

24 Original

ATTESTATION PAPER.

No. A 23746

Folio. 622978

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... August Persichini
2. In what Town, Township or Parish, and in what Country were you born?..... Point Lewis Que
3. What is the name of your next-of kin?..... Lucy Virginia Persichini (Mother)
4. What is the address of your next-of-kin?..... Monte Cassino Blk, Potage Ave
5. What is the date of your birth?..... Aug 6 - 1891
6. What is your Trade or Calling?..... Clerk
7. Are you married?..... etc
8. Are you willing to be vaccinated or re-vaccinated?..... Yes + inoculated
9. Do you now belong to the Active Militia?..... etc
10. Have you ever served in any Military Force?..... etc
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

44th OVERSEAS BATT. C.E.F.



A. Persichini (Signature of Man.)
A. S. Lambert (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, August Persichini, 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.

A. Persichini (Signature of Recruit)

Date Sept 20 1915 A. S. Lambert (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, August Persichini, 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.

A. Persichini (Signature of Recruit)

Date Sept 20 1915 A. S. Lambert (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 Camp Hughes this 27th day of Sept 1915.

Just Campbell (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. S. Lambert (Approving Officer)

Description of August Persichini on Enlistment.

Apparent Age 24 years 1 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. 4 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

None

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes mentioned in the regulations for Army Medical Services.
 He can see at a normal 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* Sgt Sgt for the Canadian Over-Seas Expeditionary Force.

Date Sept-00 1915.

Place Winnipeg

M. C. Brown Major
 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.

August Persichini 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. Shumburne (Signature of Officer)
 MAJOR

Date 27th Sept. 1915.

COMMANDING 44th OVERSEAS Bn. C. E. F.
 FOR O. C. ON LEAVE

10 4/10 etc.

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

- S** 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.....

42

Name PERSTICHINI, AUGUST
Regt. No. 622978 Rank pl-
Corps 43 Bn (44 Bn)

4225

44B122-1, O.S.B. 20906 ✓

Box 7754

TP149 - 1
1 card
R. 122



35 - 25
18 - 25
3 - 25
2

M. F. W. 62.
50M-9-16.
H. Q. 1772-39-935.

dm-x
ae-ee
22

Phon

622978

I.D. number
No. d'identification

PERSICHINI

Surname
Nom de famille

AUGUST

Given names
Prénoms

**PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL**

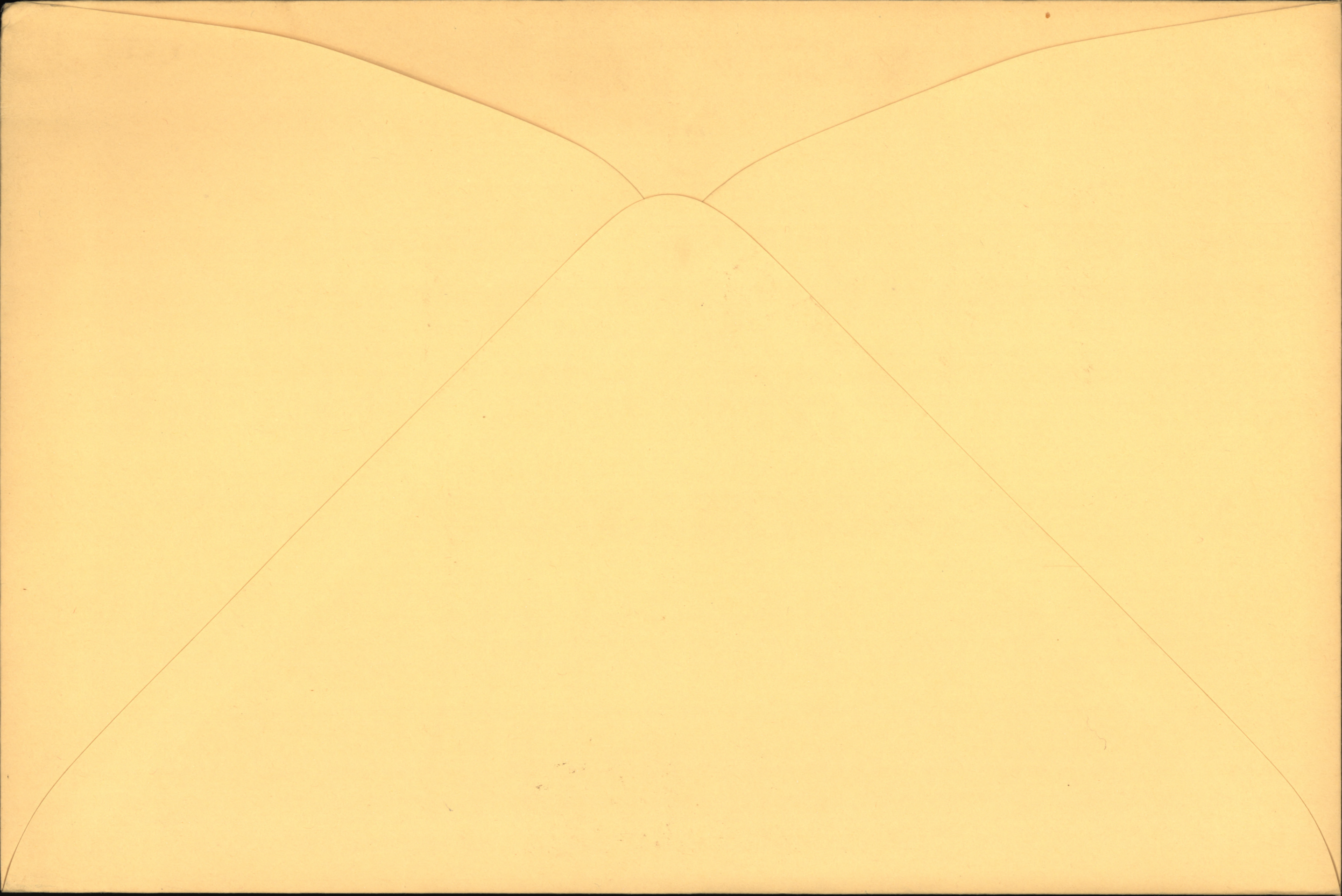
**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

