

ORIGINAL.
ATTESTATION PAPER.

No. 51398

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Joe M Laughlin*
2. In what Town, Township or Parish, and in what Country were you born?..... *Bobcaygeon Ontario*
3. What is the name of your next-of-kin?..... *J M Laughlin*
4. What is the address of your next-of-kin?..... *Bobcaygeon Ont.*
5. What is the date of your birth?..... *Sep 30 1895*
6. What is your Trade or Calling?..... *Labourer*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *"*
10. Have you ever served in any Military Force?.. *"*
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? }

Joe M Laughlin (Signature of Man).
P Gallagher (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joe M Laughlin*, 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.

Date *Dec 23rd* 1914. *Joe M Laughlin* (Signature of Recruit)
P Gallagher (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joe M Laughlin*, 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 *Dec 23rd* 1914. *Joe M Laughlin* (Signature of Recruit)
P Gallagher (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 *Winnipeg* this *23rd* day of *Dec* 1914.

W M Dean (Signature of Justice)

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

..... (Approving Officer)

Description of Joe McLaughlin on Enlistment.

Apparent Age 19 years 03 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. 6 ins.
 Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 2 ins.
 Complexion Dark
 Eyes Blue Grey
 Hair Med. Brown

2. moles on back of neck

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

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 Dec 22nd 1914.

Place Winnipeg

Ed Howard
 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.

Joe McLaughlin 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.

DM' Jean H. [Signature] (Signature of Officer)

Date Dec 23 1914.

DISCHARGE DOCUMENTS

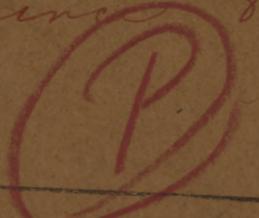
R. O. No.....

H. Q. No.....



Name McLAUGHLIN 50 S.
Regt. No. 57316 Rank Pte
Corps P P C L-2
Presumed to have died

since 8/5/15



| | |
|-----------------------------|---|
| Index Card..... | |
| Casualty Card..... | 1 |
| Non-Effective Card..... | |
| Part II Order Card..... | 1 |
| Change of Address Card..... | 1 |
| Honour & Award Card..... | |

