

ATTESTATION PAPER.

No. **3010012**

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... Nason
- 1a. What are your Christian names?..... Alexis Painter
- 1b. What is your present address?..... Y.M.C.A. Drummond St., Montreal, P.Q.
2. In what Town, Township or Parish, and in what Country were you born?..... New Brunswick/ New Jersey, U.S.A.
3. What is the name of your next-of kin?..... Frank L. Nason
4. What is the address of your next-of-kin?..... West Haven, Conn., U.S.A. SUFFICIENT ADDRESS
A.P.N.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... 12th June 1895
6. What is your Trade or Calling?..... Sugar Chemist
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?..... Yes - 5th B.H.C.
10. Have you ever served in any Military Force?..... 10 mos, Lieut, 1st Reinforcing Coy. R.H.C. C.E.F.
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, Alexis Painter Nason, 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.

Alexis P. Nason (Signature of Recruit)

Date May 3 1917. J. M. Johnson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alexis Painter Nason, 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.

Alexis P. Nason (Signature of Recruit)

Date May 3 1917. J. M. Johnson (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 3rd day of May 1917.

M. M. Mousarrat (Signature of Justice)
M. Col.

Description of Nason, Alexis Painter on Enlistment.

Apparent Age.....**22** years.....**11** 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.....**6** ft.....ins.

Chest measurement. (Girth when fully expanded.....**37** ins.
 Range of expansion.....**2 1/2** ins.)

Complexion.....**Fair**

Eyes.....**Blue**

Hair.....**Brown**

Religious denominations.
 Church of England.....**XX**
 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 he declares that he is not subject to fits of any description.

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

Date.....**MAY 3 - 1917**.....191

Place.....**MONTREAL, P. Q.**.....
 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:—

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4

for
 President, S. M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....**Alexis Painter Nason**.....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.

.....*J. M. Holton*.....(Signature of Officer)
S. M. B.

Date.....**May 3**.....191**7**.

Unit _____ Rank Lieut Name Alexis P. Nason

card written

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

DEPT
MILITARY DEFENCE
JAN 31 1917
H.Q.
CANADA

TRANS FROM 5 R.H.C. (BANK)
10 C.D.F.
AU. H.Q. 332-6-34
30/14/17

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

MILITARY DISTRICT No. 4
SEP 28 1916
M.D. 4

1. (a) What is your Surname? Nason
- (b) What are your Christian Names? Alexis Painter
2. (a) Where were you born? (State place and country) New Brunswick, N.J. U.S.A.
- (b) What is your present address? St James St Barracks, Montreal, P.Q.
3. What is the date of your birth? June 12th, 1894
4. What is (a) the name of your next-of-kin? Frank L. Nason
- (b) the address of your next-of-kin? 70 Chestnut St West Haven, Conn. U.S.A.
- (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? Assis. Chemist (Sugar)
6. What is your religion? C. of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? R.A. of C.
9. State particulars of any former Military Service... 3 mos 1st Rein. Coy R.H.C. C.E.F.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Alexis Nason (Signature of Officer.)
Lieut.

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 27th Feb 1916

Place Montreal

A. K. Roberts
Medical Officer.

*Insert here "fit" or "unfit".

Trans. sent 22-11-17

5-179/173/1/17

Form Name

OFFICER'S DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE
JAN 23 1917

QUESTIONS TO BE ANSWERED BY OFFICER

Answered

1. What was your rank and position at the time of your capture?
2. What was your name?
3. What was your service number?
4. What was the name of your ship?
5. What was the name of your vessel?
6. What was the name of your ship?
7. What was the name of your ship?
8. What was the name of your ship?

(Signature)

At the time of your capture, were you wounded and hospitalized?

How long did you stay in the hospital for your wounds?

What was the name of the hospital where you were treated?

CANADIAN OVERSEAS EXPEDITIONARY FORCE

CERTIFICATE OF THE BOARD OF ENQUIRY

Whereas the following officer has been reported to have been captured by the enemy:

Name of Officer: _____

Rank and Position: _____

Service Number: _____

Date of Capture: _____

20/12/11



Officers
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 NASON ALEXIE PAINTER

Regt. No. _____ Rank Serjeant

Corps 13th Bn 15th B. H. G. C.
H. in A. 1.10.18.

