

1st Depot Battalion,
2nd Central Ont. Regt.

REGISTRATION PAPER.
1st Depot Bn 1st C O Regt.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... H A L L
- 1a. What are your Christian names?..... ROBERT
- 1b. What is your present address?..... Hayatt, R. I. USA.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Co. Tyrone, Ireland
- 3. What is the name of your next-of kin?..... Sarah Hall
- 4. What is the address of your next-of-kin?..... Five-Mile-Town, CO. Tyrone, Ireland
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... September 9th, 1893
- 6. What is your Trade or Calling?..... Gardener
- 7. Are you married?..... Single
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? ..
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Hall, 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: Sept 21st 1917. Robert Hall. (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Hall, 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: Sept 21st 1917. Robert Hall. (Signature of Recruit)
[Signature] (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 Toronto Canada this 21st day of September 1917.
[Signature] (Signature of Justice)

Description of Robert Hall on Enlistment.

Apparent Age 24 years months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 1/2 ins.

Chest measurement. { Girth when fully expanded 36 ins.
Range of expansion 4 ins.

Complexion Medium

Eyes Grey

Hair Brown

Religious denominations. { Church of England
Presbyterian Pres.
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations
(Denomination to be stated.)

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.)

Hearing good nose & throat O.K.
each eye - 20

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 Sept. 21st 1917

Place Toronto Canada

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

W. J. M. P. ...
M.O. PRESIDENT
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.

Robert Hall

..... 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 M. ... (Signature of Officer)
O. C. 1st Depot Bn., C. O. R.

Date SEP 25 1917 1917

REGIMENTAL DOCUMENTS

NAME

HALL Robert

REGT. NO.

3030622

UNIT

1st Bn 2nd Reg

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 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)

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LAST PAY CERTIFICATE (M.F.W. 44)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *MFW 82*

