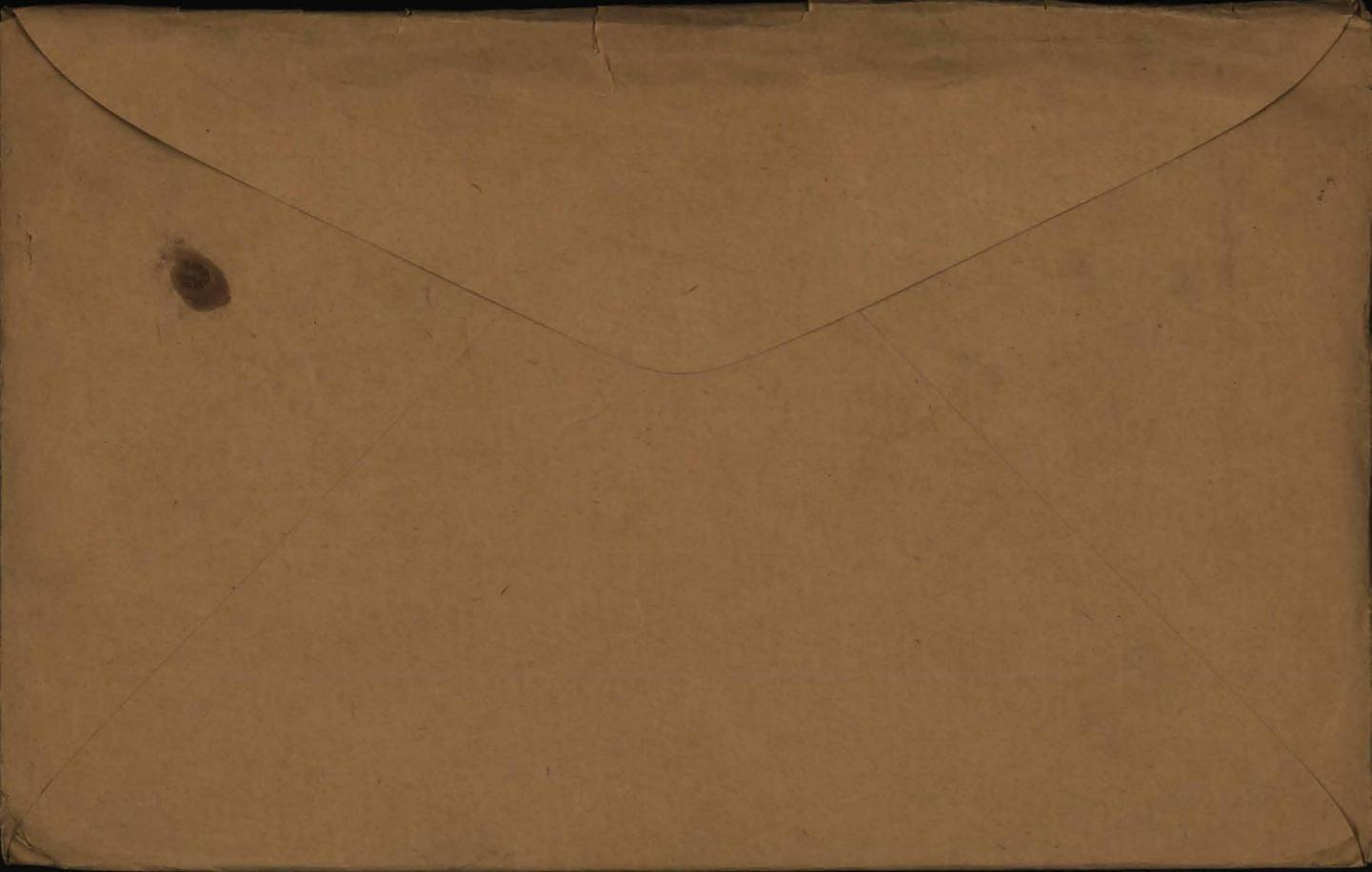
Lluplicace

CANADIAN OVER-SEAS	EXPEDITIONARY FORCE. Folio.
QUESTIONS TO BE PU	Γ BEFORE ATTESTATION. (ANSWERS).
1. What is your name?	1 Draf.
2. In what Town, Township or Parish, and in what Country were you born?	A X
3. What is the name of your next-of-kin?	John William Fleming!
4. What is the address of your next-of-kin?	Sortstown Co dyrone lieta
	november 205/893
6. What is your Trade or Calling?	Jarmhand
7. Are you married?	200
8. Are you willing to be vaccinated or re-	
vaccinated?	yr,
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.	210
11. Do you understand the nature and terms of your engagement?	La
12. Are you willing to be attested to serve in the	450
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	10
N	89 Henry (Signature of Mar
, na	Modiowed Signature of Witness
made by me to the above questions are true, am made, and I hereby engage and agree to serve in to be attached to any arm of the service therein, for between Great Britain and Germany should that was the termination of that war provided His Maje	E BY MAN ON ATTESTATION. declare that the above answer that I am willing to fulfil the engagements by me not the Canadian Over-Seas Expeditionary Force, at the term of one year, or during the war now existing last longer than one year, and for six months after the sety should so long require my services, or until legal
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Apparent Age	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).
Teight L ins.	
Girth when fully expanded ins. Range of expansion ins. Complexion Tail Church of England Presbyterian Wesleyan Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Other Protestants (Denomination to be stated.) Roman Catholic Jewish	
