

ATTESTATION PAPER.

No. *A 18631*
Folio. *85*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John William Mace*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Woodhampton Berkshire Eng.*
 3. What is the name of your next-of-kin?..... *Father John Mace*
 4. What is the address of your next-of-kin?..... *170 St James St Hills St Pierre P2*
 5. What is the date of your birth?..... *28th June 1887*
 6. What is your Trade or Calling?..... *Mechanic*
 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?..... *Yes to the R.C.M. of Canada*
 10. Have you ever served in any Military Force?..... *5th Regt. Ind. 10 months*
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 W Mace* (Signature of Man).
David Munro (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John William Mace*, 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.

John W Mace (Signature of Recruit)
Date *April 3rd* 1916 *David Munro* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John William Mace*, 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.

John W Mace (Signature of Recruit)
Date *April 3rd* 1916 *David Munro* (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 *5* day of *April* 1916.

W. J. Bayliff (Signature of Justice)
I certify that the above is a true copy of the Attestation of the above-named Recruit.
W. J. Bayliff (Approving Officer)

Description of John William Mace on Enlistment.

Apparent Age 28 years 10 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 6 ft. 7/8 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

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

3 Vac Marks

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 April 3 1915

Place Herby 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.

John William Mace 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. S. Cantie (Signature of Officer)

Date April 3 1915

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*9 of B- 122 - 1
copy mil. Will 1*

