

**ATTESTATION PAPER.**  
**ORIGINAL**  
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. *445199*  
 Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS).

1. What is your name?..... ~~John Lewis~~ *Lewis John*
  2. In what Town, Township or Parish, and in what Country were you born?..... Bathurst
  3. What is the name of your next-of-kin?..... John Weauche
  4. What is the address of your next-of-kin?..... St. Anne ~~de~~ Restigouche P.Q.
  5. What is the date of your birth?..... March 7th 1894
  6. What is your Trade or Calling?..... Laborer
  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?..... No  
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
- ..... *Louis John* (Signature of Man).  
 ..... *McConnell* (Signature of Witness).

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

I, John Lewis, 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: JUL 1 3 1915 191 .  
 ..... *Louis John* (Signature of Recruit)  
 ..... *McConnell* (Signature of Witness)

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

I, John Lewis, 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: JUL 1 3 1915 191 .  
 ..... *Louis John* (Signature of Recruit)  
 ..... *McConnell* (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 St. Anne this 13 day of July 1915  
 ..... *St. Anne* (Signature of Justice)

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

..... *St. Anne* (Approving Officer)

Description of Levin John on Enlistment.

John Lewis

Apparent Age.....years.....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.....ft.....ins.

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

Complexion.....

Eyes.....

Hair.....

Religious denominations { Church of England.....

Presbyterian.....

Wesleyan.....

Baptist or Congregationalist.....

Other Protestants.....  
 (Denomination to be stated.)

Roman Catholic.....

Jewish.....

Eyes 20 20  
 20 20

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\*.....for the Canadian Over-Seas Expeditionary Force.

Date.....191 .

July 13th 5

*W. Gardner Capt*  
 55th Battalion C E F

Place.....

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.

Levin John

.....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.

*W. M. Spence Lt. Col.*  
 G. C. 55th Bn C. E. F. (Signature of Officer)

Date.....191 .

JUL 14 1915

Q.M. 8/15/18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 134

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

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..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F. B. 122 /

A.F. B. 178 /

copy of will /

1 misc. /

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

misc - 1  
A 149 - 1  
B 22 - 1

1 pay

Name John Louis  
Regt. No 445199 Rank Pfc  
Corps B. Co 56<sup>th</sup> Bn C.E.F.

Killed in action 8/10/18.

~~Cards.~~  
~~Part II~~  
Casualty.

