

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?.....Lougheed.
- 1a. What are your Christian names?.....Francis Alfred.
- 1b. What is your present address?.....Wilkesport, Ont.
2. In what Town, Township or Parish, and in what Country were you born?.....Mackville, Albion, Ont.. Canada.
3. What is the name of your next-of-kin?.....J. S. Lougheed.
4. What is the address of your next-of-kin?.....252 Bain Ave./ Toronto, Ont.
- 4a. What is the relationship of your next-of-kin?.....Brother.
5. What is the date of your birth?.....March 31st. 1871.
6. What is your Trade or Calling?.....Carpenter.
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 Alfred Lougheed, 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.

Date Feb 20 1916. Francis A. Lougheed (Signature of Recruit)
W. J. Connolly (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Francis Alfred Lougheed, 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.

Date Feb 20 1916. Francis A. Lougheed (Signature of Recruit)
W. J. Connolly (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 Somerset this 20 day of February 1916.

W. J. Connolly (Signature of Justice)
W. J. Connolly

Description of Francis Alfred Loughheed on Enlistment.

Apparent Age 48 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 5 ft. 9 3/4 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes blue

Hair gray

Church of England yes

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* fit for the Canadian Over-Seas Expeditionary Force.

Date Feb 22nd 1916 M. Macdonald

Place Sombra Sombra
 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 Alfred Loughheed 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.

M. Macdonald (Signature of Officer)

Date Feb 21 1916

for C. C. 149th C. E. F.

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....
Attestation Papers.....2
Declaration of change of name.....
Authority for special enlistments.....
Documents of re-enlisted men.....
Regimental Conduct Sheet.....1
Compulsory Stoppages.....
Casualty Forms.....
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.....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.....1

DISCHARGE DOCUMENTS

Name *Lougheed, Francis Alfred*

Regt. No. *844748* Rank *Pte.*

Corps *Headquarters 149th Bn.*

Over age.

R. O. No.

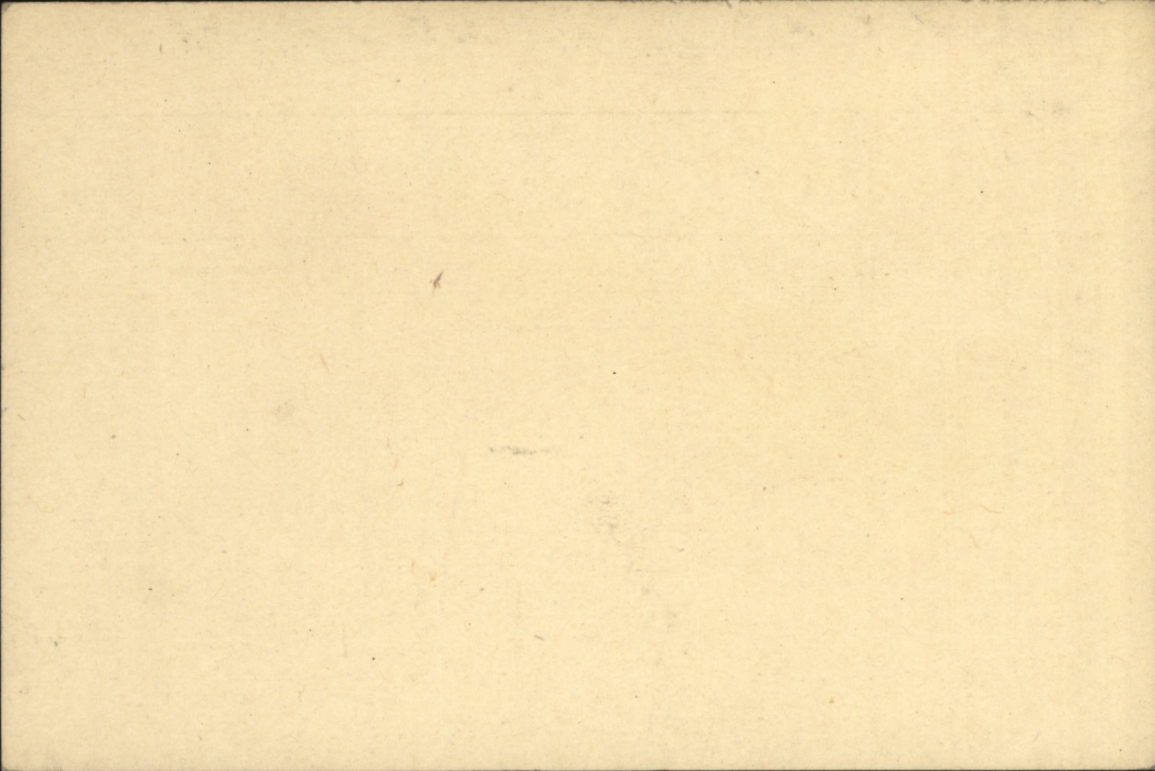
H. Q. No.

