

TRIPPLICATE

ATTESTATION PAPER.

44421  
No. ~~1992~~ #

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Sifton Mann
- 2. In what Town, Township or Parish, and in what Country were you born?..... Matapedia, Bonaventure County, P.Q.
- 3. What is the name of your next-of-kin?..... Mrs. Richard Mann, Mrs. Catherine Hamilton
- 4. What is the address of your next-of-kin?..... Matapedia, P.Q.
- 5. What is the date of your birth?..... September 19th, A.D. 1894
- 6. What is your Trade or Calling?..... Labourer
- 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

Sifton Mann (Signature of Man).  
Gallatin (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Sifton Mann, 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 April 20th 1915 Sifton Mann (Signature of Recruit)  
Gallatin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Sifton Mann, 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 April 20th 1915 Sifton Mann (Signature of Recruit)  
Gallatin (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 Campbellton this 20th day of April 1915

Arthur D. ... (Signature of Justice)

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

Gallatin (Approving Officer)

# Description of Sifton Mann on Enlistment.

Apparent Age 21 years 7 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.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 4 ins.

Complexion medium

Eyes Brown

Hair Light

Religious denominations. { Church of England  
 Presbyterian Yes  
 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 191 .

55th Battalion  
[Signature]  
 Medical Officer.

Place .....

\*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:—

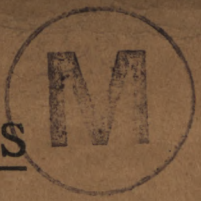
## CERTIFICATE OF OFFICER COMMANDING UNIT.

M. Sifton 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] Lt. Col. (Signature of Officer)  
 O. C. 55th Bn C. E. F.

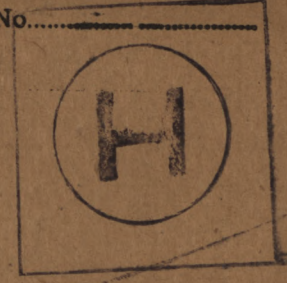
Date MAY 14 1915 . 191 .

KH 20-11-18



DISCHARGE DOCUMENTS

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



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.....

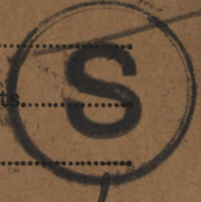
Name MANN SIFTON

Regt. No. 444211 Rank Pte.

Corps 1<sup>st</sup> CFA (12<sup>th</sup> Res. Bn)