R. O. No.....

H. Q. No.....

HA  
649W 132-3

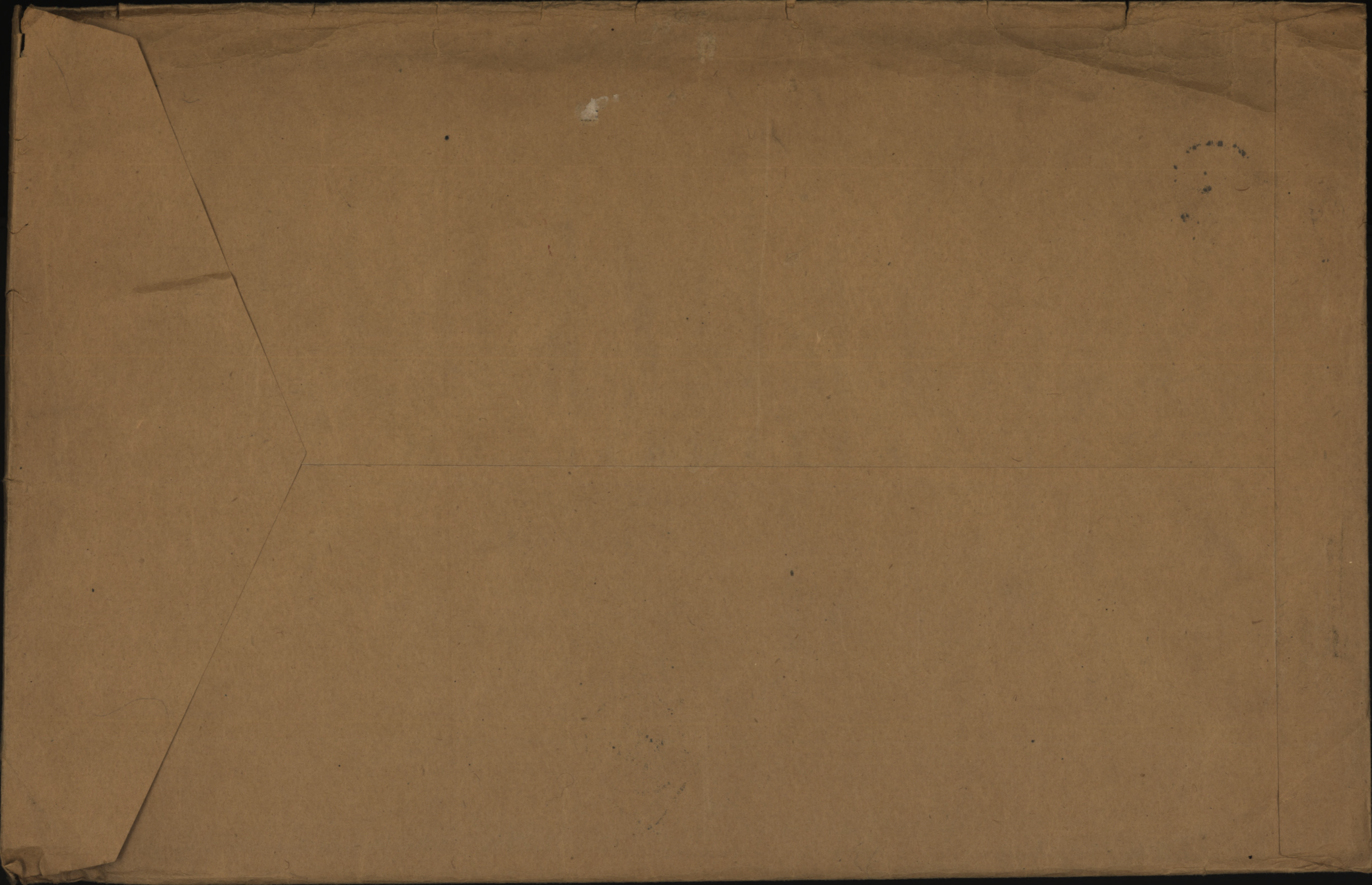
12398

8 25  
23 25  
31 25

Case Cards AFB 20906

1/10/18





*6492015223*

Rank **Pte** Name **JOHN . LOUIS.** Reg'l No **445199**  
 Unit **55th BN** If in perm. Corps, What Unit? Married or Single **Single**  
 Place and Date of Enlistment **Sussex July 13th 1915** Place of Birth **Bathurst**  
 Name and Address, Next-of-Kin **John Weauche.**

**St Anne de Restigouche P.Q.** Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **1**  
 File R.L. **25-J-580**  
 Category **KA**

*M x 21  
 14. 2. 21  
 J.A.S*

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				
<i>6</i>		<i>Arrived in England. R.I.S.</i>	<i>Ansician</i>	<b>9 NOV 1915</b>	
<i>15-4-16.</i>	<i>Adj 55th</i>	<i>fld. to 58th Batten.</i>	<i>France.</i>	<i>15-4-16. Pt II 92.</i>	
<i>21. 4. 16</i>	<i>o/c 58 Bn</i>	<i>Taken on strength</i>		<i>16. 4. 16 " 8</i>	
<i>24/10/16</i>	<i>o/c</i>	<i>Missing</i>	<i>Field.</i>	<i>8/10/16 C.L. 0196</i>	<i>o. 116</i>
<i>21/11/16</i>	<i>o/c</i>	<i>Pres. reptd missing now for official purposes presumed to have died on or since</i>		<i>8/10/16 Pt II 91</i>	<i>Cancelled by. C.L. 93</i>
<i>26-9-17</i>	<i>2nd G.O.R.</i>		<i>✓</i>	<i>8-10-16 C.L. 19. 9/19/17</i>	<i>2nd GOR</i>
<i>15-12-17</i>	<i>58th Bn.</i>	<i>Now reptd Killed in Action</i>	<i>✓</i>	<i>8-10-16 Pt II # 120. 9/19/17</i>	<i>2nd GOR</i>



Perforated sheet for Will from Pay Book of Reg.

