

14th Batt

A12796

ORIGINAL
ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

- 1. What is your name? Hector Dawson
- 2. In what Town, Township, or Parish, and in what Country were you born? Kinmount, Ontario
- 3. What is the name of your next-of-kin? (father) James Dawson
- 4. What is the address of your next-of-kin? Kinmount, Ontario
- 5. What is the date of your birth? 7th October 1889
- 6. What is your trade or calling? Lumberman
- 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? No
- 10. Have you ever served in any Military Force?
If so, state particulars of former Service. No
- 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

Hector Dawson (Signature of Man.)
A. H. Campbell (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Hector Dawson, 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 22nd March 191 5
Hector Dawson (Signature of Recruit.)
A. H. Campbell (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hector Dawson, 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 22nd March 191 5
Hector Dawson (Signature of Recruit.)
A. H. Campbell (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 Lindsay, Ontario this 22nd day of March 191 5

[Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)
 CAPT. COL.
 COM. 30TH BN. C.E.F.

DESCRIPTION OF Hector Dawson ON ENLISTMENT.

Apparent Age 25 years 6 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 37 1/2 ins.
 Range of expansion 4 1/2 ins.

None

Complexion Fair

Eyes Blue

Hair Brown

- Religious Denominations
- Church of England -
 - Presbyterian -
 - Wesleyan ✓ -
 - Baptist or Congregationalist -
 - Other Protestants Methodist
(Denomination to be stated.)
 - Roman Catholic -
 - 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 22nd March 1915

Place Lindsay

J. McCulloch

Medical Officer.

*Insert here "fit" or "unfit."

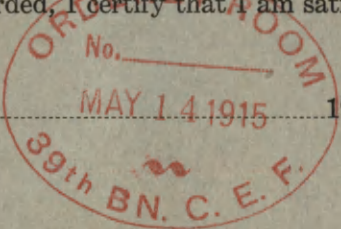
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Hector Dawson 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.

Date MAY 14 1915 1915

[Signature] LT. COL. (Signature of Officer.)
 COM. 39th BN. C.E.F.



S

- 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.....

115/128
 M
 H

Name DAWSON. HECTOR.
 Regt. No 412796 Rank Pte
 Corps 39th Res Bn. C.E.F.