1 *Pc*

1 *will*

02942

Category

Dead

DEATH

DISCHARGE

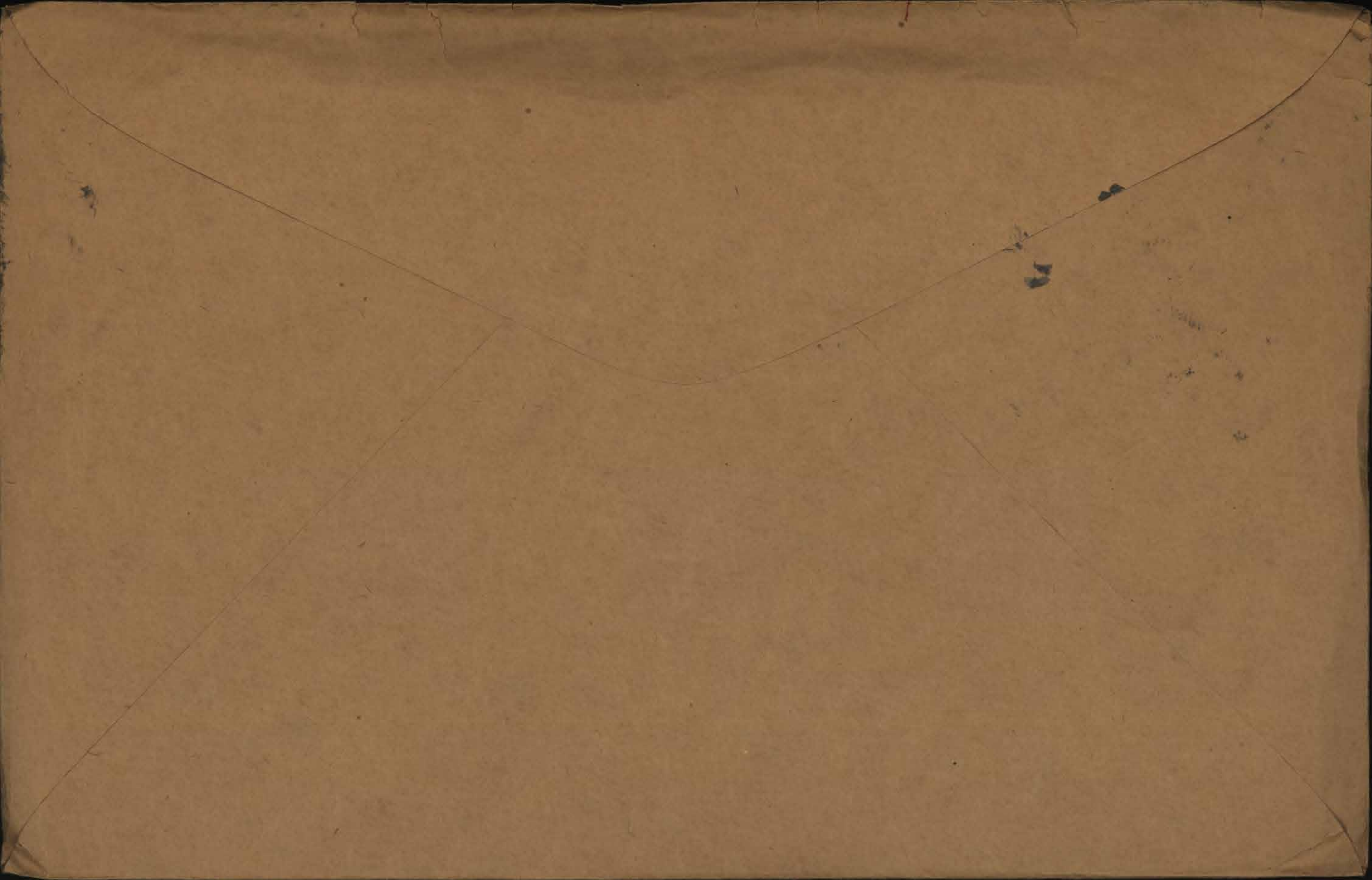
Category

DESERTION



(21)

3-21
10-21
26-21



LEDGER No. ²2155-²96-³1124

SERIAL No. 28303-9945

REG. No. 3030622 NAME Hall P 6 3

RANK Pte CORPS M G. 6 AGE 24 SERVICE 4/12

HOSPITALS

DATE OF ADMISSION

1 Ex Camp Toronto 27 1 18

2

3 6 6 3

DIAGNOSIS Diphtheria "Scarlet Fever"

TRANSFERRED TO Base. 29. 1. 18

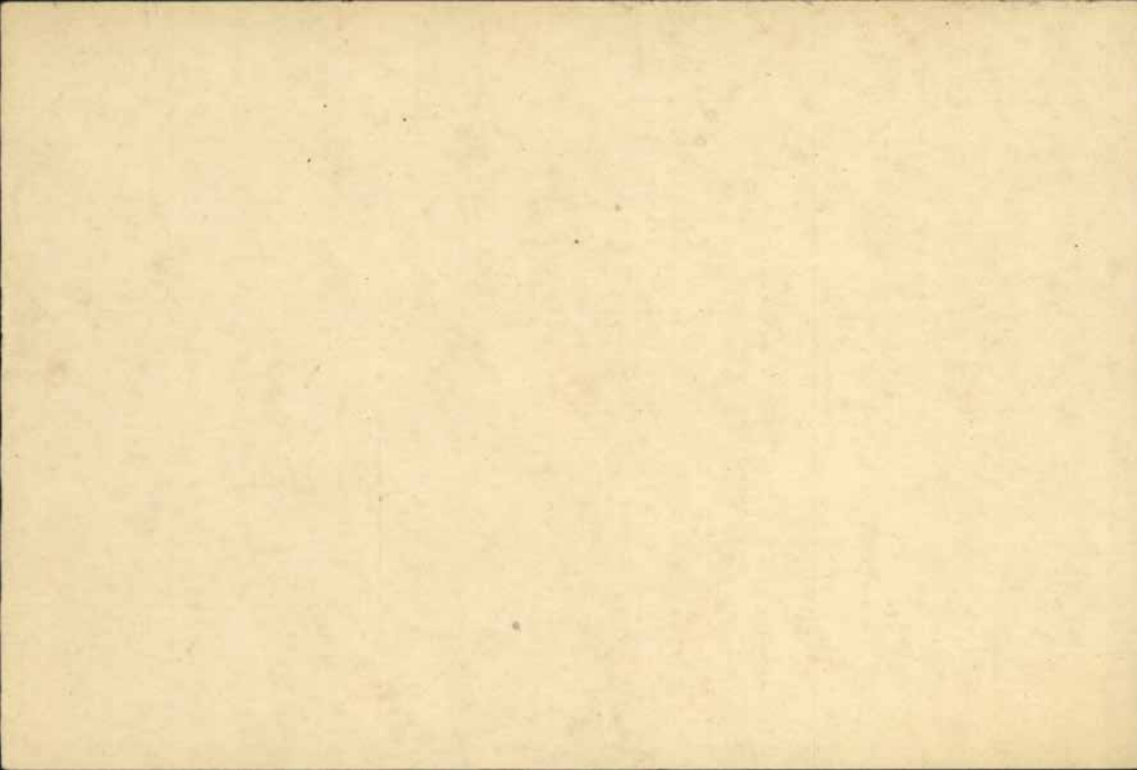
DISPOSITION Dred 4. 2. 18 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-89-1822.

