

59 Rgt  
Bn  
F

Chief

# ATTESTATION PAPER.

No. 8229  
Folio. 616

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Malloy*
2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal Can*
3. What is the name of your next-of-kin?..... *Frank Malloy*
4. What is the address of your next-of-kin?..... *B.C.*
5. What is the date of your birth?..... *Dec 27-1887*
6. What is your Trade or Calling?..... *Farmer*
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*

*John Malloy*.....(Signature of Man).  
*J. Howard*.....(Signature of Witness).

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

I, *John Malloy*, 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 Malloy*.....(Signature of Recruit)

Date..... *2nd of Sept 1914*.....(Signature of Witness)

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

I, *John Malloy*, 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 Malloy*.....(Signature of Recruit)

Date..... 1914. *J. Howard*.....(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..... this..... day of..... 1914.

*[Signature]*.....(Signature of Justice)

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

*[Signature]*.....(Approving Officer)

# Description of Malloy John on Enlistment.

Apparent Age 25 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 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 5 ins.

Complexion Light

Eyes Blue

Hair Light

Religious denominations. { Church of England X  
 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 Sept 1914.

Place Hal

J. Garnet Green  
Capt. P. H. C.  
 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 Malloy 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 of Officer)

Date Sept 22nd 1914.

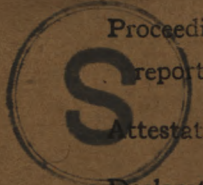
8M 20-11-18

2

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 24
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name MALLOY JOHN

Regt. No. 8229 Rank Pte.

Corps 2nd Bn.