7754

**«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»**



Review
MJ

B
V

Number... 622978... Rank... Pte...

Surname... PERSICHINI...

Christian Name... August...

Units... 43rd rd Gen. Cav. Theatre of War... France

Date of Service... 16-4-16... *D*

Remarks... *father*

Latest Address... Mr. B. Persichini Esq.
Suite 1. Monte Casino ^{Block}

Roll No. *B* Page 9826 Portage Ave. Winnipeg
Man.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP FEB 14 1928
REGN. NO. 11840

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

Name **PERSICHINI** Rank **Pte.**

Reg. No. 622978

August
Unit **43RD. BATTALION**

25-P-1252

Next of Kin **CANADA.**

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-10.	REPORTED FROM BASE:		MISSING.	A191.	04274	7/11
<i>how for official purposes presumed to have</i>						
<i><u>DIED</u> by or since 8-10-16</i>						
<i>Cancel entry on No Br Car list A405</i>						
8-10-16	Killed in Action			A86	M6499	<i>help on file.</i>

NAME

Persichini August

(649-P-2754.)
D

RANK & No.

Pte.

6X22978

CORPS

44 th.

Batt

ENLISTMENT, PLACE

Camp Hughes
Mil.

DATE

Sept. 27, 1915

S

FORMER CORPS

COUNTRY OF BIRTH

Canada, Point Lewis, Que.

NEXT OF KIN

Persichini Virginia (mother)

ADDRESS OF NEXT OF KIN

Monte-Cassino Bldg Portage Ave.
Winnipeg Man.

DISCHARGE, PLACE

DATE

0/823-10-15-243
17

REMARKS:

Persichini

H. Q. FILE No. 649-

NAME ~~Persichini~~ August.

REGT'L. No. 622978.

RANK AND CORPS Pte. 4th Bn. (from 44th Bn.)

CABLE

NATURE OF CASUALTY

NO.

DATE

C.

04274.	6-11-16.	Rep. missing Oct 8. 1916. ✓
bas. Rept	17-5-17	Prev. rept. missing now for office.
A. F. B.	20-9-16.	purposes presumed to have died
Date	15-8-17	on or since 8-10-16.
Rec.	27-9-17	date rec. 12-6-17.
M 6499	15-12-17	Prev. rep. missing, now reported
11-3.		killed in action Oct. 8th
A. F. B. 209a	11-12-17	1916. ✓
(noted 7-3-18)		

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- A 191⁽²⁾ Rep from Base 8-10-16 missing.
- A 405 ~~Rep. up. missing, now for official~~
~~purposes presumed to have~~
~~died Oct. 11 since 8-10-16~~
- A 86⁽¹⁾ ~~Rep. up. missing~~ now rep. Killed in action
 8-10-16.
- Cancelled
Casper list
56-44

649-P-3754

Persichini, A. Pte.# 622978-43rd.Bn.

not elig. for 14-15 star.