No. 3030622 RANK *Pte*NAME *Hall Robert.**T.O.S. trans from* UNIT*1st Depot Battalion C. O. R.**T.M.C. 24-9-17**(L.O.C. 40.25-9-17)*

M. D. 2.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917 Sept 25</i>	<i>1917 Sept 30</i>	<i>✓</i>		



No. 3037622 RANK Pte

NAME Hall, R.

T. O. S.

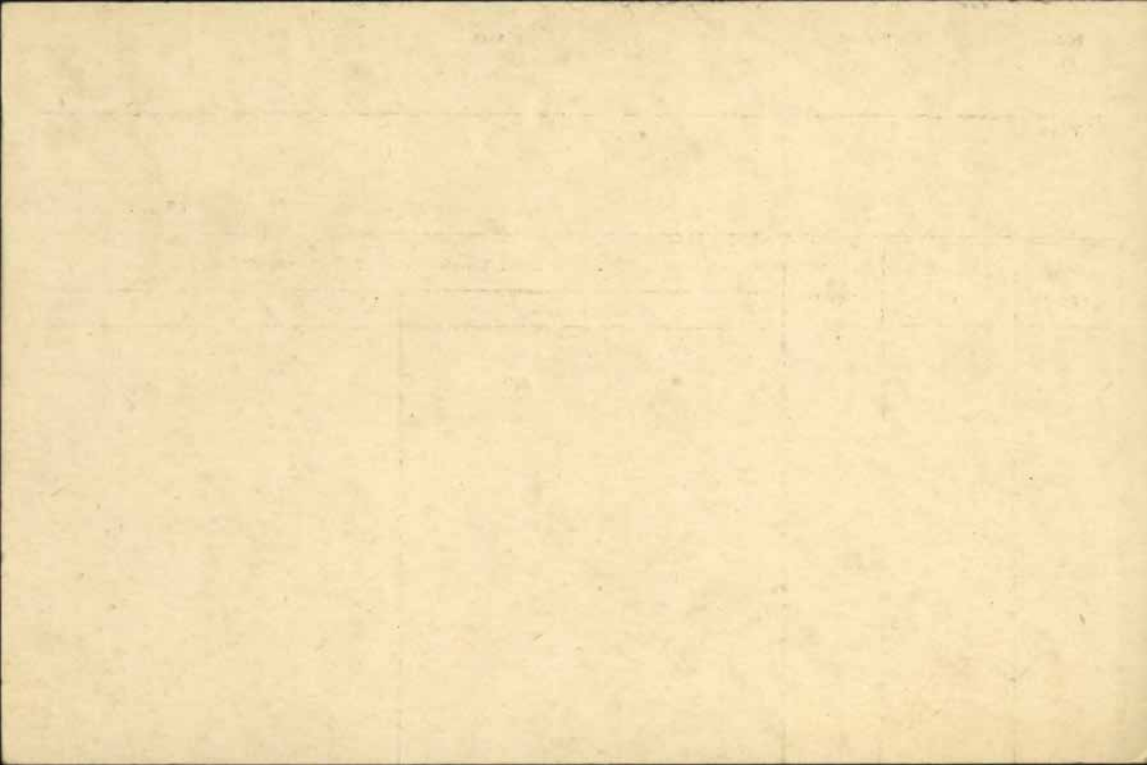
UNIT 205th Battalion C. C. F.

