

ORIGINAL

ATTESTATION PAPER.

No. 925805

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Jones
- 1a. What are your Christian names?..... James Robert
- 1b. What is your present address?..... VIABANK
- 2. In what Town, Township or Parish, and in what Country were you born?..... Co. County of Tyrone, Ireland
- 3. What is the name of your next-of-kin?..... Mrs. Annie M. Jones
- 4. What is the address of your next-of-kin?..... May, County of Tyrone Ireland
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Feb. 5th. 1896
- 6. What is your Trade or Calling?..... Clerk
- 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?..... 1 1/2 yrs. Ulster Volunteers
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, James Robert Jones, 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.

James Robert Jones (Signature of Recruit)
Date: May 18th 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Robert Jones, 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.

James Robert Jones (Signature of Recruit)
Date: May 18th 1916 (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 VIABANK this 18th day of May 1916
J. P. Magee (Signature of Justice)

Description of James Robert Jones on Enlistment.

Apparent Age 20 years 3 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. 10 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion Fair

Eyes Blue

Hair Dark Brown

Religious denominations { 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 May 18th. 1916

Place Regina, Sask.

C. A. Morrison
 Medical Officer.
 Capt. C. A. M. C.

*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.

James Robert Jones 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.

G. McCann (Signature of Officer)
 Captain & Adjutant
 152nd Overseas Battalion.

Date May 18th. 1916

REGIMENTAL DOCUMENTS

NAME

James Robert

REGT. NO.

925805

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

12068

92-6
20-6
28-6
2

M

S

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

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)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

Copy of

985

1149

Will Copy

1127

Pay board

(M)