No. 445199  
Name Pte Louis John  
Unit 55th Battalion

MILITARY WILL

~~this is my test will~~

In the event of my  
Death I will all  
my possessions to my  
Friend Mrs Barry

Augustine  
North Wood  
Bridge.  
Northumberland

Signature Louis John Co. H. B.  
Rank and Regt 55th  
Date April 14th. 1916

I hereby certify the above to be a true copy of the original  
Will now on file in Estates Branch.

*W. B. ...*

..... September, 1917. for OFFICER I/C ESTATES. Lieut.

NOTE Extracted from Pay Book page 20

Holograph

Died Pres. Decs. 8-10-16.

Taken from living 27-9-17.

PTE. L. JOHN, No. 445199, 55th Bn.

Sl. D

Permitted above for Will from Book of...

No.  
Name  
Date

MINUTE BOOK

Signature  
Rank and Grade  
Date

I hereby certify the above to be a true copy of the original.

Witness my hand and the seal of this office this...

*[Handwritten signature]*

for Captain...

...

...

...

...

D



Name **X** JOHN Louis Rank Pte.

Reg. No. 445199

Unit 58th. Bn.

Next of Kin Canada

25-J-580

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Oct. 8	Reported from Base		<u>MISSING</u>	A176	0 3498	24/10/16
8-10-16	For Off. Purposes presumed to have died on or since			219	14	Cox. of Death in file
8-10-16	Please cancel above entry			293	6539	27.31.27.
8 10	two ✓ KILLED IN ACTION			293		1117



No. 445199 . RANK Pte

NAME John, Lewis

T. O. S. 12-7-15

UNIT

55<sup>th</sup> Battalion C. E. F.