card - 1

1. Pass card

long, with

1122

M. F. W. 62.
5911-9-16.
H. Q. 1772-29-935.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name *Mace John William*

Regt. No. *418631* Rank *Pte*

Corps *42nd Bn.*

Died of wounds 9.4.16

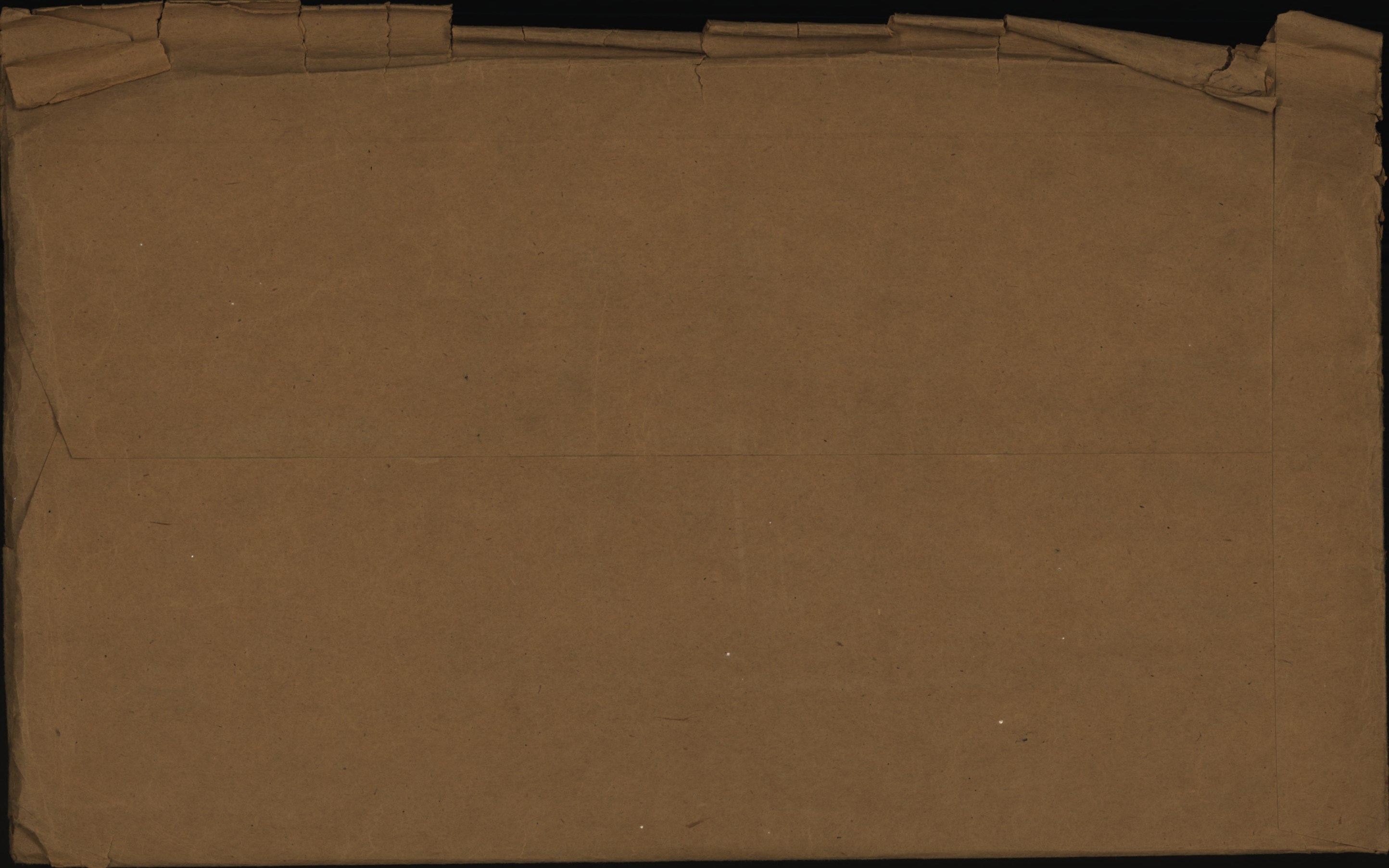


**PUBLIC ARCHIVES
RECORDS CENTRE**

00129

*30
18*

407749



Number. 418631. Rank. *pt* **B**

Surname. **MACE**

Christian Name. **John William** **V**

Units **42nd Battalion Theatre of War. Grand**

Date of Service **9-10-15**

Remarks. **Yather** **D**

Latest Address. **Mr. John Mace**

120.5. Letourneur, Ave.

Maisonneuve, P. O.

Roll No.

D. Page 5284

NO

RANK

NAME

T.O.S.

UNIT

M.D.

AUG 15 1921

97 44968

PAID FROM

PAID TO

SIG. OR REC'T.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.
PARTICULARS
AUTHORITY

Elig. for 1914-15 Star - 42nd Bn. Pte.

Haq.

MACE, J.W., Pte. No. 418631, 42nd Bn.

4653

MEDALS & DECORATIONS. Father- John Mace,
~~24 - 3rd. Ave. Dominion Park,~~
~~1285 Letourneau Ave. Machine, Que.,~~
Maisonville, P.Q.
8/11/1914