*Killed in action 24-9-16*

*Medal  
48-8-20*

03506



*1 m fu 22*

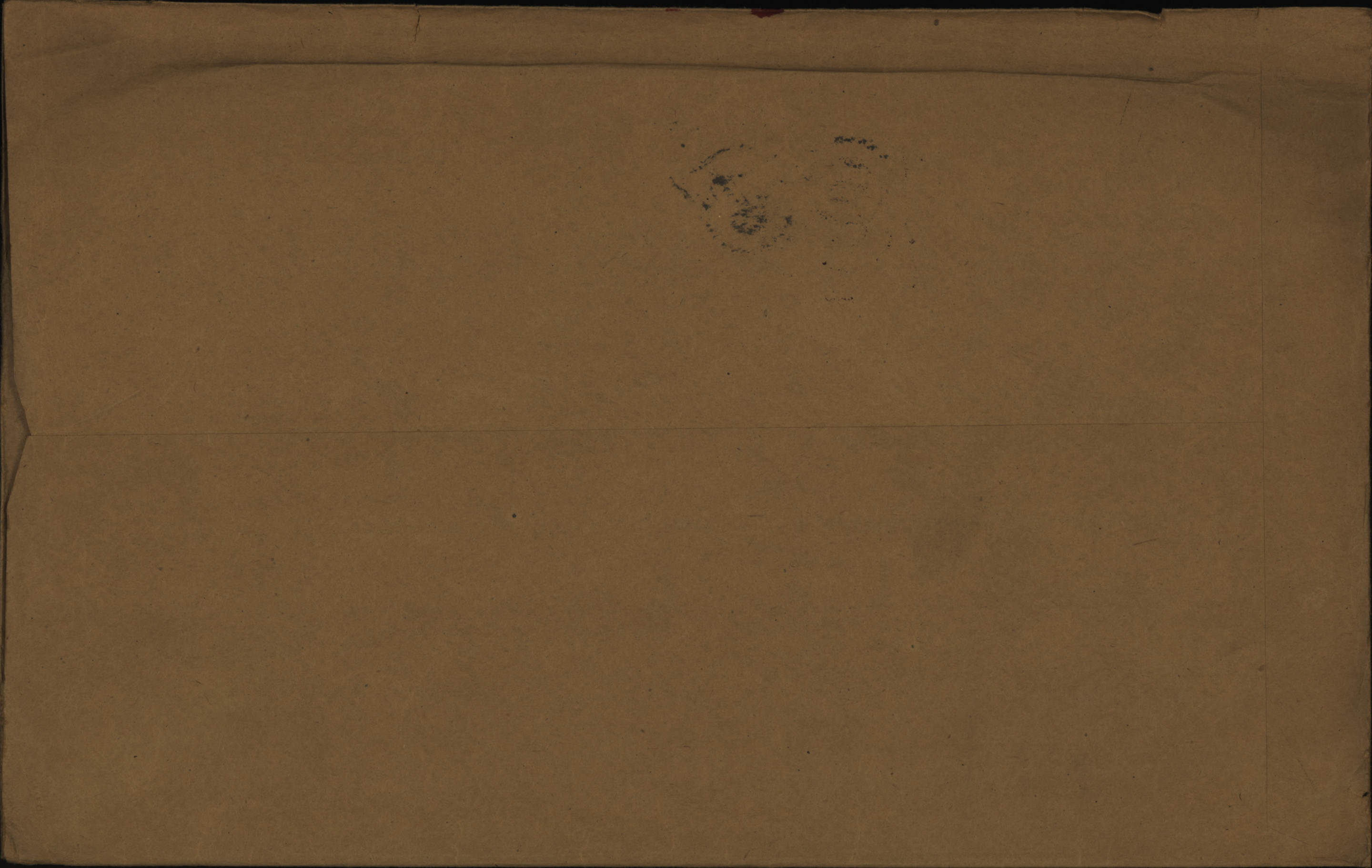
*(1)  
32-4  
16-4  
1-6*

*A. I. B. 122*

*new card*

*R149-1  
R122-1*

*mut 9/20*



Name MALLOY John Rank Private

Reg. No. 8229

Unit 2nd. Battalion.

25. No. 3225

Next of Kin Canada.

~~25. No. 3225~~

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-9	To Hospital		Wounded	A489.	0.2946	
					17-10	
24-9	Now rep. KILLED IN ACTION.			A499	0.3769	28-10
	DCS.381. 24-10-16.					
	<i>MA</i>					



Eligible for 14/15 Star. Pte. 2nd Bn.

H.A.F.

MALLOY <sup>John</sup> J. PTE 8229

2nd Bn.