13



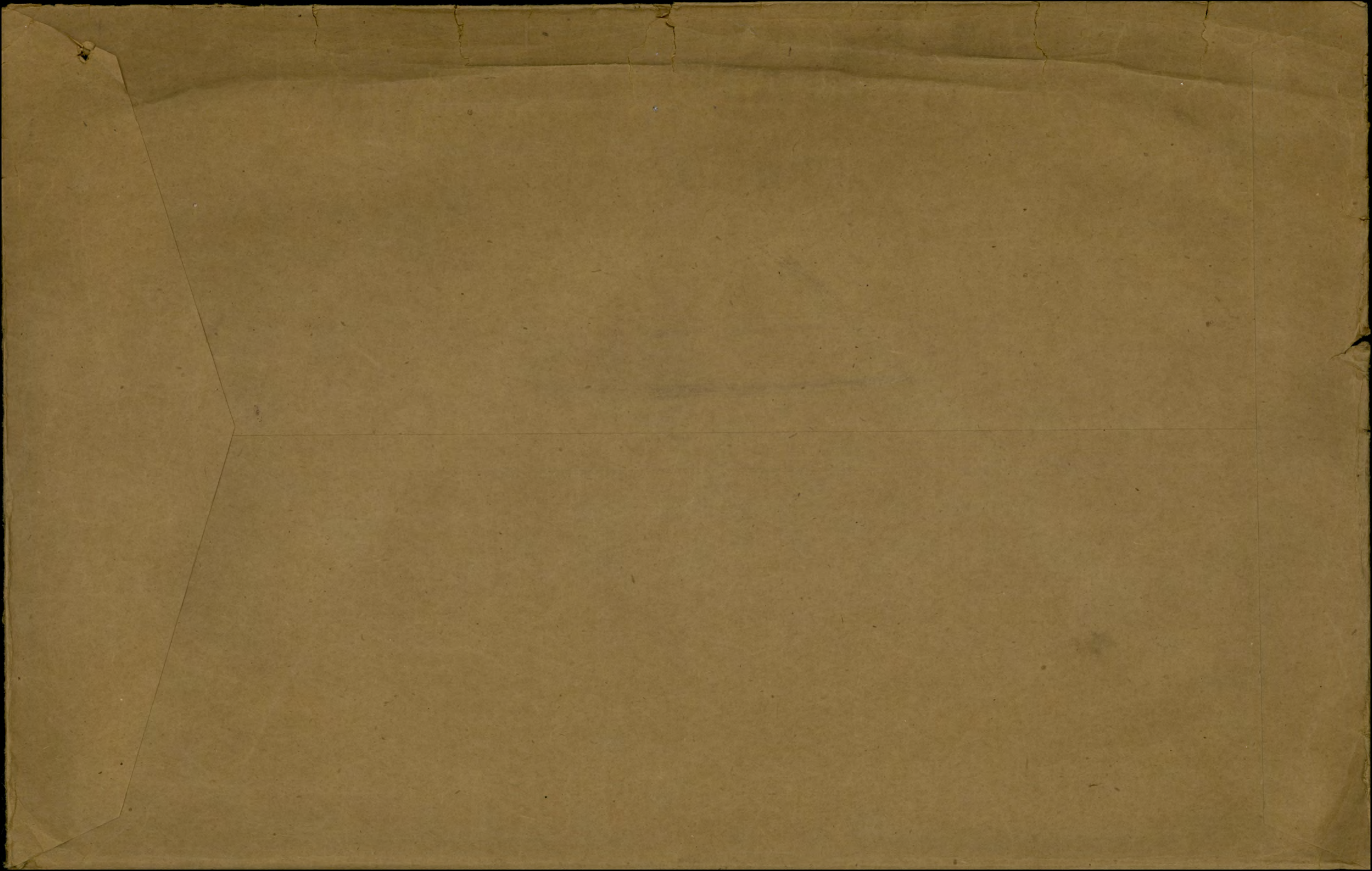
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1-8
1-8

Handwritten notes:
A. D. B. 122-1
M. D. B. 465-1
M. D. W. 67-1
Cas card - 1
1 Copy held
1/10/18
1/10/18

Handwritten note:
M. X. 3/3/20 Ind.



332-5-134

CARD NO. V

⁷⁰~~10~~ D¹⁰
SURNAME. *Nason*

CHRISTIAN NAMES *Alexis Painter*

REGL. NO. ~~3010012~~

RANK ~~Pte. Sergt.~~ *Temp. Lieut.*
(Auth. Submer. 3896. 24-3-18)

UNIT *5th R. H. C. (4th R. I.)*

FORMER CORPS *R. H. C. (1st Reinf) 10 mos Lieut*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Nason, Frank L.*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *70 Chestnut St. West Haven Ct.
U. S. A.*

COUNTRY OF BIRTH *U. S. A. New Brunswick, N. J.* DATE *June 12th 1895.*

PLACE OF ATTESTATION *Montreal, P. Q.* DATE *May 3rd 1917.*

Pres. attested in 5th R. H. of C. Reinf. at Montreal 37-9-16 as Lieut. and trans. from 5th R. H. of C. 2nd Reinf to C. D. 7th Auth. H. Q. 332-5-134 letter A. A. S. 30-4-17 with effect 25-4-17.
L. L. 10437. M. & D. 7253. *O/S. 610-17. 940-3.*
M. F. W. 25 203a. -1-1d. H. Q. 1772-39 333.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Sugar Chemist

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

22 YEARS

// MONTHS

HEIGHT

6 FEET

- INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

May 3rd, 1917.