925805

I.D. number
No. d'identification

JONES

Surname
Nom de famille

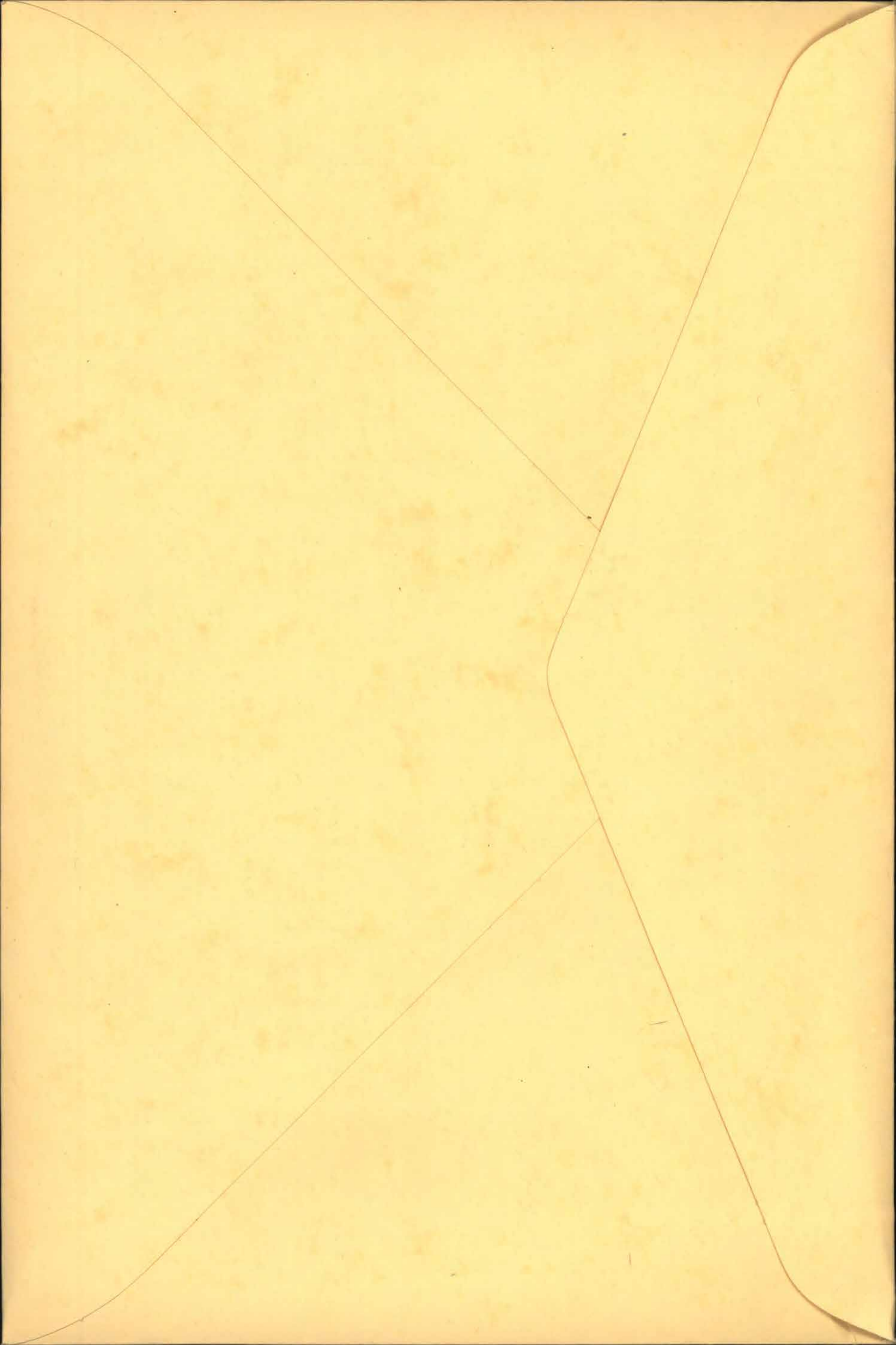
JAMES ROBERT

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

4943



25-5-1067

Name **JONES** Rank **James Robert**
Unit **5th Bn**

Pte

925805

Reg. No.

Next of Kin **Mrs. Annie M. Jones, County of Tyrone, Ireland**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10-4-17	No. 1 Con. Depot	Boulogne	SW. Face & Lf. Hand	A627		18-4-17
30-5-17	Discharged to 3 Rest Camp				M2222	
15/16-8-17	Rep. fr. Base	KILLED IN ACTION	A732	M5960	27-8.	
			28-8.			
	Correct date of death should read 16-8-17 (Part 2 (116 E/3-10-17-5th Bn) 937)					

REGT'L No 925805

H. Q. FILE No. 649-

NAME Jones James Robert

RANK AND CORPS Plt.

5th Bn. (form. 152nd Bn.)

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

Des.

NATURE OF CASUALTY

M. 2222 19-4-17

Adm. to 1 Comvt. Depot. Boulogne
GSW. hand face ✓

M 5960 28-8-17

Killed in action Aug. ^{15th} 14 + Aug ^{16th} 15/17.A. P. 397
2096a Rauen.
24-8-17.Killed in Action Aug 15 + Aug 16/17.
Rec'd 17-10-17.Letter from. O/C. of
Estate's. London.
dated 17-10-17.Correct date of death should be 16/8/17.
as per (Part II Order 116 dated 3-10-17. of the
5th Bn.)

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 627 ²	Moi Comul. Depot Boulogne	10 $\frac{4}{17}$	Gsw. face & L. hand
A. 669	Disch. to 3 rest camp Marlboro	30-5-17	Gsw. face - Lf. arm
A 735 ¹	Rep from Base	1 ^o /16-8-17	Killed in action

Jones, Pte. Jas. Robt., #925005, 5th Bn. H.Q. 649-J-5005.

M. & D. (Mather)

Mrs. Annie M. Jones,
The Square, Moy,
Co. Tyrone, Ireland.

P. & S. (Father)

Wm. Jones,
(Address as above)

Mem. C. (Mother)

Same as above.

(Ser. # 752439)

M

Not Eligible for 14-15 Star

E D.M.

E B.W. M

Scroll Desp. MAY 13 1926 Reqn. No. 3-43084

Plague Desp. OCT 14 1926 Reqn. No. 34134

(P)
P 11871

ac

M6. 333 78 NOV 27 1920

553

E.M.W.
✓ CR
Number

925805 ✓

Rank

Plt ~~B~~

Surname

JONES ✓

Christian Name

James ✓ Robert ✓

Units

5th Bn Can Div ✓

Theatre of War

France ✓

Date of Service

13/11/16 ✓

Remarks

Latest Address

Mrs Annie M. Jones. (Mother)
The Square, Moy, Co. Tyrone.
Ireland ✓

Roll No.

B Page 16890

200m.-2-21.M.

DESP. OCT 4 1922
REG. NO. *11834*

SURNAME.

Jones.

CARD NO.

D

CHRISTIAN NAMES

James, Robert.

FOLL.

REGL. NO. *925805.*

RANK

Pte.

UNIT *152nd.*

Bn.

FORMER CORPS

Ulster Vol. (1 1/2 yrs.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jones, Mrs. Annie, May.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

County of Tyrone, Ire.

