

25-4-16

6 1/2

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... John Leingard
2. In what Town, Township or Parish, and in what Country were you born?..... Warrington Eng
3. What is the name of your next-of-kin?..... Mrs E Berry Sister Warrington Eng
4. What is the address of your next-of-kin?..... Hathin's Cottage Howley Tamery Eng
5. What is the date of your birth?..... Dec 28 - 1877
6. What is your Trade or Calling?..... Bricklayer
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?.. 12 Mos Vol Service (10 Mos 1st A. L. Encehues south Africa)
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

John Leingard.....(Signature of Man).
John B. Williston.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Leingard, 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 Nov 23rd 1914. John Leingard.....(Signature of Recruit)
John B. Williston.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Leingard, 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 Nov 23rd 1914. John Leingard.....(Signature of Recruit)
John B. Williston.....(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 Nov 1914.

John B. Williston.....(Signature of Justice)

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

.....(Approving Officer)

Description of John Lingard on Enlistment.

Apparent Age.....36 years.....11 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 ins.

*1 Wace Mark each upper arm
 Burn Scar 1" left upper arm*

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

Complexion.....ruddy

Eyes.....brown

Hair.....dark brown & Grey

Religious denominations. { Church of England.....
 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 Overseas Expeditionary Force.

Date.....Nov 23rd.....1914.

H. Buckstone
Capt Amb
 Medical Officer.

Place.....Montreal.....

*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.

.....John Lingard.....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.

Philip Burnett.....(Signature of Officer)

Date.....Nov 23.....1914.

Coff

REGIMENTAL DOCUMENTS

NAME

Lingard John

REGT. NO.

644

UNIT

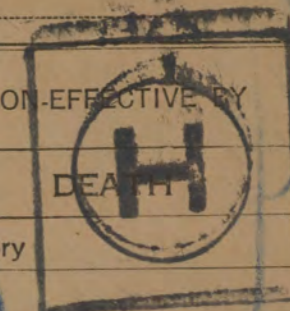
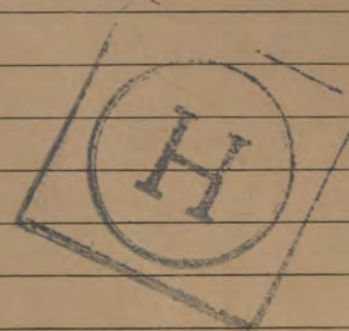
67d Amb

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>Mr Smith</i>	<i>25-10-20</i>		DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Mr Smith	25-10-20		Category
TRAINING HISTORY SHEET (M.F.W. 113)		Mr Smith	25-10-20		
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<i>RT 27-2-20</i>			
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 393 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

Handwritten blue scribble

20394





auth. S. S. P.
10-4-20. 1-6-25 (875-22-64)

SURNAME.

Lingard

CARD NO.

CHRISTIAN NAMES

John

FOLL.

REGL. NO.

644 and N.Q. 875-22-64

BANK

UNIT

no. 6 Hld. Amb.

FORMER CORPS

12 yrs. Vol. service - S. Africa

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Berry, Mrs E.

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

Hatkins Cottage, Howley Tannery,
Warrington, Lancs., Eng.

COUNTRY OF BIRTH

England, Warrington

DATE

Dec. 28th 1877.

PLACE OF ATTESTATION

Montreal

DATE

Nov. 23rd 1914.

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

Bricklayer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

36 YEARS

11 MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

2 INCHES

COMPLEXION

Ruddy

EYES

Brown

HAIR

Ok. Brown + Grey

DISTINGUISHING MARKS

1 vacc. mark each upper arm, burn scar 1" left upper arm.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Nov. 23rd 1914.

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 6th Field Ambulance C. A. M. C.

Regimental No. 644 Rank Pte Name Lingard, John

Enlisted (a) 23.11.14 Terms of Service (a) 3 Years Service reckons from (a) 23.11.14

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				
	<u>Kep. Guard.</u>	<u>So. I. "M. U."</u>	<u>Kapuskasing</u>	<u>22nd / 18</u>	<u>Ault. H. U.</u> <u>870. 22-64.</u> <u>Folio. 43.</u>
					<u>Oblyed. Serv.</u>
					<u>Major. for D.P.R.</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT.

MEDICAL HISTORY SHEET

Station..... Date admitted.....19..... Date discharged.....19.....

1. (a) Service Unit.....(b) Regimental No.....(c) Rank.....
 (d) Surname.....(e) Christian name.....
 (f) Home address.....

2. Age last birthday..... Date of birth.....

3. Enlisted at..... on.....

4. Personal description:

(a) Height.....(b) Weight.....(c) Complexion.....
(Stripped)
 (d) Colour of hair.....(e) Colour of eyes.....(f) Identification marks.....

5. Next of kin and address.....

6. Former trade or occupation.....

7. Service:

In Canada.....
 In England.....
 In France.....
 In other parts.....

FROM	TO
.....
.....
.....
.....

(b) Date of discharge..... Pension No..... Pension Class.....

8. Original disease or injury.....

(a) Date of origin.....(b) Place of origin.....
 (c) Cause.....

9. Family history:.....

10. Personal history:.....

11. Present illness—(Physical examination under following headings: (a) Circulatory (b) Respiratory (c) Digestive
 (d) Muscular (e) Osseous (f) Genito-urinary (g) Nervous (h) Special)

Physical examination—Continued.

#644 - Pte. John LINGARD,
C. A. M. C.

