

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

2386805

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION

- | | |
|---|---|
| 14. What is your surname? | FRANK |
| 15. What are your Christian names? | Frank Alphonse |
| 16. What is your present address? | 27 East Warren Ave., Detroit, Michigan |
| 17. In what town, township or parish, and in what County were you born? | Celina Ohio U.S.A. |
| 18. What is the name of your ancestor-in-law? | George A. Feltre |
| 19. What is the address of your ancestor-in-law? | 124 Hamilton Street Celina Ohio U.S.A. |
| 20. What is the relationship of your ancestor-in-law? | Uncle |
| 21. What is the date of your birth? | April 21st 1898 |
| 22. What is your trade or calling? | Electrician |
| 23. Are you married? | Single |
| 24. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes |
| 25. Do you now belong to the <i>African Alliance</i> ? | No |
| 26. Have you ever served in the <i>African Alliance</i> ? | No |
| 27. Do you understand the <i>rites</i> and <i>ritual</i> of your <i>organization</i> ? | No |
| 28. Are you willing to be <i>ordained</i> as a <i>minister</i> in the <i>Christianity</i> ? | No |
| 29. Have you ever been <i>discharged</i> from your <i>Branch</i> of the <i>Christianity</i> ? | No |
| 30. If so, what was the <i>reason</i> of the <i>discharge</i> ? | No |
| 31. Have you ever <i>offered</i> to serve in any <i>Branch</i> of the <i>Christianity</i> ? | No |
| 32. If so, what was the <i>reason</i> of the <i>discharge</i> ? | No |

DECLARATION TO BE MADE BY MAN ON ATTESTATION

1. Frank Alphonse Petrella do solemnly swear that the above are accurate made by me to the above questions and that they are true, and that I am willing to fulfill the consequences by me now made, and I hereby engage not agree to serve in the Canadian Over-Sea 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 that I may should so long require my services, or until I am discharged.

Discharged. *Frank J. Tabor* (Signature of Accused)
Date: May 12, 1900 *Frank J. Tabor* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

1. Franco Alphonso Botello 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 far as bound honestly and lawfully defend His Majesty, His Heirs and Successors, in Peace, Crown and Dignity, against all enemies, and will sustain and obey all orders of His Majesty, His Heirs and Successors, and of all His Councils and Officers and over me. So help me God.

1893. May 12th. 1893. *Wm. B. Watson* (Signature of Watson)

CERTIFICATE OF MAGISTRATE.

The Ensign above named was instructed 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 quantities were then used in the District in my presence.

I have taken care to be veridically each question, and that his answer to each question has been
 fully entered as replied to, and the said Beckett has made and signed the declaration and taken the oath
 before me, at St. Catharines, Ontario this 22th day of May 1911.

Wm. H. Schmitt

9. Anterior, posterior, lateral, medial

14-00000

ATTESTATION PAPER.

No. 2356805.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... PETRIE
- 1a. What are your Christian names?..... Frank Alphas
- 1b. What is your present address?..... 37 East Warren Ave. Detroit, Michigan
2. In what Town, Township or Parish, and in what Country were you born?..... Celina Ohio U.S.A.
3. What is the name of your next-of-kin?..... George A. Petrie
4. What is the address of your next-of-kin?..... 224 E. Fulton Street Celina Ohio U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Father
5. What is the date of your birth?..... July 31st 1898
6. What is your Trade or Calling?..... Linotype Operator
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?..... None
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?..... None

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Frank Alphas Petrie, 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.

Frank A. Petrie (Signature of Recruit)

Character ment.	Girth when fully ex- panded.....	37 1/2 ins.
	Range of expansion.....	37 1/2 ins.
Complexion.....	Fair	
Eyes.....	Hazel	
Hair.....	Light	
Religious denominations.	Church of England.....	
	Presbyterian.....	
	Methodist.....	Yes
	Baptist or Congregationalist.....	
	Roman Catholic.....	
	Jewish.....	
Other denominations..... (Denomination to be stated.)		

Hearing Normal
VISION R.E. 20-20
L.E. 20-20

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 May 11th 1918. Sgt. Michael Major

Place Windsor, Ontario 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:—

[illegible]

Surname... *Petrie*
Christian names... *Frank Al*
Regtl. No... *2356805* Rank
Unit... *West Ont Regt 1st*

Next of kin... *Petrie, George*
Address... *90 Third Savings & Bk*
..... *Piqua, Ohio, U.S.A.*
.....

BORN—Place... *U.S.A. California*
ATTESTED—Place... *Wilmington*
O/S... *28-7-18* *1342*

W. 22-75M-5-18. 1772-39 839. *9*

W. A. R.

Number...

23568

Surname...

P. F. T. R.

Christian Name...

F. B. R.

Units...

W. A. R.

Date of Service...

