

Original  
2701

No. ORIGINAL  
Folio. DEPT. MILITIA & DEFENCE  
530555

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

MAR 2 1916

H. Q. 64921-1704  
CANADA

1. What is your name? *Thomas Owen Parry Howard.*
  2. In what Town, Township or Parish, and in what Country were you born? *Liverpool England*
  3. What is the name of your next-of-kin? *James Howard (Father)*
  4. What is the address of your next-of-kin? *24 Dovedale Rd. Liverpool Eng.*
  5. What is the date of your birth? *11<sup>th</sup> September 1881.*
  6. What is your Trade or Calling? *Mercantile Clerk*
  7. Are you married? *no.*
  8. Are you willing to be vaccinated\* or re-vaccinated? *or inoculated F.H.* *Yes*
  9. Do you now belong to the Active Militia? *never.*
  10. Have you ever served in any Military Force? *never.*
  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 Owen Parry Howard.* (Signature of Man).  
*Det. to 10th P.A.M.C.* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Thomas Owen Parry Howard*, 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 Owen Parry Howard.* (Signature of Recruit)

Date: *13<sup>th</sup> October* 191*5*, *Det. to 10th P.A.M.C.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Thomas Owen Parry Howard*, 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 Owen Parry Howard.* (Signature of Recruit)

Date: *13<sup>th</sup> October* 191*5*, *H. Renton S/Sgt P.A.M.C.* (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 P.Q.* this *15<sup>th</sup>* day of *October* 191*5*

*H. P. Pate* (Signature of Justice)  
*Major A.M.C.*

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

*H. P. Pate* (Approving Officer)  
*Capt A.M.C.*

Carried 3-3-16  
F.E.

Description of *Thomas Owen Parry Howard* Enlistment.

Apparent Age *34* years *1* 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. *7 1/2* ins.

*None*

Chest measurement { Girth when fully expanded *36* ins.  
 Range of expansion *3* ins.

Complexion *Dark*

Eyes

Hair *Dark*

Religious denominations. { Church of England *Yes*  
 Presbyterian  
 Wesleyan  
 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 *Oct 14* 1915

*[Signature]*

Place *London*

*[Signature]*  
 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 Owen Parry Howard* 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)  
*Capt. amc.*

Date *20<sup>th</sup> Oct.* 1915

*He a Sec to 2 7. a. Depot*

WAR SERVICE RECORDS D.V.A.

HOWARD THOMAS OWEN PARRY

530555

9 O.S. FLD AMB.

35624



DECEASED



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

M. F. V.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

*m.v.*  
*6/6/21m8*

Unit, Regiment or Corps *A Sect*

*OVERSEAS*  
*REPORT*  
No. *8* FIELD AMBULANCE *C.E.F.*

Regimental No. *530555* Rank *Pte* Name *Howard, Thomas Owen Pany*

Enlisted (a) *13-10-15* Terms of Service (a) *30 years* Service reckons from (a) \_\_\_\_\_

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>31-1-16</i>	<i>no 97A</i>	<i>From no 97A</i>	<i>Montreal</i>	<i>4-1-16</i>	<i>Pt 1/1</i>
	<i>no 97A</i>	<i>Sol Deceased</i>	<i>..</i>	<i>25-2-16</i>	<i>Auth MF B 303</i>



*Edwards, Scott*  
*for Jeff*

(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.

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				

MEDICAL HISTORY SHEET

ORIGINAL  
530555

Surname Howard Christian Name Thomas Owen Parry

Examined { on 13 day of October 1915  
at Montreal  
Birthplace { City or Town Liverpool  
County England

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

Apparent age 34  
Trade or occupation Clerk  
Height 5 Feet 4 1/2 Inches  
Weight 142 Lbs.  
Chest measurement { Minimum 33 inches  
Maximum expansion 36 inches  
Physical development fair  
Small-Pox Marks none

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 two  
When Vaccinated last Infancy

Date	Result	VACCINATIONS
<u>29/11/15</u>		<u>C.H.V. Simler Capt. A.M.C.</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Refer to Dental Corp.  
(b) Slight defects but not sufficient to cause rejection Refer to Dental Corp. much acne over body

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/10/15</u>		<u>13 M. Hayes Capt. A.M.C.</u> M.O.
<u>9/11/15</u>		<u>1077 m. Perull Capt. A.M.C.</u> M.O.
<u>6/12/15</u>		<u>C.H.V. Simler Capt. A.M.C.</u> M.O.