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

H

06933

Killed in Action 22/10/15

Cards, Index Removed 14/1/18

Change of address
1 Casualty

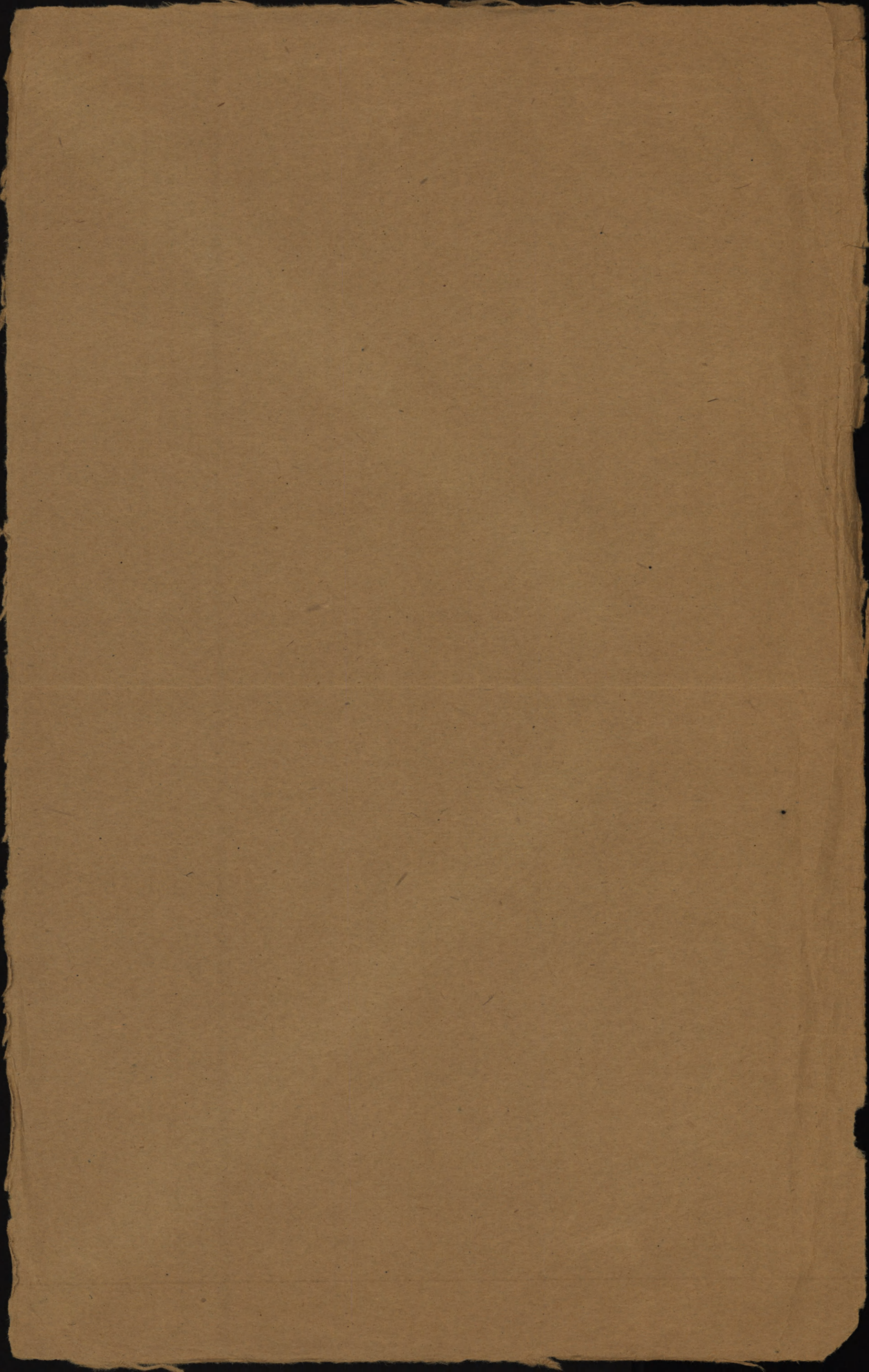
Post
2370

1-10
20-10
27-10

2

4. F. B. 122-1
8 cards
mx 1 R. 122
1671-2

M. F. W. 62.
 100m.-6-17.
 H. Q. 1772-33-935.



412 796

I.D. number
No. d'identification

DAWSON

Surname
Nom de famille

KIA 22/10/15

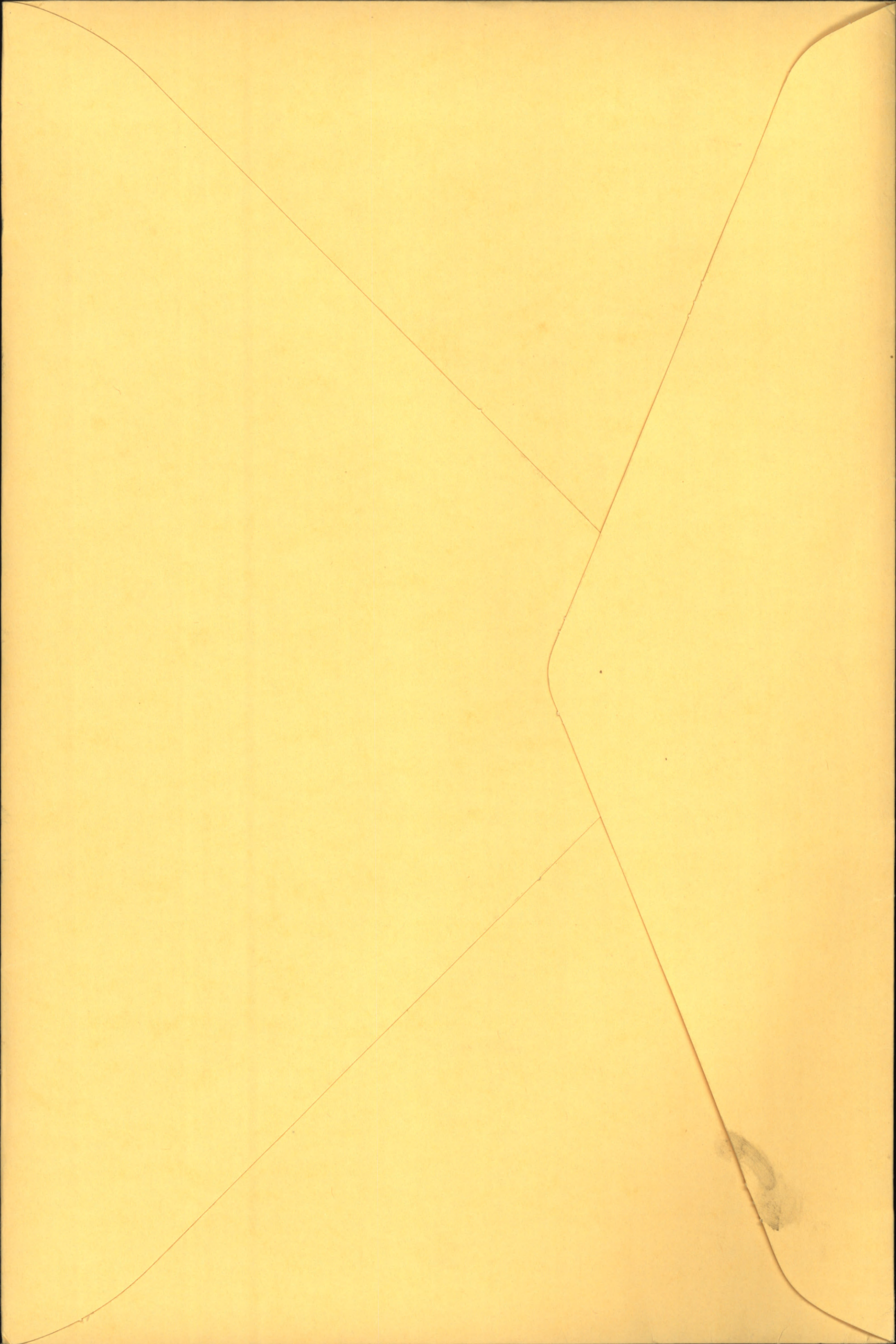
HECTOR.

