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Original

# ATTESTATION PAPER.

No. 120385
120386

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

678. P Drolet

(ANSWERS).

1. What is your name? — Thomas Higgins
2. In what Town, Township or Parish, and in what Country were you born? — "Ireland"
3. What is the name of your next-of-kin? — Maria Nail "wife"
4. What is the address of your next-of-kin? — 678. P Drolet
5. What is the date of your birth? — 6 Fevrier 1879
6. What is your Trade or Calling? — Electrician "line man"
7. Are you married? — yes
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. — 4 years, Prince of Wales. 4 years 85 inf Regt
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 Higgins (Signature of Man).

R. Normandeau Lieut (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Higgins, 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.

+ Thomas Higgins (Signature of Recruit)

Date 7 Aout 1915 R. Normandeau Lieut (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Higgins, 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.

+ Thomas Higgins (Signature of Recruit)

Date 7 Aout 1915 R. Normandeau Lieut (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 seventh day of August 1915

A Cherrier R.C.S. (Signature of Justice)

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

A. LaDrolette (Approving Officer)
Prov. Lieut

M. F. W. 23.
200 M.—6-15.
H. Q. 1772-39-841.

Medically Unfit St. John N.B.
9-3-16

Cancelled 4-16 F.E.

Thomas Higgins

## Description of Thomas Higgins on Enlistment.

Apparent Age 36 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement:
- Girth when fully expanded 84 ins.
- Range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Fair

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

3 Vaccinations Left arm
3 Tattoos " "
3 " right ward "
"Mand"

## 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 August 4th 1915.

Place Montreal

R. Lessard Capt.
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.

Thomas Higgins 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. Dansereau (Signature of Officer)
Lt. Col.

Date August 14 1915.

HIGGINS THOMAS 120085 69 BN 24183

MED. UNFIT.

308 M.U. 8-3-16 MD. 7

H.Q. 649-H-2029.

HIGGINS, Thomas, Pte. #120085. 69th Bn.

Medals & Decs:- Widow - Mrs. Maria Higgins,
1312 Berri St.,
Montreal, P.Q.

P. & S:- " "

Memorial Cross:- " "

47216

Canada only

B. ac

H. Q. 649-4-2029

M. D. No. 4

Surname Higgins

T. O. S. 19

Christian names Thomas

D. O. Pt. II of

Regtl. No. 172985 Rank Pte

S. O. S. 9 3 19 16

Unit 69th Bn

Reason M.U.

Died 29.7.20 4
SCR 889 J-8.5.4.20

Auth. Disch. and T.

---

Next of kin Mrs Higgins

Relationship Wife

Address 678 Dufferet
Montreal, P.Q.

Also notify:

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BORN—Place Ireland

Date Feb. 6th 1879

ATTESTED—Place Montreal P.Q.

Date Aug 7th 1915

O/S

R/C

W. 22—50M.-3-19. 1772-37-839.

No. 120085 RANK Pte NAME Higgins Thos.

T.O.S. 7-8-15 UNIT 69th Battalion
D.O.1 15-8-15

M.D. Val

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 | 1915 | | | |
| aug 7 | aug 31 | ✓ | | |
| sept | | ✓ | | |
| oct | | ✓ | | |
| nov | | ✓ | | |
| Dec | | ✓ | | |
| 1916 | 1916 | | | |
| Jan. | | ✓ | | |
| Feb. | | ✓ | | |
| Mar. 1 | Mar. 9 | M. | S.O.S. 9-3-16 (M.4.) | D.O. #173-9-3-16. |

UNIT SAILED
APR 17 1916

a/c closed by Discharge M.

120.086

F/L. E
3

# MEDICAL HISTORY SHEET.

*Surname* Higgins *Christian Name* Thomas

Examined { on 7th day of August 1915
at Montreal

Birthplace { ~~City or Town~~ Ireland
County

Apparent age 36 yrs 5 months

Trade or occupation Electrician

Height 5 Feet 4 Inches.

Weight 123 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 34 inches.

