ORIGINAL 449096.

File

ATTESTATION PAPER.

No. 189

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Olivier Morin
1a. What are your Christian names? — "
1b. What is your present address? — Manawaki P.Q.
2. In what Town, Township or Parish, and in what Country were you born? — Montreal P.Q.
3. What is the name of your next-of kin? — Marguerite Lacroix
4. What is the address of your next-of-kin? — Manawaki P.Q.
4a. What is the relationship of your next-of-kin? — Mother
5. What is the date of your birth? — 28th April 1897
6. What is your Trade or Calling? — Laborer
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Olivier Morin, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Olivier Morin (Signature of Recruit)

Date Feb. 16th 1916 Major J. O. Desbarres (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Olivier Morin, 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.

Olivier Morin (Signature of Recruit)

Date Feb. 16th 1916 Major J. O. Desbarres (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 Hull Que. this 16th day of February 1916.

W. Allard J.P. (Signature of Justice)

M. F. W. 28.
600M.—2-16.
H. Q. 1772-39-841.

Description of Olivier Morin on Enlistment.

Apparent Age 18 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 ins.

Chest measurement:
- Girth when fully expanded 37 ins.
- Range of expansion 4½ ins.

Complexion Medium

Eyes Blue

Hair Light Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic ×
- Jewish
- Other denominations (Denomination to be stated.)

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).

No vaccination scar
Scar left arm

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 19 1916. L. A. Gerard

Place Hull Que. Capt. A.M.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.

Olivier Morin 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.

E. Thiboutot (Signature of Officer)

Date 21st Feb 1916

MORIN OLIVIER 449056 57 BN 32318

DEMOB.

Box # 6373

H

449096

I.D. number
No. d'identification

MORIN

Surname
Nom de famille

OLIVER

Given names
Prénoms

Open ATIA

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 6373

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

ARC-1048 (r. 87/05)

Box
6373

No. 189 449091 (Man) RANK Pte. NAME Norin Olivier

T. O. S. 16/2/16 D.O. 448 28/2/16 UNIT 67th Battalion C.E.F.

M. D. 5 Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916	✓		
Feb. 16	Feb. 22	✓		
Feb. 23	Feb 29	✓		
Mar.		✓		
Apr				
May		✓		
June pay list not available				

UNIT SAILED
JUN 2 1916

. 149.

Name Morin.Oliver *Rank* Pte. *Reg. No.* 449096.

Unit 22nd. Battalion.

Next of Kin Canada.

RL 28. M. 3469 01

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	4-10-16. Missing.			A376.05113.21-11		
	now Presumed Died on or since 4.10.16			A400	on file	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

REGT'L No 449096

NAME Morin Olivier

H. Q. FILE No. 649-

RANK AND CORPS Pte C. 22nd Bn. (Form 5-7th Bn)

FOLLOWS

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
05113	21-11-16	1 Rep. Missing October 4th 1916
Cas. Report		Previously reported missing now for
	11-5-17	official purposes presumed to
Rec'd 5-6-17		have died on or since 4-10-16.
Miss Sect 4-12-18		

L. L. Job 8885—M. & D. 7146.

M. F. W. 42—25M —4-10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 376	Reported from Base	4-10-16	missing after action
A400-1	Prev. rept. miss. now. for		Official purposes.
	to have died on or since	4-10-16	

Sup. 449096 Ote. B

Number ..... Rank .....

Surname ..... McRIN

Christian Name ..... Olivier

Units ..... 22nd Bn. Can. Inf. Theatre of War ..... France

Date of Service 27-8-16

Remarks .....

Latest Address ..... Unable to Loc. Not K.

.....

Roll No. "B" Page 7328.

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority

649-M-10896

Morin. Olivier., Pte. 449096 22nd Bn.

Oliver

Med. & Dec. (NIL)

P. & S. (NIL) (Unable to locate N/K.)

Ser # 76880 9.

Mem. Cross. (NIL)

Not Eligible for 14-15 Star
Eligible for V.M.
E " " " B.W.M.

57029

RR

649-M-10896.

CARD NO. D IV

SURNAME. Morin

CHRISTIAN NAMES ~~Olivier~~ Oliver auth. for change on record 26-4-19.

FOLL.

REGL. No. 449096 RANK Pte

UNIT 57th. Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lacroix, Mrs Marguerite.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Manivaki. P.Q.