Kind 30-12-15

04568



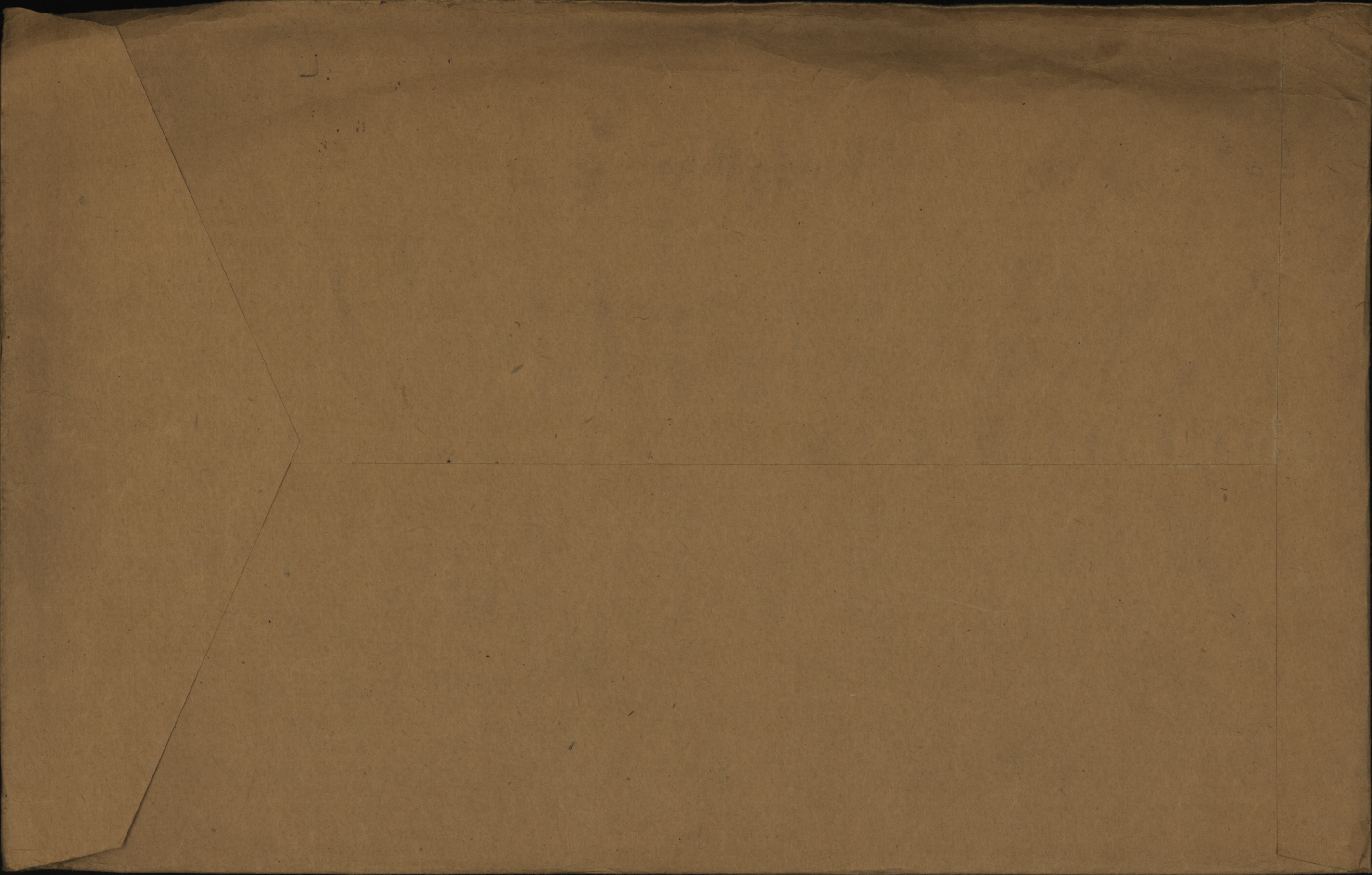
6-3-6  
23-6  
9-6

2

A7B122-1  
card

*M.F.*  
*2.2.20*

*1 card card*



NAME *Heaver, S.*REG'T'L No. *A. 44211*RANK AND CORPS *Pfc 14<sup>th</sup> Batt From. 55<sup>th</sup> 1<sup>st</sup> R. H.*

## CABLE

## NATURE OF CASUALTY

NO.

DATE

NO. *195*

FOLL.

*M. 3148 7-1-16 Killed in action 30<sup>th</sup> Dec.**A. F. B 2090 A.**Rouen 8-1-16 Killed in action Dec. 30<sup>th</sup> 1915.*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

255

Reported from Base

30-12-15

Killed in Action.  
Bullet through Head  
(at 8 a. m.)

Name Mann, S.

Rank Private

Reg. No. A44211

Unit 14th Battalion

R.L. 25-M-814

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1915 30 12	Killed in action: Rept. fr. Base.		B. thro. hd. at 8. a.m.	255 7/11-	<sup>m</sup> 3148	92.

Burial Rept. - R.D 271





Ha. 4. ✓  
✓

✓ *ington* ✓  
MANN, S. Pte. A44211, 14th Bn.

*Elig for 14-15 star.*

MEDALS & DECORATIONS. Mother- Mrs. Catherine Hamilton, *M*  
Veille<sup>ux</sup> ~~sa~~ P.O. Bena Co., P.O.  
*aux* Bonaventure Co.

F. & S. Mother- as above. *Que - (21-12-21)*

*Serial No 768451*

C. of S. Mother- as above.

Sheet #3116.

*J.M.M.* Resp 6 <sup>3</sup>/<sub>10</sub> C 25-25

Scroll Desp. JAN 18 1921 Reqn. No. 210867  
Plague Desp. OCT 6 1921 Reqn. No. P 10401

Mem. Plaque redesp. 12-4-22. E 321

W

Hamilton, Mrs. Katherine (Mother)

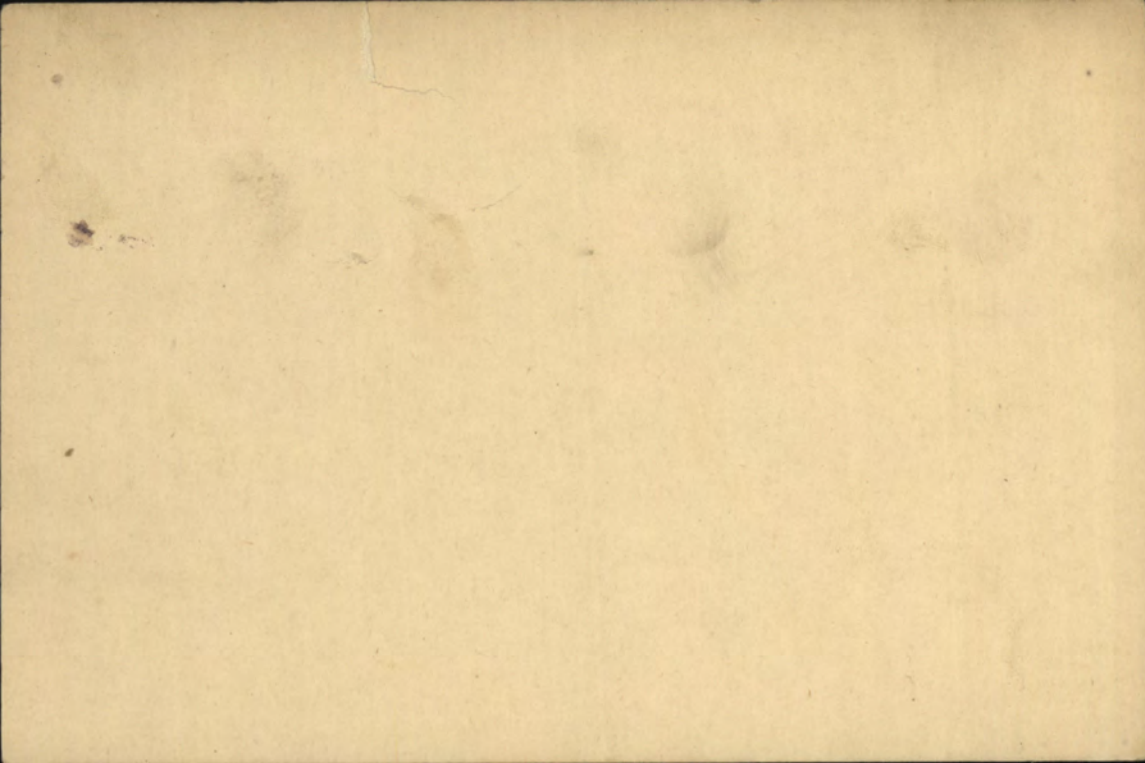
Veillevau P.O. Bona Co. P.S.

Note.

See card for.

55th  
Bn

Mann. J. # A 44211.



Surname

Christian Name or Names

Reg. No.

*Mann.*

*J.*

*444211*

Rank

Unit

Co.

Troop

Batty.

*Pte*  
Hospital

*14 15 Batt*

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

*Killed in Action*

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

*Killed in Action*

*Reported from the Base*

Date

*30.12.15*

REMARKS

*L.L. 7.1.16 #255*

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

*PH*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

649-M-2610

NAME *Mann Sifton*

*A44211*

*Dover*

RANK & No. *Pte.*

~~*A44,211*~~

~~*A-44291*~~

CORPS <sup>*12th*</sup>~~*55th*~~ <sup>*14th*</sup> *Battalion, 1st Reinforcement Draft.*

ENLISTMENT, PLACE *Campbellton*

DATE *April 20/15. 5.*

FORMER CORPS *nil.*

COUNTRY OF BIRTH *Canada, Matapedia, P. 2.*

NEXT OF KIN *Hamilton, Mrs. Catherine.*

ADDRESS OF NEXT OF KIN ~~*Matapedia, Bonaventure Co.,*~~

~~*Campbellton, N.S.*~~

~~*P. 2.*~~

DISCHARGE, PLACE

*Uilleau P.O.*

DATE

*Bona Co. P.O.*

*Letter 9/11/14.*

*01519-6-15 <sup>127</sup>/<sub>3</sub>*

(shown A44211)

REMARKS: Taken on strength 29/6/15. 1213 Batt. Auth. Post-<sup>tn.</sup> F.O. no 662 Shorncliffe, 30/6/15

Taken on strength 14th. Batt. 28/9/15. Auth. Post-<sup>tn.</sup> F.O. no. 362 in the Field 11/9/15.

Sailed grow. hevis per. S. S. Corsican. 19/6/15,



hnd.

Number.

444211

Rank

Pte.

Surname.

MANN

Christian Name.

Silton

Unit.

14th Br. Can. Inf.

Theatre of war

France

Date of Service.

28/8/15

Remarks.

Latest Address

Mrs. Catherine Hamilton

Veilleux

Roll No.

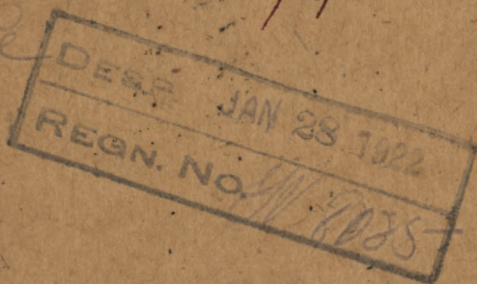
B  
Page 5765

Bonaventure Co.

Quebec

9046725 Rem AUG 26 1921

B+V. Rtd - 27/8/21



35960

R-122

Rank

Name MANN Sifton



Reg'l No. A 44211

Unit 55th BN.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Campbellton. Ont. 20th Apr. 1915

Place of Birth Matapedia. P.Q.

Name and Address, Next-of-Kin Mrs Catherine Hamilton, Matapedia.

Bonaventure County. P.Q.

Relationship

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				
30-6-15	OC 12th	Taken on Strength 12th	Shorncliffe	29-6-15	Part II. 0662.
27-7-15	OC 12th	Drunk; admonished Fine 2 <sup>nd</sup>	Shorncliffe	27-7-15	Part II. or. 873
5-8-15	OC 12th	Trans from M.B. Hosp. to Isolation Hosp.	"	5-8-15	Part II. or. 947
29-8-15	OC 12th	Drafted to 14th Batt.	France	28-8-15	PT. II O 1152.
6-9-15	OC 14th	joined 14th Bn.	do.	19-9-15	Daily bas sheet 147.
24-11-15	do	5 days No I.P. Insolence	do	11-12-15	Part II order 49.
30-12-15	W.O.	Killed in Action	France.	7-1-16.	bas. L. 255. on
		Bullet through head at 8. am.			PT II order 2. dt 8-1-16.



Casualty Form—Active Service.

CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

Regiment of, Corps 12 Res. Battalion  
Regimental No. A 44291 Rank Pte Name Mann. S.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) Period of War. 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				

29/8/15	3 of BD	Arrived from England, taken on strength 14 <sup>th</sup> CANADIAN INF. BATTALION	3 of BD	29/8/15	770
11/9/15	O.C. Unit	gained Batt.	Field	6/9/15	B. 213
8.12.15	" " "	and 5 days G.P. No. 1. for (1). Refusing to obey an order " (2) Insolence to an N.C.O.	Field	24.11.15	B 2069
18. 12. 15	26. J. A.	diarrhoea. Admitted Inf	36. J. A. 1 Fla A.	17.12.15 17.12.15	} a 26. (210).
30. 12. 15	Unit.	<u>Killed in Action.</u> <u>(Shot bullet through body while on list and fatal wound) Bullet through head at 8 am.</u>	Field	30.12.15	
26. 12. 15	16. J. A.	diarrhoea. Admitted to hospital	16. J. A. to hospital	17.12.15 23.12.15	} a 36. (213).

(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.]



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom *Mrs Diet Mann*  
Address *Campbellton N.S.*

By Whom Assigned *Mann S.*  
Regtl. No. *444291*  
Rank *Pvt.*  
Corps *55<sup>th</sup> Bat. (Reinforcements)*

Rate *\$20-* JUL 1 1915

*Go em*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		<i>1958</i>	<i>20-</i>	
Aug.		<i>T 3109</i>	<i>20-</i>	
Sept.		<i>X 85</i>	<i>20-</i>	
Oct.		<i>41221</i>	<i>20-</i>	
Nov.		<i>K 4035</i>	<i>20.</i>	<i>\$120.00 F.X 1/8/16 Q.K.</i>
Dec.		<i>L 6415</i>	<i>20.</i>	
Jan.	1916			
Feb.				<i>Acct. closed killed in action Dec 31</i>
March				