Present Address:

*Y. M. C. A., Drummond St.
Montreal, P.Q.*

REGT'L. No. _____

NAME

Nason, Alexis Painter

H. Q. FILE NO. 649

RANK AND CORPS

Lieut 13th Bg form

FOLLOWS
NO.

59711 c. 4th RD.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

N.K.

Nason, Frank L. (Father)

212.1104. 5-10-18.

70 Chestnut St West, Haven Ct.

01635. 7-10-18.

Killed in action, Oct 1st 1918. ^{USA}

1-1.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS



No. 3010012 . RANK *Sgt.*

NAME *Mason, A. P.*

T. O. S. 3-5-17.
(P.O. 105.)

UNIT *5th Regt. Royal Highlanders of Can.
Reinforcing Draft.*

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>May 3.</i>	<i>May 31.</i>			
<i>June</i>		<i>m.</i>	<i>to be Sgt. 3-5-17.</i>	<i>P.O. 105.</i>
<i>July</i>		<i>m.</i>		
<i>Aug</i>		<i>m.</i>		
<i>Sept.</i>		<i>L</i>		
		<i>L</i>	<i>P/O</i>	



No.

RANK

Lieut.

NAME

Nason, A. P

T. O. S.

26.9.16.

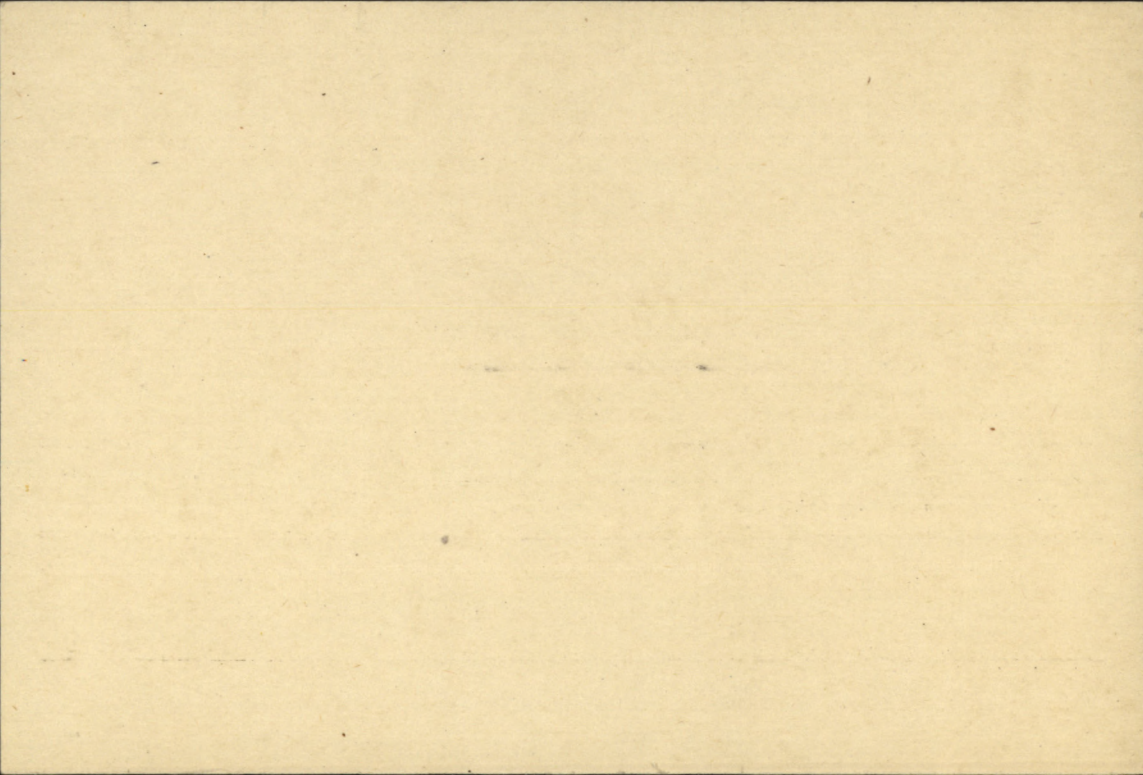
UNIT

5th Regt.

(D.O. 98 of 24.10.16) Royal Highlanders of Can.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept. 26	1916 Oct. 31	✓		
	Nov.	✓	Trans. to 2nd Reinforcing Co.	D.O. 118 of 17. 11. 16.
	Dec.	✓	now on " "	D.O. 13 of 1. 12. 16.
	1917 Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
may 1	may 3	✓	now on # 2 Reinforcing Draft S.O.S.	D.O. 105,
a/c closed by payment. S.				



Number..... Rank. *LIEUT*

Surname..... *NASON*

Christian Names..... *ALEXIS PAINTER*

Unit..... Theatre of War. *FRANCE*

Dates of Service.....

Remarks..... *D*

Latest Address..... *Miss Doris Spackman*

259 Bishop St.

Roll No. *Page 1853 Montreal, P.Q.*

G.A. 62- Roy - APR 1 - 1921

G 51619 seth

SEP 14 1921

N ✓
NASON, Alexis Painter--Lieut-13th BN.

not elig. for 1914-15 star

✓
1621

MEDALS &
DECORATIONS

Miss Doris Spackman,
259 Bishop St.,
MONTREAL. P.Q.