P. & S. Father- as above.

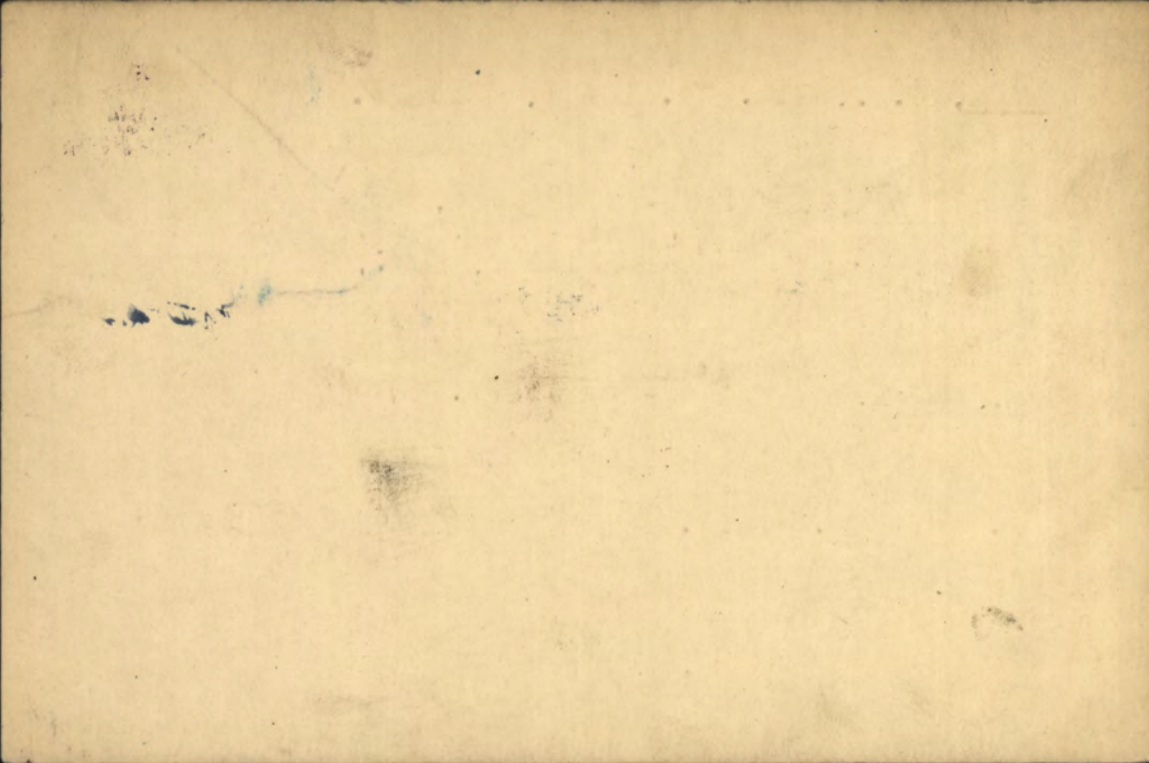
Serial No 468402

C. of S. nil. JAN 18 1921
Scroll Desp. Reqn. No *710841*

SEP 15 1922
Plague Desp. Reqn. No *P46030*

*AS
R-10*

3041



NAME

Mace John William

H. Q. FILE No. 649-

REGT'L. NO.

418631

RANK AND CORPS

Pte

42nd Battalion

CABLE

NO.

6 X

NO.

DATE

NATURE OF CASUALTY

FOLL.

M5246 14-4-16

Died of wounds Nat. Can. Fld. Amb.
April 9th 1916A.F.B. 2090A.
Bouen. 14-4-16.Died of wounds. April 9th 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 134

O.C. reports: -

No. 1. Can. Fd. Amb. 9-4-16

Died of wounds.

SURNAME.

Mace

CARD NO.

D

CHRISTIAN NAMES

John William

FOLL.

REGL. No. *418631.*

RANK

Pte

UNIT *42nd*

Bn.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Mace, John.

RELATIONSHIP TO SOLDIER

ADDRESS

~~*170 St James St. Ville St*~~
21 First Ave. Pierre P.Q.

G. N. W. Tol 432. 15/4/16.

COUNTRY OF BIRTH

England

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Apr. 5th 1915.

*D.S. 10.6.15¹⁰²
9*

From Montreal Per [redacted] S.S. "Hesperian" 10-6-15.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address -

Reg. No. 418631 Name Mace J W
Rank pte Corps 42nd Rec Age 28 Service.....
Ledger No..... Serial No.....

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Montreal Gen	30-4-15	Teno-synovitis left- ^h
Res to duty	20-5-15	foot

P. T. O.

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Surname

Christian Name or Names

Reg. No.

Mace

J. W.

418631

Rank

Unit

Co.

Troop

Batty.

Pte

42nd. Batt.

Hospital

Date of Admission

Transferred

1 Can. Fld. Amb.

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Died of Wounds

9-4-16

DISPOSITION

Date

REMARKS

A134

e.l. 15-4-16.

O.C. reports

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

18

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MEDICAL HISTORY SHEET.

D

Surname Mace Christian Name John William

Examined { on 3 day of April 1915
 at Montreal

Approved by A. A. Mackay

Birthplace { City or Town Woolhampton
 County Berkshire, England

Rank Capt M.O.

Apparent age 28 yrs 10 mo

Trade or occupation Machinist

Height 5 Feet 0 1/4 Inches

Weight 163 Lbs.