COUNTRY OF BIRTH

Ireland, Co. of Tyrone.

DATE

Feb. 5th. 1896.

PLACE OF ATTESTATION

Regina, Sask.

DATE

May 13th. 1916.

Sailed from Halifax

per. S.S. Missouabie

L. L. 94504. M. & D. 6512.

3-10-17

M. F. W. 22. 250M.-2-16. H. Q. 1772-30-339.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

clerk.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

20 YEARS

3 MONTHS

HEIGHT

5 FEET

10 INCHES

CHEST MEASUREMENT

35 $\frac{1}{2}$ INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

Wk. Brown.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Regina, Sask.

DATE

1 May 13th. 1916.

Present Address: Vibanks, Sask.

No. 925805 RANK Pte

NAME

Jones Jas Robt.

T. O. S. 13-5-16
29.0.127 of 19-5-16

UNIT

152nd Co's Battalion

M. D. 12

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1916 1916

May 13 May 31

June ✓

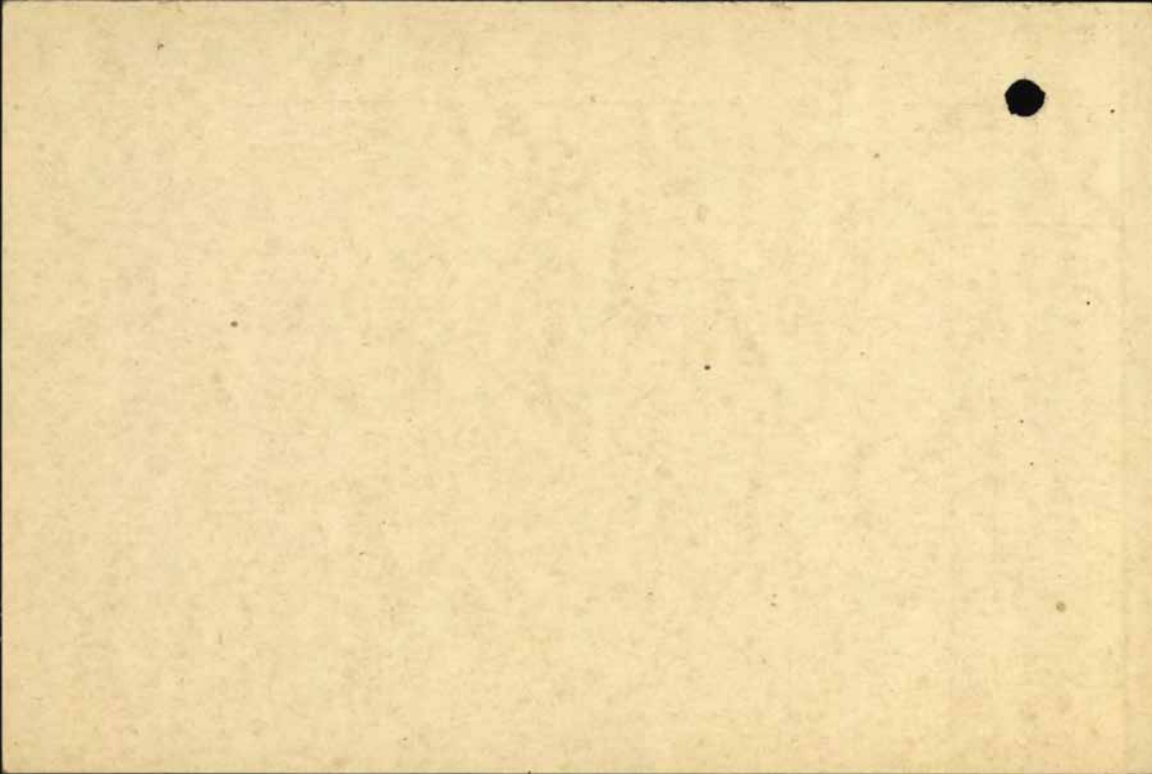
July ✓

Aug ✓

Sept ✓

Oct pay list not available.

UNIT SAILED
OCT 3 1916



Surname
Jones

Christian Name or Names
J R

Reg. No.
925805

Rank
Pte

Unit
5th Batt.

Co.

Troop

Batty.

