

REGIMENTAL DOCUMENTS

5171

NAME ALLARD, Emile

REGT. NO. 856401

UNIT 148<sup>th</sup> Battrn

H. Q. FILE NO.

2<sup>nd</sup> End  
1<sup>st</sup> End

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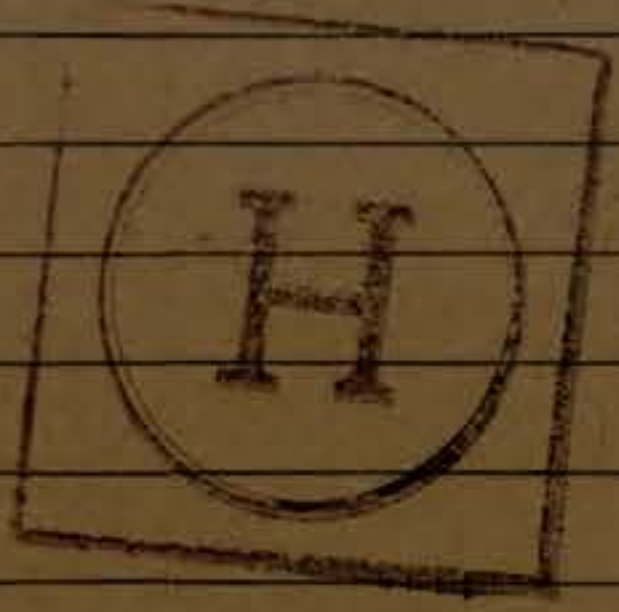
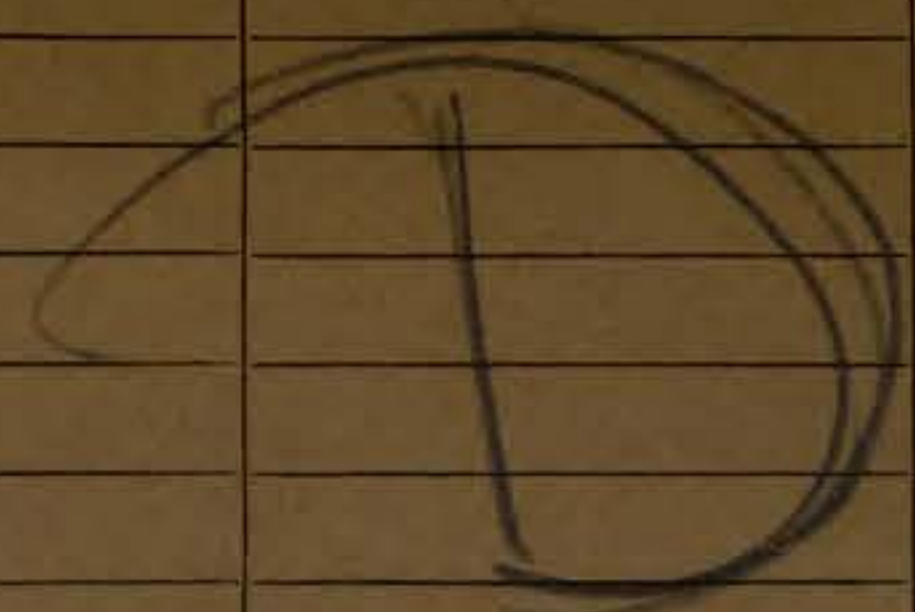
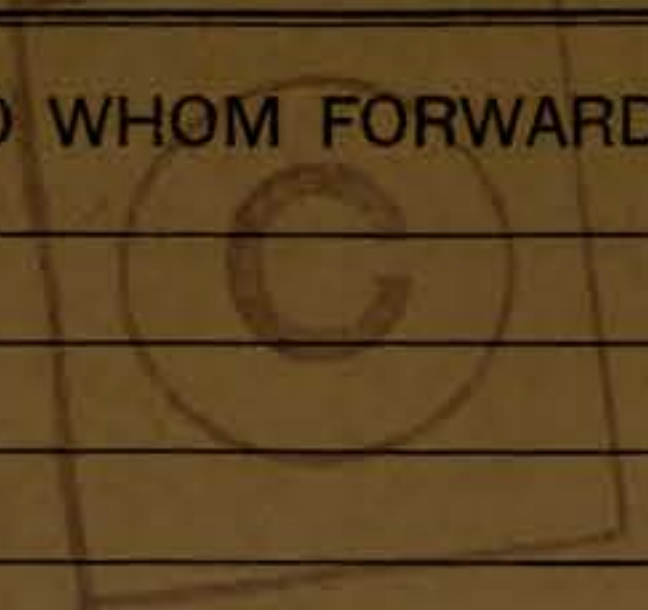
DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY



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DEATH

Category

*2. Deceased*

DISCHARGE

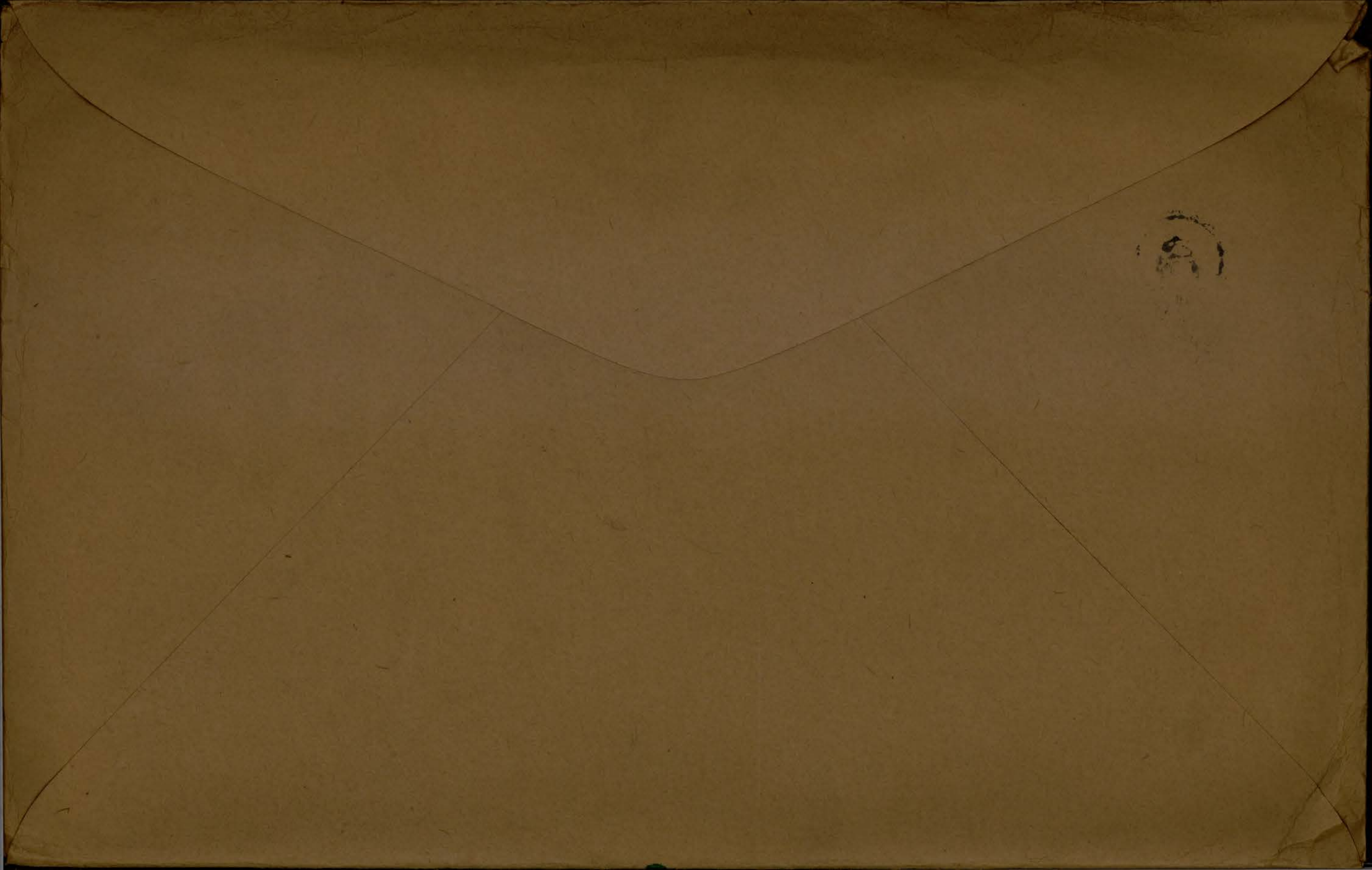
Category

*1<sup>st</sup> Permanent Unfit*

DESERTION

~~3  
A-10  
A-10  
2 0~~







Duplicate

x 85

# PIÈCE D'ATTESTATION.

No. 56401

Folio



## CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

### QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... ALLARD
- 1a. Quels sont vos noms de baptême?..... EMILE
- 1b. Quelle est votre présente adresse?..... 111 Lassalle St, Montreal
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... St Hyacinthe, Que.
- 3. Quel est le nom de votre plus proche parent?..... Etienne Magloire Allard
- 4. Quelle est l'adresse de votre plus proche parent?..... Becancourt, Co Champlain, Que.
- 4a. Quel est votre degré de parenté avec icelui?..... Pere
- 5. Quelle est la date de votre naissance?..... 26 Octobre 1894
- 6. Quel est votre métier ou profession?..... Tailleur de cuir
- Étes-vous marié?..... Non
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... Oui
- 9. Faites-vous déjà partie de la Milice active?..... Non
- 10. Avez-vous déjà fait du service militaire?..... Oui, sans dans le 85eme  
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... OUI
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... } Qui

