

ATTESTATION PAPER.

No. 2004554

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Joyal
- 1a. What are your Christian names?..... Joseph
- 1b. What is your present address?..... Whitehorse, Yukon Territory
- 2. In what Town, Township or Parish, and in what Country were you born?..... 46 St. Lawrence St. Montreal P.C.
- 3. What is the name of your next-of kin?..... Dr. Arthur Joyal
- 4. What is the address of your next-of-kin?..... 1215 St. Denis St. Montreal, P.C.
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... 23rd March, 1870
- 6. What is your Trade or Calling?..... Tailor
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... 6 years Royal North West Mounted Police.
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph John Joyal, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Joseph Joyal (Signature of Recruit)

Date 11th October, 1916 Abbe (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph John Joyal, 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.

Joseph Joyal (Signature of Recruit)

Date 11th October, 1916 Abbe (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 Whitehorse, Y.T. this 11th day of October, 1916

Abbe (Signature of Justice)

Description of JOYAL Joseph John on Enlistment.

Apparent Age...46.....years.....6.....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. 8 1/2 ins.

Chest measurement { Girth when fully expanded.....40 ins.
 Range of expansion.....3 ins.

Complexion.....Dark.....

Eyes.....Brown.....

Hair.....Black.....

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

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...11th October.....1916.

Place...Whitehorse, Y.T......

W. B. Clark
 Medical Officer.

*Insert here "fit" or "unfit."

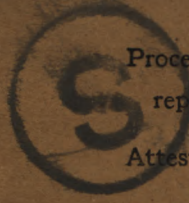
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Joseph John Joyal.....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.

George Macleod
 (Signature of Officer)
Capt
 Commanding Yukon Infantry Company, C. E. F.

Date...14th October.....1916.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1 74
- 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 *sent to B.R.C. 8-3-18*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

DISCHARGE DOCUMENTS

Name Joyal, Joseph,
 Regt. No 2004554 Rank Pte
 Corps Yukon Infantry Co. C. E. F.

Died 23-12-16



M.F.W. 67-2
1 Paycard
M 27-7-21
R.P.