ree use of his joints and limbs, and he declares that	
Place Lethtridy	ian Over-Seas Expeditionary Force. A B A A A A A A A A A A A A A A A A A
Place Lethtridy	Medical Officer.
Place Lethersey	Medical Officer.
Insert here "fit" or "unfit." Note.—Should the Medical Officer consider the Recruit unfit, leen attested, and will briefly state below the cause of unfitness:—	Medical Officer.
CERTIFICATE OF OFFICE	Medical Officer. Medical Officer.

REGIMENTAL DOCUMENTS H. Q. FILE NO. M. F. W. 2505 CONTENTS NON-EFFECTIVE BY DATE RECEIVED TO WHOM FORWARDED DATE FORWARDED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.S.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) 3-26



Fleming, S.A., Pte. 552736 10thBn. 649-F-5280

Med. & Dec. (Brother)

John Wm. Fleming, Esq., Cookstown, Tyrone, Ireland.

P. & S. (Mother) Mrs. Annie H. Fleming, District Anybun, Omagh. Omagh. Tyrone Ireland.

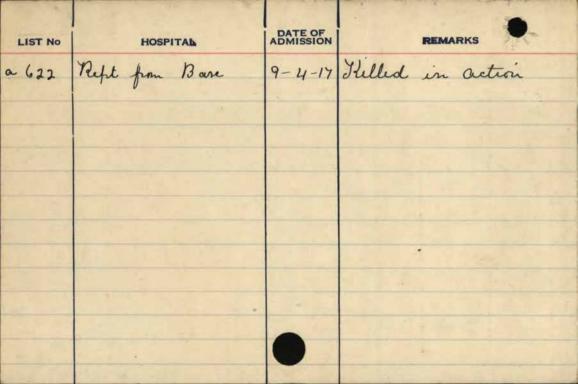
(Mother) APR 2 2109 50540 76.3

Mem. Cross.

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a HB2090le	15-4-17	Killed in actio	
(Received	20-6-17)		"Herance"
		6K	
L L 12767—M.	& D. 7390.		M. F. W. 42—50m.—12-16, H. Q. 1772-39-893.



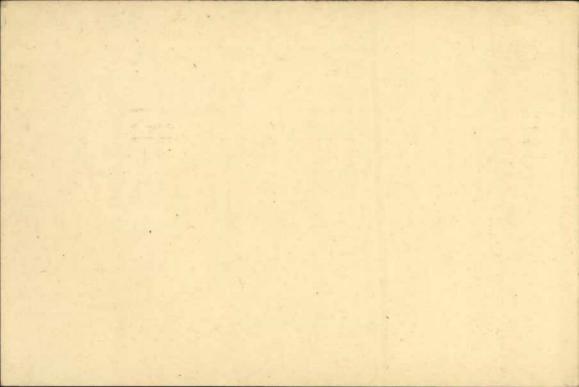
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TRADE OR CALLING Sa	rmhandrelig	ION Presbyt	erian
	DESCRIPTION.		
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HEIGHT	6 FEET	2 INCHES	
CHEST MEASUREMENT	42 INCHES	EXPANSION	7 INCHES
COMPLEXION Fair	EYES Dlu	e HAIR/S	rown
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MEDICAL EXAMINATION. PLACE Lethbridge DATELING 26th, 915.

