

ATTESTATION PAPER.

TRIPLICATE  
No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *McLellan*
- 1a. What are your Christian names? *Peter Marshall*
- 1b. What is your present address? *East Angus, Aus*
- 2. In what Town, Township or Parish, and in what Country were you born? *Bilsyde Scotland*
- 3. What is the name of your next-of-kin? *John McEllan*
- 4. What is the address of your next-of-kin? *East Angus*
- 4a. What is the relationship of your next-of-kin? *father*
- 5. What is the date of your birth? *24 Feb 1892*
- 6. What is your Trade or Calling? *Janitor*
- 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, *Peter Marshall McEllan*, 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 *Dec 2* 1915 *Peter M. McLellan* (Signature of Recruit)  
*J. J. M. Munn* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Peter Marshall McEllan*, 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 *Dec 2* 1915 *Peter M. McLellan* (Signature of Recruit)  
*J. J. M. Munn* (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 *Sherrinobe* this *2* day of *Dec* 1915  
*J. J. M. Munn* (Signature of Justice)

JUSTICE of the PEACE for the  
DISTRICT of ST. FRANCIS.



# Description of Peter Marshall McLean on Enlistment.

Apparent Age 23 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. 8 1/2 ins.

Chest measurement { Girth when fully expanded . . . . . 35 ins.  
 Range of expansion . . . . . 12 ins.

Complexion . . . . . Light gray

Eyes . . . . . Gray

Hair . . . . . Dark

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

## 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 declares that he is not subject to fits of any description.

I consider him fit . . . . . for the **Canadian Over-Seas Expeditionary Force.**

Date . . . . . Dec 2<sup>nd</sup> 1915

Place . . . . . Sherbrooke

A. J. [Signature]  
 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.

Peter Marshall McLean . . . . . 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 . . . . . DEC 23 1915 . . . . . 1915



REGIMENTAL DOCUMENTS

NAME McC Lellan, Peter Marshall REGT. NO. 178140 UNIT \_\_\_\_\_ H. Q. FILE NO. \_\_\_\_\_

**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

**H**

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3225)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

**M**

27147

DISCHARGE

Category

DESERTION

1 Form of will  
1 Card  
1 Cas card  
1 R.M.  
by each

4-12  
19-12  
31-14  
3

M-X  
30-3-21  
P.R.

**H**



Box # 7063



NAME

*Mc Lellan, Peter, Marshall.*

*(649-M-9524)*

RANK & No.

*Pte.*

*148,140.*

**D**

CORPS

*81<sup>st</sup>*

*Balt*

ENLISTMENT, PLACE

*Sherbrooke*

DATE

*December 8<sup>th</sup> 1915. (5)*

FORMER CORPS

*Nil*

COUNTRY OF BIRTH

*Scotland. Kilsyth*

NEXT OF KIN

*Mc Lellan John (Father)*

ADDRESS OF NEXT OF KIN

*East Angus. P.Q.*

DISCHARGE, PLACE

DATE

*Sailed from Halifax*

*per S.S.*

M. F. W. 22. 100 m.-9-15.

L. L. 85779-M. & D.-6011.

*23-4-16.*

*Empress of Britain.*

H. Q. 1772 39 839.

*402*

REMARKS:

///

No 178140 RANK *Plt.*

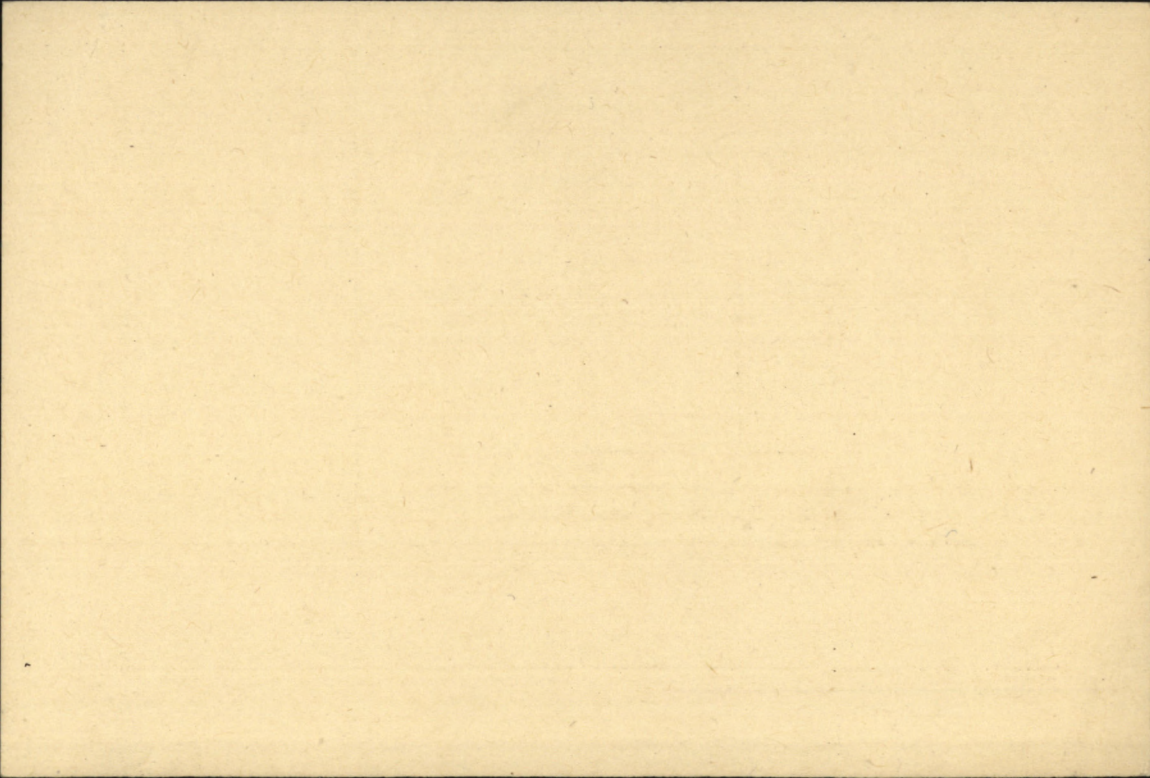
NAME *McLellan P. M.*

T. O. S. *8-12-15* UNIT *87th Battalion (Canadian Grenadier Guards)*  
*2079 of 21-12-15*

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 8</i>	<i>Dec. 31</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April.</i>		<i>✓</i>		

UNIT SAILED  
 APR 23 1916





✓ ✓ ✓ ✓ ✓  
McLellan, P.M., Pte. 178140 87thBn. 649-M-9524

Med. & Dec. (Father) John McLellan, Esq.,  
*P.O. Box 23, East Angers, August*

*JUN 18 1921*  
*J. R. 24-6*  
Regn. No. *2* *47666 PA* *18<sup>10</sup>/22* *Ont* *(15-10-21)*  
*(18-1-21)*

P. & S. (Father) Address as above.  
Regn. No. *2015 PR 9-8-21*

*Plaque redesp. 12<sup>10</sup>/21. E 24-* ✓  
Mem. Cross. (Mother) Mrs. J. McLellan.

Address as above.

*not eligible for 14-15 Star*

*E " " " V.M*  
*E " " " B.W.M.*

*52272*

*B - R.F*



1147

M 49155 APR -5 1921

Scroll re-asp 18-10-22 B 2044.



*Unit  
Cell*

Number

148140

Rank

PTE ~~Be~~

Surname

McLELLAN

Christian Name

Peter Marshall

Units

84th Bn Coy Inf

Theatre of War

France

Date of Service

11-8-16

D

Remarks

Latest Address

John McLeLLan Esq (F)

Angus WA  
ont.

Roll No

"B" Page 7193.

P.O. Box 23  
East Angus  
P.A.

R



Next of kin

Address on leave

Address on discharge

Transportation issued

Previous occupation

Diagnosis

Date

REGN. NO. *1102874*

Yes No

Date

DESP. NOV 21 1921

REGN. NO. *GA58379*

Character of discharge

Date and place of enlistment

Date of Medical Board

Remarks

DESP. SEP 17 1925

REGN. NO. *16209*

*B.V.M. Retd 2/11/21*

*B.V.M. Retd 29/10/21*

\*—Name will be given in full; surname first.