7 7 7

✓ 4685

MEDALS & DECORATIONS. Brother- Frank Malloy,  
Monkland, Ont.,

P. & S. Brother- as above.

Serial No 762489

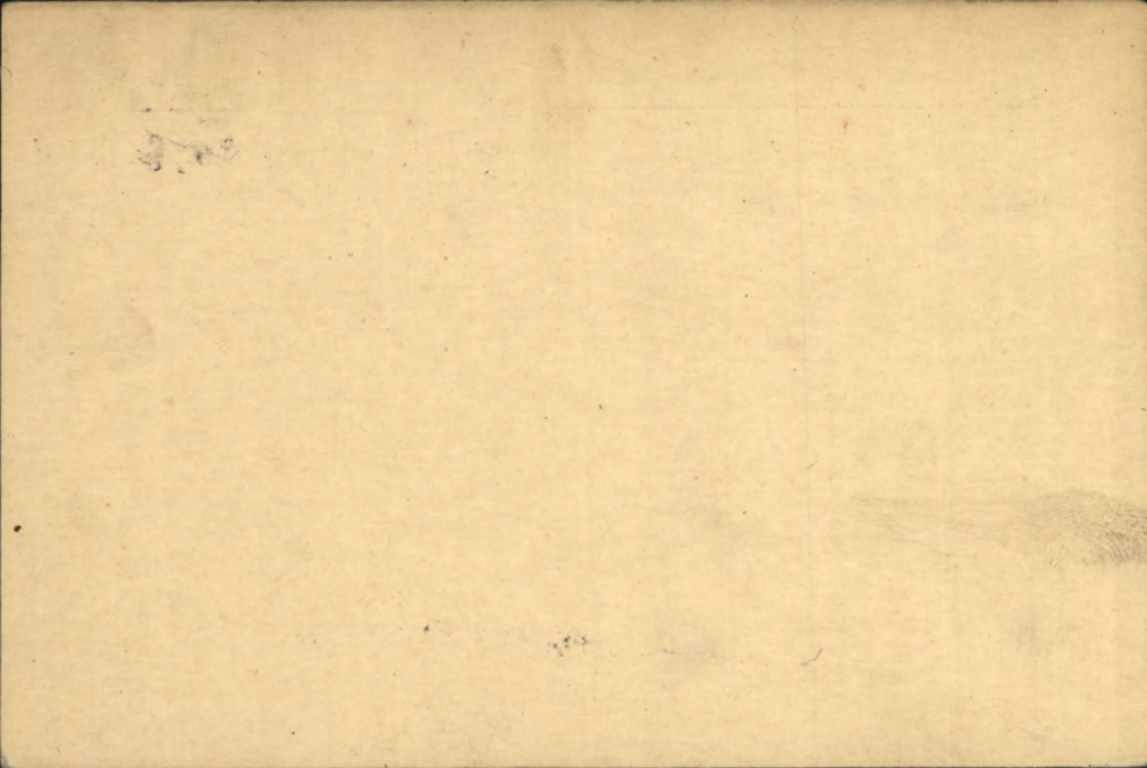
C. of S. nil.

Scroll Desp ~~DEC 22 1920~~ gn. No. 75980

Plague Desp ~~DEC 20 1921~~ Reqn. No. P 12708

(2)

E.H.M.





SURNAME.

*Malloy*

*(649-M-9387)*

CARD NO.

CHRISTIAN NAMES

*John.*

FOLL.

*D*

REGL. No.

*8229.*

RANK

*Pte.*

UNIT

*2nd*

*Bn*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Malloy, Frank.*

RELATIONSHIP TO SOLDIER

*Not Stated.*

ADDRESS

*British Columbia*

COUNTRY OF BIRTH

*Canada, Montreal, P. Q.*

DATE

*Dec. 27<sup>th</sup> 1887*

PLACE OF ATTESTATION

*Valcartier, P. Q.*

DATE

*Sept. 22<sup>nd</sup> 1914.*

*Q/S 7-10-14 - 2/16*

Sailed from Quebec per *H. Cassandre* Oct. 2/14

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Not Stated*

DESCRIPTION.

APPARENT AGE

*26*

YEARS

*9*

MONTHS

HEIGHT

*Not Stated*

FEET

*Not Stated*

INCHES

CHEST MEASUREMENT

*Not Stated*

INCHES

EXPANSION

*Not Stated*

INCHES

COMPLEXION

*Not Stated*

EYES

*Not Stated*

HAIR

*Not Stated*

DISTINGUISHING MARKS

*Not Stated*

MEDICAL EXAMINATION.

PLACE

*Not Stated*

DATE

*Not Stated*

*Present Address Not Stated.*

NAME

Malloy John

RANK AND CORPS

Plte. 2nd Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
02946	16-10-16	Reported wounded & admitted to Hosp. Sept. 24th 1916.
03769	28-10-16	Prev. rep. wounded, now killed in action Sept. 24th, 1916.
R. 3134	15-11-16	action Sept. 24th, 1916. ✓
A.S. B28900	Killed 24-10-16	Killed in action Sept. 24th 1916

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 489	Rep from Base	24-9-16	Wounded In Hosp
0499		24-9-16	Prev. rep. wd, now rep. killed in action.

me  
w/br

Number. 5229 ..... Rank. Pte

~~X~~

Surname. MALLOY

~~V~~

Christian Names. John

Unit. 2nd Bn. Condy ..... Theatre of War. France

~~D~~

Dates of Service.....