25151

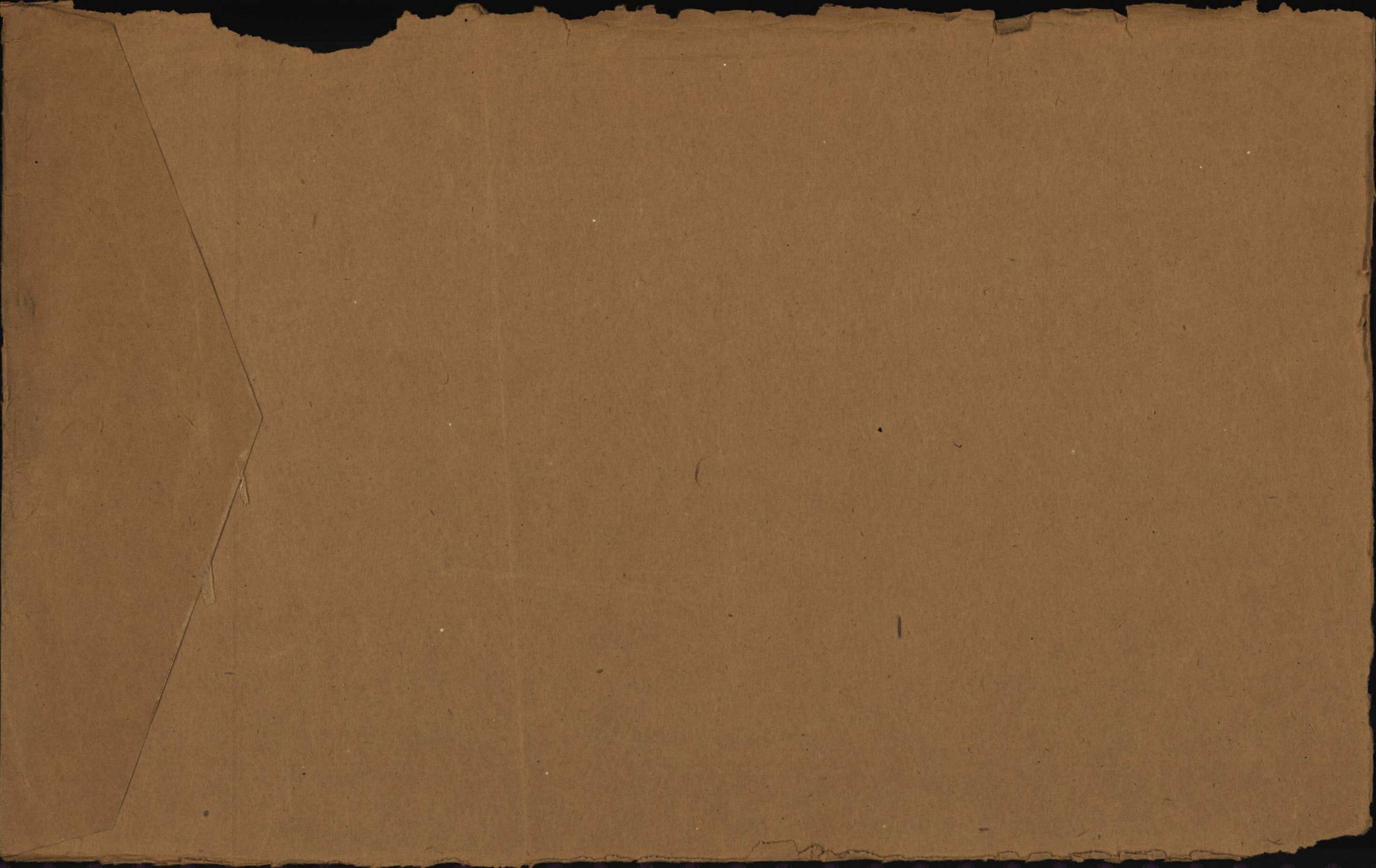
Medals 22 9-20

Bot 2026

- 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.....