Medals & Dec. (Father)

Mr. B. Persichini, Esq.,
Suite 1, MonteCassino-
Block,
Portage Ave., Winnipeg,
Man.

P. & S. (Father)

See above.

(Ser. #496498.)
Mem. Cross.

(Mother)

Mrs. Virginia Persichini,
Suite 1, Monte-Cassino-
Block,
Portage Ave., Winnipeg,
Man.

Roll Desp. APR 4 - 1921 Reqn. No. 2.33040

Plaque Desp. JUL 30 1921 Reqn. No. P.805

18?

desp. OCT 1 - 1920 (u) @ 255233

AM

M

668

No. 23746 RANK

Pvt

NAME

Persichini? a.

422978 Oct 1915

T. O. S. 20-9-15

UNIT

44th Battalion. C. E. F.

(W. O. 197 Sept 1915)

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>Sept 20</i>	<i>1915</i> <i>Sept 30</i> <i>Oct</i> <i>Nov</i>	<i>✓</i> <i>✓</i> <i>u.</i>		

UNIT SAILED

OCT 23 1915



Surname **Persichini** Christian Name or Names **A.** Reg. No. **622978**
Rank **rte** Unit **43rd Bn** Co. **Man** Troop Batty.
Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

~~P.R.M. Now for Off. purp. pres. to have Died on~~
~~or since 8-10-16~~ *R pres rept missing*

DISPOSITION

How you killed in Action 8. 10. 16 Date *14*

CL. 4-8-17 A405 cancelled. REMARKS

12. 12. 17. Asb C @ Nov.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL MEDICAL HISTORY SHEET.

Surname Persichini Christian Name August

Examined { on 18 day of Sept 1915
at Winnipeg
Birthplace { City or Town Pont Lewis
County Ind. Co.

Approved by A. Owen
Rank _____ M.O.

Apparent age 34 yrs
Trade or occupation Clerk
Height 5 Feet 4 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 34 inches.
Physical development Good
Small-Pox Marks _____

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

Vaccination Marks { Arm Right Left
Number 2
When Vaccinated last _____

Date	Result	VACCINATIONS.
<u>Oct 2</u>	<u>Pos</u>	<u>Env</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Oct 2</u>	<u>React</u>	<u>Env</u> M.O.
<u>11/12</u>	<u>✓</u>	<u>Env</u> M.O.
		<u>Env</u> M.O.

Enlisted on 18 day of Sept 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>44th Batt</u>	<u>22746</u>	<u>Good</u>	<u>Sept 18/15</u>
Transferred to.....		<u>622978</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

F. 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.

Rank

Name

PERSICHINI August

Reg'l No. 422978

R-122.

Unit

44th Bn

If in perm. Corps,
What Unit?Married or Single SinglePlace and Date of Enlistment Camp Hughes, 20 Sept 1915Place of Birth Point Levis, Que.Name and Address, Next-of-Kin Mrs Virginka, PersichiniMonte Cassino Blk, Portage Ave, WINNIPEG Relationship

Mother

Assigned Pay Monthly \$

Payable to

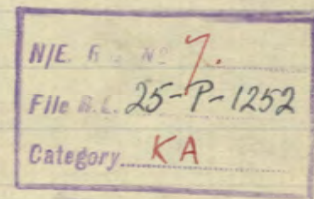
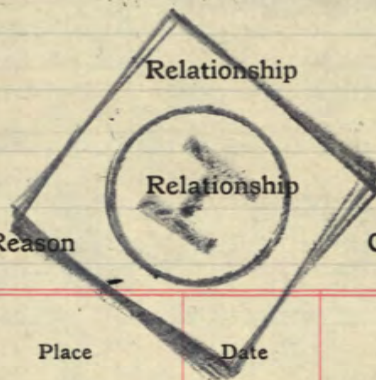
Separation Allowance \$