PLAQUE &
SCROLL

Frank L. Nason, (father)
259 Bishop St.,
Montreal. P.Q.

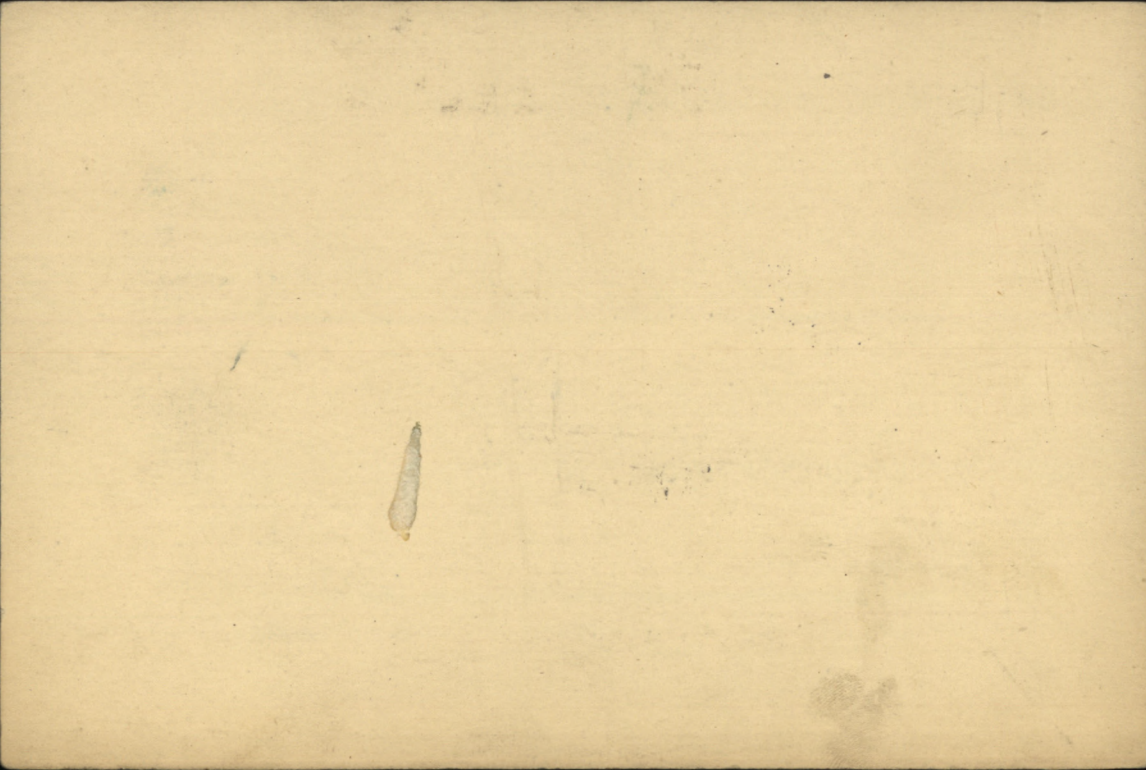
Serial No 783478

CROSS OF
SACRIFICE

Scroll Desp. ~~FEB 22 192~~ Reqn No. ~~2-22289~~
NO. Mother predeceased.

Plaque Desp. ~~JAN 25 1922~~ Reqn No. ~~PC 5451~~

amp.



Surname.
NASON
Rank.

Christian Name.
A. F.
Unit.

Lieut. 13th. Batt'n.

Date of admission.

Hospital.

Transferred Hosp.
..... Hosp.
..... Hosp.
..... Hosp.

R.F., G.H.Q., KILLED in ACTION: -1-10-18. R

Diagnosis.

Later diagnosis.
.....
.....
.....

Disposition.
5-10-18 1104.

Date.
.....

C.L. Remarks.
C.L.
C.L.
C.L.
C.L.
C.L.
C.L.
C.L.

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

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

CERTIFIED CORRECT

26 AUG 1918

CASUALTY RECORD OFFICE

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 5th R.H. of C. C.D.F.

Regimental No. 3010012 Rank Private Name Nason, Alexis Painter
Leut Overseas Coy. C.E.F.

Enlisted (a) 3/5/17 Terms of Service (a) C.E.F. 2 Yrs Service reckons from (a) 3/5/17

Date of promotion to present rank 24.2.17 Date of appointment to lance rank 1.6.30628 Numerical position on roll of N. C. Os.