Can card - 1
mx 1112 20
1112 20
1112 20
1112 20



51316

Mc Laughlin

Jos

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

Presumed to have died
on or since 08/05/15

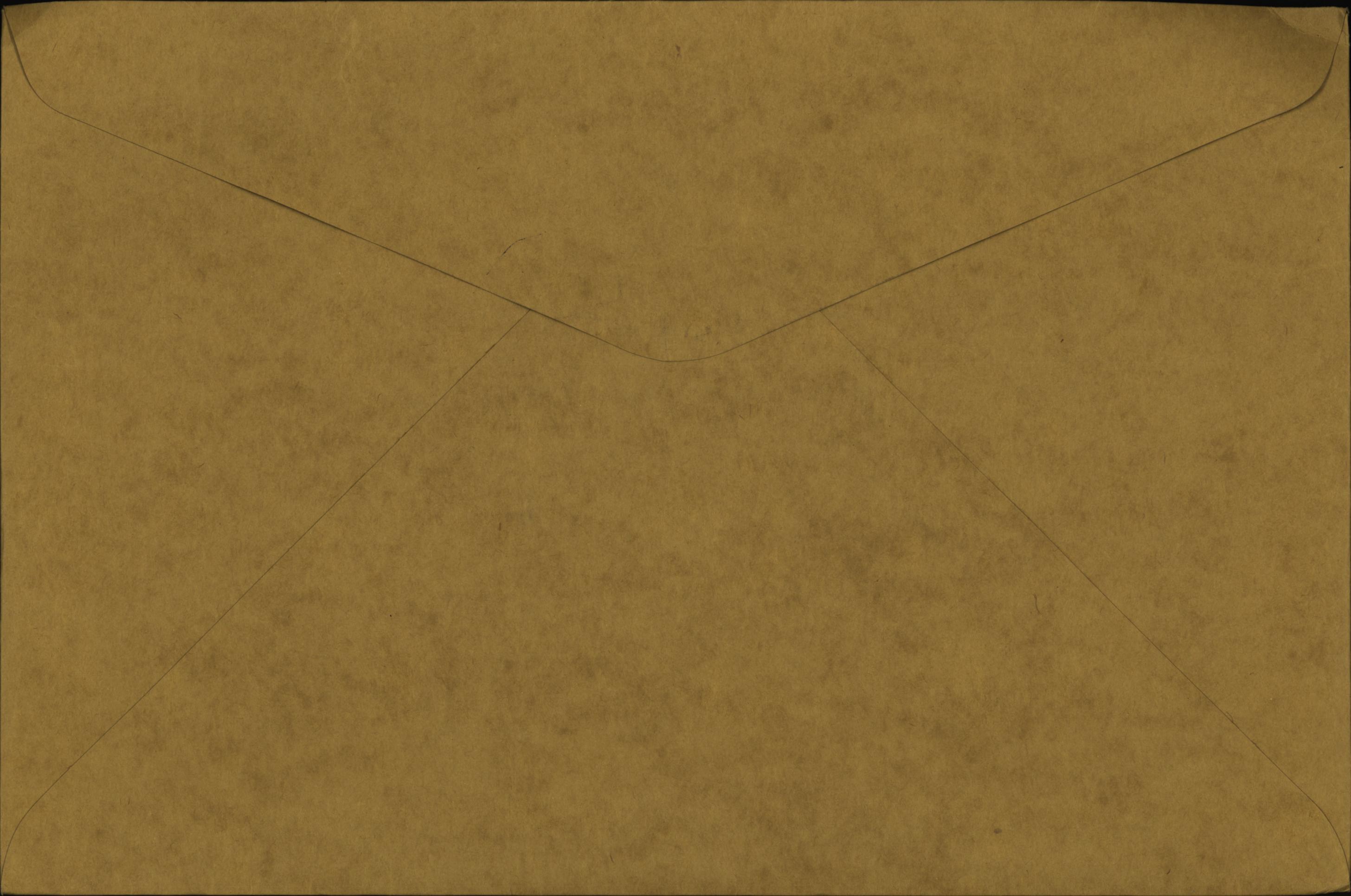
NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box 7026

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



(File no 649-M-1177)

NAME

Mc Laughlin Joseph

RANK & No.

Pte.

51316 **D**

CORPS

~~28th Battalion~~ P.P.C.L.I.

ENLISTMENT, PLACE

Winnipeg

DATE

Dec. 23rd 1914.

FORMER CORPS

Can: Mil.

COUNTRY OF BIRTH

Canada.

NEXT OF KIN

Mc Laughlin H.

ADDRESS OF NEXT OF KIN

R.R. No. 2, Bobcaygeon,
Ont. Canada.

DISCHARGE, PLACE

DATE

Over.

REMARKS:

On list June 22, 1915. Cable 2490.
Wounded May 8th

On list July 7, 1915. M. 104. Previously reported
wounded, now wounded and missing.

R.R.

Number.....51316.....Rank.....Pte

Surname.....McLAUGHLIN

Christian Names.....Joseph

Unit.....P.P.C.L.I.....Theatre of War.....France

Dates of Service.....16-3-15.....D

Remarks.....

Latest Address.....H. McLaughlin Esq. (A)

R.R. #2

Bobcaygeon, Ont.

Roll No. Page 1764

B
X

APR 9 - 1977

L. 10196 *Hand?*

OCT 4 1977

Gl. 445-26 *Hand?*

Name **McLaughlin, J.** Rank **Pte.**

Reg. No. **51316**

Unit **P.P.C.L.I.**

Ref 25-24991

Next of Kin **Canada**

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---------------------|----------|-------------------|----------|-----------------|-----------|
| 1915 26 3 | 3 Gen Hosp. | Le Bapat | Influen. | 44 | | |
| 13 4 | 3 " " | " | Bron. Cat. | 60 | | |
| 13 4 | Trans to Com. Bapat | | Bron Cat. | 64 | | |
| 8 5 | Reported from base | | Wounded in action | 114 | 22/6 | 25/6 |
| 8 5 | Now reported | | Wounded + Missing | 127 | 7/34 | 26/7 |
| <p><i>Pres report missing not yet official papers procured to have Dick on list since May 8 1915.</i></p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.5em;">JPH</p> | | | | | | |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|------|----------|-------|----------|-------------|--------------------|-----------|
| | | | | | | |

H. Q. FILE No. 649-

NAME

*McLaughlin, Joseph*REGT'L. No. *51316*

RANK AND CORPS

*Pte.**P. P. C. L. I.*

CABLE

NO. *1448*

NO.