Chest measurement { Range 2 - 36 1/2 inches.
 Minimum 2 - 36 1/2 inches.
 Maximum expansion 38 1/2 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right Left
 Number 3

When Vaccinated last 1895 1905

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>3/8/15</u>		<u>A. A. Mackay Capt</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/5/15</u>		<u>500 Million. A. A. Mackay</u> M.O.
<u>16/6/15</u>		<u>1000 do A. A. Mackay</u> M.O.
<u>24/6/15</u>		<u>1000 do A. A. Mackay</u> M.O.

Enlisted on APR 5 - 1915 day of April 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>42 Batt. C.E.F.</u>	<u>A18631</u>		<u>APR 5 - 1915</u>
Transferred to.. ..		<u>418631</u>		

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.

Surname Maee Christian Name John William

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<u>U.S.A.</u>	<u>Apr. 30</u>	<u>30</u>	<u>4</u>	<u>15</u>	<u>20</u>	<u>5</u>	<u>15</u>	<u>Taeno-synovitis</u> <u>Left Tendo, Achilles</u>	<u>20.</u>	<u>due to marching</u> <u>Good recovery with Rest in Hospital.</u>	<u>CR Browne Jr. M.D.</u> <u>Montreal General</u> <u>Hospital.</u>

Rank _____ Name **MACE, John William** Reg'l No. **A.18631**
 Unit **42nd Bn.** If in perm. Corps, _____
 What Unit? _____ Married or Single **Single**
 Place and Date of Enlistment **Montreal 3rd April 1915** Place of Birth **Berks, Eng**
 Name and Address, Next-of-Kin **John Mace,**

170 St James St, Ville St Pierre, P.Q. Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

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				
		Arrived	England	19-6-15	
		Embarked for France.	St Helier	9-10-15	
15-4-16	CL A134	No 1 Can Field Ambr OC Reports: "Died of Wounds"	France	9-4-16	LA 134
14/4/16.	OC 42.	Died of wounds received in action		9-4-16	P6 II O. 16.



