.P. of 15<sup>00</sup> from June was disallowed. RL 12/9/15. In cheque for July to adjust for May payment. I got cheque for 145<sup>00</sup> to adjust acct*

*Missing Sept 17/16 to 1.06.17*

*E. J. B.*

*now* Pensions Notified Date. *17-10-17*  
 Killed in Action }  
 Died of Wounds } Date. *17-9-16*  
 Missing }  
 C. L. *10/14/17* Clerk. *J. M. Brown*  
 Date Noted. *17-10-1917*



585

585

Faint, illegible text or markings, possibly bleed-through from the reverse side of the page.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Mrs. M. Hayes

PAYMENTS.

Name of Soldier

Hayes, J. A. B. 24<sup>th</sup> Batt.  
 # 14

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
April	1916	V 147	15	<i>Case W</i>
May		W 3511	15	
June		X 7700	15	
July		79729	15	
Aug.		T 4659	15	
Sept.		E 16808	15	
Oct.		E 21257	15	
Nov.		<del>Q 26665</del>	<del>15</del>	<i>JB cancelled</i>
Dec.		W 30303	30	<i>\$375.00 to 30-6-17 CAX 21-6-17. This should not be paid - no S.C. and not entitled 3 mos. payment of 1st Reg 13-12-16. To adjust nov &amp; Dec. &amp; close to stop payment Dec 30/16 21/17 J.H.S.</i>
Jan.	1917			<i>Spec Reg 22/17 have</i>
Feb.		30-h- 243225	30	<i>30. for 1/16/17</i>
March		15-L 249901	15	<i>stop 1/16/17</i>
April		L 2423	15	<i>stop 1/16/17</i>
May		L 8820	15	<i>stop 1/16/17</i>
June		15. Bus 15833	15	<i>3 m Dec 5/16</i>
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			<i>Acct closed 30-6-17. Cax no sa. J. N. Strom 21-6-17</i>
Feb.				
March				
April				
May				
June				
July				

F. X. Rend. Date ..... By .....  
 E.F.X. " Date 24-9-17 Day



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.				











MARRIED OR SINGLE *not given*  
 PLACE OF BIRTH *not given*  
 NAME AND ADDRESS OF NEXT OF KIN *Mrs M. Hayes.*  
*37. Overdale. Ave. Montreal.*  
 RELATIONSHIP OF NEXT OF KIN *mother*  
 NAME AND ADDRESS OF NEXT OF KIN

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Missing</i>	<i>17.9.16</i>	<i>ChB337.3</i>
<i>O.P. Dead</i>	<i>17.9.16</i>	<i>gfa. 595</i> <i>555</i> <i>A35 12</i>

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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

COMPILED BY  
 CHECKED BY

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS												
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3								
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.						
<i>1916.</i>																												
<i>March.</i>																												
<i>Apr. 1/30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>			<i>336</i>													
<i>May 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>"</i>	<i>3</i>	<i>10</i>	<i>31</i>	<i>"</i>	<i>3</i>	<i>10</i>			<i>33</i>	<i>967</i>	<i>574/16</i>	<i>1029</i>	<i>26/4/16</i>									
<i>June 1-30</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>3</i>	<i>00</i>	<i>30</i>	<i>-</i>	<i>3</i>	<i>00</i>			<i>34</i>	<i>1128</i>	<i>10/5</i>	<i>1090</i>	<i>3/5</i>	<i>1167</i>	<i>27/5</i>							
<i>July 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3</i>	<i>10</i>	<i>31</i>	<i>-</i>	<i>3</i>	<i>10</i>			<i>33</i>					<i>1207</i>	<i>9</i>							
<i>Aug 1-31</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>31</i>	<i>-</i>	<i>3</i>	<i>10</i>	<i>31</i>	<i>-</i>	<i>3</i>	<i>10</i>			<i>34</i>	<i>24</i>	<i>6</i>	<i>1252</i>	<i>6</i>	<i>1291</i>	<i>17</i>	<i>7</i>						
<i>Sep. 1-30</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>-</i>	<i>3</i>	<i>00</i>	<i>31</i>	<i>-</i>	<i>3</i>	<i>10</i>			<i>34</i>	<i>23</i>	<i>7</i>	<i>1337</i>	<i>7</i>	<i>1382</i>	<i>8</i>							
<i>Oct.</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>00</i>	<i>3</i>	<i>00</i>	<i>30</i>	<i>00</i>	<i>3</i>	<i>00</i>			<i>33</i>	<i>1428</i>	<i>21/16</i>	<i>1473</i>	<i>15/9/16</i>									
<i>1917</i>																												
<i>Jan.</i>																												
<i>Sep/17.</i>																												