DATE

NATURE OF CASUALTY

FOLL.

| NO. | DATE | NATURE OF CASUALTY |
|---------------------|--------------------------------|--|
| <i>C. 2490</i> | <i>22-6-15</i> | <i>Wounded May 8th.</i> |
| <i>M. 104</i> | <i>July 7/15</i> | <i>prev. report miss. now wounded & missing</i> |
| <i>Gas. Report</i> | <i>2nd May 1916</i> | <i>Previously reported missing, & wounded</i> |
| <i>A.T.B. 2090C</i> | | <i>now for official purposes, presumed to have died on or since - 8-5-15</i> |

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | | | | |
|-------|--|---------|--|
| ✓ 44 | No. 3 Gen. Hosp. Le Treport | 26-3-15 | Influenza |
| ✓ 60 | No. 3. Gen. Le Treport. | 13/4/15 | Bron: Catarrh |
| ✓ 64 | No. 3. Gen. Le Treport, Transla Court Depot. | 13/4/15 | Bron: Catarrh, |
| 114 | Reported from Base | 8/5/15 | wounded in action. |
| 127 | | | Prev. rep. wounded 8/5/15 now rep. wounded + missing |
| a 447 | Prev. rep. missing | missing | now for off. purposes presumed to have died on or cure May 8 ¹⁵ 1915 |

NPAQ

McLaughlin, J., Pte. 51316 P.P.C.L.I. 649-M-1177

Med. & Dec. (Father) H. McLaughlin, Esq.,
R. R. No. 2,
Bobcaygeon, Ont.

P. & S. (Father) Address as above.

(Ser. #762906.)

Mem. Cross. (Mother) " " "

Reg. 14/15 star pte PPCL9

Scroll Desp.

JUN 9 1921

Resn. No. 46420

Plaque Desp.

JAN 11 1922

Resn. No.

PT3195

W. B. W.

M

637148

DEC 17 1920

622

No. 5-1316.

RANK

Pte

NAME

Mc Laughlin J.