REGT'L NO 178140

NAME

Mc Lellan, Peter Marshall

H. Q. FILE NO. 649-

RANK AND CORPS

Pte 87th Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

6.J.P. 390031-10-16Adm to 26 Gen Hosp. Etaples. Oct 22<sup>nd</sup> 1916Bayonet wound foot acc.M 313728-4-17Killed in action, April 9th, 1917. ✓A. T. B 2090a24-4-17Killed in action 9-4-17 ✓Rouen(8-6-17)



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 46	No 26 Men Etaples	22-10-16	Bay Wd Foot Acc
A 52-2	To No 6 Conv. Depot Etaples	29-10-16	Bay Wd Foot Acc
A 115	Base "Details" Baylogne	9-1-17	Bayonet Wd Foot Acc
A 198	Rep from Base	9-4-17	Killed in action



REG. NO.

178140

NAME

McLellan P.

(SURNAME FIRST)

RANK

Plt

CORPS

AGE

SERVICE

NAME OF HOSPITAL

St Johns Mil

PLACE

St Johns

DATE OF ADMISSION

3-3-16

DISEASE

Mumps

DISCHARGE

20-3-16

OPERATION

DISCHARGED TO DUTY

yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



REMARKS .....



Name **McLELLAN,**  
*Rank* Peter Marshall

Pte.

Reg. No. 178140

Unit 87th Battalion

Next of Kin Canada

R. 2-25-m-4648

Date	Movement	Place	Casualty	List No.	Notified N/K O. W.O. List
1916					
22-10	No. 26 Gen. Hosp.	Etaples Bay. Wd. Foot		A46	03900 31-10
29-10	No 6 Con. Depot.	do do	A52.		
9-1.	Base Details.	Boulogne.	do	A115.	
9-4.	Killed in Action.		A193	M3137	30-4.





Surname *McLellan* Christian Name or Names *P.M.* Reg. No. *178140.*  
Rank *Pte.* Unit *87<sup>th</sup> Batta.* Co. Troop Batty.

Hospital *#26 Gen. E Staples* Date of Admission *22.10.16.*  
Transferred *#6 Gen. E Staples* Hosp. *29.10.16*

Hosp.

Hosp.

Hosp.

Diagnosis *Bay wd. Foot (acc)*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Killed in action*  
*9-4-17*

DISPOSITION

Date

*Base Det. Boulogne. 9/17*

REMARKS

*6.7.31.10.16 # 46(2)*

*7.11.16 # 152(2)*

*20.1.17 A.15.*

*30-4-17 a/193*

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

*10/11/17*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



*McLellan 13450*

FORM OF WILL.

I, *Peter Marshall McLellan*.....(Name in full)

Regimental Number *178140*.....serving in *2<sup>d</sup> Battalion C.I.D*

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare his to be my last Will.

I bequeath all my real estate unto

*Miss Lizzie McLellan East Angus P. 2 Can*  
*Miss Jeanie McLellan East Angus P. 2 Can*  
*To be divided equally between them*

Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

*Mr John McLellan*  
*East Angus*  
*P. 2 Can*

Name & Address of person or persons to receive personal estate\* (see note).

In Witness whereof I have hereunto set my hand

this *20*.....day of *June*.....A.D. 191*6*

*P. Marshall McLellan* Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

ESTATES BRANCH  
AUG 9 1917  
MILITIA DEPT.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness.....*Geo R. East*  
Address of Witness.....*87th Can. Infantry*  
Occupation of Witness.....*Major*  
Name of Witness.....*Charles J. Cpl. 177142*  
Address of Witness.....*87<sup>d</sup> Batta. Can Infantry*  
Occupation of Witness.....

38729







CERTIFIED CORRECT.

31 AUG 1916

CAN. RECORDS, LONDON.

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

87th Bn. Canadian Infantry  
(Canadian Grenadier Guards)

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

CANADIAN GRENADIER GUARDS

Unit, Regiment or Corps OVERSEAS BATTALION (87th)

Regimental No. 178140 Rank Private Name McLellan Peter Marshall

Enlisted (a) Dec 8/15 Terms of Service (a) Duration of war Service reckons from (a) Dec 8/15

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) Joined

Report Date	From whom received	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.
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Embarked Canada Halifax Apr 23/16  
Disembarked England Liverpool May 5/16  
Proceeded Overseas for service with 87th Battalion Aug 11/16 Jan O. Co. 87th