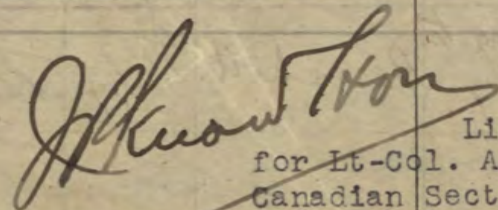
Extended Re-engaged Qualification (b) Suppl Chemist

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 HALIFAX 4/10/17			
		DISEMBARKED Liverpool 17/10/17			
					<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> H </div> </div> </div>
					<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Checked <u>23.2.22</u> </div>
20/10/17	20 Res. Bn	O. O. 8.	Bramshott	17/10/17	D. O. 296 <i>cancelled</i>
20/10/17	20 Res	App of Sgt Wootton	Bramshott	4/10/17	D. O. 29 <i>D. O. 230</i>
8.11.17	20 Res.	Granted free transportation	Bramshott	8.11.17	60/412355/6 D.O. 305
3.12.17	20 Res	Entry D.O. 296 23/10/17			<i>is cancelled</i> D.O. 230
3.12.17	20 Res	appointed as Sgt and from 1/10/17 to 31/1/17	Bramshott	3/1/17	D.O. 230
3.12.17	20 Res	appointed as Capt Wain	Bramshott	2/1/17	D.O. 230
27.12.17	0 20 Res Bn	D. O. 5 on posting to 1st Que Reg Depot	Bramshott	26/12/17	D.O. 254 <i>Handwritten signature</i>

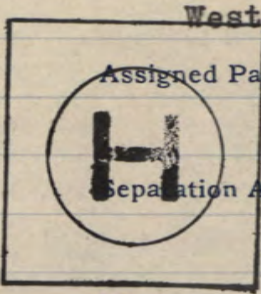
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

m. 160. 20th Res Depot Coy.

Ernest A. F. Mason

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				
27-2-17		TAKEN ON STRENGTH 1st. Quebec Regt'l. Depot,	Bramshott	Pl. H. D.O. 72.	26-12-17
23-3-18		1st. Que. Regt'l. Depot. POSTED TO 20 th Res Bn on being granted a Commission in the C.S.		Pl. H. D.O. 72.	23-3-18
12-4-18	W.O	To be Imp here Que Regt 24.3.18 H.C. 30928	produced by	ADJUTANT, 1ST. QUEBEC REGT'L. DEPOT.	
25-3-18	20 Res	T.O.S.	B'phott	24-3-18	D.O. 84
19-8-18	20 Res	S.O.S. on proceeding overseas to 13 th Battr. R. H.C.	B'phott	19-8-18	D.O. 1231
21/8/18	6280 rw-o	Taken on strength 13 Bn	6280	21/8/18	Photo 97. 23/8/18
22/8/18	6280 ccrc	left for Arrived	ccrc	22/8/18	KB
4/9/18	13 Bn	left for joined	13 Bn	4/9/18	KB
7/9/18				5/9/18	B 213
4-10-18.	GHQ List	KILLED IN ACTION.	Fld.	11/10/18	List 1493. Part 11 O. 127 8-10-18.
 Lieut. for Lt-Col. A.A.G. Canadian Section, 3rd. Echelon. G.H.Q.					

CR. Rank **NASON, Alexis Painter** Reg'l No. **3010012.**
 Dft. 2nd Rein. Coy. 5th Unit **R.H.C. to Q.R.D.** If in perm. Corps }
 What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **Montreal, May 3rd, 1917.** Place of Birth **New Brunswick, N.J., U.S.A.**
 Name and Address, Next-of-Kin **Frank. L. Nason.**



West Haven, Conn., U.S.A. Relationship **Father.**
 Assigned Pay Monthly \$ Payable to
 Relationship
 Separation Allowance \$ Payable to
 Relationship

M

Discharge, Date and Place Reason Character
 H. W. V., Ld.—9546-16.

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		17-10-17	S/S Metagama
30-10-17	20 th Res Bn	Taken on strength	Bramshott	17-10-17	P/O 50 296
30-10-17	-	App't of Serg't with Pay	Bramshott	4-10-17	" 296 ⊕ Cancelled by P/O. 330.
3-12-17	-	P/O. 296 30-10-17 is Cancelled.	-	-	- 330. ⊕
3-12-17	-	App't to Rank of 2 nd Sgt with Pay	"	4-10-17	- 330
3-12-17	-	Reverts to Rank	-	3-12-17	- 330
3-12-17	-	App't of Cpl with Pay	-	4-12-17	- 330
27-12-17	1 st Que	W.O.S. on posting from 20 th Res	B'chatt	26-12-17	DO 257
29-12-17	✓	On Com O.T.C. Rexhill	"	28-12-17	DO 259
23-3-18	✓	Granted Commission in Lt-7 & is S.O.S. to 20 th Res	"	23-3-18	DO 72

Dear HI

420 354 d/27-12-17 of 20th Res

Surname **NASON**Christian Names **Alexis Painter.**Rank **3010012 A/Cpl.1st.QRD.**

Name and Address of Next-of-Kin

Promotion **T/Lieut.****Frank I. Nason, (Father)****West Haven, Conn. U.S.A.**Unit **1st. Que. Regt.**Place of birth **U.S.A.**Married (Yes or No) **No.**