BEMARKS:

NAME Fleming S. No. 13736 RANK Pte 736. 73 6. Jan Caylist. T.O.S. 26-8-15 UNIT 13 of Can. Munted Reflex -DO177 of 28-5-15. M. D. /3 PAID PAID SIG. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. OR FROM TO REC'T PARTICULARS AUTHORITY 1915 aug. 31 -To be L/Epl. 9-11-15-DO236810-11-15--1916 Jan. 1 -4



Unit	Samuel Al	ank Pto	-25-1	4-1		
Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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CASUALTY BRANCH

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M. F. W. 2536 100m.-5-18. 1772-39-1311

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Christian Name or Names

Reg. No.

Fleming.

Unit

S.A.

Co. 1

552736. Batty.

Pte. Hospital 10th. Bn.

Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action. 9-4-17.

DISPOSITION			Date
C.L. 19-4-17.	A/622.	-	
		REMARKS	
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EPITOME OF HOSPITAL TREATMENT.

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6.			U Pl
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7.

FRN.

Rank

H. W. & V., Ld. -7165-16.

Name FLEMING, Samuel Alexander.

Reg'l No. 550736

Unit 13th O.M.Ris.

If in perm. Corps,) What Unit?

Married or Single Single,

Place and Date of Enlistment Calgary, 26th Aug, 1915.

Place of Birth Co Turone, Ireland.

John Wilson Fleming. / Name and Address, Next-of-Kin

Cookstown, Co Tyrone. Ireland.

Relationship

Brother.

Assigned Pay Monthly \$

Payable to

Relationship N/E. R.B. Nº 2420

File R.L.25- 7-12024 2577

Payable to

Relationship

Separation Allowance \$

Discharge, Date and Place

Reason

Character

H	Repor	t. From whom received.	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.
			Arrived in Engla	nd. S.S.O.y	mpic.	6th July 1916
	23.7.16	0.e. 13th C.M.R.	S.O.S. on transfer to C.C.D.			
	0	,	apple on arrival in England.	. 1		111 70
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Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Taken from Official Documents.	a right district
15-4-17	· 10th Bn	Killed in action	tield	9-4-19	Pt. I. O. 38.	
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and the	1	A PERSONAL PROPERTY.			01	
			BEAUTH A			
3011	1					RS HE WILLIAM

Perforated sheet for Will from Pay Book of Reg.

No.

552,736

Name

S.A. Fleming

Unit

Tenth Stallign Canada.

In the event of mmeath I give the whole of my property and effects to my Brother, John Wilson Fleming Loy Mill, Cookstown, Co. Tyrone, Ireland.

Signature.

S.A. Fleming.

Rank and Regt. Private, 10th. Bn.

Date.

September 25, 1916

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

......September 1917.

Lieut. for Officer i/o Estates, O.M.F.C.

NOTE. Extracted from pay book page 20.

Holograph.

Died

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Transferred

27th September. 1917.

No. 652736. Pte S.A. Fleming. 10th Battalion.

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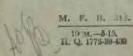
DAMES OF PERSONS

Examined Birthplace Fit or Unfit Date EXAMINED FOR RE-ENGAGEMENT. M.O M.O. Inches Height. MO Weight Lbs. M.O. inches Chest measurement Maximum expansion. M.O. Physical development M.O. Small-Pox Marks. M.O. Result Vaccination Marks Number M.O. When Vaccinated last M.O. (a) Marks indicating congenital peculiarities or previous M.O. disease _ Date Result (b) Slight defects but not sufficient to cause rejection M.O. M.O. HABITE DATE Joined on enlistment 27 SEP 1916 Transferred to.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	DATE.	DISKABEL	RESULT.		
	Charles on		THE RESERVE		
	23/8/2015				
	1 19 19 19				

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.