John W. Mace, Pte, 418631,

42 nd Battery



No 418631

Will Form Sept 29 th/₁₅

Shornecliffe Camp

In the event of my death
I give all my property to
my father John Mace

Signature John W Mace
Private No 418631

September 29 / 1915

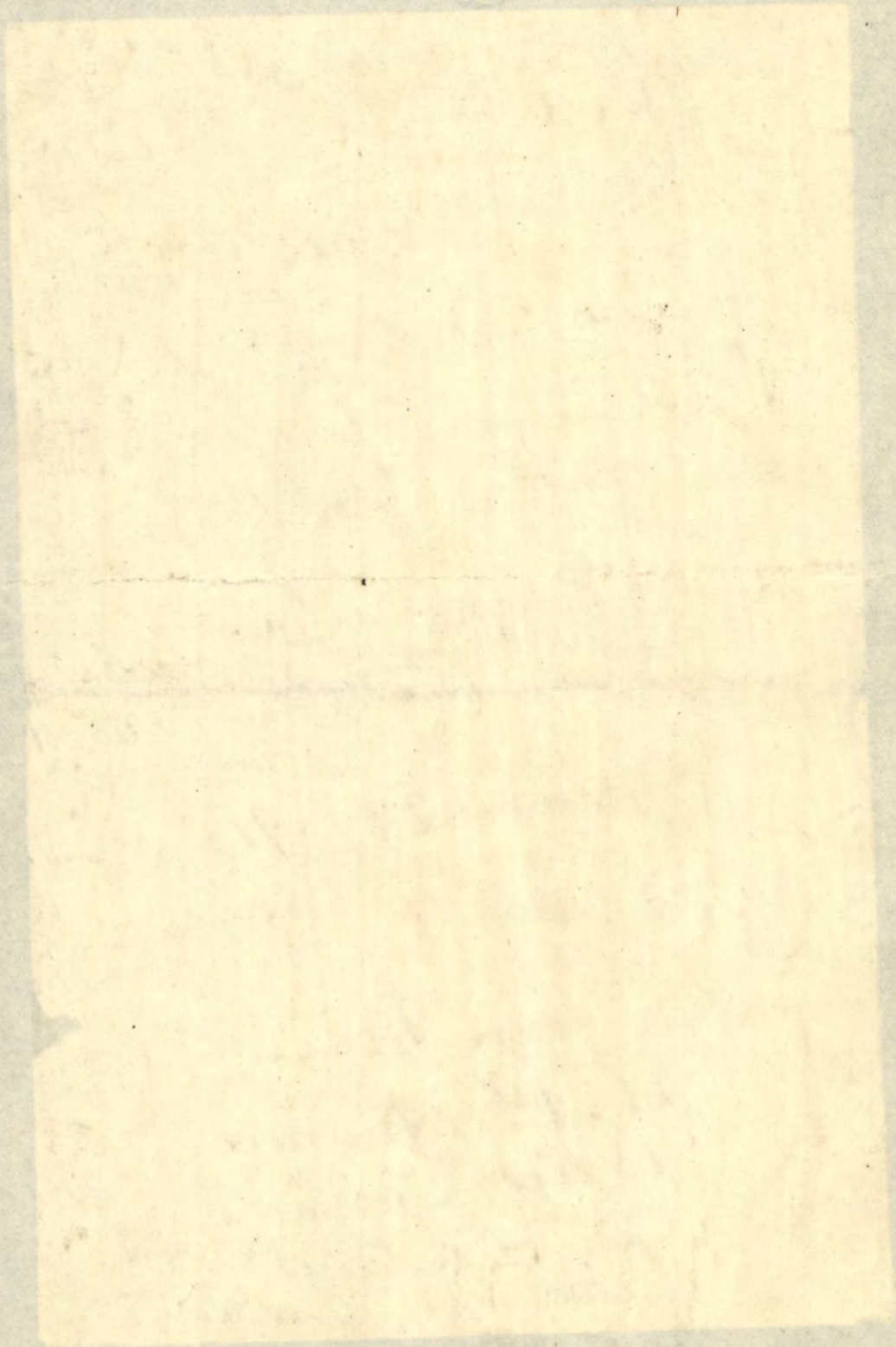
42 C E F

Mr John Mace
21. 1st Avenue
Blue Bonnets
W Montreal
Province Quebec
Canada





052



Casualty Form—Active Service. ✓

Regiment or Corps 42nd Bn. C.E.F.

Regimental No. 418631 218631 Rank ME Name Mace, John, W^W

Enlisted (a) 5 Apr. 1915 Terms of Service (a) d. of war + 6 mos. Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
present rank } to lance rank } 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>Oct 2/15</u>	<u>1/42nd.</u>	<u>DISEMBARKED</u>	<u>D BOULOC NE</u>		<u>N.R.</u>
<u>Dec 1/15</u>	<u>1/42nd.</u>	<u>Attending Gen's behav.</u>	<u>9 10 15</u>	<u>Can Corp Imp.</u>	<u>14/12/15</u>
<u>April 1/16</u>	<u>No 1 Can 4.8.</u>	<u>Died of Wounds.</u>	<u>No 1 Can 4.6.</u>	<u>9-4-16</u>	<u>143. st. re. duty 9/16-71</u> <u>Q.S. T 2456</u> <u>Part II order No 16. d/14/16</u>
		<u>Auth: Telegram IA 212.</u>			

J. Johnston
Lieutenant
for Lt Col. A. A. G.

(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				

Rank *Private* Name *MACE, John William* Reg'l No. *A. 18631*
 Unit *42nd Bn.* If in perm. Corps, What Unit? Married or Single *Single*
 Place and Date of Enlistment *Montreal 5th April 1915* Place of Birth *Berks, Eng*
 Name and Address, Next-of-Kin *John Mace,*

170 St James St, Ville St Pierre, P.Q. Relationship *Father*

Assigned Pay Monthly \$ *15.00* Payable to *John Mace, 24th Ave. Blue Bonnets, Montreal*
S.P. rendered 12/14/16 Relationship
\$ 115/16

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *Died of Wounds 9/14/16* Reason *D.O. 16/16* Character