Hospital
1 Conval Depot B, ulogne
Transferred

Date of Admission
10-4-17

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis
S.W. Face & lt Hand *gl*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

R. F. B.

*Killed in Action, ~~15/11/17~~
16. 18th 17.*

DISPOSITION
C.L.18-4-17 A 627

Date

8. 6. 17 A 669

Disch to 3. Rest Camp. Marlboro 30. 5. 17

REMARKS

"28-8-17 A:732

*9. 10. 17. A31. ⁽³⁾ correct date of death
been ascertained 16. 8. 17.*

A.M.D. 2 DEPT.

Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom **Mrs. Annie M. Jones, (Mother)** By whom assigned **Jones, J.R.**
 Address **Moy,** Regtl. No. **925805**
B Co. Tyrone Rank **Pte.**
Ireland. Corps, &c. **5th Battalion,**
 Rate **\$15.00 per month**
 Date to Commence **1st Feb/1917**

PAYMENTS.

Month.	Year	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Nov.					
Dec.					
Jan.	1917				
Feb.		389271	15		ASPSd checked found correct 31/2/17 R. D. Jones 5 th Btl.
March		399380	15		
April			30		
May					
June					
July					
Aug.					

ASSIGNED PAY.

PAID IN CANADA.

To whom *McAnnie McGonea*Address *Moy.
Co Lyons Inc.*Rate *\$15.00*Date to Commence
*March*By whom assigned *Jones Jas. Robt.*Regtl. No. *98805*Rank *Pte*Corps, &c. *5 Coy**Went Pay 2 P Dead
K in A / 10/8/17. CRA 982 28/8/17
Forwarded to Ottawa 5.12.17*

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1914. Oct.				<i>Wofk/Same as assignees</i>
Nov.				
Dec.				<i>Paid as Pte/ as at date of Casualty.</i>
1915. Jan.				
Feb.				<i>\$1.00 per diem</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1916. Jan.				
Feb.				
March				



ASSIGNED PAY.

Month	Cheque No.	Amt.	Amt. Debited.	REMARKS.
		<i>assigned pay Sep allow</i>		
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.		<u>105</u>		<i>a.p. paid in full from 1/2/17 to 7/18/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				

LTR

Rank Name JONES, James Robert -

Reg'l No. 925805 -

Unit 152nd, Bn. If in perm. Corps, What Unit? }

Married or Single Single. -

Place and Date of Enlistment Regina, May 13th, 1916. -

Place of Birth County of Tyrone, Ireland.

Name and Address, Next-of-Kin Mrs Annie M. Jones. -

Relationship Mother.

County of Tyrone, Ireland.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No. 4139

Separation Allowance \$

Payable to

File R.L. 25-9-1067A 259-17

Relationship

Category K.A.

Discharge, Date and Place

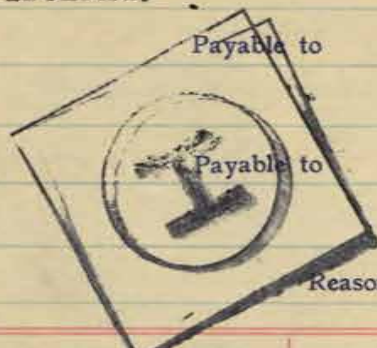
Reason

Character

17

*am x
22-11-20
ac*

auth. A.P. Moy



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.				
	Arr. in ENGLAND S.S.		MISSANAEIE	13-10-16	
20.10.16	152 BN. TRANS. 32 Bn		E sandl'g	21-10-16	Pt. 2 268
21-10-16	to 32nd	Taken on strength.	"	21-10-16	PK # O. 270
30-10-16	U6. 32nd	Proceeded to Divn Paymaster, will be shown as seconded	"	23-10-16	" 278.
23-10-16	Mrs. P. Mastin	Taken on the strength	Sandgate	23-10-16	" 297.
30-10-16	" "	Returned to 32nd Bn	"	30-10-16	" 304
31-10-16	18. 32nd	ceases to be seconded	E. Sandling	30-10-16	" 279.
12-11-16	" "	S.O.S. to 5th Bn. O'Leas	"	12-11-16	" 290
30, 11, 16	5th BN	Taken on Strength,	Field.	13. 11. 16	Pt. 2, O-82
18-11-17	62. 5th Bn.	Adm. 4th. General Depot.	Boulogne.	10-11-17	62. O. 627. S.H. Face & L. Hand.

A.F.B. 100 CHECKED
27 NOV 16

925805 Jones J P

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.				
6-6-17.	Co. 5 th Bn.	Dis. to 4 th 3 rd Regt. Camp	Marlabo.	30-5-17.	RA. 669. SW. Pac. 1. am.
24-8-17	5 th Bn.	Killed in action	Pte Field	15/6-8-17	Pt. D.O. 98. O.A. 7320/28 1-7
3-10-17	5th Bn.	Killed in action (correct date should be)		16-8-17	RE. D. 116. 9C. L.A. 314/2-10-17.