Payable to

Discharge, Date and Place

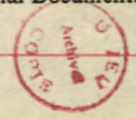
Reason

Character



on X.
22.9.20
R

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 per Stapland Mil. H.</i>		30 OCT 1915	
9.12.15	Adj. H.H.H.	Admitted to hospital.	Influenza Bramshott.	9.12.15	Part II Order. 253
10.12.15	"	Discharged from hospital	"	"	" " " 254
17-11-16	-	S.O.S. H.H. 4th Bn	Ypd to 43rd Bn France	15-11-16	- - - 108
30-4-16	To 43rd	Taken on Strength	43rd Field.	16-4-16	- - - 9
7.11.16	"	<i>Missing</i>		8.10.16	C.L.A. 191 M.
8.11.16	"	<i>Previously missing; now</i>		8.10.16	PT II 60.
8.17	"	Report for foots presumed to have died on 17.11.16		8.10.16	C.L.A. 405 C.L.A. 86 of 11/17.
11.12.17	MsB. (43)	<i>Previously missing; now killed in action</i>		8.10.16	C.L.A. 86



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				
11. 12. 17	43rd Bn.	Previously missing now killed in action	Field	8.10.16	Pt. II. O. 116.



Army Form B. 103.
CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 44th Battalion C.C.F.
Regimental No 622978 Rank Private Name Persichini, August
Enlisted (a) 20/9/15 Terms of Service (a) 5y 6m Service reckons from (a) Enlistment
Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N.C.Os. }
Extended _____ Re-engaged _____ Qualification (b) Clerk

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				

(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				



Rank *Pfc.* Name **PERSICHINI August** Reg'l No. **422978** P-56
 Unit *44th Bn 42nd* If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Camp Hughes, 20 Sept 1915** Place of Birth **Point Levis, Que.**

Name and Address, Next-of-Kin **Mrs Virginia, Persichini**
Monte Cassino Bk, Portage Ave, WINNIPEG. Relationship **Mother**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *Missing Not Prescribed 8-10-16* Reason Character



Entered on N.E. Card Index
Checked by [Signature]

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							
<i>1915.</i>																		
<i>Nov. 30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>43</i>				<i>31 63</i>			<i>31 63</i>	<i>11 37</i>	<i>cloth C. 1002</i>	
<i>Dec. 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>3</i>	<i>10</i>	<i>1137</i>	<i>45</i>	<i>47</i>		<i>3407</i>			<i>3407</i>	<i>11 46</i>		
<i>Jan. 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>3</i>	<i>10</i>	<i>1146</i>	<i>45</i>	<i>50</i>		<i>1947</i>			<i>1947</i>	<i>26 03</i>		
<i>Feb. 29</i>	<i>29</i>	<i>29</i>	<i>29</i>	<i>29</i>	<i>29</i>	<i>2</i>	<i>9</i>	<i>2603</i>	<i>57</i>	<i>93</i>	<i>447</i>	<i>1703</i>			<i>1703</i>	<i>46 90</i>	<i>Trans. P. U.S. Dist. Ct. No. 20. 108.</i>	
<i>March 31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>2</i>	<i>6</i>	<i>169</i>	<i>75</i>	<i>497</i>		<i>1947</i>			<i>2920</i>	<i>45 80</i>		
				<i>182</i>			<i>1520</i>	<i>10</i>	<i>177</i>	<i>20</i>		<i>131</i>	<i>40</i>		<i>171</i>	<i>40</i>	<i>45 80</i>	<i>105 70</i>

Statement of
 JUL 27 1917
 Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

Checked *CNR [Signature]*

Subbed

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
 Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname PERSICHINI Christian Name August

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Boint Levis County Quebec

Examined... (on 18th day of Sept 1915
 at Winnipeg)

Declared Age ... 24 years ... days.

Trade or occupation ... Clerk

Height ... 5 feet 4 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded 37 inches.
 Range of Expansion 3 inches.

Physical Development ... Good

Vaccination { Arm ... Right Left
 Marks { Number ... 2

When Vaccinated ...

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) Dr. O'Brien
 (Rank) _____
 Medical Officer.

Enlisted ... { at Winnipeg,
 on 18th day of September 1915

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>44th Battn</u>	<u>6 2 2 9 7 8</u>
Transferred to ...		

Became non-effective by _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on _____ day of _____ 1915.

(Signature) _____
 (Rank) _____
 Lieut.-Col.