*W. C. ...*

*Pat ...*

Statement of  
 JUL 10 1917  
 ...







DATE

PAY

NO. OF DAYS  
RATE  
AMOUNT

FIELD ALLOWANCE

NO. OF DAYS  
RATE  
AMOUNT

WORKING OR  
SPECIAL PAY

NO. OF DAYS  
RATE  
AMOUNT

ASSIGNED  
PAY  
CREDITS

OTHER  
CREDITS

TOTAL  
CREDITS

ACQUITTANCE ROLLS

NO. DATE NO. DATE NO. DATE NO. DATE  
1 2 3 4

CASH PAYMENTS

1 2 3







65435, James HAYES

Killed in action 17 Sept 1916 in France

Adenac Military Cemetery

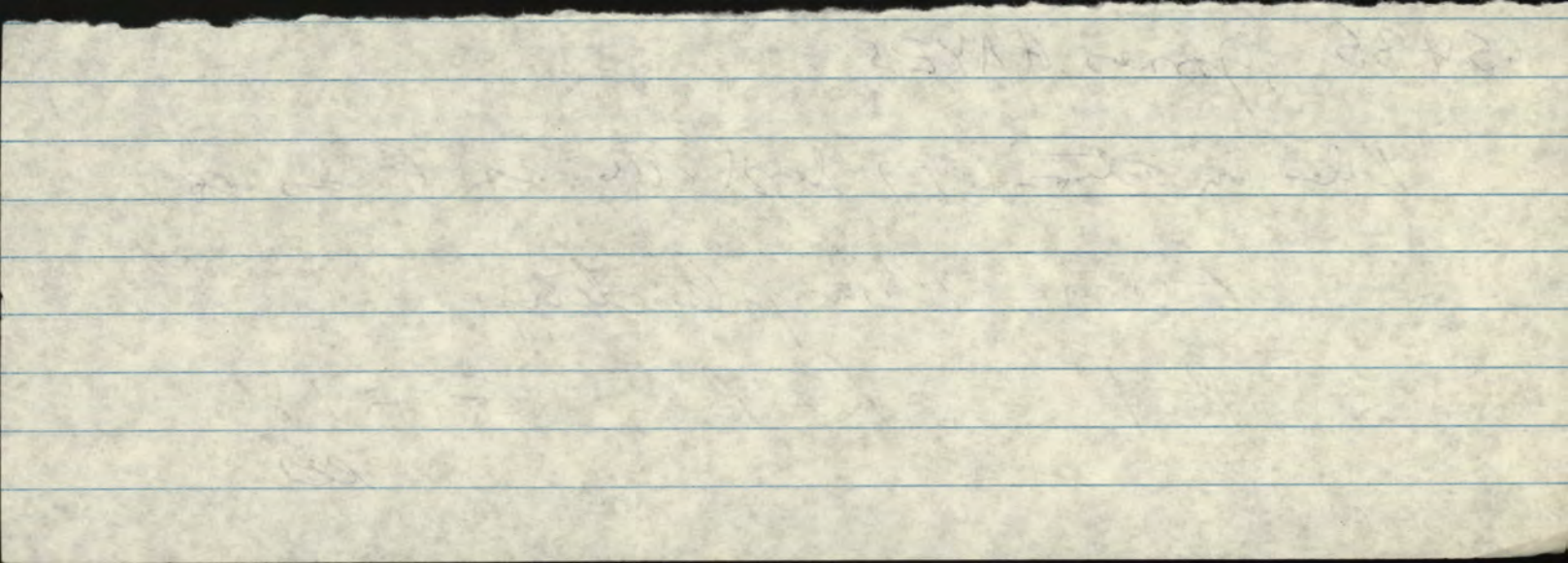
P-1

R-B

G-18

RS.