Casualty Form

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				

	C. B. D.	ARRIVED C. B. D.	FRANCE		N. R. D. <u>13 NOV 1916</u> PART II ORDERS No. <u>82</u> D. <u>etc</u>
29 NOV 1916 29 NOV 1916	C. B. D. 5th Bn O. C. 5th Bn	LEFT C. B. D. FOR ARRIVED 5th Bn	5th Bn FIELD	29 NOV 1916 29 NOV 1916	N. R. D. <u>29 NOV 1916</u> B. 213 D. <u>etc</u>
10.4.17	1 Con Dep	SW Face + Hand L.	adm 1 Con Dep	10/4/17	W 3034
14.4.17	5th Bn	Wounded	Field	9.4.17	B 213. DCS 475 → 30.4.17
1-6-17	1 Con Dep	Taken in strength	1-6-17	1-6-17	NR
15-4-17.	9. B. 7. A.	SW. Face + Hand. L. adm.	9. B. 7. A	9/4/17.	a36/E35-68. DCS. 490.
6.6.17	CBN	Left for 1 C Bn	to	6.6.17	NR
7.6.17	1 Con Dep	Joined 1 C Bn		7.6.17	NR
30.5.17	1 Con Dep	Sent to 3 Rest Camp		30.5.17	NR 3034
24.6.17	1 Con Dep	Left for unit in the field		24/6/17	NR no 66
30-6-17.	O. C. 5 Bn.	Rejoined Unit from Hospital	Field.	24-6-17.	B-213 DCS 500.
20.8.17	"	Killed in Action	"	15/16.8.17	K 18630. P 98 → 24.8.17

Chas. B. Maxwell
 Lieut
 for Lieut Col adq

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Jones Christian Name James Robert

Examined { on 13th day of May 1916
 { at Regina

Approved by J. A. Morrison

Birthplace { City or Town County of Tyrone
 { County Ireland

Rank Capt. C. A. M. C. M.O.

Apparent age 20 yrs. 3 months

Trade or occupation Clerk

Height 5 Feet 10 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 32½ inches.

{ Maximum expansion 34 inches.

Physical development

Small-Pox Marks

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

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date.	Result.	VACCINATIONS.
<u>5/7/16</u>	<u>Good</u>	<u>J. H. Tripp</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/6/16</u>	<u>Good</u>	<u>J. H. Tripp</u> M.O.
<u>21/6/16</u>	<u>Good</u>	<u>J. H. Tripp</u> M.O.
<u>5/7/16</u>	<u>Good</u>	<u>J. H. Tripp</u> M.O.

Enlisted on 13 day of May 1915 at Regina

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>152nd P.W.</u>	<u>925805</u>		<u>13/5/16</u>
Transferred to	<u>32nd Battalion C. I. F.</u> <u>5th Bn.</u>			<u>21 OCT 1916</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.

FORM OF WILL.

I, (Name in full.)

Regimental Number serving in Jones, James Robert.

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

Mrs Annie M. Jones
May Co. Tyrone

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

absolutely, and my personal estate I bequeath to

Mrs Annie M. Jones
May Co. Tyrone

Name and address of person or persons to receive personal estate. (See note.) X

IMPORTANT

NOTE. Ireland, this day of A.D. 1917.
This must be signed and dated by The Soldier Himself. James R Jones.

X 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.

Signature of First Witness
The Two Witnesses Address of Witness
Must Sign Here. Occupation of Witness 102nd O.S. Batt.

Signature of Second Witness later.
Address of Witness J.R. Flock
Occupation of Witness. 102nd O.S. Batt.

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

.....September, 1917.
.....
Lieut.
for Officer i/o Estates, O.M.F.C.

NOTE. Died
Transferred

27-9-17.

No. 925805 Jones, J.J. 102nd Battn.

H D

Sack

(Name in full)

Notarially subscribed

at the County Clerk's Office, in the County of _____ State of Texas

I, _____ do hereby certify that

Name and address of person to whom this is given

is _____ and my personal estate I bequeath to

Name and address of person to whom this is given

This will be signed

by _____

Signature of Notary

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

Witnesses to be named in this will, and their names and addresses

I hereby certify that the foregoing is a true copy of the original will now

for Office of the Notary, _____

Notary

Subscribed