Appointments

Date of leaving Canada

Date and Cause of Resignation

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>13.4.18</i>	<i>WO</i>	To be Temp. Lieut. 1st. Que. Regt.	<i>24.3.18</i>	<i>Lon Gay 30628</i>	
<i>25.3.18</i>		20th. Res. Bn. Taken on strength.	<i>24.3.18</i>	<i>Pt. II. O. 84.</i>	
<i>19.8.18</i>	<i>- do -</i>	S.O.S. Proceeded overseas to 13 th Bn	<i>19.8.18</i>	<i>Pt. II. O. 231</i>	<i>ATP</i>
<i>23.8.18</i>	<i>13th Bn</i>	T.O.S. on Arrival from England as Recpt.	<i>21.8.18</i>	<i>Pt. II. O. 97</i>	<i>20000. 100</i>
<i>5.10.18</i>	<i>AMS</i>	Reported from GHQ "Killed in Action"	<i>1.10.18</i>	<i>CL1104</i>	

*8857***M***One
to
NE*



ORIGINAL

MEDICAL HISTORY SHEET

Surname Nason, Christian Name Alexis Painter

Examined { on _____ day of _____ 191____
at _____
Birthplace { City or Town New Brunswick, N.J.
County U.S.A.

Approved by _____
Rank _____ M.O.

Apparent age 22 - 11
Trade or occupation Sugar Chemist
Height 6 feet _____ Inches
Weight 150 lbs.
Chest measurement { Minimum 34 1/2 inches
Maximum expansion 37 inches
Physical development Good
Small-pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
		Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	M.O.
		<i>[Signature]</i> President, S. M. B.	M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right Left
Number 1
When Vaccinated last 1917 - school
(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS	M.O.
<u>6/11/16</u>	<u>reg.</u>	<u>Dr Parley by Act.</u>	M.O.
<u>10/4/17</u>		<u>Albany Reg.</u>	M.O.
<u>2/10/17</u>		<u>H. Maest, Capt.</u>	M.O.

(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>10/10/16</u>		<u>Dr Parley by Act.</u>	M.O.
<u>19/10/16</u>		<u>Dr Parley by Act.</u>	M.O.
<u>29/10/16</u>		<u>Dr Parley by Act.</u>	M.O.

T.A.B. / 1-5-18 2 *[Signature]*
2-10-18 2 *[Signature]*
22/10/17 H. Maest
22/10/17 reg.
22/10/17 reg.

Enlisted on 1 day of May 1917 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>5th Royal Highlanders of Canada, C. D. F.</u> <u>Overseas Company, C. E. F.</u>			
Transferred to	<u>20th CANADIAN RES. BTN. R.H.Q.</u>	<u>2010012</u>	<u>Leut</u>	<u>OCT 30 1917</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.

Duplicate.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

NOT APPLICABLE

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... ~~2nd Reinforcing Co. 5th R.H.C., C.E.F.~~
5th Royal Highlanders of Canada, G. D. F.
Overseas Company, C. E. F.

(2) Regimental Number..... 3010012

(3) Full Name of Soldier..... Nason, Alexis Painter

(4) Place of Birth..... New Brunswick, N. J. U.S.A.

(5) Are you married, or not?..... No

(6) If married, state,
 (a) Full name of your wife..... NOT APPLICABLE

(b) Present Postal Address..... NOT APPLICABLE

(7) Are you a widower?..... No

(8) Have you any children?..... No

If so, give number of boys and girls..... NOT APPLICABLE

Also their names and ages..... NOT APPLICABLE

..... NOT APPLICABLE

..... NOT APPLICABLE

(9) Is your Father alive?..... *Yes - Frank L. Mason*
If so, state name and address..... *West Haven, Conn. U.S.A.*

(10) Is your Mother alive?..... *No*
If so, state name and address..... **NOT APPLICABLE**

(11) If your Mother is a widow.....
Are you her sole support, or not?..... **NOT APPLICABLE**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
..... **NOT APPLICABLE**

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
..... **NOT APPLICABLE**

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
..... **NOT APPLICABLE**

(15) Are you insured?..... *No*
If so, in what Company?..... **NOT APPLICABLE**
Have you made arrangements for payment of your Insurance premium..... **NOT APPLICABLE**
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... *3/5/17*

J. M. Olson Lieut A./O.C.
.....
..... 3th Royal Highlanders of Canada, C.D.F.
..... **Officer Commanding F.F.**

FORM OF WILL

I, Alexis Painter Nason.....(Name in full)

Regimental Number 3010012.....serving in 2nd Reinforcing Co.,
5th R.H.C., C.E.F.

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

I devise all my real estate unto

Frank L. Nason.....
70 Chestnut St., West Haven.....
Conn. U.S.A......

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

and any which shall in future be left to me
absolutely, and my personal estate I bequeath to

Miss Doris Spackman.....
259 Bishop St., Montreal.....
Prov. Que. Canada.....