R. O. No.
 H. O. No.



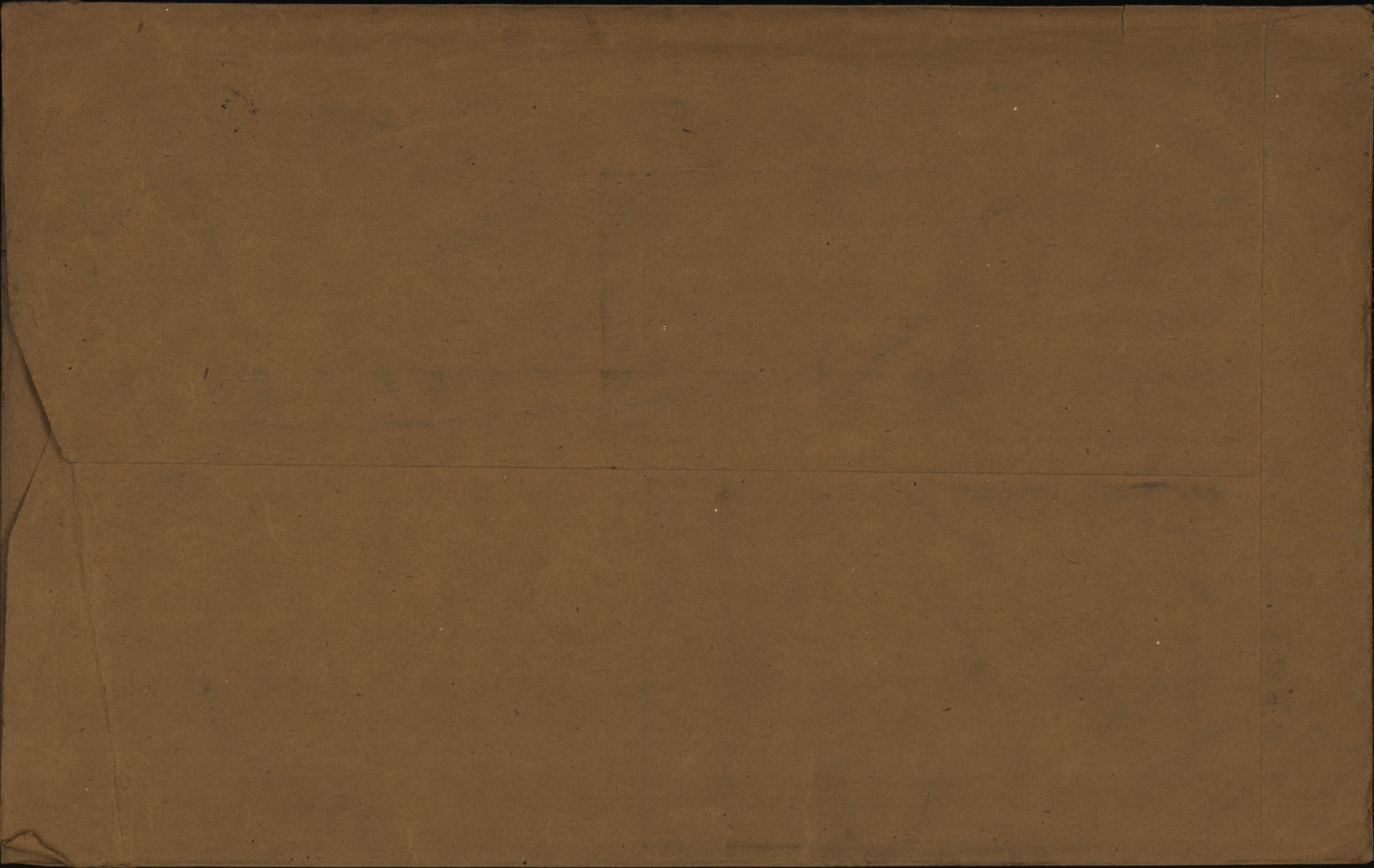
14076

7-10

22-10
26 10

M#

EA



SURNAME.

Loyal

CARD NO.

X

CHRISTIAN NAMES

Joseph

FOLL.

REGL. NO.

2004554

RANK

Pte.

UNIT

Yukon Inf. Co.

FORMER CORPS

R.N.W. M.P. 6 yrs.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Loyal, Dr. Arthur

RELATIONSHIP TO SOLDIER

Brother,

ADDRESS

*1215 St. Denis St, Montreal.
P.Q.*

COUNTRY OF BIRTH

Canada, Montreal,

DATE

P.Q. Mar. 23rd 1870

PLACE OF ATTESTATION

White Horse, Y.T.

DATE

Oct. 11th 1916

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Tailor

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

46 YEARS

6 MONTHS

HEIGHT

5 FEET

8 $\frac{1}{4}$ INCHES

CHEST MEASUREMENT

40 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

White Horse, Y.T.

DATE

Oct. 11th 1916

Present address, White Horse, Y.T.

No 2004554 RANK

Pte.