Machine Gun Depot Hamilton

Trans from 1st Lt B
2nd Lt. P. 2029 of 28-1-18

M. D. 2

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 Jan 22	1918 Jan 31	W W	Deceased, Disch'd leaf 9 20-2-18	2051 of 21-2-18
			a/c not closed	



649-H-17455

3030622

Pte. HALL, Robt.

M. Gun Corps.

1st. Depot Bu 2nd C.O.R.

Medals & Dec.

(Mother)

Mrs. Sarah Hall,
Tiercar, Fwemile-
town, Co. Tywne,
Ireland.

P. & S.

(Mother)

As above.

Memorial Cross

(Mother)

As above.

2

MAY 5 - 1921

Scroll Desp.

Reqn. No

44371
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FEB 10 1922

Plague Desp.

Reqn. No

p 29262

B-

Canada only
mj.

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46526 FEB 25 1971

1097

FORM OF WILL.

I, Robert Hall, (Name in full)
Regimental Number 3030622 serving in 1st. D.B. 2nd. C.O.R.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

_____ } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

(Mother) Sarah Hall
Tiercar, Five Mile Town,
Co. Tyrone, Ireland. } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**

This must be Signed
and Dated by
**THE SOLDIER
HIMSELF.**

this 24th day of December A. D. 191 7.

Robert Hall. Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything
except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of First Witness O. J. Middleton
Address of Witness Hamilton, Bermuda.
Occupation of Witness Soldier.
Signature of Second Witness Hugh W. Moore.
Address of Witness 152, Aberdeen Street, Quebec City, P.C.
Occupation of Witness Soldier.

ESTATES BRANCH
MAR 7 1918
MILITIA DEPT.

CERTIFIED TRUE COPY

[Signature]
O. C. Machine Gun Corps, C. E. F. M. D. 2

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

Name and Address
of person or
persons to whom
it is to go.

Name and Address
of person or
persons to receive
the same.

WITNESSED
my hand and seal
this _____ day of _____
19____.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

I, _____ of the County of _____ State of _____ do hereby certify that the above is a true and correct copy of the original of the same as the same is now in my possession and under my control and I am not aware of any other copy of the same.

MEDICAL CASE-HISTORY SHEET. 9315

HOSPITAL BASE STATION TORONTO
 No. 3030622 Rank Pte Name Hall R. Age 24
 Unit M. G. C. Exhibition Service 4 1/2 / 12
 Date of Admission Jan 29-18 Date of Discharge.....
 Diagnosis Scarlet Fever
 Date of Origin Jan 28 Place of Origin Toronto
 CAUSE OF ILLNESS OR INJURY:

HISTORY OF PRESENT ILLNESS OR INJURY.

(Is Illness or Injury result of Service?)

Illness developed Jan 28 with
 chill, nausea and vomiting some
 throat.

CONDITION ON ADMISSION.

Jan 31 - Urinalysis. Temp. 101. Pulse 70 Resp. 20
 Sp. Grav. 1.025. Throat very sore and generally
 Reaction - acid. Sp. Grav. 1027. inflamed. Fine scarlet rash
 alb. + on chest and back spreading to
 deposit. numerous leucocytes. Throats - Many leucocytes.
TREATMENT. arms and limbs. no vomiting or nausea.
 System normal.

