

ATTESTATION PAPER.

No. 189

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Oliver Morin*
- 1a. What are your Christian names?..... *Manuaki P. 2*
- 1b. What is your present address?..... *Manuaki P. 2*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Manuaki P. 2*
- 3. What is the name of your next-of-kin?..... *Maguerite Lacroix*
- 4. What is the address of your next-of-kin?..... *Manuaki P. 2*
- 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?..... *Labourer*
- 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?..... *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Oliver 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.

Date *Feb. 16th* 191*6* *Oliver Morin* (Signature of Recruit)
Major J. D. Deslauriers (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Oliver 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.

Date *Feb. 16th* 191*6* *Oliver Morin* (Signature of Recruit)
Major J. D. Deslauriers (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 *Fuller* this *16th* day of *February* 191*6*.
W. Halliday (Signature of Justice)

Description of Olevis Mous on Enlistment.

Apparent Age.....18.....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.....7.....ins.

Chest-measure-ment. { Girth when fully expanded.....37.....ins.
 Range of expansion.....4 1/2.....ins.

Complexion.....Medium.....

Eyes.....Blue.....

Hair.....Light Brown.....

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

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.....

Place.....Hull, Que......
L. A. Seiroard
 Cap-ame.
 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.

Olevis Mous.....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].....(Signature of Officer)

Date.....21st Feb.....1916.....

MORIN OLIVIER

449096

57 BN

32318

DEMOB.

Boo

6373



CEE. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.



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 »

Box
6373

No. 189

RANK

Plé.

NAME

Morin Olivier

449091 (Mar)

T. O. S.

16/2/16

UNIT

0-7th Battalion C. E. F.

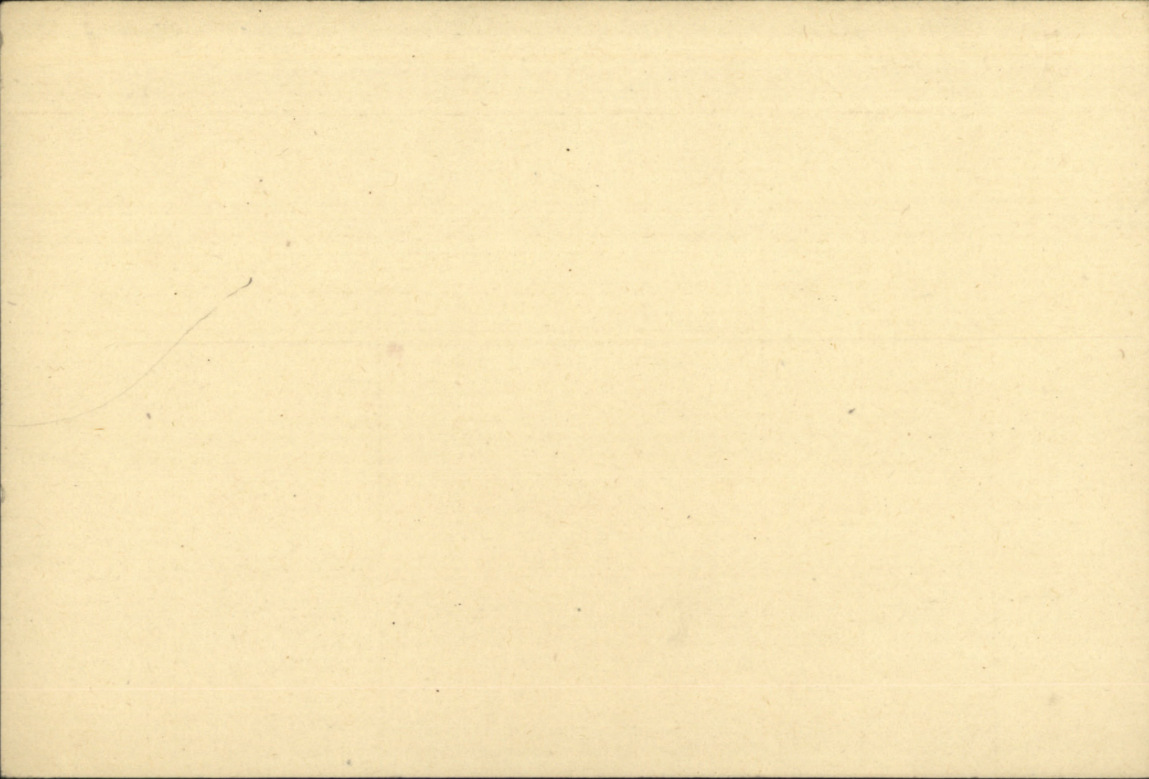
D.O. 44923/2/16

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		n		
June pay list not available				

UNIT SAILED

JUN 2 1916



Name **Morin.Oliver** Rank **Pte.**Reg. No. **449096.**Unit **22nd. Battalion.**Next of Kin **Canada.***R/L 25. M. 3469*
OK

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	4-10-16	Missing.		A386	05113	21-11
	<i>now Presumed Dead on or since <u>4-10-16</u> A400 on file</i>					

REGT'L NO 449096

NAME

Morin Olivier

H. Q. FILE NO. 649-

RANK AND CORPS

Pte 22nd Bn. (Form 5-7th Bn)

FOLLOWS

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

C.

