

ORIGINAL

CANADIAN ENGINEERS

ATTESTATION PAPER.

No. 2710604.

EX. B. C. R. M. - U. S. A.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... ROWE.
- 1a. What are your Christian names?..... Michael Albert.
- 1b. What is your present address?..... General Delivery, Seattle, Washington, USA.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Penzance, Cornwall, England.
- 3. What is the name of your next-of kin?..... Mr. Michael Rowe.
- 4. What is the address of your next-of-kin?..... Trannack, St. Erth, Cornwall, England.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... January 28, 1887.
- 6. What is your Trade or Calling?..... Logger. @ Teamster.
- 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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability?
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason?..... ..

SUFFICIENT ADDRESS

MILITARY DISTRICT NO. 4
OCT 18 1918
M. D. 4

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Michael Albert Rowe., 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.

Michael Albert Rowe (Signature of Recruit)

Date June 28 1918 191 . B. Howe (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Michael Albert Rowe, 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.

Michael Albert Rowe (Signature of Recruit)

Date June 28 1918 191 . B. Howe (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 VICTORIA, B. C. this 28th day of June 1918 191 .

W. W. ... (Signature of Justice)

M. F. W. 23.
750 M.-1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Michael Albert Rowe on Enlistment.

Apparent Age 31 years 5 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 ins.

Chest measurement { Girth when fully expanded..... 40 ins.
 Range of expansion..... 4 ins.

Complexion..... Medium.

Eyes..... Grey.

Hair..... Brown

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

vision R: D 20/30 L: D 20/30
 hearing R: n L: n

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* A 2 for the Canadian Over-Seas Expeditionary Force.

Date..... June 29 1918 191 .

MOBILIZATION CENTRE
 VICTORIA

Place..... VICTORIA B.C.

Signature [Signature]
 Medical Officer.
 Member.....
 Member.....

*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.

Michael A. Rowe 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]
 Major C. E. (Signature of Officer)
 O. C. Canadian Engineers Reinforcements, C. E. F., M. D. II

Date..... JUL - 2 1918 191 .

L.P.
28-10-18

DISCHARGE DOCUMENTS

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



Name ROWE Michael Albert
Regt. No. 2710604 Rank Sapper
Corps Can. Eng.
Deceased 1-10-18