Enlisted on 15<sup>th</sup> day of October 1915 at Montreal P.Q.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>"A" Section No. 2</u> <u>F. A. Depot.</u>	<u>02701</u>		<u>15-10-15</u>
Transferred to	OVERSEAS No. 9 FIELD AMBULANCE C.E.F. <b>530555</b>			<b>JAN 5 1916</b>

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.





\* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

PROCEEDINGS of a \* Court of Inquiry

MAR 2 1916

assembled at Montreal

H. Q. 649-7704

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

on the Twenty-sixth day February 1916

by order of Officer Commanding - 4th. Division

for the purpose of Enquiring into death of #530555

Pte. Thomas Owen Parry Howard, #9 O/S Field

Ambulance C.E.F

FOURTH DIVISIONAL AREA  
FEB 26 1916  
A.D.

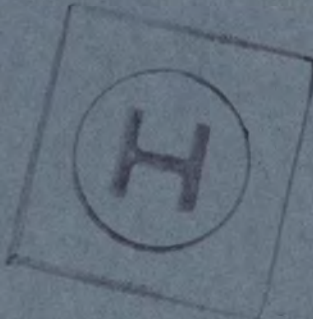
PRESIDENT.

Lt. Col. C. A. Peters

MEMBERS.

Major A. T. Hazin

Capt. F. J. Tees



The Court having assembled pursuant to order, proceed to examine the evidence in connection with the death of #530555 Pte. Thomas Owen Parry Howard

1st. Witness - James Harris Howard, brother of the deceased, states that Pte. T. O. P. Howard whilst on pass was taken seriously ill at my residence - Greenfield Park, P.Q on Monday February 21st, with severe hemorrhage of the stomach. A physican was immediately called who attended him continously till his death Friday February 25th, at 8 A.M He was quite unconscious from Feb. 22nd, until the time of his death. A trained nurse was in attendance during this time.

2nd. Witness - Walter George Eagle, a friend and neighbor of deceased states that he saw Pte. Howard when he arrived home on pass and that he appeared quite well at that time. On Sunday the 20th, he saw Pte. Howard again and he appeared quite well that day, but following day he was taken suddenly ill with hemorrhage of the stomach When going to see Pte. Howard again on Friday Feb. 25 he was told that patient was dead.

W. G. Eagle

Carded 3-3-16  
7.E.  
Portia S.F.C.  
3/3/16



Court of Inquiry

The Court having heard the evidence came to the conclusion that #530555 - Pte. Thomas Owen Parry Howard came to his death whilst on pass, from hemorrhage of the stomach through no fault of his own.

Inquiring into death of #530555

Pte. Thomas Owen Parry Howard, No. 4's Field

*B.A. Peters*

Lt. Col. Amc.

*A.T. Payne Major Amc*

*Fred J. Jones Capt Amc*

Lt. Col. C. A. Peters

Forwarded

Major A. T. Payne

*B.A. Peters*

Capt. F. J. Jones  
Feb. 26. 1916

Lt. Col.  
No. 9 of's Fld. Amb.

Court

*ccag/c a y Aw.*  
*Forwarded*

death of #530555 Pte. Thomas Owen Parry Howard

*W. H. B.*

*B.A. Peters*

Major

Witness - Lt. Col. D. M. S., 4th Division  
The witness stated that he saw Pte. Howard whilst on pass was taken seriously ill at my residence - Greenfield Park, P.O. on Monday February 21st, with severe hemorrhage of the stomach. A physician was immediately called who attended him continuously till his death Friday February 25th at 8 A.M. He was quite unconscious from Feb. 22nd, until the time of his death. A trained nurse was in attendance during this time.

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DEPT.  
MILITIA & DEFENCE

MAR 2 1916

H. Q. *649-A-1704*  
CANADA

SURNAME.

*Howard.*

CARD No.

**D**

CHRISTIAN NAMES

*Thomas Owen Parry*

FOLL.

REGL. No.

~~02706~~ *590555* RANK *Pte.*

UNIT

*2<sup>nd</sup> 9<sup>th</sup> Fld. Amb.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Howard, James*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*24 Dovedale Rd.*

*Cas. Comr. of Y.M.C.A.*

*Eng.*

COUNTRY OF BIRTH

*England, Liverpool.*

DATE

*Sept. 11<sup>th</sup>, 1881.*

PLACE OF ATTESTATION

*Montreal, P. 2.*

DATE

*Oct. 15<sup>th</sup>, 1915.*

*Auth. N. R. 22/1/16*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Mercantile

RELIGION

C. of E.

clerk.