05113

21-11-16

Rep. missing October 4th 1916 ✓

Cas. Report

Previously reported missing now for official purposes presumed to have died on or since 4-10-16.

11-5-19

Rec'd 5-6-19

4-12-18

Miss Sect 18

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 376

Reported from Base

4-10-16

missing after action

AH00-1

Prev. rept. miss. now for
to have died on or since 4-10-16

official purposes.

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

Surname.....

Christian Name.....

Units..... Theatre of War.....

Date of Service.....

Remarks.....

Latest Address.....

Roll No.

"B" Page 7328.

Handwritten initials and a red flourish.

449096

Oto

B

MARIN

Olivier

22nd Bn. Can. Inf.

France

27-8-16

Unable to locate work.

E

649-M#10896

✓ *Oliver*
Morin. Olivier., ✓ Pte. ✓ 449096 ✓ 22ndBn.

Med. & Dec. (NIL)

M

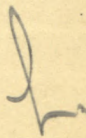
P. & S. (NIL) (Unable to locate N/K.)

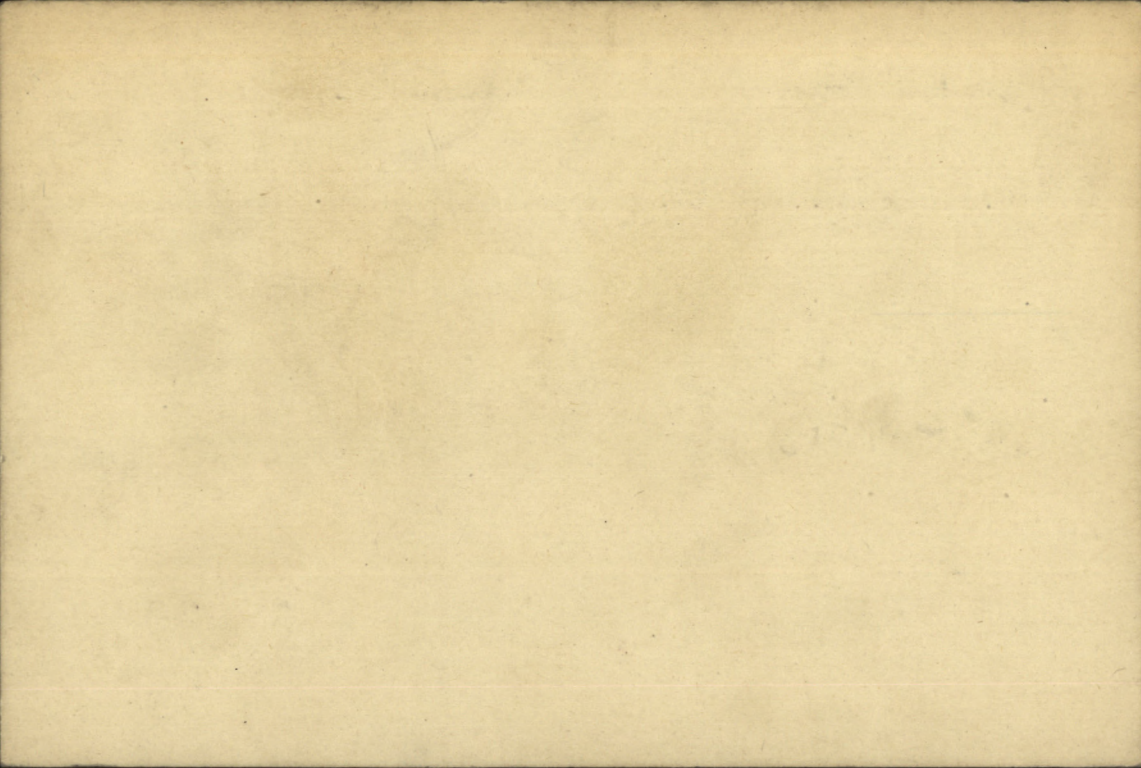
See # 768809.

Mem. Cross. (NIL)

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

57029

RR/ 



649-M-10896.

CARD NO.

SURNAME.

Marin

CHRISTIAN NAMES

~~Oliver~~

Oliver

FOLL.

D

REGL. NO.

449096

RANK

Pte

auth for exchange

Comrecords 26-4-19.

UNIT *57th.*

Bn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lacrosse Mrs. Marguerite.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Maniwaki, P.Q.

COUNTRY OF BIRTH

Canada, Montcerf, P.Q.

DATE

Apr. 24th 1897

PLACE OF ATTESTATION

Hull, P.Q.

DATE

Feb. 16th 1916.