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.	Date						
1915 July	July 31	31	1.00	31.00	31	10	3.10	34.10			14.60	15.00	2.40	32.00	2.70	in hospital May - 24 days @ 10¢ per day	
Aug 1	Aug 31	31	1.	31.	31	10	3.10	34.10			17.03	15.00		32.03	1.17	see Bath. Order in Canada	
Sept 1	Sept 30	30	1.	30.	30	10	3.	33.			17.03	15.00		32.03	5.14	men in P other than 1/D	
Oct 1	Oct 31	31	1.00	31.00	31	10	3.10	34.10			5.23	15.00		20.23	19.01	forfeiting field allowances	
Nov. 1	Nov 30	30	1.	30.	30	10	3	33			11.60	15.		26.60	25.41		
Dec. 1	Dec 31	31	1.	31	31	10	3.10	44.10			7.85	15		22.85	46.66	bl. Ref.	
Jan 1	31	31	1.	31	31	10	3.10	34.10			5.24	15		20.24	60.52		
Feb. 1	29	29	1.	29	29	10	2.90	31.90			5.24	15		20.24	72.18		
Mar 1	31	31	1.	31	31	10	3.10	34.10			5.23	15		20.23	86.05		
Apr 1	9	9	1.	9	9	10	90	9.90				15					Died of Wounds 9/14/16 D.O. 16/16
				275				27.50	10	-	312.50	89.05	135	-	2.40	226.45	

Statement of
 AUG 16 1916
 Account rendered

Sch nos 229 & 269

Cash found in effects *5.62*

Selled for Large 2/5

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.-12-15.
 1772-30-819.

261

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

John Mace

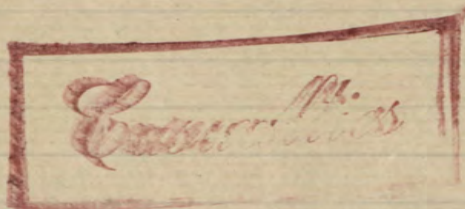
PAYMENTS.

Name of Soldier

Mace, John W.

Pte.

42nd Bn, D. Coy.

Month.	Year.	Cheque No.	Amt.	Remarks.
			150	\$15 00
<i>May</i>	1916	<i>186</i>	<i>15</i>	<i>Account closed. Cos</i>
May			<i>165</i>	
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			<i>Pension granted 10 4/16 2611</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1913			
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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

To Whom

Address

Rate

John ~~Mall~~ Mace
91, 1st Ave
Ville St Pierre P.R.

\$ 15.00

JUL 1 1915

By Whom Assigned

Regtl. No.