L 17-9-16 M.L.O. Disembarked France Havre 12-9-16 L.R.6291

2-10-16	2 <sup>nd</sup> Unit	Bayonet Wound		21-10-16	W 3034 2844
22-10-16	26 Gen.	do do Foot		22-10-16	W 3034 2868
29-10-16	116 Ft.	(au) do do do		19-10-16	236 2847
21-10-16	9 E.C.S.	do do do		19-10-16	236 2848
28-10-16	9 E.C.S.	do do do		21-10-16	236 2851 10
29-10-16	26 Gen	do do do	86 Co Regt.		W 3034 2847
29-10-16	6 Co Capt	do do do		29-10-16	W 3034 2880
16-12-16	do	Wounds: Isolated		16-12-16	W 116-2221 11
9-1-17	do	Class. a. to be sent details		9-1-17	W 3034 2896
14-1-17	do	Proceeding to join Unit		16-1-17	N.A.
13-1-17	do	Taken on strength "a"		13-1-17	N.A.

(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.







178140

# MEDICAL HISTORY SHEET.

ORIGINAL

Surname McLellan

Christian Name Peter Marshall

Examined on 2<sup>nd</sup> day of Dec 1915  
 at Sherbrooke  
 Birthplace { City or Town Low. Barton  
 County Scotland

Approved by G. P. [Signature]  
 Rank Capt. M.O.

Apparent age 23  
 Trade or occupation Farmer  
 Height 5 Feet 8 1/2 Inches.  
 Weight 150 Lbs.  
 Chest measurement { Minimum 35 inches.  
 Maximum expansion 2 inches.

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

Physical development Good  
 Small-Pox Marks no  
 Vaccination Marks { Arm Right  Left  
 Number One  
 When Vaccinated last 1905

Date	Result	VACCINATIONS.
<u>2/17/16</u>	<u>good</u>	<u>A. Lowe &amp; G. [Signature]</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 29/15</u>	<u>good</u>	<u>A. Lowe &amp; G. [Signature]</u> M.O.
<u>Jan 8/16</u>	<u>good</u>	M.O.
<u>Jan 15/16</u>	<u>good</u>	M.O.
<u>10/7/16</u>	<u>SAB</u>	

(b) Slight defects but not sufficient to cause rejection none

Enlisted on 8<sup>th</sup> day of December 1915 at Sherbrooke

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>688</u> <u>Co.</u>	<u>178140</u>		
Transferred to.....	<u>87 BATTN</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.















J.P.

Rank Name MC LELLAN, Peter Marshall ✓ Reg'l No. 178140 ✓  
 Unit 87th Bn. If in perm. Corps, } Married or Single Single ✓  
 What Unit? }  
 Place and Date of Enlistment Sherbrooke. 2nd Dec. 1915. ✓ Place of Birth Low Bunton  
 Name and Address, Next-of-Kin John McLellan. ✓ Kilsyth.  
 Scotland.  
 East Angus. Quebec. ✓ Relationship Father. ✓  
 Assigned Pay Monthly \$ Payable to

Relationship  
 Separation Allowance \$ Payable to  
 Relationship  
 Relationship

*M.X.*  
*30-3-21*  
*R.P.*

N/E. O.B. No. 1573  
 R 39 11  
 F No R.L. 25-M-4648  
 Category Y.A

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.				
		<i>Arrived in England</i>		<i>4 MAY 1916</i>	<i>Empress of Britain</i>
<i>10.8.16</i>	<i>87th.</i>	<i>Embarked For France</i>	<i>Bramshott</i>	<i>II-C-13</i>	<i>AF 103 ch 21.8.16</i> <i>Pr I-00-190</i>
<i>31.10.16</i>	<i>"</i>	<i>Adm l<sup>o</sup> N<sup>o</sup> 26 General Hp</i>	<i>Etaples</i>	<i>22.10.16</i>	<i>CL M a 46. (Bay Wound Foot. Acc)</i>
<i>7.11.16</i>	<i>"</i>	<i>Transf l<sup>o</sup> N<sup>o</sup> 6 Connalescent Depot</i>	<i>"</i>	<i>29.10.16</i>	<i>CL N<sup>o</sup> 232.2 " " " "</i>
<i>20.1.17</i>	<i>"</i>	<i>Transf l<sup>o</sup> Base Delails</i>	<i>Boulogne</i>	<i>9-1-17</i>	<i>- - a 115 " " " "</i>
<i>30.4.17</i>	<i>"</i>	<i>Killed in Action.</i>		<i>9.4.17</i>	<i>CLA 193</i> <i>- and -</i> <i>Part 2 D O 55 24-4.17</i>

I

M