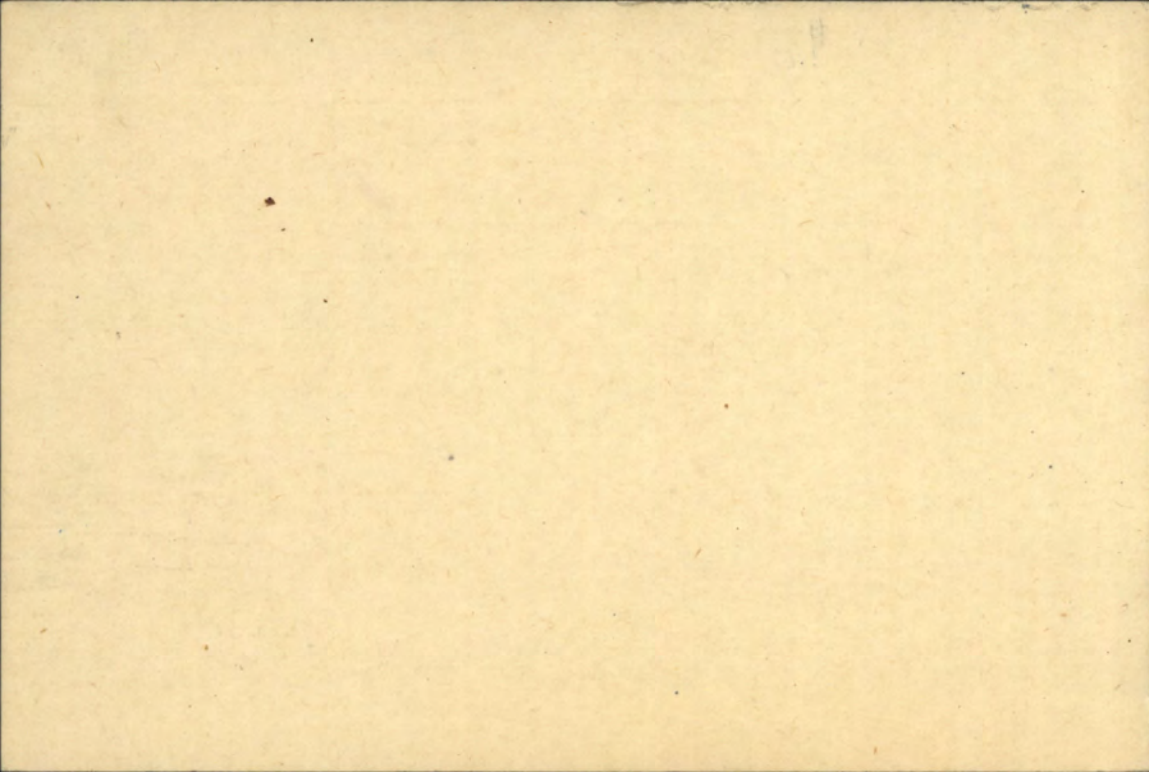
no 85 of 14-7-15

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 12	1915 July 31	✓		
	Aug.	✓		
	Sept.	✓		
Oct. 12	Oct. 31	✓	Deserter rejoined from desertion $\frac{12}{10}$ 48 hrs. Det.	100 of 12. 10. 15 100 of 14. 10. 15 no of 14. 10. 15

UNIT SAILED

OCT 30 1915





LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 176.	Rept. from Base	8-10-16.	Missing
<del>A 19-1</del>	<del>Prev Rept Miss now for Off. Purposes.</del>	<del>8-10-16</del>	<del>Presumed to have died on or since cancelled per A 93-2</del>
A 93-1	Prev repted <del>Missing</del>	<del>8-10-16</del>	now Rept Killed in Action 8-10-16

REGT'L No 445199

H. Q. FILE NO. 649-

NAME

RANK AND CORPS

John LouisPte. 58th Bn. (Form. 5-5-16)

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

0349824-10-16Rep. missing Oct. 8th 1916 ✓See Weouche. Louis John.

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a176.

Reported from Base

8-10-16

Missing





# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



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				
15-12-17	58 <sup>th</sup> Bn	Now Killed in Action	Field	8.10.16	Pt # 120. <i>[Signature]</i> 2205 8.5.18
					<i>[Signature]</i> LIEUT. FOR LT. COL. I/O RECORDS, C.O.M.F.

# ORIGINAL MEDICAL HISTORY SHEET.

Surname John Christian Name Lewis

Examined { on <u>13th</u> day of <u>July.</u> / <u>15</u> 191 at <u>Sussex N.B.</u> Birthplace { City or Town <u>Bathurst</u> County <u>N.B.</u> Apparent age <u>21....4</u> Trade or occupation <u>Laborer</u> Height <u>5</u> Feet <u>5 1/2</u> Inches. Weight _____ Lbs. Chest measurement { Minimum <u>34</u> inches. Maximum expansion <u>38</u> inches. Physical development _____ Small-Pox Marks _____ Vaccination Marks { Arm <u>Right</u> <u>Left</u> Number _____ When Vaccinated last _____ (a) Marks indicating congenital peculiarities or previous disease _____ (b) Slight defects but not sufficient to cause rejection _____ Eyes <u>20 20</u> <u>20 20</u>	Approved by <u>A. J. Gardiner</u> Rank <u>Capt. A.M.C.</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>7/12</u></td> <td> </td> <td><u>Gardiner</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td>M.O.</td> </tr> <tr> <td> </td> <td> </td> <td>M.O.</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>3/9</u></td> <td> </td> <td><u>Boerick</u> M.O.</td> </tr> <tr> <td><u>13/9</u></td> <td> </td> <td><u>Gildie</u> M.O.</td> </tr> <tr> <td> </td> <td> </td> <td>M.O.</td> </tr> </tbody> </table>	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.			M.O.	Date	Result	VACCINATIONS.	<u>7/12</u>		<u>Gardiner</u> M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>3/9</u>		<u>Boerick</u> M.O.	<u>13/9</u>		<u>Gildie</u> M.O.			M.O.
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Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 191 at \_\_\_\_\_

CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment <u>55th Batt CEF.</u>	<u>445199</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.