Feb. 1. Condition remains about the same

Feb 2. Marked erysipelatous rash developed
 on left arm at elbow radiating up and
 down to wrist and shoulder. Temp. 104.2. Pulse 120. Resp 30.

Feb. 3. Temp 101.4. Pulse 110. Resp 25.
 Urinal. Complained of severe pain in chest
 right side.

CONDITION ON DISCHARGE FROM HOSPITAL.

Died Feb 4th 1918 at 6 am.

Treatment. Chlorine gargle and. Must expect 3rd 9.4.4.

Feb 2. Antistreptococcal serum. 20 c.c. ml.
 repeat. in 9. m.
 S. J.weeney, Capt. aux.

W. H. Robertson Capt.

Medical Officer i/c Case.

Date Feb 4th 1918

9945

MEDICAL CASE-HISTORY SHEET

BRITISH WESTERN
MADE IN CANADA

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PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....**1st Depot Battrn. 2nd Central Ontario Regiment.**

(2) Regimental Number**3030622**

(3) Full Name of Soldier.....**HALL Robert**

(4) Place of Birth.....**Five Mile Town, Co. Tyrone, Ireland.**

(5) Are you married, or not? ..**single**

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? ..**no**

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? yes

If so, state name and address. Sarah Hall

Tiercar, Five Mile Town, Co. Tyrone, Ireland.

(11) If your Mother is a widow.....yes

Are you her sole support, or not?.....no

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

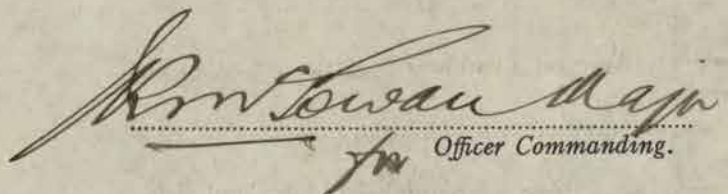
(15) Are you insured? no

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date December 24th, 1917.


for Officer Commanding.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bn. 1st C. O. R.Regimental No. 3030622 Rank Pte. Name HALL, RobertEnlisted (a) Sept 21-17 Terms of Service (a) D. of W. Service reckons from (a) Sept 21-17

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Gardener

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				
<u>28-1-18</u>	<u>205th Bn. M. G. D.</u>	<u>Transferred to 1st D. B. 2nd C. O. R. J.O.S. on trans. from 1st D/B. 2nd C.O.R.</u>	<u>Camp Borden</u>	<u>Oct 1-17</u>	<u>Struck off strength as of Feb 4/18 by Court of Enquiry held Feb 20/18. - DO. - 51.421/2/18. No Orders March 2/18.</u>

(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.

[P.T.O.]

Casualty Form - Active Service

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				

3.

CASE HISTORY SHEET.

No. 3030622 Rank Pte. Name Hall, R. Age 24
Unit M.G.C. Completed years of service } Where and how long }
Date of admission January 27/18. Date of discharge July 20-1918.
Diagnosis Tonsillitis. Place of origin Ex. Camp Toronto, Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Temp 101.8° F. Pulse 120. Resp 22.
on admission. Suffering from sore throat. Some
exudate present.
Jan 28th 18. Has vomited. Throat still sore. Temp
still elevated. Rash appeared chest, arms
marked around elbows. Glands in post & neck enlarged
Strawberry tongue. No Koplik spots. No marked catarrhal
condition.
Initial symptoms Jan 25th or Jan 26th 18.
Diagnosis - Scarlet Fever.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Local heat & suction.

CONDITION ON DISCHARGE

(and disposal made of case.)

Transferred to Base (4000 ft. Isolation)
wd.
Diagnosis Scarlet Fever.

Date Jan 28th 1918.

Geo. D. McLaughlin
Medical Officer i/c case.

1890 HISTORY SHEET