ORIGINAL

ATTESTATION PAPER.

No. 223300

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Thomas W. MacEachern
2. In what Town, Township or Parish, and in what Country were you born? — Manchester Mass.
3. What is the name of your next-of kin? — Miss Della MacEachern (Sister)
4. What is the address of your next-of-kin? — 7 Hill St Manchester Mass.
5. What is the date of your birth? — 3rd March 1896
6. What is your Trade or Calling? — Stevedore
7. Are you married? — No
8. Are you willing to be vaccinated or re-vaccinated? — Vaccinated U.S.S.
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. — 3rd U.S. Field Artillery 3 yrs
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

Thos W MacEachern (Signature of Man.)

F. C. Hopkins (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas W MacEachern, 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.

Thomas W MacEachern (Signature of Recruit)

Date 29 Oct 1915. Mary Nacos (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas W MacEachern, 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.

Thomas W MacEachern (Signature of Recruit)

Date 29 Oct 191 . Mary Nacos (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 Halifax this 29 day of October 191 .

Harry Kenny (Signature of Justice)

a Rev and for the City and County of Halifax

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

A. H. Powers (Approving Officer) Lt. Col.

2nd in Com'd. 85th. Overseas Batt. C. E. (Nova Scotia Highlanders.)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of McEachen Thos. W. **on Enlistment.**

Apparent Age 20 years .... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement: Girth when fully expanded 35 ins.
Range of expansion 2½ ins.

Complexion Medium

Eyes Grey

Hair Black

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

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).

None

Weight 135

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 14/12/15 191.... Dr. Joseph Hayes

Place Halifax Lieut Col

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.

Thomas W. McEachern 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.

A. W. Borden (Signature of Officer)

Date DEC 20 1915 191.... Lt. Colonel
Comd'g 85th "Overseas" Batt'n. C.E.F.
(Nova Scotia Highlanders.)

DESERTERS
& ~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name Mc EACHERN. THOMAS. Wm.

Regt. No 223300 Rank Pte.

Corps 85th Bn.
S. O. S.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

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..... 2

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. 67 — 2

12969

List - M. D. #6, d/ 8-2-19

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

SURNAME. Mc Eachern

CHRISTIAN NAMES Thomas William

REGL. No. 223300 RANK Pte.

UNIT 85th Bn.

FORMER CORPS 3rd U. S. A. Fld. Art.

CARD NO.

FOLL.

NEXT OF KIN.

NAMES IN FULL Mc Eachern, Miss Bella

RELATIONSHIP TO SOLDIER Sister

ADDRESS 7 Hill St., Winchester Mass. U. S. A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U. S. A. Winchester, Mass. DATE

PLACE OF ATTESTATION Halifax DATE Oct. 29th 1915.

L. L. 90589.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 223300 Rank Pte Name Mc Eachern J. H.

T.O.S. 2-10-15 (Nov. paylist) Unit 85th. Battalion C.E.F. B. Coy M.D. 6.

Paid From	Paid To	Sig or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915	1915			
Oct. 2	Nov. 30	✓		
	Dec	✓		
1916	Jan. 1916.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	M.	Leading furlough	May paylist.
	June	M.		
	July	M.	In Hospital	July paylist.
	Aug.	M.		
	Sept.	M.		
Oct.	Oct.	M.	Transf. to #6 D.B.Co. 20/9/16	(W.O.) of 9/10/16.
	Nov.			

Orig. not available

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps 85 th. Batt.

Regimental No. 222300 Rank Pte C. E. F. Name McEachern, Thos. Wm.

Enlisted (a) 29/10/15 Terms of Service (a) Duration. Service reckons from (a) 29-10-15.

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) .....

Report: Date	Report: 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
9/10/16	85 th.	Trans. to 6 S. S. Bn.	Halifax	30/9/16	Pte T.O.U.
18/10/16	6 Spec. Service Bn.	T. O. S. from 85 th. Battn.	" "	1/10/16	Pte " Do.
19/3/17	" "	Do. 1 para 1 insofar as it concerns this man is deleted	" "	1/10/16	Pte " O.G.7. Cancelled by after order 35 dy 18.8.22 31.3.17 auth A.D.120-m-900 1-8-17.
18.8.22	85 Bn	SOS as a Deserter SOS Deceased	Issued by D&PR	27.10.16	after order 35.

(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				

Machine Gun Section

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.

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.

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(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 223300

(3) Full Name of Soldier..... McEachern, Thomas William

(4) Place of Birth..... Manchester. Mass. U. S. A.

(5) Are you married, or not ? ..... Single

(6) If married, state, No
(a) Full name of your wife.....

(b) Present Postal Address..... No

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

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

If so, give number of boys and girls..... No

Also their names and ages.....

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address No

(10) Is your Mother alive ? No

If so, state name and address No

No

(11) If your Mother is a widow No

Are you her sole support, or not ? No

(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.

No

(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.

(sister) Miss Bella Mc Eachern
199 Swanton St.
Winchester. Mass.

(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.

No

(15) Are you insured ? Yes.

If so, in what Company ? Metropolitan Life

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

E. W. Phinney
Officer Commanding.

Date SEP 23 1916

Reginal Staff M.S.B. 223300

MEDICAL HISTORY SHEET.

Surname MacEachern Christian Name Thomas W.

Examined { on 28th day of Oct 1915
at Halifax

Approved by Joseph Hagg
Rank Lieut Col M.O

Birthplace { City or Town Cape George
County Ps.

Apparent age 20

Trade or occupation Stenographer

Height 5 Feet 4 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 33½-2½ inches.
Maximum expansion 35 inches

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left. arm
Number 2

When Vaccinated last 3 years ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
30/3/16	good	[illegible] M.O.
17/11/16	Good	[illegible] M.O.
		M.O.

Enlisted on 28 day of Oct 1915 at Halifax

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	85th. Overseas B'n, C. E. F. Nova Scotia Highlanders.	223300		28/10/15
Transferred to..				

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.

M. F. B. 313.
100M.—1-15.
H. Q. 1772-39-439.

Surname McEachern Christian Name Thomas H.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Halifax	25/10/15							-			
								-			

AUDITOR	PAYMASTER

M. or S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 223300 RANK Pte NAME (IN FULL) McEachren. Wm. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS				
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE			
TO WHOM PAID	RELATIONSHIP			
ADDRESS				

ORIGINAL UNIT C.E.F. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE 27.10.16 REASON Deceased. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	ACQUITTANCE ROLLS COL. NO. 2 NO. DATE	ACQUITTANCE ROLLS COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	CASH PAYMENTS COL. NO. 2 $ C.	CASH PAYMENTS COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	BALANCE CREDIT $ C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT				163 00	✓	163 00 ✓										~~163 00~~	163 00	✓ — 0 —		L.P.C. to Estates Branch Ottawa 22.3.23. File 649-M-57179

200M-3-19.—L. L. 58786-M. & D. 9985.
M. F. W. 2596.
1772-39-1396.