COUNTRY OF BIRTH Canada, Montcerf, P.Q. DATE Apr. 24th 1897.

PLACE OF ATTESTATION Hull, P.Q. DATE Feb. 16th 1916.

O/S. O/S 2.6.16 24 USA 9

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 18 YEARS 10 MONTHS

HEIGHT 5- FEET 7 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4½ INCHES

COMPLEXION Medium EYES blue HAIR light brown.

DISTINGUISHING MARKS Scar left arm.

MEDICAL EXAMINATION. PLACE Hull, P.Q. DATE Feb. 19th 1916.

Present address: Manivaki, P.Q.

R—122

W.W.J. Rank Name MORIN, Oliver. Reg'l No. 449096

Unit 57TH TO 69TH If in perm. Corps, What Unit? ~~Married or~~ Single

Place and Date of Enlistment Hull. Que 16.2.16 Place of Birth Montreal P.Q

Name and Address, Next-of-Kin Marguerite Lacroix

Manwaki P.Q Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

M.X. 6-10-21 R.R.

Separation Allowance $ Payable to R.L. 25 M. 3469

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom 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.
		Arrived in England.	S/S Olympic	8.6.16	
9.6.16	O.C. 69th	Taken on strength.	Liverpool	8.6.16	Pt II 136
27.8.16	"	Trans. to 22nd Bn	O'seas	27.8.16	" 205
2.9.16	22nd Bn.	T.O.S. from 69th	"	28.8.16	" 36
31.11.16	"	Missing: rep. from Base	Field	4.10.16	A.376: ON
14.11.16	"	" & S.O.S.	"	"	Pt. II - 53
18.12.18	Q.R.	Now Presumed to have Died on or since		4.10.16	C.L. A 400

A.F.B. 31 AUG.1916

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.				

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 57th Battalion, C.O.E.F.

Regimental No. 449096 Rank Pte Name Morin, Alexander Olivier

Enlisted (a) 16-2-16 Terms of Service (a) C. E. F. Duration of War Service reckons from (a) 16-2-16

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) Laborer

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				
		Embarked	Canada	2-6-16	
		Arrived	England	8-6-16	
8-6-16	57 Bn	Attached to 69 Battn	Etterpool	8-6-16	Part II orders 136
		Transferred to 22nd.Bn.,C.E.F.	Dibgate.	27-8-16	O.E. Westlake Capt
28-8-16	C B D	Reinf.from 69th Bn.Taken on strength 22nd Bn		28-8-16	N.Roll Pt II O.36/2-9-16
18 9/16	"	Left C B D		18 9/16	"
	2nd Can. Ent.Bn	Joined 2nd Can.Ent.Bn			
	"	Left do			
22 9/16	O.C.Bn	Joined Unit		20 9/16	B213
2 11/16	"	Missing	Field	4 10/16	B213-6 10/16
				12	108/575

199-14 11/16

(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				
					Pa-II O. 53-14 11/16
					Chas B Maxwell, Lieut- ~~Capt.~~ for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon B. E. F.

ORIGINAL.

449096 ~~189~~

MEDICAL HISTORY SHEET.

Surname Morin *Christian Name* Olivier

Examined { on 19 day of Feb. 191 6 / at Hull, Que.

Approved by L.C.E. Beroard

Rank Capt. A.M.C M.O.

Birthplace { City or Town Montcerf, P.Q. / County Labelle

Apparent age 18

Trade or occupation Labourer.

Height 5 Feet 7 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 32½ inches. / Maximum expansion 4½ inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. / Number none

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

none

(b) Slight defects but not sufficient to cause rejection

none

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.
2/5/16	good	Raoul Tasse M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25/4/16	good	Raoul Tassé Capt. A.M.C. M.O.
2/5/16	"	Raoul Tassé Capt. A.M.C. M.O.
8 Marats 15/7/16		MM. M.O.

Enlisted on 16th *day of* February 191 6 *at* Hull, Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	57th Battalion C.E.F.	~~Att #189~~	449096	19th February 1916.
Transferred to	22nd Batt			

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4-9.

Surname Marsh Christian Name Alice

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Montreal. P.Q.

NAME AND ADDRESS OF NEXT OF KIN: Marguerite Lacroix. Maniwaki. P.Q.

RELATIONSHIP OF NEXT OF KIN: Mother.

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE):

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

J.H.W.

COMPARED BY ..... CHECKED BY .....