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 14th day of June A.D. 1917

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Alexis Painter Nason.....Signature of Soldier.

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

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.

Signature of First Witness.....H. M. Fiano.....Lieut.....

Address of Witness.....519 Clarke Ave., Westmount, P.Q......

THE TWO
WITNESSES

Occupation of Witness.....Soldier.....

MUST
SIGN HERE

Signature of Second Witness.....Geor. Wishart.....

Address of Witness.....1808 c. Boyce Street, Montreal, P.Q......

Occupation of Witness.....Soldier.....

I hereby certify that this document is a true copy of an original document now in possession of this office.

L. A. Husband, Capt.
for Director Military Estates.

APR 14 1919

FORM OF WILL

THE STATE OF CALIFORNIA
COUNTY OF []
I, [] of the County of [] State of California, do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the County of [] State of California.

WITNESSED my hand and seal of office this [] day of [] 19[]

[]

Name: - 3010012 of/Ch Nason Alexis Painter.

LAST PAY CERTIFICATE.

PARTICULARS.

1. L.P.C. Issued, date 10. 4. 18 2. Authority List B43 - 9/4

Discharged to Commission out 70 23-5-18 4. Pay Book Verified 10. 4. 18

Balance shown on L.P.A. \$ 81. 14. 43 6. Balc. shown on Ledger Sheet \$ 81. 14. 43

Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
		nil		

8. Ass'd Pay Cancelled A3M forms rendered 10/4/1918.

9. Sep. Allee. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Certified Correct.

Officer in Charge "N" 21

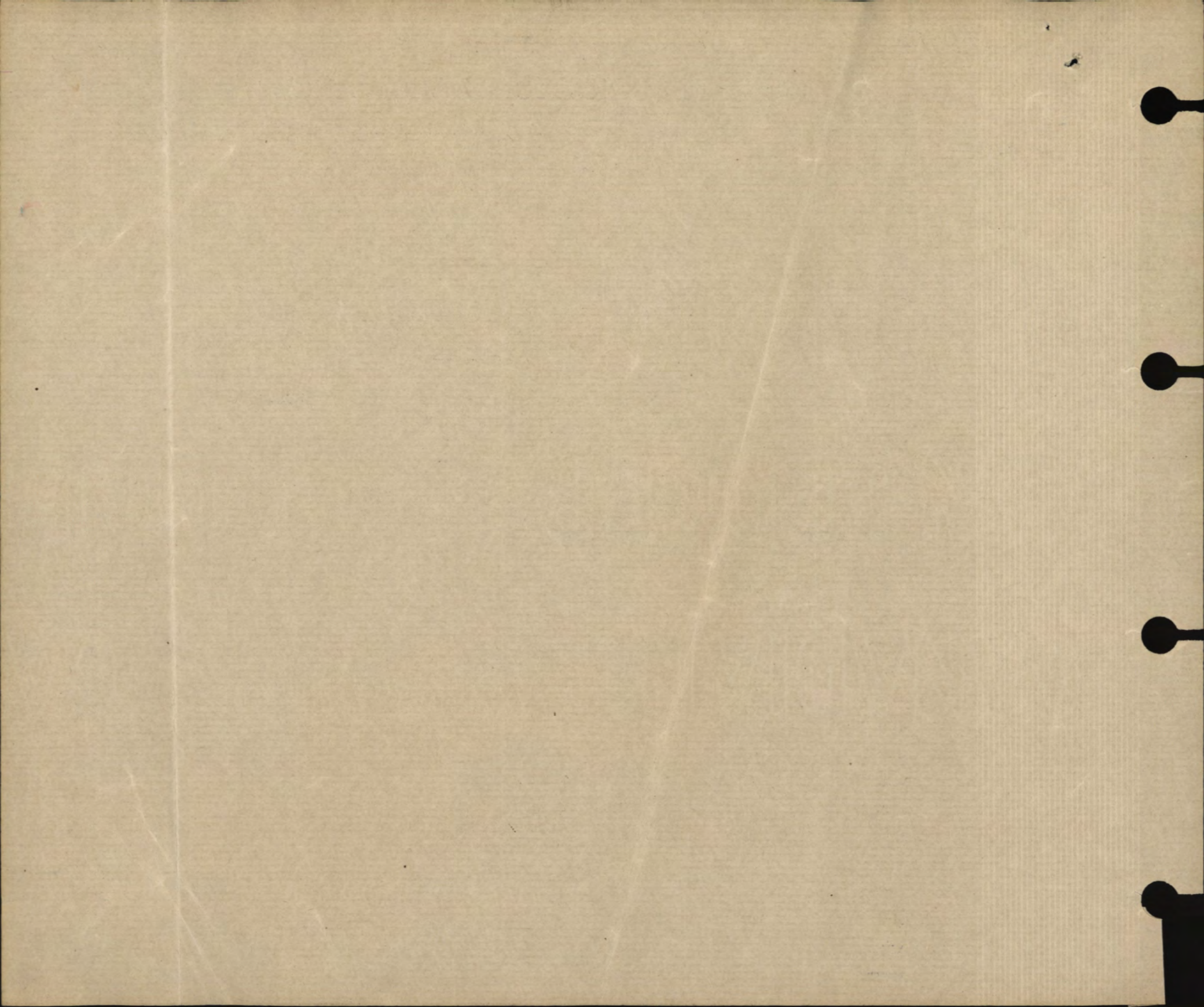
SEPARATION ALLOWANCE

Name *Bank of Montreal (credit)* Name of Soldier *Nason Alexis P.*
 Address *West End Branch* Regtl. No. *3010012*
cor St Catherine @ Mansfield St Rank *Sgt*
Montreal Corps *2 Reinf Co 5th R. H.C.*
 Relation to Soldier *Wife* To what Corps belonging }
 wife, child or mother } *22⁰⁰* } *1917* when called out }

OCT 1 1917
PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Bank of Montreal

PAYMENTS

Name of Soldier

Jason Alexis P.
5th R.H.C.

L. L. Job 4503 - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>22⁰⁰</i>
				<i>OCT 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>I 49346</i>	<i>22 - 6</i>	
Nov.		<i>I 50545</i>	<i>22</i>	
Dec.		<i>T 63097</i>	<i>22</i>	
Jan.	1918			<i>66</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Formerly 3010012 at bpl

1919-11 22

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

20th Regt
Bn.

Pay 2⁰⁰

F.A. 60

Messing 1⁰⁰

3-60

Lieut
L

24/18

DG 365-5-4-18
L 43 B

Name

Initials

Bank

Wason

Alexis Wason

of Montreal
Imperial Bk

\$ 22.00

Killed in Action 1⁰/18 & L. 1104 d/5¹⁰/18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Apr 1	badet alicc	14973					9-0-0 } 250 ⁰⁰	
"	Outfit	16331					42-7-5 }	
20	PLA @ Lts rates 24-31 ³ /18 msg 24 ³ /18	Vo 1231	28	80				
20	" " " Bank	730		14	37			
20	D ¹ Bal from Pay II 23 ³ /18	Vo 967		14	43			
21	Pay apr. h.		108					
22	" " " Bank	730 0959		86				
22	AP Canada				22			
May 15	Pay R		111	60				
9	AP Canada				22			
22	" " " Bank	2474		89	60			
June 11	AP Canada				22			
18	Pay R		108					
22	" " " Bank	4063		86				
July 15	AP Canada				22			
17	Pay R		111	60				
22	" " " Bank	5515		89	60			
Aug 12	AP Can.				22			
15	Pay R		111	60				
22	" " " Bank	7009		89	60			
Sept 14	Q.L. Can.				22			
17	Pay R		108					
21	" " " Bank	8930		86				
Oct 16	AP Can				22			
16	Pay R		111	60				
Nov 22	Adjst FA fr 12 ⁹ /18-31 ¹⁰ /18		20	-				

Dist form to Acty Beh 20⁶/19
 P. to base 31¹⁰/18
 Refer to Ledger 21
 11/10/18 No deposits
 Transf. J. Led. 22 to Led. 11
 ME 2586 NOV. 1918
 rendered 31-549 109.60

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
July 16	Bro Forward Ct Bal trans to Ct Lt 31 July 1858.			109 60		109 60		

Separation and Assigned Pay Branch

N

172 Oct 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

22			
----	--	--	--

Bank Account

3L3 N22 pp.

PARTICULARS OF SEPARATION ALLOWANCE

No. 3010012
 Rank Sgt Promoted *Supp Lieut 24-3-18* Reverted Discharge
 Soldier's Name Alexis P. Mason
 Battalion 2 Reinf Co 5th R.H.C.
 Beneficiary
 Relationship
 Address

(Credit)

PARTICULARS OF ASSIGNMENT

Name Bank of Montreal
 Address West End Branch *Ottawa Ont.*
 Change of Address *Cor St Catherine & Mansfield St Montreal*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					13411-a-7
Dec 31			66	66	
Jan 18	H 63623		22	22	M.R.O. 1 ^B issued 26 ³ / ₈
Feb "	E 68633		22	22	
Mar "	U 84976		22	22	Mailed 27 ³ / ₈ Special adj. cheque 22.00 in Mar. ordered 26 ³ / ₈
Apr "	H 1565		22	22	H 1565 mailed 1-5-18
May	R 20326		22	22	
June	N 24499		22	22	
July	H 33953		22	22	
Aug	R 35767		22	22	
Sept	U 45710		22	22	
Oct	J 46547		22	22	
			286	286	

KILLED IN ACTION
 DIED OF WOUNDS DATE 1-10-18
 C. L. No 326.41 DATE 9-10-18
 M. R. O. 13260 TO DESTROY RENDERED 15-10-18
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 13411-a-7
 CLERK *[Signature]* DATE 15-10-18

M. F. W. 128. 400mc-17-1772 39-1141 L. L. 2230-M. & D. 7593.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