32114

No. 844748 RANK *Pte.*NAME *Loughhead Francis Alfred*T. O. S. 20-2-16 UNIT 149th Battalion
D. O. 56, 25-2-16.

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Dec. 20</i>	<i>Dec. 29</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
<i>July 1</i>	<i>July 4</i>	<i>✓</i>	<i>Disch'd (M.U) 7-7-16</i>	<i>DO 176 of 13-7-16</i>
				UNIT SAILED MAR 28 1917
			<i>are closed by payment</i>	



NAME

Lougheed Francis Alfred. *SOS. Dis 7/7/16-Ed.* ✓

RANK & NO.

Pte.

844748

CORPS

149th

Batt.

ENLISTMENT, PLACE

Sombra

DATE

Feb. 20th 1916.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada, Mackville, Albion Ont.

NEXT OF KIN

Lougheed J. S.

(Brother,

ADDRESS OF NEXT OF KIN

252 Bain Ave., Toronto, Ont.

DISCHARGE, PLACE

DATE

M. F. W. 22. 100 m.—9-15.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Carpenter

RELIGION

Ch. of England.

DESCRIPTION.

APPARENT AGE

46

YEARS

MONTHS

HEIGHT

5

FEET

9 $\frac{3}{4}$

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Grey

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Sombra

DATE

Feb. 21, 1916.

REMARKS:

Headquarters 12-6
CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 844 748 Rank Rt. Name Loughead J. A.
Corps 149th OS Bn CEF who was * Discharged.
On 7/7/16 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

DR.			CR.		
	\$	c.		\$	c.
Bal. Dr. from previous month.....			Regimental pay 7 days at \$ 1 c.....		7
Total payments during period			Field allowance 7 " \$ c 10.....		70
from <u>1/7/16 - 7/7/16</u>	17	70	Other allowances.....		
Assigned Pay.....			Other Credits (give particulars).....	10	
Other Charges (give particulars).....			<u>clothing</u>		
Bal. Cr. on discharge or transfer.....			Bal. Dr. on discharge or transfer.....		
TOTAL.....	17	70	TOTAL.....	17	70

The amount shewn as Balance Cr. due on discharge or transfer has †..... paid.

Monthly stoppage on account of assignment of pay is nil, and has been charged in Pay-list for month of.....

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 20/2/16
(2) if married and if a Separation Allowance Card has been submitted no no
(3) cause of discharge and authority A.A.G.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date July 13th 1916
Place Camp Borden Ont

Blumhardt Capt
Paymaster.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST DAY CERTIFICATE

This is to certify that the undersigned has been employed by the Canadian Contingent Expeditionary Force during the period from the 1st day of January 1915 to the 31st day of December 1915.

[Faint, illegible handwritten text]

The following is a statement of the number of days of service rendered by the undersigned during the period from the 1st day of January 1915 to the 31st day of December 1915.

No.		Name		Rank		Days of Service	
1		1		1		1	
2		2		2		2	
3		3		3		3	
4		4		4		4	
5		5		5		5	
6		6		6		6	
7		7		7		7	
8		8		8		8	
9		9		9		9	
10		10		10		10	
11		11		11		11	
12		12		12		12	
13		13		13		13	
14		14		14		14	
15		15		15		15	
16		16		16		16	
17		17		17		17	
18		18		18		18	
19		19		19		19	
20		20		20		20	
21		21		21		21	
22		22		22		22	
23		23		23		23	
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26		26		26		26	
27		27		27		27	
28		28		28		28	
29		29		29		29	
30		30		30		30	
31		31		31		31	
32		32		32		32	
33		33		33		33	
34		34		34		34	
35		35		35		35	
36		36		36		36	
37		37		37		37	
38		38		38		38	
39		39		39		39	
40		40		40		40	
41		41		41		41	
42		42		42		42	
43		43		43		43	
44		44		44		44	
45		45		45		45	
46		46		46		46	
47		47		47		47	
48		48		48		48	
49		49		49		49	
50		50		50		50	
51		51		51		51	
52		52		52		52	
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66		66		66		66	
67		67		67		67	
68		68		68		68	
69		69		69		69	
70		70		70		70	
71		71		71		71	
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76		76		76		76	
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93		93		93		93	
94		94		94		94	
95		95		95		95	
96		96		96		96	
97		97		97		97	
98		98		98		98	
99		99		99		99	
100		100		100		100	

The undersigned has been employed by the Canadian Contingent Expeditionary Force during the period from the 1st day of January 1915 to the 31st day of December 1915.

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MEDICAL HISTORY SHEET.

Surname Longheed

Christian Name Francis Alfred

Examined { on 22nd day of Feb 1916
at Bombra

Approved by _____

Birthplace { City or Town Township Albion
County Peel. Ont

Rank _____ M.O.

Apparent age 48

Trade or occupation Carpenter

Height 5 Feet 9 3/4 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 37 inches.

Physical development Fair

Small-Pox Marks none

Vaccination Marks { A r m Right. Left. one
Number one

When Vaccinated last 35 years ago

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection

Slightly defective hearing and sight
Sees fair with glasses
but not well without.
Hearing not acute

Enlisted on 21st day of February 1916 at Bombra Ont

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>149th</u>	<u>844748</u>		<u>21-2-16</u>
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.

Surname Loughrey Christian Name Francis Alfred

Christian Name.

Francis Alfred

Surname.

[illegible]

30-2-73

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.	844748	
Rank	Pte	
Name	Frederick Alfred Longhead	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	Headquarters 149 th Co. Bn. C.E.F.	
Date of Discharge	July 7 th 1916	
Place of Discharge	London, Ont.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	44 years.....	11 months.....
Height.....	5 feet.....	9 3/4 inches.....
Complexion	Fair	
Eyes	Blue	
Hair	Gray.	
Trade	Carpenter.	
Intended place of residence	Wilkesport, Ontario.	
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of being over age.		
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.		
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.	
	Good	
	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:	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Carpenter.		

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

checked
8-2-17
S.W.

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

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

6. Medals and Decorations.....

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) London, Ont.

W. M. Macvicar Lt. Col.

(Date) JUL 7 1916

Commanding 149th C. E. F.

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) London, Ont. G. A. Langheed (Signature of Soldier.)

(Date) JUL 7 1916 G. F. McDougall (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) London, Ont.

(Signature)

W. M. Macvicar Lt. Col.
O. C. 149th C. E. F.

(Date) JUL 7 1916

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.)

(OVER)

List of Discharge Documents.

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

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.

MEDICAL HISTORY OF AN INVALID.

1. Station. **London,**
 2. Regiment or Corps. **149th. Batt.**
 3. Regimental No. and Rank. **Pte. 844728**

8. General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

4. Name. **Francis A. Loughheed.**

5. Age last Birthday. **49**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **Feb. 15/16**
 at **Sombra**

7. Former Trade or Occupation. **Carpenter.**

Date. **30-6-16**

DEPT
MILITARY DEFENCE
FEB 16 1917
H.Q.
CANADA

9. Service.

Years.

Days.

	PERIODS.	
	FROM.	TO.
149th. Batt. C.E.F.	15-2-16	30-6-16

10. (a) Disease or disability. **Overage. Deficient eyesight.**

(b) Date of origin. **before enlistment.**

(c) Place of origin.

(d) Cause.

11. Present Condition. (Most Important).

(To include full description of present disabling condition or conditions.)

Age. 49 Visional Acuity R&L. 20/200
with glasses R. 20/30 L. 20/40

12. (a) Is the disability the result of service or climate? **no**

(b) Has it been aggravated by intemperance, vice or misconduct? **no**

M. F. B. 227,

100 M-2-16.
17-2-39-117.

3
Loaded
15-2-17
J.H.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

not applicable.

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

not applicable.

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable.

14. Treatment

wears glasses.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

not more than before enlistment.

18. State if for discharge on account of unfitness for Service.

Yes.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD..

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

10.

11.

12.

15.

16.

17.

19. Is he unfit for Military Service. **yes**

20. Recommendations : **for discharge.**

Signatures :—

Station. London

Date. June 30th 1916

Date. 1-7-16

Approved.

Date. 28.2.17

J. S. Hudson President.

James Monahan
C. D. Douglas Members.

B. B. Bell Asst. Director of Medical Services. m.d. no.

W. C. Arnold Director-General of Medical Services.

1
18-2-7
18-2-7
18-2-7

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227. 100 m. 2-16. H. G. 1772-39-117.	
DETAILED MEDICAL HISTORY OF INVALID.	
Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	
Date of final disposal	
How finally disposed of	
The original Report is invariably to accompany the discharge documents of invalids.	