# MEDICAL HISTORY SHEET.

Surname Hayes Christian Name Francis James

Examined { on 28 day of October 1914  
 at Montreal

Approved by and signed for  
H. L. Pawey Capt.  
A.M.C.  
 Rank \_\_\_\_\_ M.O.

Birthplace { City or Town Montreal  
 County Que.

Apparent age 23  
 Trade or occupation Shoe Sewer

Height 5 Feet 7 1/2 Inches. \_\_\_\_\_ M.O.  
 Weight \_\_\_\_\_ Lbs. \_\_\_\_\_ M.O.

Chest measurement { Minimum 35 1/2 inches. \_\_\_\_\_ M.O.  
 Maximum expansion 3 inches. \_\_\_\_\_ M.O.

Physical development fair good \_\_\_\_\_ M.O.  
 Small-Pox Marks None \_\_\_\_\_ M.O.

Vaccination Marks { Arm Right \_\_\_\_\_ Left ✓ \_\_\_\_\_  
 Number 2

When Vaccinated last Infancy \_\_\_\_\_ M.O.  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_ M.O.

(b) Slight defects but not sufficient to cause rejection  
Scar on 4th knuckle of  
Left hand  
1st joint 4th hand  
split - yellowish discharge

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

Date	Result	VACCINATIONS.
<u>Feb 15/14</u>	<u>Good</u>	<u>Hayes</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 1/14</u>	<u>1/8</u>	<u>Muckleston</u>
<u>14/14</u>	<u>✓</u>	
		M.O.
		M.O.

Enlisted on 26 day of October 1914 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
joined on enlistment	<u>24 Batt. (QR) C.E.F.</u>	<u>65435</u>		<u>Dec 28/14</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.

65435-65433



Christian Name

Surname

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				
M. G. H.	Mar. 19	19	3	'15	6	3	'15	Genacoccus 46 Inf.	Purulent Discharge from urethra Shreds in anterior urine Mch 27 - Circumcision. owing to an accident some sutures tore out resulting in ulceration. Later Prostate-vesiculitis developed. Urnis clear before discharge.	C. R. Bourne Lieut AMC. Montreal General Hospital	
do.	10 May	10	May	15	3	June	15	Prostate-Vesiculitis 24	Prostate xpr on Discharge Few pus cells. "fit"	C. R. Bourne Lieut AMC. Montreal General Hospital.	



# MEDICAL HISTORY SHEET.

Surname Hayes Christian Name James

Examined { on 26th day of October 1914  
 at Montreal  
 Birthplace { City or Town Montreal  
 County Quebec, Canada

Approved by [Signature]  
 Rank Capt 6446 M.O.

Apparent age 23  
 Trade or occupation Shoemaker  
 Height 5 Feet 7 Inches.  
 Weight 150 Lbs.  
 Chest measurement { Minimum 35 1/2 inches  
 Maximum expansion 38 inches  
 Physical development good  
 Small-Pox Marks never

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm Right Left  
 Number 2  
 When Vaccinated last infancy  
 (a) Marks indicating congenital peculiarities or previous disease never

Date	Result	VACCINATIONS.
<u>Nov 10/14</u>	<u>W.L. Barry</u>	<u>Capt 6446</u>

(b) Slight defects but not sufficient to cause rejection  
Spinal fluid 4th finger shown  
Spinal fluid showing Bacterium in serum  
Back: Rt forearm

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 1/14</u>	<u>W. S. Munckleston</u>	<u>Capt 6446</u>
<u>14/14</u>	<u>do</u>	<u>do</u>

Enlisted on 26th day of October 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>24th Battalion</u> <u>C.S.F.</u>	<u>65433</u>		<u>Dec 28/14</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.

65433 ✓