T. O. S.

UNIT

P. P. C. L. I. Reinforcements

M. D.

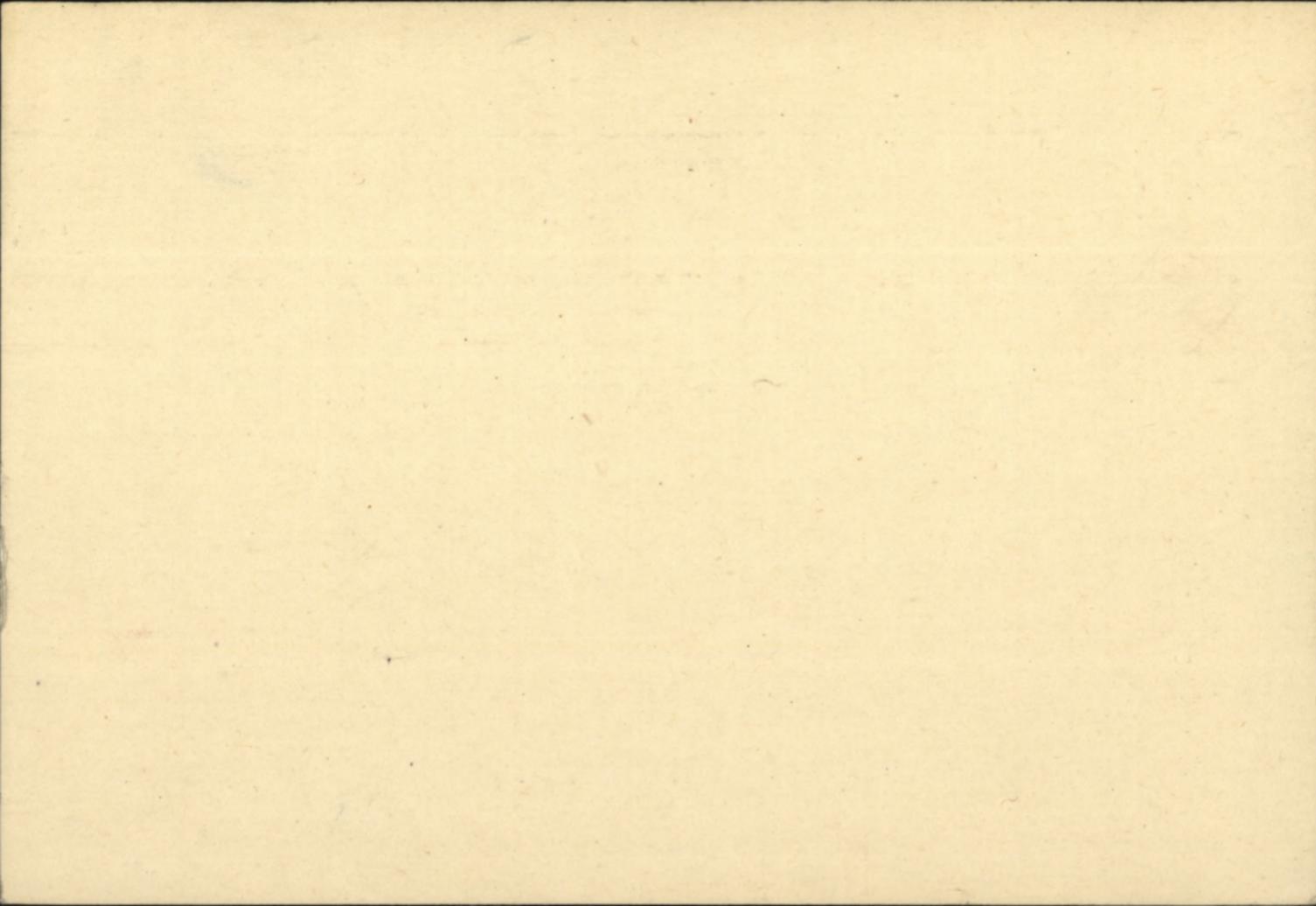
*Various*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*Jan. 1 1915**Jan 16 1915**Feb
mar**✓**✓
n.**Volunteer from 106th Regt*



Surname *McLaughlin J.* Christian Name or Names _____ Reg. No. *51316.*
 Rank *RE* Unit *P.P.C.R.G.* Co. _____ Troop _____ Batty. _____
 Hospital *no. 3. Gen. Le Depot* Date of Admission *16. 3. 15.*
 Transferred *Con^l. Depot* Hosp. *13. 4. 15*

Hosp. _____
 Hosp. _____
 Hosp. _____

Diagnosis *Influenza.*
 (1) _____
 Later Diagnosis (if changed) *W.D.*
 (2) *Bron: Catarrh*
 (3) _____

Additional Diagnoses, if more than one state present

DISPOSITION *127*

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

Date

REMARKS

| | | |
|--------------------------|-------------|---|
| <i>6. 2. 3. 4. 15.</i> | <i>44</i> | |
| <i>C.F. 22-6 15</i> | <i>114.</i> | |
| <i>" " 7. 7. 15</i> | | <i>Rept. from Base. 8. 5. 15</i> |
| <i>" " 24. 4. 15 64</i> | | <i>" Wounded & missing " " "</i> |
| <i>13. 9. 16. Aug 7.</i> | | <i>now for off. purposes pres. to have died on or since 8. 5. 15.</i> |

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

412 dl . 5 . 4

Casualty Form—Active Service.