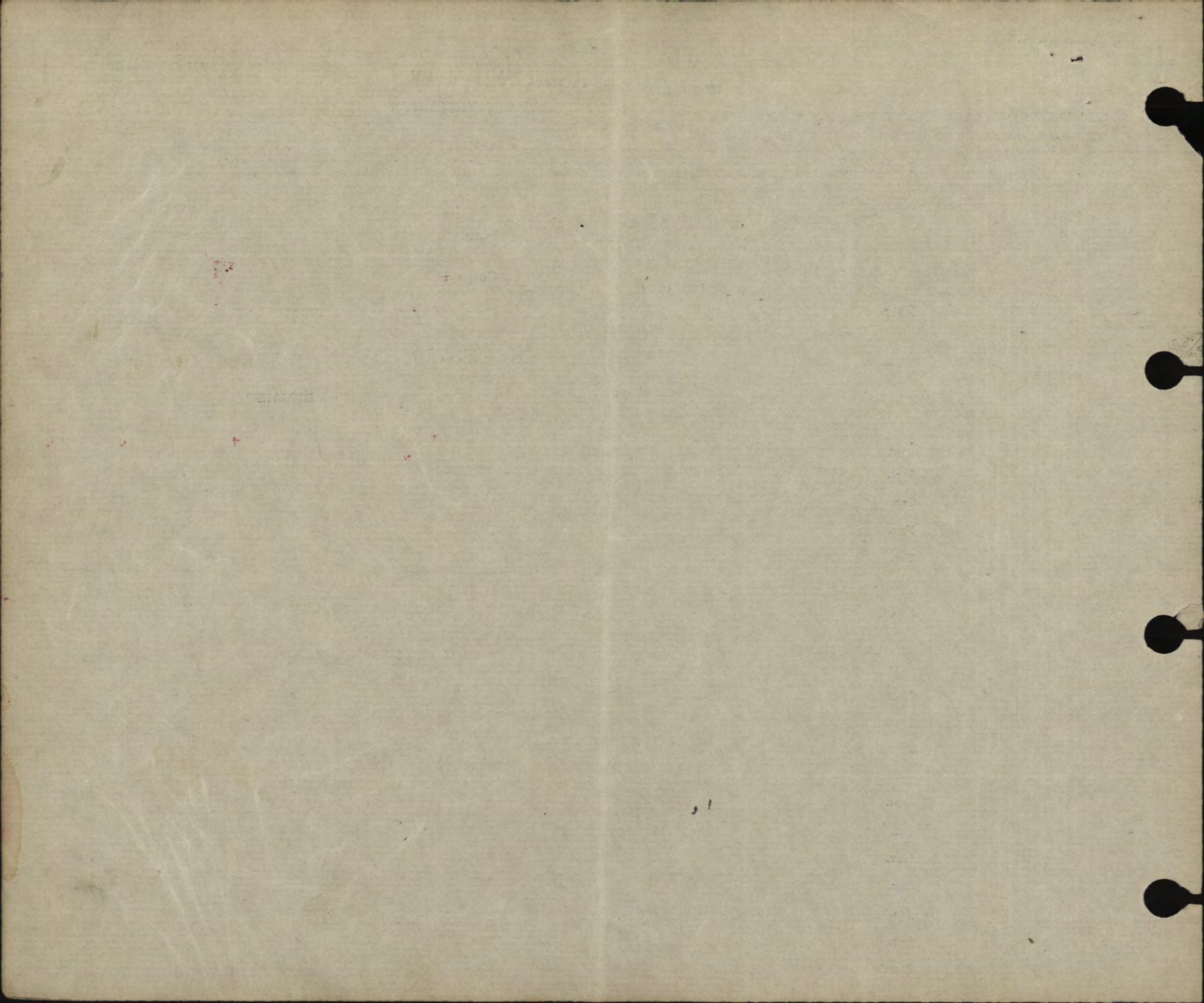
Rank

Corps

Mace
~~Mall~~, John W.
418631
private
D coy 42nd Battalion

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"><i>Casualties</i></div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Died of wounds Cape 9/16 C.L. 15th J.F.W.</i>
Feb.				
March				
April				
May				
June				
July		<i>R2523</i>	<i>20 -</i>	
Aug.		<i>S2921</i>	<i>15 -</i>	
Sept.		<i>V4478</i>	<i>15 00</i>	
Oct.		<i>W1725</i>	<i>15 00</i>	
Nov.		<i>Z3075</i>	<i>15 -</i>	
Dec.		<i>X6360</i>	<i>15 -</i>	
Jan.	1916	<i>K 9088</i>	<i>15 -</i>	
Feb.		<i>L11638</i>	<i>15 -</i>	
March		<i>P15528</i>	<i>15 -</i>	



Ew
alo

Register No. *DM292*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *11536-J-115*

Regt'l No. *418631* Name *John Wm. Mace*
(Christian Name) (Surname)
Unit *42 Bn.* Rank *plc* Date of enlistment.....
Date of casualty *9-4-16* B.P.C. File No. *9498*
Was service performed overseas? *Yes.*

DEPENDENT

Name *Mr. John Mace* Relationship *Father*
Address *24-3rd. Ave. Dominion Park*
Lachine

M. Daly P.Q.
Amount of Special Pension Bonus \$ *nil* Abstracted by *L. S. Baird*

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid..... \$
Less Debit Balance of S. A. or A.P..... \$
Total deductions \$
Balance due \$

Cheque No..... Date issued.....

REMARKS: *Not eligible*
no S.A. aff

Clerk *N. North*

Audited by
Northward
Date *17.7.20* *me*

noted
DM

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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		

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

Remarks:

