

TRIPPLICATE

ATTESTATION PAPER.

No. A 18060

Folio. 14

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... James Maxwell Matheson
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal Que
3. What is the name of your next-of-kin?..... (Father) Duncan Matheson
4. What is the address of your next-of-kin?..... 2246 {splenade} av. Montreal Que
5. What is the date of your birth?..... Apr. 30, 1894
6. What is your Trade or Calling?..... Brick layer
7. Are you married?..... Single
8. Are you willing to be vaccinated or re-vaccinated?..... YES
9. Do you now belong to the Active Militia?..... No No
10. Have you ever served in any Military Force?..... YES
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

James Maxwell Matheson.....(Signature of Man).
A. R. McEwen.....(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Maxwell Matheson, 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..... Feb. 23 1915 James Maxwell Matheson.....(Signature of Recruit)
A. R. McEwen.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Maxwell Matheson, 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..... Feb. 23 1915 James Maxwell Matheson.....(Signature of Recruit)
A. R. McEwen.....(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 24 day of Feb 1915

W. S. Churchill.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
Geo. S. Curdrie.....(Approving Officer)

Description of James Maxwell Matheson on Enlistment.

Apparent Age 21 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 5 ft. 6 3/4 ins.

2 Vac marks left arm

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Brown

Hair Brown

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 Feb. 23 1915

Place MONTREAL

Herburger
 Medical Officer.

*Insert here "fit" or "unfit."

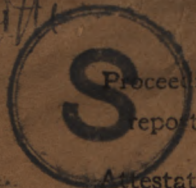
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Maxwell Matheson 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.

Pro. H. H. H. H.
 (Signature of Officer)

Date 191 .



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.....

A.F.B. 112

A.F.B. 178

F of W.

1 card

1 of well

M. F. W. 62.

50M. 9-16.

H. Q. 1772-39-935.

mix 2/3/20 msp

DISCHARGE DOCUMENTS

Name Matheson James Maxwell

Regt. No. 418060 Rank Pte

Corps 49th Pm

Died of Wounds 28-6-16

R. O. No.

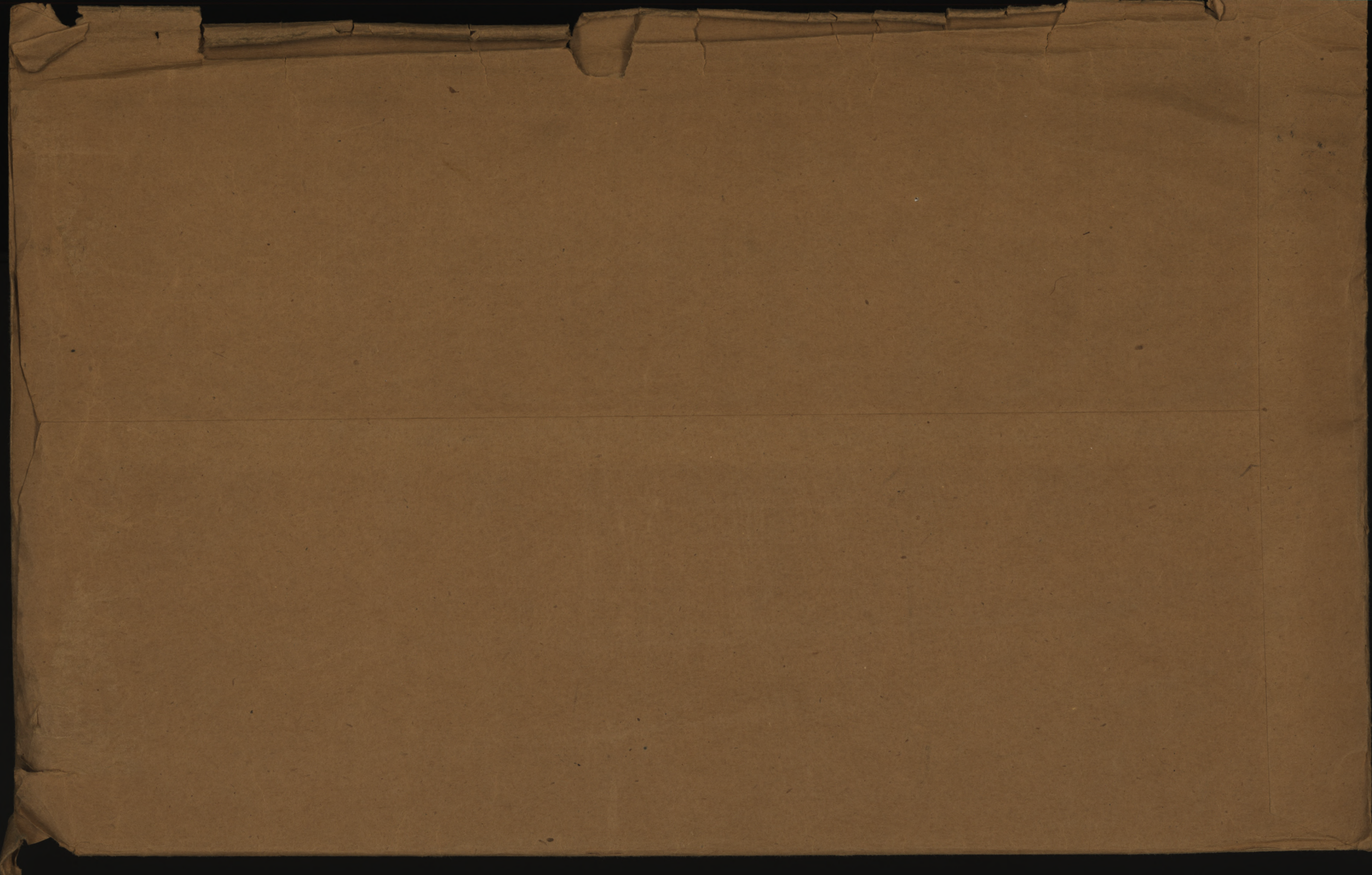
H. Q. No.



12557



36-4
20-6
13-6



Name Matheson, Jas. Rank Private.
Maxwell.

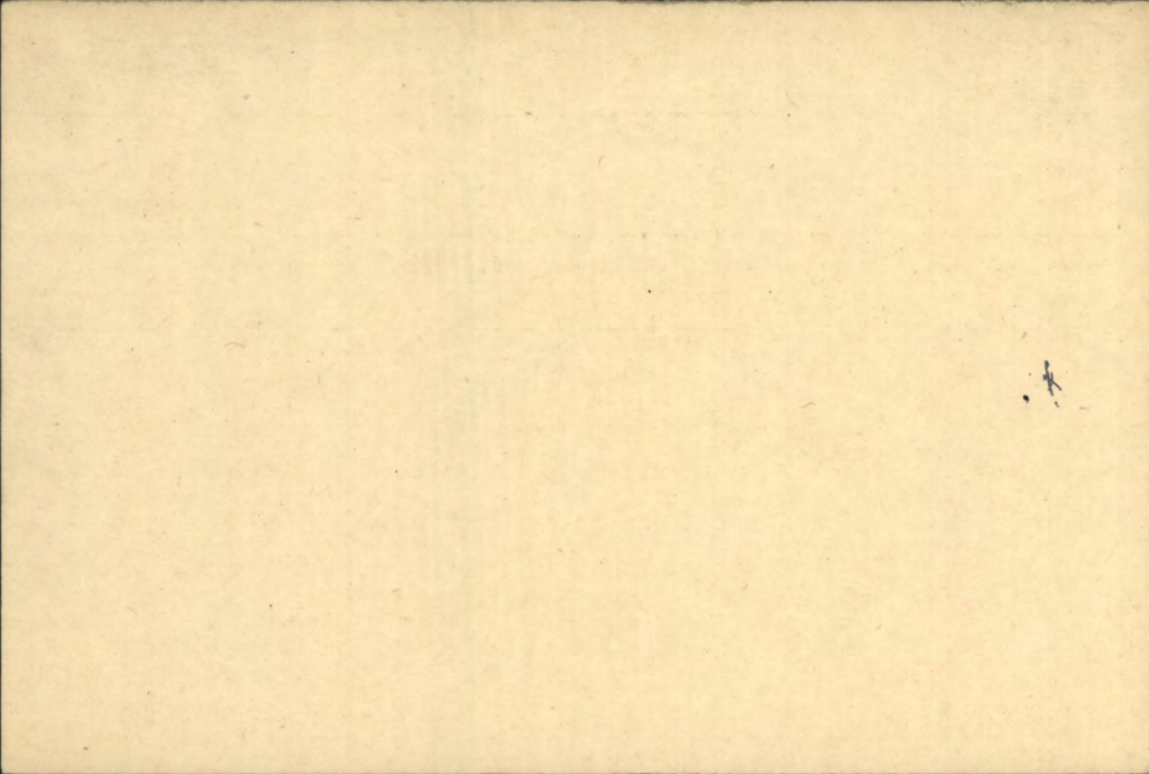
Reg. No. 418060.

Unit 42nd. Battalion.

Next of Kin CANADA.

R. L. 25-M-2075.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
7-6.	O.C. Reports:- NO. 10. Stationary H. ST. OMER. <u>DANGEROUSLY ILL.</u>	OMER.	G.S.W. L. Thigh L. Arm.	A. 176....	M. <u>7673.</u>	
12.6. Improving. 19.6. Slight improvement 28-6 <u>Died</u>			D.O. D. D.	A. 185. 190. 186 A194.	M 9039 29/6	10/6/16
R. L. 25. M. 2075.						



NAME *Matheson, Jas. Maxwell,*
 RANK AND CORPS *Pte. 42nd Battr.*

H. Q. FILE No. 649-
 REG'T'L. No. *478060*

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>M7673</i>	<i>8-6-16</i>	<i>Adm. No. 10 Stationary Hosp., St. Omer, June 7th, 1916. (Wounded rt. thigh, arm.)</i>
<i>M9039</i>	<i>28-6-16</i>	<i>Died of wounds No. 10, Stat. Hosp., St. Omer, June 28th 1916</i>
<i>M8983</i>	<i>28-6-16</i>	<i>Phorse, condition critical.</i>
<i>(WAM)</i>		
<i>A. H. B.</i>	<i>2090A</i>	<i>Died of wounds No. 10 Stat. Hosp. June 28th 1916</i>
<i>Boyer.</i>	<i>7-6-16</i>	<i>(L.S. Multiple)</i>

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 176	O.C. No. 10 Stat. " St. Omer	7-6-16	G.S.W. Left thigh, left arm, (Dangerously ill.)
A 185	" " " Reports	12-6-16	Now improving " " "
A 190	" " " Harvey	19-6-16	" " " " "
A 194	No 10 Stat. " St Omer	28-6-16	Died G.S.W. L. Thigh & Leg

CARD NO.

D

SURNAME.

Matheron 649-M-4495

CHRISTIAN NAMES

James Maxwell.

FOLL.

REGL. No.

418060.

RANK

Pte

UNIT

*42nd**P.W.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Matheron, Duncan.

RELATIONSHIP TO SOLDIER

ADDRESS

*2246 Esplanade Ave.
Montreal, P.Q.*

COUNTRY OF BIRTH

Canada.

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

*Feb. 24th 1915.**O/S. 10-6-15-102
10*

From Montreal Rev. "L.S. Neperian" 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 -

Elig for 1914-15

MATHESON, J. M. Pte. #418060- 42nd Bn. P 428 ✓

MEDALS &

DECORATIONS. Mother- Mrs. Grace Matheson,
2246 Esplanade Ave.,
Montreal, Que.,

P. & S. Father- Duncan Matheson,
address as above.

(Serial no. 76551.)

C. of S. Mother- as above

Desp MAY 3 1920 66390. Sheet #3190

Hold over.

60

Scroll Desp. JAN 21 1921

Reqn. No.

211899

Plague Desp. OCT 25 1921

Reqn. No.

P13448

W

DESP. DEC 14 1921
REGN. NO. *H 15094*

Surname

Christian Name or Names

Reg. No.

Matheson

J. M.

418060.

Rank

Unit

Co.

Troop

Batty

Pte.
Hospital

*42nd Batt
10 Stab. Co. St-Omer.*

Date of Admission

7-6-16.

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W. L. thigh & L arm.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Died 28.6.16

Date

Ch 9-6-16 A176.

REMARKS

20.6.16 A185

26.6.16 A190.

30.6.16 A194.

*OC. 10 Stab- St Omer Reports:-
Dung Fell. 7-6-16.
How improving 12.6.16
Slight improvement. 19.6.16*

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

*R
R*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Casualty Form—Active Service.

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

Regimental No. 2418060 Rank Pte Name Matheson J. W.

Enlisted (a) 24/2/15 Terms of Service (a) 1 year or termination of War Service reckons from (a) 24/2/15

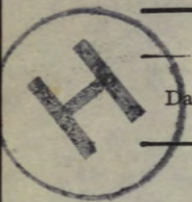
Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N.C.Os. }

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. 35, 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				
DISEMBARKE D BOULOGNE					
Oct/12/15.	242000				N.R.
7/6/16.	10 Pte	G.S. to am L v side	10 Pte	7/6/16.	W3034. dangerously ill 102074 9/6/16.
11/6/16	10 Pte	G.S. to L side & L am.	10 Pte.	11/6/16	W7011 Improving.
19/6/16	10 Pte Hpt.	Slight Improv	do	19/6/16	R35171. Slight Improv
16/6/16	10 Pte.	G.S. to L side L am L.	10 Pte.	16/6/16	W7074 Dangerous.
29/6/16	10 Pte Hpt.	Died of Wounds. Buried French Government Cemetery.	10 Pte Hpt	28-6-16	137/360. d/30-6-16. Pu O. No 77 d/7. 7-16.

J. W. Wright 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., 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				

original

A. 18060

MEDICAL HISTORY SHEET.

Surname Matheson Christian Name James Maxwell

Examined { on 23rd day of Feb. 1915
at Montreal Que

Approved by A. A. Mackay

Birthplace { City or Town Montreal
County Que

Rank Capt M.O.

Apparent age 21-10

Trade or occupation Print Layer

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

Height 5 Feet 6 1/4 Inches

Weight 133 Lbs.

Chest measurement { Range 2 1/2 - 3 1/2 inches
Minimum 35 1/2 inches
Maximum expansion 35 1/2 inches

Physical development good

Small-Pox Marks no

Vaccination Marks { Arm Right Left
Number 2

Date	Result	VACCINATIONS.
<u>28/6/15</u>		<u>A. A. Mackay, Capt</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1902

(a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/5/15</u>		<u>500 million hamarkay</u> M.O.
<u>17/5/15</u>		<u>1000 do hamarkay</u> M.O.
<u>29/5/15</u>		<u>1000 do hamarkay</u> M.O.

Enlisted on day of FEB 24 1915 1915 at Montreal Que

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>42nd Bat CE2</u>	<u>A. 18060</u>		<u>FEB 24 1915</u>
Transferred to.. ..		<u>418060</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.

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

MEDICAL HISTORY of

Surname MATHESON Christian Name James Maxwell

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Montreal County Que.

Examined ... { on 23rd day of Feby. 191 5.
 at Montreal, Que.

Declared Age ... 21 years 10 months days.

Trade or Occupation ... Bricklayer

Height ... 5 feet, 6 $\frac{3}{4}$ inches.

Weight ... 133 lbs.

Chest { Girth when fully Expanded. 35 $\frac{1}{2}$ inches.

Measurement { Range of Expansion 2 $\frac{1}{2}$ inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
 Number 2

When Vaccinated ... 1902

Vision ... { R.E.—V=
 L.E.—V=

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

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

Approved by (Signature) A. A. Mackay

(Rank) Capt. *Medical Officer.*

Enlisted ... { at Montreal, Que.
 on 24th day of Feby. 191 5.

Corps.	Regtl. No.
<u>42nd Bn., C.E.F.</u>	<u>418060</u>

Became non-effective by

on day of 191

(Signature)

(Rank)

Serial No. _____ Service in France _____

Corps _____ Coy. _____

No. 418060 Rank P-12 Name Matheson, J. M.

Age _____ Service _____ Religion _____

Disease or Wound D.O.W.

W 12932-4143 600,000(48) 11/15 H W V(M 1453) Forms/W. 3210/1
17952-312 600,000 2/16

RECEIVED
AM 6 13 11 1916
DEC 30 1916
4.8

Perforated sheet for Will from Pay Book of Reg.

No. 418060

Name James Maxwell Matheson

Unit 42nd Royal Highlanders of Canada

Military Will.

In the event of my death
I give the whole of my property
and effects to my mother,

Mrs Grace Matheson
2246 Esplanade Ave.
Montreal, Que.

Signature James Maxwell Matheson

Rank and Regt. Private 42nd Royal Highlanders

Date 28th May 1916

Q¹¹ 20 17
950 2
30-12-16

Rank _____ Name **MATHESON, James Maxwell,** Reg'l No. **A.18060**
 Unit **42nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**

Place and Date of Enlistment **Montreal P.Q. 23rd, Feb. 1915** Place of Birth **Montreal, P.Q.**

Name and Address, Next-of-Kin **Duncan Matheson,**
2246 Esplanade Ave, Montreal, Que. 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
23-8-15	O.C. 42 nd	awarded 144 hrs J.P. No 2. for 4 day pay Shuncliffe		23/9/15	PT II 190/15 overstayng Pass
		Embarked for France.	Fitzkewstone	9.10.15	37.
9.6.16	O.C. 49	Adm 10 Stationary Hqpt	St Omer	7-6-16	hospital 176. G. S. Co.
20.6.16	do	No 10 Staly Hqpt Repts (improv)	St Omer	12.6.16	CL# A 185
26.6.16	do	No 10 Staly Hqpt Repts (lang. ill) (improv)	Havre	19.6.16	CL# A 190.1.
30.6.16	do	Died of Wounds	St. Omer	28.6.16	CL# A 194 " "
7.7.16	do	Died of Wounds	do	28.6.16	PT II O #29.

Rank Private Name MATHESON, James Maxwell, ⁰⁰ Reg'l No. 4 18060
 Unit 42nd Bn. If in perm. Corps, 1 Married or Single Single
 What Unit?
 Place and Date of Enlistment Montreal P.Q. 23rd, Feb. 1915 Place of Birth Montreal, P.Q.
 Name and Address, Next-of-Kin Duncan Matheson,
2246 Esplanade Ave, Montreal, Que. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place 28/6/16 Reason Dis for Character C 2A194



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 1	July 31	31	1.00	31.00	31	10	3.10	34.10			29.70			79.20	16.90		
Aug 1	Aug 31	31	1.	31.	31	10	3.10	34.10			36.50			36.50	2.50		
Sept 1	Sept 30	20	1.	30.	30	10	3.	33.			21.90		11.00	32.90	2.60	6 days P.P.#2 + day pay 19/15-23/15-	
Oct 1	Oct 31	31	1.00	31.00	31	10	3.10	34.10			5.23			5.23	31.47		
Nov 1	Nov 30	30	1.	30	30	10	3	33			36.60			36.60	27.87		
Dec 1	Dec 31	31	1.	31	31	10	3.10	34.10			32.85			32.85	29.12		
Jan 1	31	31	1.	31	31	10	3.10	34.10			5.23			5.23	57.99		
Feb 1	29	29	1.	29	29	10	2.90	31.90			5.24			5.24	84.65		
Mar 1	31	31	1.	31	31	10	3.10	34.10			5.22			5.22	113.53		
				275 -				27.50	302.50			177.97		11 -	188.97		Checked <u>JSK</u>

Checked JSK
 Settled.

RECEIVED
 NOV 3 1916
 Account rendered

Cash found in effects No repr

BALANCE TRANSFERRED TO NEW LEDGER