20104

Regiment or Corps *P. P. Coy. 2 Riflements*

Regimental No. *51316* Rank *Pte* Name *McNaughton E J*

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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) _____

| 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 | | | | |

| | | | | | |
|--|---------------------|---------------------------------------|--|----------------|-----------------------|
| | | <i>Joined Bn</i> | | <i>16 3/15</i> | |
| | <i>O.C. 3. S.H.</i> | <i>adm. 3 Gen. Hosp. (Influenza)</i> | | <i>26.3.15</i> | <i>C 11/2</i> |
| | <i>-11-</i> | <i>adm. 3 G. Hsp. (Bron: Catarrh)</i> | | <i>13.4.15</i> | <i>C 29/4</i> |
| | <i>O.C. Bn.</i> | <i>Remained in</i> | | <i>18.4.15</i> | <i>B 213- 24/4/15</i> |

| | | | | | |
|----------------|-----------------|--------------------------------|--|---------------|-----------------|
| <i>13.5.15</i> | <i>O.C. Bn.</i> | <i>Wounded in Action Field</i> | | <i>8.5.15</i> | <i>K 4-7-17</i> |
|----------------|-----------------|--------------------------------|--|---------------|-----------------|

| | | | | | |
|----------------|-----------------|---|--|---------------|-----------------|
| <i>18.6.15</i> | <i>O.C. Bn.</i> | <i>Previously reported wounded - now reported wounded & Missing</i> | | <i>8.5.15</i> | <i>K 4-7-17</i> |
|----------------|-----------------|---|--|---------------|-----------------|

McNaughton

CAPT. OFFICER in CHARGE RECORDS CANADIAN SECTION G. H. Q.

(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 | | | | |

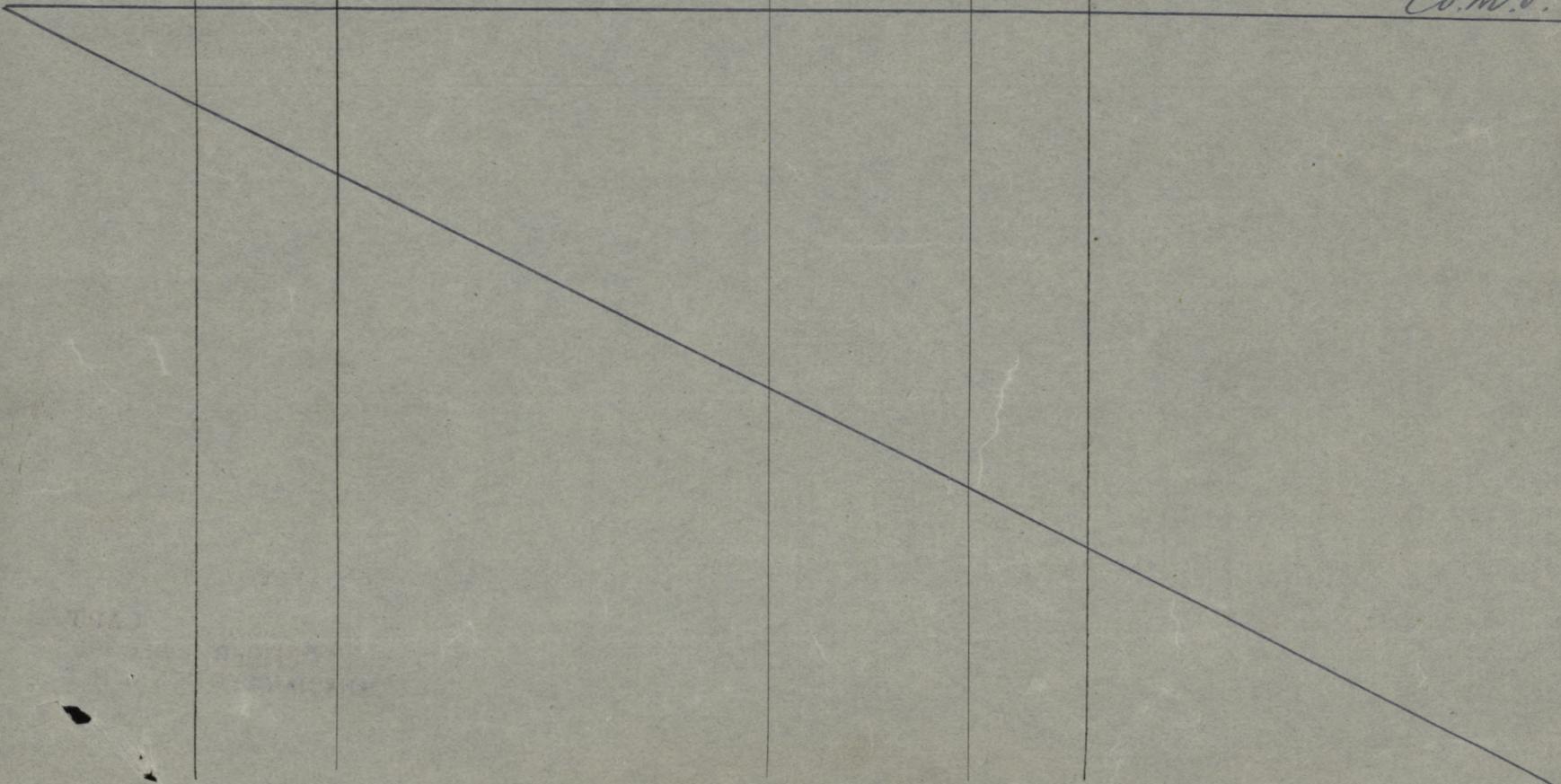
21.9.16. P.P.C.H.