TRANS FROM BATHN. BAIN. 1918

150711091

### DÉCLARATION REQUISE DU SUJET

Je, EMILE ALLARD déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Date: 3 Mai 1918 . [Signature] (Signature de la Recrue)  
[Signature] (Signature du Témoin)

### SERMENT REQUIS DU SUJET

Je, EMILE ALLARD prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Date: 3 Mai 1918 . [Signature] (Signature de la Recrue)  
[Signature] (Signature du Témoin)

### CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités prévues par la loi de l'Armée. Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Granby ce 3eme jour de Mai 1918.

[Signature] (Signature du Juge)

[Handwritten notes]



**Signalement de Emile Allard à l'Enrolement**

Age apparent.....ans.....mois.  
 (Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille ..... 5 ..... pieds, ..... 4 ..... pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion ..... 31 ..... pouces 1/2  
 { Marge d'expansion ..... 4 ..... pouces

Teint.....Brun......

Yeux.....Brun......

Chevelure.....Brun......

Confession religieuse { Anglican.....  
 { Presbytérien.....  
 { Méthodiste.....  
 { Baptiste ou Congregationaliste.....  
 { Catholique Romain.....Oui.  
 { Juif.....  
 { Autres dénominations.....  
 (Indiquer laquelle)

Aucun.

**CERTIFICAT D'EXAMEN MÉDICAL**

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère\*.....pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date.....3 mai.....1916

Lieu.....Granby......

*Wilfrid Lorp M.D.*  
 Médecin-Officier.

\* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

.....  
 .....  
 .....  
 .....

**CERTIFICAT DE L'OFFICIER COMMANDANT**

Charles Emile.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

Date.....3 mai.....1916

.....(Signature de l'officier.)



MEDICAL HISTORY OF AN INVALID.

1917  
MILITIA DEFENCE  
No. APR 16 1917  
H.Q. 644-a-3772  
CANADA

1. Station. **St. John N. B.** 8. General remarks on his:—  
 2. Regiment or Corps. **178th. Bn. C. E. F.** (a) Conduct. **Not available**  
 3. Regimental No. and Rank. (b) Habits. " "  
**Pte. 456401.**  
 4. Name. **Emile Allard** (c) Temperance. " "  
 5. Age last Birthday. **22** (For this purpose the Company defaulter sheets will be  
 obtained from the man's Commanding Officer.)  
 6. Enlisted on **April 1916.**  
 at **Grand Bay P. C.**  
 7. Former trade or occupation. Date. **March 7th. 1917.**  
**Leather cutter**

9. Service.	Years.	Days.	PERIODS	
			FROM	To
<b>178th Battalion C. E. F.</b>	<b>April 1916.</b>			

10. (a) Disease or disability. **Syphilis**  
 (b) Date of origin. **3 1/2 years ago**  
 (c) Place of origin. **Montreal P. Q.**  
 (d) Cause. **Veneral**

11. Present condition. (Most Important.)  
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)  
**Complains of pains in back, around body and down legs. Kernigs present also Argyle Robertson pupil. Patient refuses Diarsenol treatment.**

12. (a) Is the disability the result of service or climate? **No.**  
 (b) Has it been aggravated by intemperance, vice or misconduct? **Yes.**

*visited 10-4-17  
 9008.*



13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

**None**

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

**Not applicable**

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

**Not applicable**

14. Treatment.

**Private treatment, Military Hospital "St. John N. B" also Valcartier**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

**No.**

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

**Depends upon treatment**

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

**None as compared with capacity**

**on enlistment.**

18. State if for discharge on account of unfitness for Service.

**Yes.**

*B. F. Johnson*

Medical Officer by whom the case is brought forward.



OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations : The Board recommends that #456401 Pte. Emile Allard be discharged from service as medically unfit Class 1.

Signatures :—

J. R. D. Show Capt. Cane President.

E. Thomas Capt. Cane

Station. St. John N. B.

Date. March 7th. 1917.

B. F. Johnson Capt. Cane Members.

Date. 9/3/17

Approved.