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Rep'td Missing	4.10.16	C.L. 576 31/10
Now O.P.D. on or Since	4/10/16	C.L. A400 18/9/18

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

missing

REG'L NO. 449096 RANK Private NAME Morin Oliver

IF IN PERMT. CORPS WHAT UNIT — UNIT 57th Battn

TRANSFERRED TO 69th Battn	DATE 8-6-16	AUTHORITY D.O. 136
TRANSFERRED TO 22nd Bn.	DATE 1-9-16	AUTHORITY B.O. 205
TRANSFERRED TO N.E.B.	DATE 5.10.16	AUTHORITY C.L. 376 31/1
TRANSFERRED TO	DATE	AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION: Hull. Que.

DATE OF ATTESTATION: 16. 2. 16.

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE — RELATIONSHIP

PAYABLE TO

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE — RELATIONSHIP

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 5.24 10.16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PAY OFFICE N.E. BRANCH DEC 8 1916 CANADIAN CONTINGENT

P.B. no

Entered on N.E. Card Index ..... Checked ..... J. McClelland.

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
May 31															24 39																24 39				Balance from Canada
June 1 to 30	30	1.00	30	00	30	10	3	00							33 00	145	16-6-16							4 87						4 87	52 52			
July 1 to 31	31	"	31	00	31	"	3	10							34 10			173	11/7/16						4 87					4 87	81 75			
Aug. 1 to 31	31	"	31	"	31	"	3	10							34 10	291 231	29/7 21/7	356	16/8/16					2 44 4 87	7 30					14 61	101 24			Trans. to 22nd Bn. 1-9-16 B.O. 205
1. 30/9	30	1.	30		30	10	3								33			463	10/8 14/8							7 30				*7 30	126 94			
1. 31/10	31	1	31		31	10	3	10							34 10	1293	36-9	5985	5-9 CBD					84		4 36				5 23	155 81			
1. 31/11															192 69													17 12 39 70		37 82	193 38			Pension Nov 1916 $15 31/8 Pay Nov $15 30/9 " " $50 30/9 27 days over-paid 9/10 to 9. CB 1/10
																														69 11					
																												Balance transferred to N. E. Branch.			123 58				Sfrd to Dead.
																								12368						12368					123 58 to Ottawa 7/12/17 ✓ 218.

Checked Kidd

W. C. Wright

NC Sept 1/7

CANADIAN ASSIGNED PAY AUDITED — no assignment — AUDIT CLERK — DATE 27-8-19

Statement of JUL 27 1917 Account rendered

No Canadian A.P. in agreement with Ottawa Slip H.Q. 593-1-12 d/ 20/12/16.

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

(21100) Wt. W8466—P 1968 250m. 1/19 D & S. (E 1256)

Army Form W3997.

Regtl. No. 449096 Rank Pt.

11-4

Name OLIVER MORIN.
(Christian Names in full) (Surname)

Unit 57th. Regt. or Corps Battalion.

Date of { Discharge* / Disembodiment* / Transfer to the Reserve* } .....191.....

* Strike out whichever inapplicable.

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.

Debendants

File: ASC 4-4-6
~~MISSL~~ RECORDS DEPOT

...r Service Badge Class "A" No.....

M. D.....

...egtl. No. 4646 Rank L/Cpl

...ame. Simpson Frank
(Surname) (Christian Name in full)

...egiment or Corps C.A.S.C.

...nit: C.A.S.C. CORPS DEPOT 4th Div M.T.

Original Unit C.A.S.C.

Category

...ccupational Group

...ext of Kin. Wife Address. High St Great Doddington near Wellingboro Northampton

Religion. C.E.

Place of Residence. 393 Victor St Winnipeg Man

Post Office or Bank desired. Bank of Montreal

DOCUMENTS		DATE
Trip. Attestation Paper		
Casualty Form (AFB.103)		
Medical History Sheet		
Proceedings of Medical Board		
Dental Certificate (CADC 5009A)		
Field Conduct Sheet (AFB.122)		
Proceedings on Discharge (MFI 218A)		
Discharge Certificate (MFW 30)		
Special Envelope (260)		
Copy of Discharge Certificate (MFW30A)		
R.M.C. Form DOS2		
Last Pay Certificate (P951)		
Pay Book (AB64)		
War Gratuity (P800)		
Dispersal Certificate (SD3)		
Regt. & Company Conduct Sheets		
Particulars of Family (MFW 67)		