25794

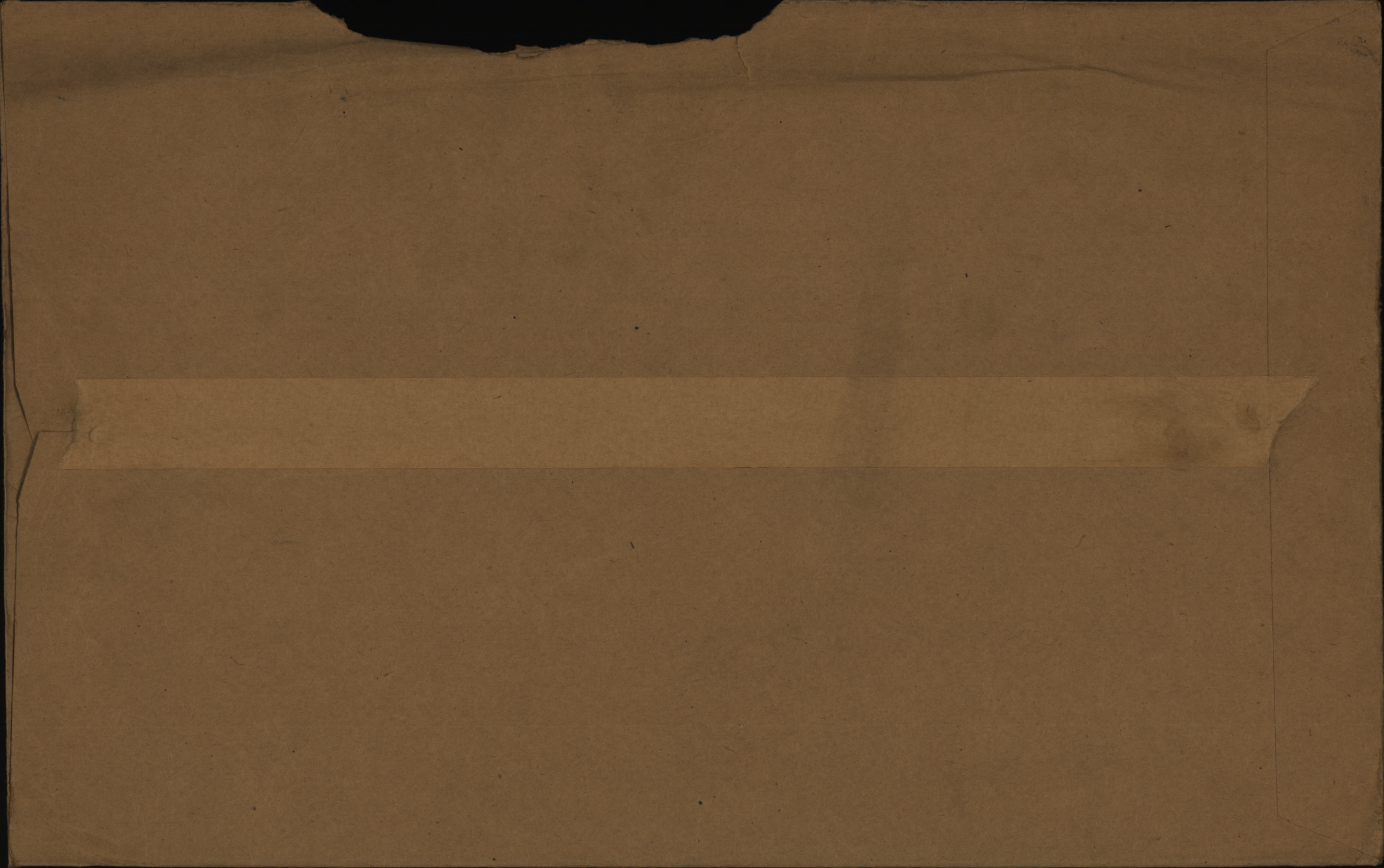


1-12
1-12

- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 32
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit..... 2
- Last Pay Certificate.....

2710604 - 1
1 Orig Will

AMX
14-1-21
ac.



649-R-14155

✓
✓
✓
✓
ROWE, Spr. M. A. ^{Albert} #2710604 - C. E. T. D. ✓

Med & D (Father) Michael Rowe, Esq.,
Trannack, St. Erth,
Hayle, Cornwall, England.

P & S (Father) Address as above

Per # 805894

Mem Cross (Mother) Mrs. Elizabeth Annie Rowe
(address as above)

APR 30 1911
Scroll Desp. Reqn. No 2.40546

Canada only

Plague Desp. JAN 17 1911 Reqn. No. 194200 *ac*

693

M 6 42070 JAN 21 1921

~~R~~

Surname *Rowe*
Christian names *Michael Albert*
Regtl. No. *2712604* Rank *Spr*
Unit *Can Eng Ops*

H. Q.
M. D. No. *11400236/24.8.19*
T. O. S. *June 28 1918*
D. O. Pt. II *66* of *5-7-18*
S. O. S. *Dec. 1/10/1918*
Reason *Dec.*
Auth. *D.O. 275 of 2/10/18.*
Eng. 4500-897.

Next of kin *Rowe, Michael* Relationship *Father*
Address *Tranbeck St. Ertth Cornwall* Also notify:
Eng

BORN—Place *England, Penzance* Date *Jan. 28th 1881*
ATTESTED—Place *Victoria, B.C.* Date *June 28th 1918*
O/S..... R/C.....



LEDGER NO. 4990. 180 - 387.

^a SERIAL NO. 11015-

REG. NUMBER NAME *Rowe M.*

RANK *Spr.* CORPS *C.E.T.D.*

AGE SERVICE

NAME OF HOSPITAL *General* PLACE *Montreal*

DATE OF ADMISSION *29-9-18*

DISEASE *Influenza (4990) Bronchial Pneumonia, 180*

TRANSFERRED TO OTHER HOSPITALS

Died 1-10-18.

OPERATION

DISCHARGED TO *1-10-18* IN CATEGORY

MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No 2710604

NAME : Surname Rowe

Christian Names Michael Albert

	CODE No.	1	2	3	4	5	6
No. of Admissions	1	1					
Invalided to Canada		0 0					
Married or Single	2	2					
Unit	3	B 2 E					
Enlisted at	4	9 2 4					
Birth Place	5	1 3					
Age		2 8					
Occupation	6	1 7					
Rank	7	3					
Date of Admission to Hospital		2 9 9 5					
Days off Duty		0 0 2					
W. or D.	8	0					
Wound (or Disease)	9	0 0 5 4 9					
(Wound or) Disease	10	0 0 9 5 0					
Operation	11						
Operation							
Place of Treatment	12	7					
Check							
Results	13	1					
No. of times a Casualty	14	1					

1-10-68

55

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Engineers Rienforcements C.E.F.

Regimental No. 2710604 Rank Sapper Name Rowe. Michael Albert.

C. E. F.

Enlisted (a) 28-6-18 Terms of Service (a) C.E.F. Service reckons from (a) 28-6-18.

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

Military-

Extended Re-engaged Qualification (b) Civil -- Teamster.

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				

Transferred to Can Engineers Training Depot St Johns Quebec. 16-8-18.

JA X
14-1-21
ac

(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.

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				

Engineers Reinf. C.E.F.
FORM OF WILL

R 365

I, Rowe, Michael Albert (Name in full)

Regimental Number 2710604 serving in Engineers Reinf. 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

Nil.

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

absolutely, and my personal estate I bequeath to

Mr Michael Rowe (father),
Traunack, St. Erth, Cornwall,
England.

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 must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 7th day of Aug A.D. 1918.

M. A. Rowe. Signature of Soldier.

*N.B. Personal estate includes p-y, 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 J. E. Twells.

Address of Witness 1640 Alberni St. Vancouver B.C.

THE TWO
WITNESSES

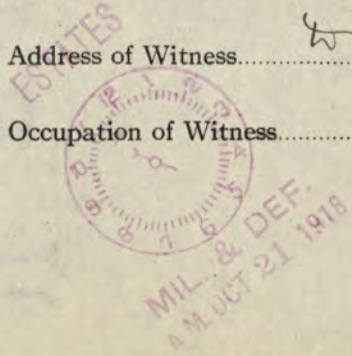
Occupation of Witness Soldier.

MUST
SIGN HERE

Signature of Second Witness John Thomas Lambert.

Address of Witness Wm. Hall, 2. Vancouver B.C.

Occupation of Witness Soldier.



FORM OF WILL

[Faint, illegible text, possibly a name or address]

[Faint, illegible text, possibly a date or location]

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CASE HISTORY SHEET.

MONTREAL GENERAL Hospital. MONTREAL Station.

No. 2 Rank Spr. Name Rowe, M. Age

Unit C.E.T.D. Completed years of service ^{Where and how long} }

Date of admission 29-9-18 Date of discharge Oct. 1st 1918 at 4.30 p.m.

Diagnosis Influenza and Bronchial Pneumonia. Place of origin St. Johns, P.Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE. He was admitted on the evening

of the 29th of September 1918 suffering from Influenza and Bronchial Pneumonia. Examination on the evening of admission showed diffuse areas of blowing breathing suggestive of bronchial pneumonia. Condition rapidly today became associated with delirium, abdominal pain and a high temperature. Condition rapidly grew worse and he died on the afternoon of the 1st inst., at 4.30 p.m. Death due to acute Toxaemia following Influenza and Bronchial Pneumonia.

A. M. C.
Capt. A. M. C.
M.O. i/c Troops, M. G. H.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

CASE HISTORY SHEET

History

Rank

...

...

...

10000

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...

...

...

MEDICAL HISTORY SHEET

22-R-1903

Surname Rowe Christian Name M.

Examined { on _____ day of _____ 191____ at _____	Approved by _____		
Birthplace { City or Town _____ County _____	Rank _____ M.O.		
Apparent age _____	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Trade or occupation _____			M.O.
Height _____ feet _____ Inches			M.O.
Weight _____ lbs.			M.O.
Chest measurement { Minimum _____ inches Maximum expansion _____ inches			M.O.
			M.O.
Physical development _____			M.O.
Small-pox Marks _____			M.O.
Vaccination Marks { Arm ^{Right} _____ ^{Left} _____ Number _____	Date	Result	VACCINATIONS
When Vaccinated last _____			M.O.
(a) Marks indicating congenital peculiarities or previous disease _____			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection _____	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.
			M.O.
			M.O.

Enlisted on _____ day of _____ 191____ at _____

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	C. E. T. D.			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
MONTREAL GEN. HOSP.	1-10-18	Influenza and Bronchial Pneumonia.	On M. F. B. 303 reporting death. Died on the afternoon of the 1st inst., at 4.30 p.m. <i>[Signature]</i> Capt. A. M. B. M. O. of Troops. M. G. H.

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.

h.m.

MEDICAL HISTORY SHEET

Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
MONTREAL GEN. HOSP.	HOSP.	29	9	18	1	10	18	Influenza And Bronchial Pneumonia.	2	Condition rapidly today became associated with delirium, abdominal pain and a high temperature. Condition rapidly grew worse and he died on the afternoon of the 1st inst., at 4.30 p.m. Death due to acute Toxaemia following Influenza and Bronchial Pneumonia.	<i>Almucci</i> Capt. A. M. C. M. O. i/c Troops, M. C. H.

DISCHARGED BY A MEDICAL BOARD

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <u>2710604</u>	
Rank <u>Sapper</u>	
Name <u>Rowe, Michael Albert</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>CANADIAN ENGINEERS</u>	
Date of Discharge <u>October, 1st. 1918.</u>	
Place of Discharge <u>ST. JOHNS, P. Q.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <u>31</u>years..... <u>9</u>months. Height..... <u>5</u>feet..... <u>8</u>inches. Complexion <u>Medium</u> Eyes <u>Grey</u> Hair <u>Brown</u> Trade <u>Logger & Teamster</u> Intended place of residence } <small>(To be given as fully as practicable.)</small>	Descriptive Marks <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> MILITARY DISTRICT No. 4 MIL. OCT 18 1918 M. D. 4 </div>
2. The above-named man is discharged in consequence of <u>Death</u>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center; font-size: large;">Good</div>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <div style="text-align: center; font-size: large;">Logger & Teamster</div>

5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... ST. JOHNS, P. Q.

Mmmalulu Lt. Colonel C. E. G. C. Engineer Training Depot

(Date)..... October, 1st, 1918.

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... ST. JOHNS, P. Q. (Signature of Soldier.)

(Date)..... October, 1st, 1918. (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... ST. JOHNS, P. Q.

(Signature) *Mmmalulu* Lt. Colonel C. E. G. C. Engineer Training Depot

(Date)..... October, 1st, 1918.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NIL.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877. *Only if discharged "Medically unfit."	<p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet (in the event of such having been prepared.)</p>

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

NOT APPLICABLE