NEUROLOGICAL REPORT - - - Dr. G.S. Mundie.

Complaints - Trembling attacks and nervousness.

Examination - Well nourished, but nervous looking man. Pupils are equal and active to light and accommodation, fine tremor in the outstretched hands, no incoordination, no rombergism, reflexes are normal. No evidence of any organic disease of the nervous system.

Patient states that when he is working above ground, he becomes very nervous and dizzy. While working on the ground he is all right.

This man is suffering from ~~is suffering~~ a considerable degree of nervous debility, as manifested by nervousness and dizzy attacks.

Would recommend that he be discharged to civil life, and if he desires, treatment could be given him.

12. LABORATORY REPORTS:

G. S. Mundie
PER: *ow*

13. GENERAL REMARKS:

Signature of attending Physician or Surgeon.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal. DATE Feb. 14 th-20

1. 1 (a) Unit C. A. M. C. (b) Regimental No. 644 (c) Rank Cpl
 (d) Surname Lingard (e) Christian name John
 (f) Home address 155 Guy. St 12 Apt. Montreal. P. Q.
 (g) Next of Kin Mrs. John. Lingard (h) Relationship Son
 (i) Address of Next of Kin Holley. Tannery. Warrington. Lancashire England

2. Age last birthday 43 Date of birth Dec 28-76

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal. (b) Date 23-11-14

4. Personal description:

(a) Height 5' 5" (b) Weight 133 (c) Complexion Dark
(stripped)

(d) Colour of hair Grey (e) Colour of eyes Brown (f) Identification marks, Scars, etc.

None

5. Former trade or occupation Bricklayer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>5 2/10</u>	<u>22</u>

	PERIODS	
	From	To
Canada	<u>23-11-14</u>	<u>14-2-20</u>
England		
France or other theatres of War		

7. Original disease, or injury Nervous. Dibility

(a) Date of origin Fall of 1917 (b) Place of origin Canada

(c) Cause Unknown

E. R. J.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Restriction in choice of occupation due to a nervous instability contracted while on service in Canada

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Man is well nourished and developed. Walks with a steady Gait, has a marked fine tremor of hands all the time, talks in a nervous rapid manner (says he always talked fast) Reflexes exaggerated . No history of Syphilis Pupils react to light. No rhomberg. Blood pressure 140/85 Specialist report attached. Subjective, Complains of being very nervous at all times and which becomes very marked at times, such that he cannot even write. When man gets on construction work off the ground he becomes very nervous and dizzy and unable to carry on. Neurological. Report. Complains - Trembling attacks and nervousness . Examination - Well nourished but nervous looking man, Pupils are equal and active to light and accommodation, fine tremor in the out stretched hands, no incoordination, No rombergism reflexes are normal No evidence of any arganic disease of the nervous system.

Patient states that when he is working above the ground he becomes very nervous and dizzy. While working on the ground he is allright. The man is suffering from a considerable degree of nervous dibility, as manifested by nervousness and dizzy attacks Would reccommend that he be discharged to

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

civil life and if he desires , Treatment could be given Him

- Nervous System... NO Cardio-Vascular System... NO Genito-Urinary System... NO
Special Senses... NO Respiratory System... NO Integumentary System... NO
Disturbances of Mentality... NO Digestive System... NO Muscular System... NO
Osseous and Joint Systems... NO Any other general condition... NO

10. (a) History (of the condition referred to in Section 9 (a).)

Man dates this nervousness back to fall of 1917. has been employed at C. A. M. C. Kapuskasing Ont. from that time to Nov 22-18. before was at spirit lake Quebec C. A. M. C. cannot account for in any way for debility other than environment at this camp has been in montreal since 22-11-18 awaiting Discharge

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Negative

(c) (Here give a description of wounds, scars and deformities.)

None

11.—(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N. A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? NO

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 Months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

Yes

16. Can the former trade or occupation be resumed? Not at present (If not, briefly state why)

17. Recommendations. Further Treatment To be discharged and transfered to S. C. R. for treatment

George F. White, Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, John Lingard, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nothing

[Signature]

John Lingard Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.)
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Further treatment Recommended

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Chas. W. ... President.

PLACE Montreal. P. Q.

J. White ... Members

DATE Feb 16th-1920

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed..... Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE..... Members

DATE.....

APPROVED BY *J. W. ...* Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services.

DATE Feb 17 1920

DATE.....

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *S.*

REGT. NO. *644* RANK *Cpl.* NAME (IN FULL) *Lingard, John*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>No. 6 F.A.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>W.</i>	DATE EFFECTIVE				DATE OF ATTESTATION <i>Nov. 22. 1914</i>	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		<i>% Mrs. O. Norton, 155 Guy St., Montreal, P.Q.</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>Townt.</i>	DATE <i>Nov 22. 1918</i>	REASON <i>Des. Dis. fit.</i>
							AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	C.	C.	C.	C.	C.	C.	C.	C.	C.	
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.											
																							<i>210 -</i>
																							<i>54 00</i>
																							<i>Feb 15 212 27</i>
																							<i>52 -</i>
																							<i>106 00</i>
																							<i>Mar 12 214 386</i>
																							<i>52 -</i>
																							<i>158 00</i>
																							<i>Apr 12 212 356</i>
																							<i>52 -</i>
																							<i>210</i>
																							<i>156</i>
																							<i>54</i>
																							<i>210</i>
																							<i>Final</i>

CAPTAIN FOR PAYMASTER WAR SERVICE GRATUITY