Remarks..... "Brother"

Latest Address. Mr. Frank Malloy  
Monkland, Ont.

Roll No. B Page 923

MAR 5 - 1921

Ly. 2809. Deep

2809 26663 RM

JUL 28 1921

Surname

Christian Name or Names

Reg. No.

Mattoy.

J.

8229.

Rank

Unit

Co.

Troop

Batty

Pte.

2nd Bn.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 24-9-16

DISPOSITION

Date

G.S. 17-10-16 A 489.  
C.L. 28-10-16 A 499.

REMARKS

Rep'd from Case.  
Wounded to hosp. 24-9-16.  
Prev. reptd. wd.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.



*Molloy*

Army Form B. 103.

## Casualty Form—Active Service.

Regiment or Corps *2nd Bn. C.E.F. Molloy**Bert. Gerrish*  
*H.S. 101/Inf/2/9*Regimental No. *8229* Rank *Plt* Name *Molloy, John*Enlisted (a) *22/9/14* Terms of Service (a) *Period of War*. Service reckons from (a) *22/9/14*

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				
<i>14. 3. 15</i>	<i>oc. 2 Bn</i>	<i>Fined 3 days pay.</i>	<i>—</i>	<i>9. 3. 15</i>	<i>at B. 213. (4)</i>
<i>14. 11. 15</i>	<i>2 Bn</i>	<i>Granted 7 Day Leave</i>		<i>8. 11. 15</i>	<i>B213.</i>
<i>21. 11. 15</i>	<i>do</i>	<i>Rejoined Unit</i>		<i>15. 11. 15</i>	<i>do F.</i>
<i>1-10-16</i>	<i>5<sup>th</sup></i>	<i>Sharp. W<sup>d</sup></i>	<i>To Hospital</i>	<i>24. 9. 16</i>	<i>B213. STS 377-11-10-16.</i>
<i>1-10-16</i>	<i>5<sup>th</sup></i>	<i>Previously reported wounded, now reported Killed in action</i>	<i>Field</i>	<i>24-9-16</i>	<i>B213. Part 0.0.67 of 24-10-16 STS 381-24-10-16.</i>

*J. Whogau*Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B

(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				
<del> </del>					

Rank and Name MALLOY, John  
 Regimental No. 8229  
 Unit 2nd Battn.  
 Date of enlistment Sept. 22, 1914  
 Place of birth Quebec  
 Married (Yes or No) No  
 If in Permanent Force

Name and Address of Next-of-kin

Frank Malloy,

B. C.

Date and place of discharge

Reason for discharge

Character on discharge

Promotions or appointments

RECEIVED  
 N/E. R.B. No.  
 File R.L. 25-M-3696  
 Category K.A.  
 N.F.P.B. No. 1

RL 25-M-3696

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				
<del>14.7.15</del>					
21.7.15	OC	2 <sup>nd</sup> fined 3 days pay	Rouen	9.5.15	PT II-4
31.7.15	OC	2 <sup>nd</sup> on Home Roll	In the Field	31.7.15	
20.11.15	" - "	Granted 7dys leave	" "	8/15-7.15	PT II-39
17.10.16	"	Wounded to Hosp	"	24.9.16	CH A/489 90
24.10.16	"	Killed in Action	"	24.9.16	PT II 64YCH A/499 d.28.10.16



REMARKS  
Taken from Official Documents

Date of enlistment

Place of birth

Married (Yes or No)

If in Permanent Force

Promotions or appointments

Report

Date when received

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

Place

Date

Name and Address of Next of Kin

Record of promotions, reductions, transfers, casualties, etc, during active service. The authority to be quoted in each case.

Report

From whom received

Date

Date and place of discharge

Reason for discharge

Character on discharge

Recs - 3 pp

44

NAME MALLOY, John

Regimental No. 8229

Name and address of next-of-kin

Unit 2nd Bat'n

Frank Malloy,

Date of enlistment 22nd Sept., 1914

B.C.