NAME

Goyal Joseph

T. O. S.

11/11/16

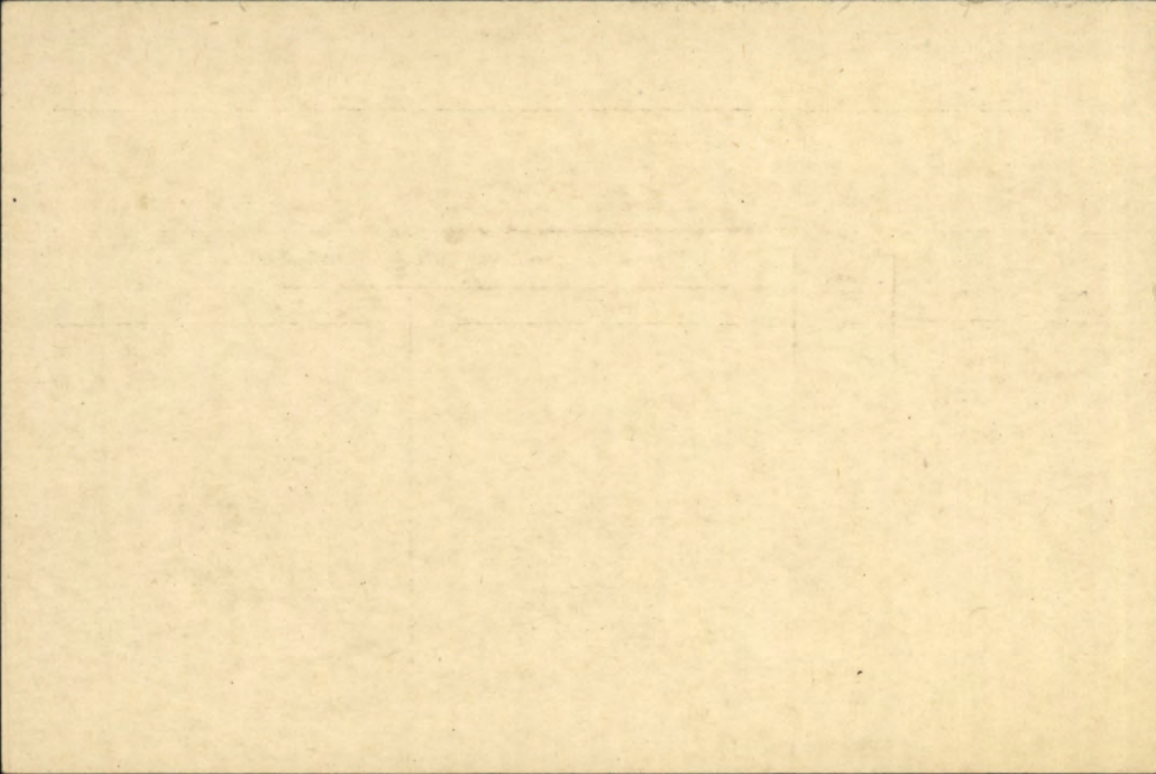
UNIT

Yuekon Infantry Co.

(D.O. 17) of 3/11/16

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct. 11	Nov. 30	✓		
Dec. 1	Dec. 23	✓	Deceased 23/12/16	(D.O. 30) of 26/12/16
as closed by payment S.				



✓ Joyal. Jos., pte. 2004554 ✓ C.E.F. 649-J-2810 ✓ *yukon Inf. Co*

Med. & Dec. (NIL)

P. & S. (NIL)

Mem. Cross. (NIL)

(Unable to locate N/K.)

11

Canada Only

55423

R.P.

1840

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

Yukon Infantry Company, C.E.F.

(2) Regimental Number..... 2004554

(3) Full Name of Soldier..... Joyal, Joseph

(4) Place of Birth..... Montreal, Quebec.

(5) Are you married, or not?..... No.

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? No.
If so, state name and address

(10) Is your Mother alive? No.
If so, state name and address.....

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(Brother) Dr. Arthur Joyal,
1215 St. Denis St., Montreal, Quebec.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
.....

(15) Are you insured? No.
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date NOV 9 - 1916

Ernest Haeg
Officer Commanding.

YUKON INFANTRY COMPANY, C.E.F.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2004554 Rank Pte. Name Joyal, Joseph
 Corps Yukon Infantry Coy. C.E.F. who was* discharged
 On 1916, to 1916

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st December, 1916, to 23rd Dec. 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	5	00
Advances } No. <u>969</u>	10	00	Regt'l Pay <u>23</u> days at \$ <u>1</u> c <u>00</u>	23	00
by } No. <u>1475</u>	10	00	Field Allow. <u>23</u> days at \$ <u>c 10</u>	2	30
Assigned Pay No.			Other Allowances*		
Other Charges* <u>Kit .70 Canteen \$10.00</u>	10	70	Other Credits* <u>S. & L.</u>	5	00
Payment on transfer or discharge No.			Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)	4	60			
Total	35	30	Total	35	30

*Give Particulars.

A monthly stoppage of \$.....(†) has(‡) been paid on account of Assigned Pay for the month of.....191... to (Assignee).....
 (Address).....

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 11th October 1916.
 (2) if married and if a Separation Allowance Card has been submitted No. No.
 (3) cause of discharge and authority Death

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 27th December, 1916

Place Victoria, B.C. (Sgd.) George Black,
O.C. Yukon Inf. Coy Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

Certified true copy.

J. W. [Signature]
INSPECTOR OF ACCOUNTS AND RECORDS
 M. D. No. 11

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The undersigned, [Name], of the rank of [Rank], in the [Regiment], of the [Force],

do hereby certify that the above named [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

which is hereby paid to him in full, and that he is not entitled to any further [Pay],

and that the [Name] has been [Status] on the [Date],

and that he is entitled to the [Pay] of [Amount] per [Period],

1000

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

M. F. W. 54. (A. F. B. 163.)

Casualty Form—Active Service.

250M-1-18

H. Q. 1772-39-920.

Unit, Regiment or Corps YUKON INFANTRY COMPANY, C. E. F.

Regimental No. 2004554 Rank Pte Name Joyal, Joseph

Enlisted (a) 11-10-16 Terms of Service (a) C. E. F. 7 Service reckons from (a) 11-10-16

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) Tailor

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				

(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) a.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

M.X.
27-6-21
R.R.

23-12-16

Cardiac failure