Physical development Normal

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 3
Number Three

When Vaccinated last 1910

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection None

Approved by R. Jessiet

Rank Captain M.O

| 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. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

*Enlisted on* 7th *day of* August 1915 *at* Montreal

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | | | | |
| 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.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Higgins Christian Name Thomas

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. | | | Dates of Discharge from Hospital. | | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | | | | | | | | | Discharge: Medically unfit. | |

Copy

# ACTIVE MILITIA.

## CERTIFICATE OF DISCHARGE.

**This Certifies** *that* T. HIGGINS NO. 120085

*of* MONTREAL *County of* HOCHELAGA

*Province of* QUEBEC *Dominion of Canada, aged*

37 *years, served continuously in* 69th OVERSEAS

BATTALION CANADIAN EXPEDITIONARY FORCE.

*of Active Militia of Canada, from the* 7th *day of* August

1915 *to the* 8 *day of* March 1916, *and is*

*now discharged therefrom.*

H. Valliere LIEUT. ~~Captain~~,

*Commanding* M. G. S.

*Dated at* St. John. N. B.

*the* 8th *day of* March

*19* 16

J. E. X. HALLE MAJOR ~~Lieut/Colonel~~,

*Commanding* 69th O. Battn. CEF.

N. B.—The second signature is only required when the Corps is in Squadron, Brigade or Battalion.

**M. F. B. 350.**

15m.—11-15.
H. Q. 1772-39-62.

Certified a true copy
H. Valliere
Lieut.

original not available

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 69th Bn

Regimental No. 120085 Rank Pte Name Higgins Thos.

Enlisted (a) 7-8-15 Terms of Service (a) C. E. F. D of W. Service reckons from (a) 7-8-15

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 | | | | |
| 9-3-16 | 69th Bn | S.O.S. "Med. Unfit" | St John N.B. | 9-3-16 | Pt II Do 173 |

D Ritchie
Capt
for D of C

(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.

| 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 | | | | |

# POST DISCHARGE PAY OFFICE

**Three months pay and allowances after discharge.**

Name Higgins J.
Surname Christian Name

Regimental Number 120085. Rank Pte.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full) Deceased

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

| | Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Overpayments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| 69th Bn. not listed | | | | | | | | | | | | |

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

File No. 8599 J.27. n.a. a.D.

# WAR SERVICE GRATUITY.

Register No. Spec Reg. 64/1911

Reg. No. 120085

Name Higgins J.

Address Deceased

Dependent Nil.

Address

Pay Soldier $ Nil

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Clerk

Less further Dr. Bal. or overpayment.

Net

J. 20134 15.10.20.

| Date | Ck. Order | Ck. No. | Amount | Remarks. | Date | Ck. Order | Ck. No. | Amount. |
|---|---|---|---|---|---|---|---|---|
| 1 | | Not eligible under | | | 1 P.C. 3165. | | | |
| 2 | | less than 1 year in Canada only. | | | | | | |
| 3 | | | | | 3 | | | |
| 4 | | | | | 4 | | A M White | |
| 5 | | | | | 5 | | 7.10.20. | |
| 6 | | | | | 6 | | | |

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

7-8-15

168

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| Name | Mrs. Maria Higgins | Name of Soldier | Higgins, Thomas. |
| Address | 678 Drolet Str Montreal Que | Regtl. No. | |
| | | Rank | Pte |
| | | Corps | 69 Battn |
| Relation to Soldier wife, child or mother | Wife | To what Corps belonging when called out | |

## PAYMENTS

42229 M. CO.

| Month | Year | Cheque No. | Amt. | | REMARKS |
|---|---|---|---|---|---|
| Aug. | 1914 | | | | ACCOUNT CLOSED DATE MAR 30 1916 PER |
| Sept. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Jan. | 1915 | | | | |
| Feb. | | | | | |
| March | | | | | |
| Apl. | | | | | |
| May | | | | | |
| June | | | | | |
| July | | | | | |
| Aug. | | | | | |
| Sept. | | G16699 | 36 | 36 | |
| Oct. | | M8718 | 20 | 20 | |
| Nov. | | M10668 | 20 | 20 | |
| Dec. | | M13256 | 20 | 20 | |
| Jan. | 1916 | K14135 | 20 | 20 | |
| Feb. | | O21777 | 20 | 20 | M 25909 cancelled |
| March | | E34569 ~~M 25909~~ | ~~20.00~~ | 20 | Dup 9/3/16 PMO 15/3/16 - 18/3/16 due to [illegible] |