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

BOX 2370



#12796
4

MEDICAL HISTORY SHEET.

Surname Dawson Christian Name Nector

Examined { on 22nd day of March, 1915
at Lindsay
Birthplace { City or Town Kinnmount
County Ontario

Approved by J. McCulloch
Rank Lieut. M.O.

Apparent age 25 years
Trade or occupation Lumberman
Height 5 Feet 6 Inches.
Weight 138 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 37 1/2 inches.
Physical development Good
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left One
Number One

Date	Result	VACCINATIONS.
<u>March 22nd 1915</u>	<u>Good</u>	<u>J. McCulloch Lt. M.O.</u>
		M.O.
		M.O.

When Vaccinated last March 22nd 1915
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/4/15</u>	<u>Good</u>	<u>J. McCulloch Lt. M.O.</u>
<u>24 4/15</u>	<u>Good</u>	<u>J. McCulloch Lt. M.O.</u>
		M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 22nd day of March, 1915 at Lindsay

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Overseas Co.</u>			
Transferred to.. ..	<u>45th Victoria Rgt</u>			

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 x
16-11-20*

Rank _____ Name **DAWSON Hector** Reg'l No. **412796** R-122.
 Unit **39th Bn** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Lindsay, 22 March 1915** Place of Birth **Canada**
 Name and Address, Next-of-Kin **James Dawson**
Kinmount, Ont. Relationship **Father**
 Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____
 Discharge, Date and Place _____ Reason _____ Character _____

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>Arrived</i>	<i>England</i>	<i>3 7/15</i>	
<i>31 8/15</i>	<i>oc. 39th Bn</i>	<i>Forfeit 2 days' pay</i>	<i>base camp N.</i>	<i>31 8/15</i>	<i>Part II DO. No. 155.</i>
<i>13 9/15</i>	<i>Do.</i>	<i>Awarded 10 days' F.P. No. 2</i>	<i>Do.</i>	<i>13 9/15</i>	<i>Do. No. 166.</i>
		<i>Drafted to 14th Bn.</i>	<i>Overseas</i>	<i>16 9/15</i>	<i>Non. roll.</i>
<i>17.9.15.</i>	<i>Ob. G.B.D.</i>	<i>Arrived no. 3. G.B.D.</i>	<i>France</i>	<i>17.9.15.</i>	<i>Non. roll.</i>
<i>25.9.15.</i>	<i>Ob. 14th</i>	<i>Taken on strength 14th Bn</i>	<i>do</i>	<i>2.10.15.</i>	<i>Part of order 39.</i>
<i>22.10.15</i>	<i>W. O.</i>	<i>Killed in action</i>	<i>France</i>	<i>1.11.15.</i>	<i>As list 199 on.</i>
		<i>Buried in cemetery J. 12-a-75, ref. map 28. Grave marked with cross. Number name & battalion enclosed in a bottle</i>		<i>28.10.15.</i>	<i>Daily Gas sheet 176 & W.F. B. 103. Part of order 43.</i>

6643

Army Form B. 103. 24

Casualty Form—Active Service.