*Earl J. Louis*  
2nd Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
Form-9-15.  
H. Q. 1772-39-819.

To Whom *Mrs Barney Augustine*  
Address *Northwest Bridge*  
*North'd Co*  
*NB.*

By Whom Assigned *John Louis*  
Regtl. No. *445199*  
Rank *Pte*  
Corps *55th Battn* "B" Co

Rate *\$10.00*

NOV 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				<i>Missing Oct. 8/16. C.L. (9) 25/10/16. J.H.G.</i>  <i>Printed list of Louis</i>
July				
Aug.				
Sept.				
Oct.				
Nov.		X 4762	10	
Dec.		N 6834	10	
Jan.	1916	L 11071	10	
Feb.		N 14498	10	
March		S 15400	10	

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B100

H-100

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MADE IN U.S.A.



MILITIA AND DEFENCE  
**ASSIGNED PAY.**

M. F. W. 12a.  
 Com.—12-15.  
 1772—39—819.

Sheet No. 2

*Barney Augustine*

OVERSEAS CONTINGENTS

Name of Soldier

*John L.*

L. L. Job 83002.—Req. 6213

PAYMENTS.

*445199-B-55 Batt*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$10.00</i>
April	1916	<i>W1232</i>	<i>10</i>	
May		<i>X 4935</i>	<i>10</i>	
June		<i>38162</i>	<i>10</i>	
July		<i>011108</i>	<i>10</i>	
Aug.		<i>W 14217</i>	<i>10</i>	
Sept.		<i>B 17000</i>	<i>10</i>	
Oct.		<i>B 21476</i>	<i>10</i>	
Nov.		<i>H 27032</i>	<i>10</i>	
Dec.		<i>K 34641</i>	<i>10</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Casualties*

*Stop Dec. 31/16. Cao.*

*F. X. Rend. Date Total By 140 =*  
*E.F.X. " Date 5/11/17 By 207.5*

*not a B?*

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 *Pte* Name ~~John~~ *Louis, John*

Reg'l No. *445199*

Unit *58th BN*

If in perm. Corps, What Unit?

Married or Single



Place and Date of Enlistment *Sussex July 13th 1915*

Place of Birth *Bethurst*

Name and Address, Next-of-Kin *John Weauche.*

*St Anne de Restigouche P.Q.*

Relationship

Assigned Pay Monthly \$ *10<sup>00</sup>*

Payable to *Mrs. Barney Augustine Northwest Bridge North's Co No*

Relationship

Separation Allowance \$

Payable to

*Entered on N.E. Card Index R.W.*

Discharge, Date and Place *8/10/16 Missing*

Reason *6 L 176 24/10/16*

Relationship

*Checked by H. Lilliston*

Character *E*

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
1915	Nov 1	Nov 30	30	1 <sup>00</sup>	30	30	10	3	986	4280	2190	10		3190	1090	Cr from previous
	Dec 1	Dec 31	31	1 <sup>00</sup>	31	31	10	310	1090	45	1703	10		2703	1797	
1916	Jan 1	Jan 31	31	1 <sup>00</sup>	31	31	10	310	1797	3440	3650	10		4650	557	Qm Stone \$1.40
	Feb 1	Feb 29	29		29	29		290	557	3747	244	10		1460	10	" " " \$1.30
	1/4/1916	3/1/1916	31		31	31		310	728	4138	376	10		1216	10	4/1/1916 \$1.30
											10706	50		315		4/1/1916 \$1.30

*Settled*

BALANCE TRANSFERRED TO NEW LEDGER

*Checked A.P.P.*

Statement of Account rendered AUG 7 1917

Statement of Account rendered AUG 7 1917

152 1520 98017700 10706 50 31516021 1679