Pres. Reptd missing
 Note for official purposes
 presumed to have died on or since 8.5.15

8.5.15 Lt II 048

A. J. ...

Lieut.
 for Lt Col i/c Records.
 C.O.M.B.



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

*Reinforcements*M. F. W. 12.
10m. 11-14.
H. Q. 1772-39-519.*536*

To Whom *Hugh McLaughlin,* By Whom Assigned *J. McLaughlin,*
Address *R.M.D. Route # 2,* Regtl. No. *51316*
Bobcaygon, Ont. Rank *Pte.*
Corps *Reinforcements,*
P.P.C.L.I.
Rate *\$10.00 per mo. from Feb. 1-1915*

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|----------------|-----------|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | <i>26006</i> | <i>10</i> | |
| March | | <i>26762</i> | <i>10</i> | |
| April | | <i>22073</i> | <i>10</i> | |
| May | | <i>28669</i> | <i>10</i> | |
| June | | <i>1310082</i> | <i>10</i> | <i>Missing C.L. 8/15.</i> |
| July | | <i>2911418</i> | <i>10</i> | |
| Aug. | | <i>26710</i> | <i>10</i> | <i>Prev. reported missing, now for official purposes presumed to have died on or since May 8/15. C.L. 22/8/16. J.H.G.</i> |
| Sept. | | <i>27517</i> | <i>10</i> | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

80.00 74 27/12/16 H.H.

Phil Mc. Niven
Missing C. & 31/5
6711

Regimental No. 51316 Name and address of next-of-kin
 Unit P.P.C.L.I. Reinforcements H. McLaughlin
 Date of enlistment Dec 23rd 1914 Bobcaygeon, Ont.,
 Place of birth Canada
 Married (yes or no) No Date and place discharged *8-5-15*
 Amount of pay assigned monthly \$ Reason for discharge *(missing) Off. Pres. Dead*
 To whom payable *next of kin* Character on discharge *a/447 13/9/16*

ADJUSTMENT OF A.P. FROM OTTAWA

Authority *Ad. 1619-2-1177*
 Amount *2.10* Reason *Debit*
Sept 1915 not charged
Statement - 18.

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Remarks, Casualties, etc. |
|--------|---------|-------------|-----------------|--------|-----------------|-----------------|--------|---------------|---------------|---------|------|---------------|--------------|---------------|--------------|---------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | |
| 1-1-15 | 31-1-15 | 31 | 1 ⁰⁰ | 31 | 31 | 10 ⁴ | 3 10 | | 34 10 | | | 34 10 | | | 34 10 | |
| Feb | 28 | 28 | | 28 | 28 | | 2 80 | | 30 80 | | | 20 - 10 | | | 30 - 80 | |
| Mar | 31 | 31 | | 31 | 31 | | 3 10 | 80 | 34 90 | | | 10 | | | 10 - 24 90 | |
| Apr 1 | Apr 30 | 30 | 1 ⁰⁰ | 30 | 30 | 10 | 3 00 | 24 90 | 57 90 | | | 10 | | | 10 - 47 90 | |
| May | 31 | 31 | | 31 | 31 | | 3 10 | 47 90 | 82 - | | | 10 | | | 10 - 72 00 | |
| June | 30 | 30 | | 30 | 30 | | 3 | 72 - 105 - | | | | 10 | | | 10 - 95 00 | <i>MISSING 8/5/15</i> |