1835-8

Remarks...

1835 Indianola

Latest Address...

Y. P. R.

Roll No.

On page 202

Port, ship, and date of arrival.....

Next of kin.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date.....

Previous occupation.....

Diagnosis.....

DEPT	OCT 24 1924	REGN. NO. 6711
Date.....		
.....		
.....		
.....		

*—Name will be given in full; surname first.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Service, London

NAME OF SOLDIER (Block Letters)

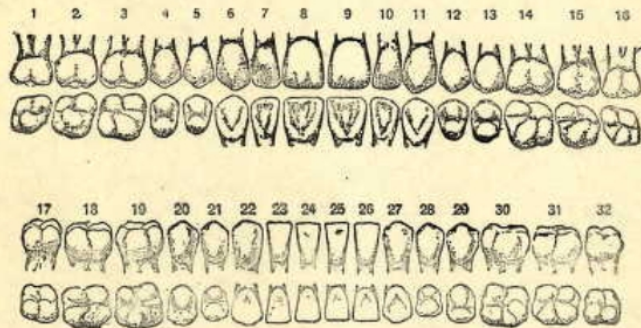
REGIMENT

RANK

No.

Date of Examination in England

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Lower

DIRECTIONS TO
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2356815 Rank Sgt Surname Petrie Frank
 (Given name in full)
Frank
 Unit or Corps W.C.P.D. Birthplace Chico, Chic. U.S.A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 175 lbs. Height 6.1 ft. in. Colour of Eyes Hazel
 Nutrition Good
 Pulse 80 Regular
 Condition of arteries Soft
 Vision Rt. 4/12 Left 4/12
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).

One vacc. scar
 left arm in the arm

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

N. G.

Date Signed M.O.
I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
Signature *J. A. Petrie*
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Auth: J. A. G 14-1-48 of 18/6/19

MEDICAL HISTORY SHEET

Surname **Petrie** Christian Name **Frank Alphas**

Examined { on **11th** day of **May** 191**8**
at **Windsor, Ontario.**

Birthplace { City or Town **Celina, Ohio.**
County **Ohio, U.S.A.**

Apparent age **19 Years 9 Months**

Trade or occupation **Linotype Operator**

Height **6** feet **0** inches

Weight **165** lbs.

Chest measurement { Minimum **34** inches
Maximum expansion **37 1/2** inches

Physical development **Good**

Small-pox Marks **nil**

Vaccination Marks { Arm Right **nil** Left **nil**
Number **nil**

When Vaccinated last **nil**

(a) Marks indicating congenital peculiarities or

previous disease **nil**

Pulse 130 at rest 108

(b) Slight defects but not sufficient to cause rejection

Hearing **Normal**

Vision **R.E. 20-20**

L.E. 20-20

Approved by

Rank **Capt** M.O.

Date Fit or Unfit EXAMINED FOR TIE ENGAGEMENT

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result VACCINATIONS

12-6-15 *Nil Mamm* M.O.

M.O.

M.O.


Date Result ANTI-TYPHOID INOCULATIONS, ETC.

12-6-15 *Nil Mamm* M.O.

17-6-15 *Mamm* M.O.

20-6-15 *Mamm* M.O.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. <u>2356805</u> (Rank) <u>Sergeant</u>	
Name (in full) <u>Petrie, Frank</u> enlisted in	
the <u>1st Depot Battalion, W.O.R. (Trans. to C.A.F. & 14th. Res. Bn.)</u>	
CANADIAN EXPEDITIONARY FORCE at <u>Windsor, Ont.</u> on the <u>11th.</u>	
day of <u>May</u> 19 <u>18.</u>	
HE served in <u>Canada and England</u>	
and is now discharged from the service by reason of <u>Demobilization.</u> Medical Unfitness.	
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:	
Age <u>21 Years</u>	Marks or Scars <u>One vaccination left</u>
Height <u>6 Feet.</u>	<u>arm.</u>
Complexion <u>Fair</u>	
Eyes <u>Hazel</u>	
Hair <u>Light</u>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p>Signature of Soldier</p> <p>Date of Discharge <u>September 18th. 1919.</u> <u>Montreal. P.Q.</u></p> <p>File No. <u>649-P-20811.</u></p> </div> <div style="width: 45%; text-align: center;">  <p>Issuing Officer <u>Lieutenant.</u> <u>for Director of Records.</u></p> <p>Rank</p> <p><u>January 15th. 20</u></p> <p>Date _____ 19____</p> </div> </div>	

Fill in only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

77TH DRAFT 1st Depot Battalion, W.O.R.