Regiment or Corps 39th Res Battalion. C. E. F.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. 412796. Rank _____ Name Dawson, H.

Enlisted (a) 22-3-15. Terms of Service (a) Duration of War. Service reckons from (a) 22-3-15.

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				
20/9/15	39 th Res Bn	Reinforcements from Eng	39 th Res Bn	20/9/15	100-19
24/9/15	O.C. Unit	Joined Batt.	Field	24/9/15	B. 213
22/10/15	"	Killed in Action	"	22/10/15	E 10-144
23/10/15	"	Buried in Cemetery. Tr. a. 75. ref. Map 28.	Cemetery	22/10/15	E 10-147

M. Nich
Lieut.
For Lt. Col.
Daag

(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				

Name Dawson, H. Rank Private

Reg. No. 412796

Unit 14th Battalion

D 251

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915 22 10	Killed in action Rpt. to Base.			199	1731	89

Burial Rpt. next to R.D. 200

W.A.P.

H.
Dawson, H., Pte. 412796 14th Bn. 649-D-721

Med. & Dec. (Father) James Dawson, Esq.,
Kinmont, Ont.

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

Des# 765972

Mem. Cross. (Mother) Mrs. J. Dawson.

Address as above.

Elig. 14/15 star Pte. 14th Bn.

32862

*" V.M.
" B.W.M.*

Desp 23-11-20 (m) C 32257

Z52300

Scroll Desp. ~~SEP 2 1921~~ Reqn. No. ~~146591~~

SEP 28 1922

Plague Desp. _____ Reqn. No. ~~146591~~

808

W

SURNAME

A
Hawson

CARD NO.

CHRISTIAN NAMES

Hector

FOLL.

D

REGL. NO.

412796

RANK

Pte

UNIT

~~*39th*~~ *14th*

Batt.

FORMER CORPS

nil

Old no. A12796

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hawson, James

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Kimmount, Ont.

COUNTRY OF BIRTH

Canada, Kimmount

DATE

Oct. 7th 1889

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

22/3/15

Sailed from Montreal per S.S. Mississinabi

~~*2*~~ *17-6-15* ^{*125*}/_{*5*}

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Lumberman

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

25.

YEARS

6.

MONTHS

HEIGHT

5.

FEET

6.

INCHES

CHEST MEASUREMENT

34½,

INCHES

EXPANSION

4½.

INCHES.

COMPLEXION

Fair

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Lindsay.

DATE

March 22/15.

No. 12796

RANK

Pte

NAME

Dawson H

T. O. S.

UNIT *39th Battalion*M. D. *3*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>May 1st</i>	<i>1915</i> <i>May 31</i>	<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		

UNIT SAILED
JUN 24 1915



NAME

Dawson Hector

H. Q. FILE No. 649-

REG'T'L. No.

412796

RANK AND CORPS

Pvt.

14th Batt.

NO.

405

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLL.

M. 1731

1-11-15

Killed in action Oct. 22nd

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

199 Reported from the Base 22-10-15 Killed in Action

Number

412796 ✓

Rank

Olt ✓

Surname

DAWSON ✓

Christian Name

Hector ✓

Units

14th Bn. Can. Inf. ✓

Theatre of War

France ✓

Date of Service

16-9-15 ✓

D

Remarks

✓

Latest Address

Roll No

Blage 19055

200m.-2-21...

(This form to be filled in by all ranks on voyage to Canada.)

.....

R	RANK	SURNAME	INITIALS	UNIT
.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....

Surname *Dawson,* Christian Name or Names *H.* Reg. No. *412796*
 Rank *Pte.* Unit *14th Batt.* Co. Troop Batty.
 Hospital Date of Admission

Transferred Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

67. 1-11-15 199 Reported from the Base:
"Killed in Action" 22-10-15

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.