ATTESTATION PAPER.

No. 902248

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Gillis
1a. What are your Christian names? Francis Leo
1b. What is your present address? Moran Antigonish Co NS
2. In what Town, Township or Parish, and in what Country were you born? Moran Antigonish Co NS
3. What is the name of your next-of kin? Mrs Mary Gillis
4. What is the address of your next-of-kin? Moran Antigonish Co NS
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? 4th June 1897
6. What is your Trade or Calling? Farmer
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 Canadian Over-Seas Expeditionary Force? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Francis Leo Gillis, 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.

Francis Leo Gillis (Signature of Recruit)

Date March 31st 1916 D J MacGillivray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Leo Gillis, 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.

Francis Leo Gillis (Signature of Recruit)

Date March 31st 1916 D J MacGillivray (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 Antigonish this 31st day of March 1916.

D J MacGillivray (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

In and for the County of Antigonish.

Lee
Wes 12-17
20-12-17

Description of Francis Leo Gillis on Enlistment.

Apparent Age.....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		6 ft. — ins.
Chest measurement.	Girth when fully expanded	38 ins.
	Range of expansion	3 ins.
Complexion		Light
Eyes		Blue
Hair		Fair
Religious denominations.	Church of England	
	Presbyterian	
	Methodist	
	Baptist or Congregationalist	
	Roman Catholic	Yes
	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* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date March 31st 1916.

Place Antigonish N. S.

C. Mac Pherson
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.

Francis Le Gillis 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.

John Stanfield (Signature of Officer)
Lieut. Col.
Comd'g. 193rd. Overseas B'n. C. E. F.

APR 24 1916

Date.....191 .

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

12597

Name Gillis Francis Leo.

Regt. No. 902248 Rank Pte

Corps 193rd N. S. Highlanders.

Medically Unfit.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... B 193
- 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..... V
- Medical History Sheet..... 2 ~~certificates~~
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Enrolment Form 1. 1pc

M. F. W. 62.
25m.—12-15.
H. Q. 1772-39-935.

NAME. Gillis Francis Leo | RANK. Pte | REC. FILE. X

No. 902248

CORPS. 193rd. Batt | H. Q. FILE.

ENLISTMENT, PLACE. Struck off Strength Antigonish N.S. DATE. 31-3-16.

DISCHARGE, PLACE. Truro. N.S. DATE. 28-4-16

REASON. Med. unfit.

ADDRESS ON DISCHARGE. Morar Antigonish Co. N.S.

DOCUMENTS.

Doc. on file

L. L. Job 87415—M. & D. 6110—100m.

14-6-16

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
Harmer Chr. not stated									
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

No card CR478

MEDICAL HISTORY SHEET.

Surname Gillis. Christian Name Francis Leo.

Examined { on 31 St day of March 1916
at Antigonish.

Birthplace { City or Town Morar.
County Antigonish Co.

Apparent age 18

Trade or occupation Farmer.

Height 6 Feet ____ Inches.

Weight ____ Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 38 inches.

Physical development ____

Small-Pox Marks ____

Vaccination Marks { Arm Right. Left.
Number ____

When Vaccinated last ____

(a) Marks indicating congenital peculiarities or previous disease ____

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

Approved by L Lavallée

Rank ____ M.O.

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.
		M.O.
		M.O.
		M.O.

Enlisted on 31 St day of March 1916 at Antigonish.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	193rd Bn 66th	902148		mch 31
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.
400M.—1-16.
H. Q. 1772-39-439.

Surname Ellis Christian Name Francis Leo

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

No 2248 Rank Pte Name Gillis Francis Leo

T.O.S. 3-1-3-16 Unit 193rd Battalion
(Lo. 420 of 18-4-16)

M.D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar 31	Apr 30	c		
May	no a/c	n	Discharged. Med. Unfit. 28-4-16	Lo. 5.4 of 3-5-16
			+ a/c closed by payment	