Statement of
 SEP 22 1916
 Account rendered

W.E. Bach Aug
Dec 16

Cash found in effects *no Rep.*

Diff in Exchange { ^{95.} 1 44 96 44 }
 54 10 ¹⁰ 20 = 58 30 78 30 18 14 *loop pay July Aug
 Stop payment effective 1/9/15
 19 Trans. to Dead Ledger
 19 Clothing on Repay
 17 95 per A/W 3069
 17 95 Ottawa for Sit 1/12/16
 17 25 bal to Dead Ledger
 10 00 A/P See Occup.
 Bal to Ottawa for
 interest

20104

Rank and Name **McLaughlin Jos.**

Regimental No. **51316**

Name and Address of Next-of-kin

Unit **P.P.C.L.I. Rein.**

H. McLaughlin

Date of enlistment **Dec 23rd. 1914.**

Bobcaygeon. Ont.

Place of birth **Canada,**

Married (Yes or No) **No.**

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

N/E. R.B. No.

File R.L.

Category **K.A**

Promotions or appointments

N E R B No 4 x

*MTX
11/2/20*

| 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>Embarked</i> | | | |
| <i>26-3-15</i> | <i>W.O.</i> | <i>Adm to 3rd Genl Hq. Le Depot</i> | <i>-</i> | <i>3-4-15</i> | <i>Co list 44</i> |
| <i>13.4.15</i> | <i>W.O.</i> | <i>Influenza Corp. Le Depot Barr. Casault</i> | <i>Le Depot.</i> | <i>21.4.15</i> | <i>" " 60.</i> |
| <i>13.4.15</i> | <i>"</i> | <i>Trans & Conv. Depot</i> | <i>"</i> | <i>24.4.15</i> | <i>" " 64.</i> |
| <i>8/5/15</i> | <i>Base.</i> | <i>Wounded in Action.</i> | | <i>22-6-15</i> | <i>" " 114 ON.</i> |
| <i>8/7/15</i> | <i>W.O.</i> | <i>Wounded and Missing. Struck off Battalion</i> | | <i>7-7-15</i> | <i>" " 127 ON.</i> |
| <i>13.9.16</i> | <i>P.A. Lt.</i> | <i>Pres. septa missing would Special Justice presumed it had died in service</i> | | <i>8-5-16</i> | <i>Co list 447</i> |
| <i>21.9.16</i> | <i>"</i> | <i>do do</i> | <i>do.</i> | <i>8-6-16</i> | <i>P II 48</i> |

N.E.

✓

no card
44



51316

1582

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname McLaughlin Christian Name Joe.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Bobcaygeon County Victoria, Ontario.

Examined { on 20th day of Dec 1914.
at Winnipeg.

Declared Age 19. years 145. days.

Trade or Occupation .. Fireman.

Height 5 feet, 6. inches.

Weight 155. lbs.

Chest Measurement { Girth when fully Expanded 38 inches.
Range of Expansion 2. inches.

Physical Development .. Good.

Vaccination Marks { Arm .. Right - Left NO
Number -

When Vaccinated

Vision { R.E.—V= Normal
L.E.—V= "

(a) Marks indicating congenital peculiarities or previous disease { (a) Two marks on back of neck.

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

Approved by .. (Signature) R. J. McEwen Capt M.C.
(Rank) Medical Officer.

Enlisted { at Winnipeg
on 23 day of Dec. 1914.

| Joined on Enlistment | Corps. | Regtl. No. |
|----------------------|----------------|--------------|
| | <u>PPC L I</u> | <u>51316</u> |
| Transferred to | | |

Became non-effective by
on .. day of .. 191 ..
(Signature) ..
(Rank) ..

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