*g.*





Rank *Pfc*Name **MANN Sifton**Reg'l No. **A 44211**Unit **55th BN.**If in perm. Corps,  
What Unit?Married or Single **Single.**Place and Date of Enlistment **Campbellton, Ont. 20th Apr. 1915**Place of Birth **Matapedia.**Name and Address, Next-of-Kin **Mrs Catherine Hamilton, Matapedia.****Bonaventure County, P.Q.**

Relationship

Assigned Pay Monthly \$ **2000**Payable to **Mrs D. Wagon, Campbellton, N.B.****Cancelled effective 1/2/16.**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **30/12/15**Reason **Killed in Action** Character **Cas. Report # 255**

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
18-6-15	31-7-15	44	1 <sup>00</sup>	44	44	10	440	10	5840	102 153	20	20	2	42	1640	Drunk	
									53						1693	Exc. 82.00 BO 873	
18-8-15	31-8-15	31	1 <sup>00</sup>	31	31	10	310	3	3410			20		20	31 03	Exchange to 14 & Ratt.	
Sept 1	30/9/15	30		30	30	3			64 03			30		20	44 03		
Oct 1/15	31/10/15	31	1 <sup>00</sup>	31	31	10	310	3	78 13		2 67	20		22 67	58 46	14 0 6 9 50	
Nov 1/15	30/11/15	30	1 <sup>00</sup>	30	31	10	310	3	88 46		22 77	20		42	43 31	45 15	1/1934. 0 8 9 50
Dec 1	31/12/15	31		31	31	3	310	3	34 10		17 51	20		5 50	44 11	55 16	20 00
	Jan								18 15 32						15 14	15 32	20 00
	June/16.								20 00						35 32	35 32	24 Dalton a S.P. Co.
	Sept/16								35 32						35 32	35 32	\$35 <sup>32</sup> Sent to Ottawa for settlement 4-7-16

A.G. Ben  
W.E  
N.B.  
Jan  
June/16.  
Sept/16

Statement of  
JUN 21 1916  
Account rendered

Cash found in  
effects 9.18

PAY BOOK CHECKED.  
Date 19-1-17  
By R. Smith  
N.E. BRANCH.



To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178a to be used for Special Reserve recruits and  
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Mann. Christian Name Lifton.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Matapedia County Bonaventur.

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
at \_\_\_\_\_

Declared Age ... 21 years 7 month days.

Trade or Occupation ... Laborer.

Height ... 5 feet, 5 inches.

Weight ... \_\_\_\_\_ lbs.

Chest Measurement { Girth when fully Expanded. 32 inches.

{ Range of Expansion 31 inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right Left  
Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) No marks

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) A. E. Gardenah.  
(Rank) Capt. 55th Battr. Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ... { 

	Regtl. No. <u>444211</u> <i>copy</i>
	<u>44241</u>

Transferred to ... { \_\_\_\_\_

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



Sick List in the case of Warrant Officers treated in quarters

bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet

Signature of Medical Officer

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444211  
~~444211~~

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.

**DUPLICATE** MEDICAL HISTORY of

Surname MANN Christian Name SIFTON

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Matapedia County Boneventin

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
at \_\_\_\_\_

Declared Age ... 21 years 7 months x days

Trade or Occupation ... Labourer.

Height ... 5 feet, 5 inches

Weight ...                      lbs

Chest Measurement { Girth when fully Expanded. 36 inches

{ Range of Expansion 4 inches

Physical Development ...

Vaccination Marks { Arm ... Right Left  
Number

When Vaccinated ...

Vision ... { R.E.—V=  
L.E.—V=  
(a) \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) A.E. Gardener.

(Rank) Captain 55th Battn: Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...		<del>444211</del> 444211

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

I certify the foregoing to be a true copy of an original entry on Medical History Sheet of this man.  
Capt. A. E. Gardener  
C.A.M.C.  
for the Officer in Charge of Records  
Canadian Contingents.





Table W - Secondary Course of Syphilis Treatment

### List in the case of Warrant Officers treated in quarters.

Cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer \_\_\_\_\_

Empty space for listing cases	Empty space for signature
-------------------------------	---------------------------