DESCRIPTION.

APPARENT AGE

34

YEARS

1

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

—

HAIR

Dark.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Oct. 14<sup>th</sup>, 1915.

✓ Thomas  
✓ Army  
✓ Owen 2  
Howard, T.P.O., Pte. 530555

649-H-1704

9th Fld. Amb. C.A.M.C.

9th Bn. C.F.A. #4

Med. & Dec. ( Father ) James Howard, Esq.,  
24 Dovedale Rd.,  
Mossley Hill, Liverpool.  
England.

P. & S. ( Father ) Address as above.

See # 807519

54411

Mem. Cross. ( Mother ) Mrs. Mary Howard,

scroll Desp. 18.8.21 Regn. No. 251872  
Address as above

Canada only  
m/

SEP 6 1921  
Acque Desp. \_\_\_\_\_ Regn. No. P5081

M 50624

JUN 14 1921

1184



No. 02706 RANK Pte.

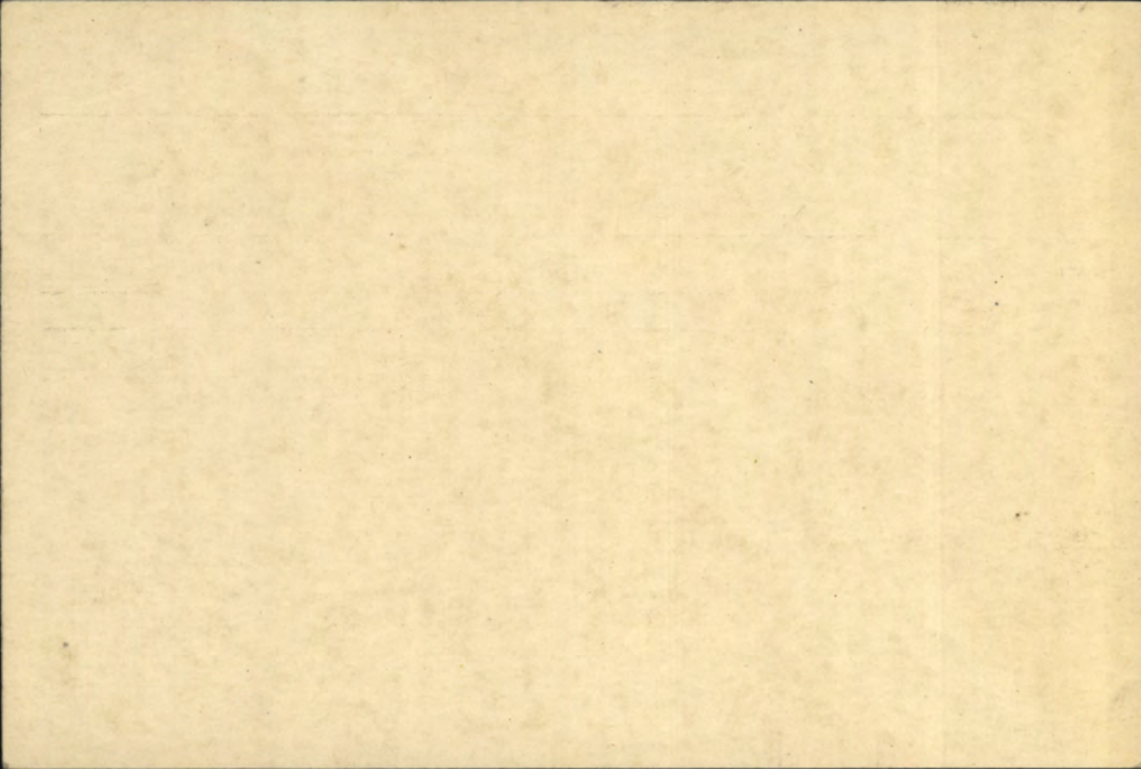
NAME Howard Thos. P

T. O. S. 15-10-15  
(L.O. 31-10-15)

UNIT # 2 Field Ambulance A.M.C.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct 15	1915 Oct 31	L		
	Nov Dec 1915	L L L		
Jan 1	Jan 4	L	transfd to No. 9 F.A. 4-1-16	L.O. 1 of 31-1-16



No. 530555 RANK

*Pte.*

NAME *Howard. T. O. P*

T. O. S. *15-10-15* UNIT # *7 Field Ambulance C. E. 7.*  
*Jan pay list*

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan 5</i>	<i>1916.</i> <i>Jan 31</i>	<i>c</i>		