Christian Name. Surname

Date of Arrival		DATES OF							Number	Remarks on nature of the disease : how induced; if mild or severe: if com-	
STATION. at the Station.	Admission into Hospital.			fro	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 veneroal 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.	
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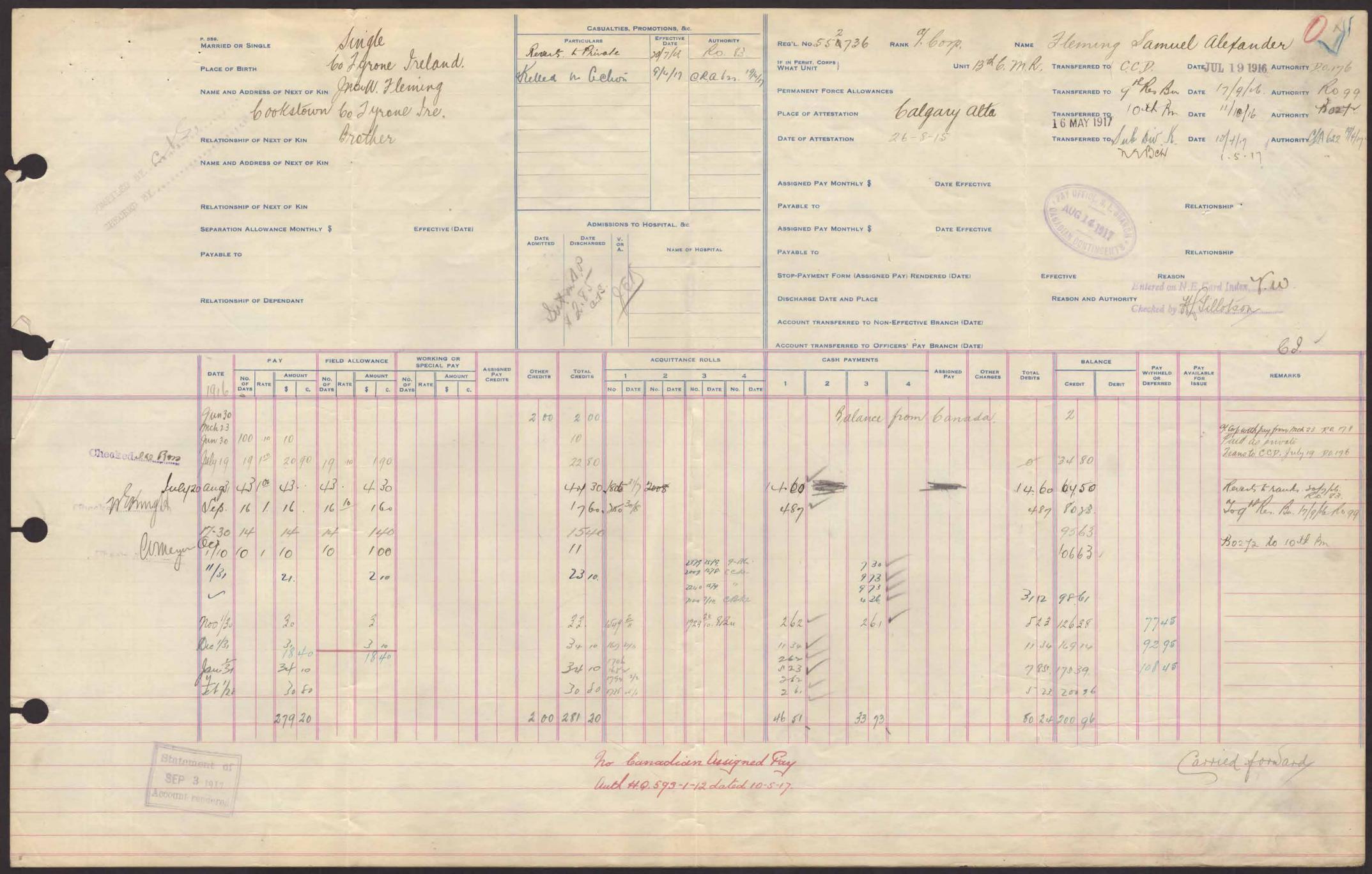
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	334 3	b Casualty Form	-Active	Servic	e. 250M.—1-16, H. Q. 1772-39-920.
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		Unit, Regiment or Corps / 3	0. 17).	1/ /	Alexander
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Extende	ed	Re-engaged	Qualification ((b)	
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	1	casualties, etc., during active service, as re-		The state of the	Remarks taken from Army Form B. 213,
Date	From whom received	A. 36, or in other official documents. The	Place	Date	Army Form A. 36, or other
	received	authority to be quoted in each case.	on la lac		official documents.
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⁽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.

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