*Off. 4/8.2.6.16 at 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

4 1/2

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:

Maniwaki, P. Q.

W.W.J. Rank Name MORIN, Oliver. Reg'l No. 449096 ✓
 Unit 57TH TO 69TH If in perm. Corps, } Married or Single
 What Unit? }
 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
 Separation Allowance \$ Payable to R.L. 25 M. 3469 Relationship
 Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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 in England.	St Olympic	8 ⁶ .16	
9.6.16	OC 69 th	Taken on strength.	Cherpool	8 ⁶ .16	Pt II-136
27.8.16	"	Trans. to 22nd Bn	Ozeas	27.8.16	" 205
2.9.16	22 nd Bn.	I.O.S. from 69 th	"	28.8.16	" 36
21.11.16	"	Missing: rep. from Base	Field	4.10.16	A.376: ON
14.11.16	"	" I.S.O.S.	"	"	Pt. II-53
18.12.18	Q.R.	Now Presumed to have Died on or since		4.10.16	6L A 400

RECEIVED
 A.F.B. 31 AUG. 1916
 M.S.

CERTIFIED CORRECT.

5 SEP. 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 449096 Rank Pt Name McGowan, Oliver

Enlisted (a) 16-2-16 Terms of Service (a) 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				

8-6-16	57 Bn	Embarked Arrived <i>(Attached to 69 Batta</i>	Canada England <i>Sttey pool</i>	2-6-16 8-6-16 8-8-16	<i>Part 11 orders 136</i>
--------	-------	-----------------------------------------------------	----------------------------------------	----------------------------	---------------------------

28-8-16	C B D	Transferred to 22nd Bn., C.E.F. Reinf. from 69th Bn. Taken on strength 22nd Bn Left C B D	Dibgate.	27-8-16 28-8-16	<i>O. C. Scott Capt</i> N. Roll Pt II O. 36/2-9-16
---------	-------	-------------------------------------------------------------------------------------------------	----------	--------------------	-------------------------------------------------------

18⁹/₁₆
2nd Can. Ent. Bn
Joined 2nd Can. Ent. Bn
Left do

22⁹/₁₆
2¹/₁₆
O.C. Bn
Joined Unit
Missing

field
20⁹/₁₆
4¹⁹/₁₆
B 213
B 213-6¹⁰/₁₆
12 108/575
199-14¹¹/₁₆

(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.

ORIGINAL.

449096
~~189~~

MEDICAL HISTORY SHEET.

Surname Morin Christian Name Olivier

Examined { on 19 day of Feb. 1916
at Hull, Que.

Approved by
L.C.E. Beroard

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

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

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.

Date.	Result.	VACCINATIONS.
<u>9/5/16</u>	<u>rod</u>	<u>Raoul Tasse</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/4/16</u>	<u>good</u>	<u>Raoul Tasse Capt. M.O.</u>
<u>9/5/16</u>	<u>of paraty</u>	<u>Harold Ross M.O.</u>
<u>15/7/16</u>		<u>W.M.M.</u> M.O.

Enlisted on 16th day of February 1916 at Hull, Que.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>57th Battalion</u>		<u>449096</u>	<u>19th February 1916.</u>
Transferred to	<u>C.E.F. Att #189</u>			
	<u>22th Battalion</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.

Regtl. No. 442096 Rank Pt.

11-4

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

Unit 57th Regt. Battalion
or
Corps

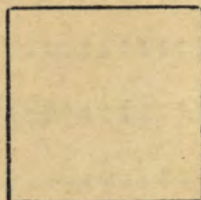
Date of { Discharge*
Disembodiment*
Transfer to the Reserve* }191.....
* Strike out whichever inapplicable.

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.





COVER

FOR

DISCHARGE DOCUMENTS



Substandard

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

M. D.....

Regtl. No. *4646* Rank. *Lt Col*

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

Regiment or Corps..... *C.A.S.C.*

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

Original Unit *C.A.S.C.*

Category

Occupational Group

Next of Kin..... *wife* Address..... *High St Great Doddington near Welton Northampton*

Religion..... *Ch*

Place of Residence..... *393 Victor St Winnipeg man*

Post Office or Bank desired. *Bank of Montreal*

DOCUMENTS

Date

DOCUMENTS	Date
Trip Attestation Paper.....	
Casualty Form (AFB.103).....	
Medical History Sheet.....	
Proceedings of Medical Board.....	
Dental Certificate (QADC 5009A)	
Field Conduct Sheet (AFB.122)	
Proceedings on Discharge (MFI 218A).....	
Discharge Certificate (MFW 30).....	
Special Envelope (260).....	
Copy of Discharge Certificate (MFW30A)	
S.M.C. Form DOS2.....	
Last Pay Certificate (P951).....	
Pay Book (AB64).....	
War Gratuity (P800).....	
Dispersal Certificate (ED3).....	
Regt. & Company Conduct Sheets.....	
Particulars of Family (MFW 67).....	

[Faint, illegible handwriting on aged paper]