Place of Birth, Quebec

Married (yes or no) No

Date and place discharged 24/9/16

Amount of pay assigned monthly \$

Reason for discharge K.i.a.

To whom payable

Character on discharge C.A. 499



*Enter 28/10/16 in E. Card Index.*  
*H. J. Gillison*

Statement of  
MAR 10 1917  
Account rendered

Cash found  
MK

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
22/9/14	31/10/14	40	1 <sup>00</sup>	40	40	110	4		44	✓		42 50			42 80	
1/11/14	30/11/14	30	1 <sup>00</sup>	30	30	10	3	1 50	34 50	✓		32 50			32 50	
Dec 1	31	31	1 <sup>00</sup>	31	31	10	3 10	2	36 10	✓		35 -			35 -	✓
Jan 1	31	31	1 <sup>00</sup>	31	31	10	3 10	1 10	35 20	✓		32 50			32 50	✓
Feb 1	Feb 28	28	1 <sup>00</sup>	28	28	10	2 80	2 70	33 50			5			5	
Mar 1	Mar 31	31	1 <sup>00</sup>	31	31	10	3 10	2 80	6 20			5		3 20	8 30	30 pay pay #4 2/3/15
Apr 1	Apr 30	30	1 <sup>00</sup>	30	30	10	3 54	30	87 30			3			3	
May 1	May 31	31	1 <sup>00</sup>	31	31	10	3 10	8 40	118 40			6			6	
Jun 1	Jun 30	30		30	30		2	112 40	145 40			6			6	
Jul 1	Jul 31	31		31	31		2 10	139 40	173 50			106			106	
Exchange adjustments																
Aug 1	Aug 31	31	1 <sup>00</sup>	31 00	31	10	2 10	74 79	108 89			2 92			2 92	
Sep 1	Sep 30	30		30 00	30	10	3 00	105 99	138 99			8 16			8 16	
Oct 1	Oct 31	31	1 <sup>00</sup>	31 00	31	10	3 10	130 81	164 91			7 92			7 92	
Nov 1	Nov 30	30		30 00	30		3 00	158 99	189 99			169 57			169 57	
Dec 1	31	31		31	31		3 10	20 48	54 58			17 56			17 56	
Jan 1	1916	31		31	31		3 10	37 02	71 12			5 24			5 24	
65 88																
		497		497			49 70	7 29	553 99			484 81			3 30	488 11

Carried forward to Large Ledger sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Feb. 1	29	29	1	497	29	10	4970	7 29	553 99			484 81		3 30	488 11	
				29			290	65 88	97 78			5 23			5 23	
Mar. 1	31	31	1	31	31	10	310	92 55	126 65			5 24			5 24	
								121 41								
				554	5570			7 29	619 99			495 28		3 30	498 58	Gr Balance \$121.41

Checked *W.P.O.*

BALANCE TRANSFERRED TO NEW LEDGER.

*Settled*

*77 Coy*  
**MEDICAL HISTORY SHEET.** *8229*

Surname *Malloy* Christian Name *John* *616*

Examined { on *22* day of *Sept* 191*4*  
 at *Valcourter Camp*

Birthplace { City or Town *Montreal*  
 County *Que*

Apparent age *27*

Trade or occupation *Farmer*

Height *5* Feet *10* Inches

Weight *165* Lbs.

Chest measurement { Minimum *35* inches  
 Maximum expansion *38 1/2* inches

Physical development *Good*

Small-Pox Marks *None*

Vaccination Marks { Arm *Right* *Left*  
*Scar on left hip*  
 Number

When Vaccinated last *1907*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

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

Date	Result	VACCINATIONS,
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on *22nd* day of *September* 191*4* at *Valcourter*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>2nd Regt</i>	<i>8229</i>		
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.

Entries in Red Ink made from Attestation Sheets.  
*20/5/15* *[Signature]*  
 for D. D. M. S.