Unit, Regiment or Corps

Instrumental No. 2356605 Rank Pte

C. K. F.

Name

Petrie, Frank Agap

Terms of Service (a) 11-5-18

Service reckons from (a) 11-5-18

Date of appointment to lance rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

ended

Re-engaged

Qualification (b) Linotype Operator

Report	Board of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 313, 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. 313, Army Form A. 36, or other official documents
	From whom received			
1st Depot Bn. W.O.R.	Transferred to/s EMBARKED 28/7/18 DISEMBARKED 10/8/18	London, Ont. CANADA ENGLAND	15-8-18	Authority HQ 503-1 DC 2449 "JUL 25 1918" * Belcher
4th. Bn. RES. Bn.	2nd. Bn. 4th. Bn. Res. Bn. on arrival from C.S.P.C.	Witley	15-8-18	Part 2 D.O. No. 20
1st. Bn. RES. Bn.	Proceeded to C.S.P.C. Hayford for duty and will be shown "On Command."	Witley 31/1/19	20 # 2	Authority HQ 503-1 DC 2449 "JUL 25 1918" * Belcher

(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, if possible, in the column for "Remarks".

(b) Signalman, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

(c) 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, if possible, in the column for "Remarks".

77th Div 1st BN W O REGT
 Name *Petie Frank Alpheus*
 Rank *Petie*
 Unit *What Unit?*

Reg'l No. 2

Married or Single

Place of Birth *Belle*Place and Date of Enlistment *Windsor 11th May 1918*Name and Address, Next-of-Kin *George A. Petie*

224 E. Fulton Street, Chicago, Ill. U.S.A.
 Relationship *Father*

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

Discharge, Date and Place

Reason

Relationship

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REN. Taken from
Date.	From whom received.				
WEST. ONT. REGT.					
20-8-18	4th Bn	En T.O.S. From CANADA	WITLEY	15.8.18	S.S.B.
25-3-19	Mar. Sch.	W.C.P. (W.C.P.)	Pic. Devon	17.3.19	20.7.2
29-3-19	4th Bn	S.O.S. to H.C.R.D.	Hitley	29.3.19	17.5.19
11-5-19	CAF	Applied Appl. with Pay Allowance	-	1-5-19	10.1
22-5-19	✓	Applied Appl. (without pay)	-	21-5-19	10.1
5-6.	✓	do. with pay and allowance	4th Bn	1-6.	10.1
7-5.	✓	Granted leave from 16.5.19 to 1.6.19	4th Bn	1-6.	10.1
7-8.	✓	Revised to Can. Corp. Camp. Witley	✓	7-8.	9
12-6.	✓	Applied for Home Rank	✓	1-2-19	114

2356805 Sep. Peter F.A.

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.

Causes of death to 6.0.19. May 1914 to 14.8.19. 15.8.19. 16.2.19. May 1914/17. 18.2.19.

14.8.19

15.8.19

16.2.19. May 1914/17. 18.2.19.

16.2.19. 18.2.19.

16.2.19.

3.3.19. 19.10.19. 19.10.19.

London

16.2.19.

AO 1

[illegible]

NUMBER 2356805 RANK

NAME PETRIE. J.A.

[illegible]
$$\begin{array}{r} 93.46 \\ 5270 \\ \hline 146.16 \\ 131 \\ \hline 131 \\ 73 \\ \hline 58.16 \end{array}$$

61-91-11

W. R. F. 1890

NAME

CONTENTS

DATE RECEIVED

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

CASUALTY FORM (M.F.W. 54 or A.F.B. 100)

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

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

REG'L CONDUCT SHEET (M.F.B. 263 or A.F.B. 129)

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. 27 & 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 vs A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 29 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 40)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 265)

PARTICULARS OF CHARACTER (A.F.W. 3228)

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

4. 1000

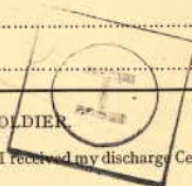
W 2209
100M-11-18
0212-20 1977

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)



Da 7.
p. 2. 15

1. No.	2356805-	
2. Rank.	A/Cpl.	
3. Name.	Petrie, Frank.	
4. Unit.	WASH.	
5. Date of Discharge	18.9.19	Place MONTREAL, QUE.
6. Reason for Discharge	Demobilization	
7. Authority.	R.O. 1420 DD4 Pt II DO 266	
8. Proposed Residence after Discharge	Alma, Ohio, U.S.A.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W.?	39	



Group.....

Checked by No.....

Date.....

B
1700h
3-9-19

PARTICULARS OF ASSIGNMENT

Change of Address

A.A. PETRIE,

~~EAST FULTON ST.,~~

~~MA OHIO,~~

2356805 PTE FRANK ALPHUS PETRIE

SEVEN DOLLARS

%

Third Savings and Loan Co.
Piquette Ohio. usa.

15

15.00

REMARKS

14474-H-4

Address Alteration: Rendered - 17-10-1

PROPERTY) M. D. 11 - B-1