Date. Apr 24/17

APPROVED  
C. Heggie, Major  
F.R.C.S.(Ed.), M.D., No. 100  
and D.O.C.M.D., No. 100

Asst. Director of Medical Services.

The Morrison Capt.

for Director-General of Medical Services.



I 172 17/4/17

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

290th. S. 16. H. Q. 1772-89-117.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.



4 M. D. Depot Battalion Regiment

Regtl. No. 856401

*Handwritten:*  
24/10/18

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

*Handwritten:* 3170288

1. Surname ALLARD
2. Christian name Emile.
3. Present address 145 Vitre East St. Montreal. P. Q. Can.
4. Military Service Act letter and number Never registered.  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth October. 26th. 1892.
6. Place of birth St-Hyacinthe Co. St-Hyacinthe P. Q. Can.  
(town, township or county and country)
7. Married, widower or single Single.
8. Religion Roman Catholic.
9. Trade or calling Leather Cutter.
10. Name of next-of-kin Mr. Etienne Allard.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin 428 Gilford St. Montreal. P. Q. Can.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Max. 11~~kk~~ months with 178th Reg't.
15. Medical Examination under Military Service Act :—  
(a) Place Montreal. P. Q. Can. (b) Date July. 25th. 1918. (c) Category B 2

**DECLARATION OF RECRUIT**

I, ALLARD Emile, do solemnly declare that the above particulars refer to me, and are true.

*Emile Allard* (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 25 yrs. 9 mths.  
 Height 5 ft. 3 ins.  
 Chest measurement } fully expanded 30 ins.  
 } range of expansion 2 ins.  
 Complexion Medium.  
 Eyes Brown.  
 Hair Brown.

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

*[Signature]*  
Lt.-Col.  
O. Candine 2nd Depot Bn., 2nd Quebec Reg't  
Depot Btin.  
Regt.

Place Montreal. P. Q. Canada. Date November. 11th. 1917.



PARTICULARS OF RECRUIT

DRAWN UNDER MILITARY SERVICE ACT, 1916

Class

1. Name

2. The name of the

3. Present address

4. Military service in the past

5. Date of birth

6. Place of birth

7. Marital status

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether at present a member of any other force

14. Particulars of previous military or naval service

15. Special circumstances affecting fitness for service

(a) Physical

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that I am a British subject and that I am not a member of any other force.

Signed by the recruit

DESCRIPTION ON CALLING UP

Height

Weight

Complexion

Eyes

Hair

Place of birth

Date of birth



6178 - 6-14-8

5/11/8  
425

FORM OF WILL

## INSTRUCTIONS

### NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

### EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

### LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

### SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....*my mother, Mrs. Eliz. Smith,*.....  
whose address is.....*250 Yonge Street, Toronto,*.....  
all my property not above disposed of.

### DATE

Do not forget to insert the date on which the will is signed.

### WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.



# FORM OF WILL

SEE INSTRUCTIONS ON BACK

MILITARY SERVICE  
NOV - 9 1918  
CANADA

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, ALLARD Emile.

Regimental number D-856401 Rank Private. serving in the

2nd DEPOT BN. 2nd QUEBEC REGT. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mr. Etienne Allard (Father)

whose address is 428 Gilfred St. Montreal. P.Q. Can.

to be the executor of this my last will.

General gift I give to Mr. Etienne Allard (Father.)

whose address is 428 Gilford St. Montreal. P.Q. Can.

all my property not disposed of above.

Date Dated at Montreal. P.Q. Can. this July. 25th. 1918. 191...

Signature Emile Allard.  
Signature of Soldier.

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

	1ST WITNESS	2ND WITNESS
Witnesses Signature	<u>Bouffard</u>	<u>Roger Jauve</u>
Address	<u>Rec. St. Bks</u>	<u>Rec. St. Bks</u>
Occupation	<u>Soldier</u>	<u>Soldier</u>



To be made out in duplicate.



H.Q. 54-21-23-53

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.

*Duplicate*

(1) Name of Overseas Unit which Soldier joins..... **150th B'n C.E.F.**

(2) Regimental Number..... **856401**

(3) Full Name of Soldier..... **Allard, Emile**

(4) Place of Birth..... **Becancourt,**  
**Province of Quebec.**

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

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

(b) Present Postal Address..... **-----**  
 ..... **-----**

(7) Are you a widower?..... **-----**

(8) Have you any children?..... **-----**  
 If so, give number of boys and girls..... **-----**  
 Also their names and ages..... **-----**  
 ..... **-----**  
 ..... **-----**  
 ..... **-----**



(9) Is your Father alive?..... Yes. Etienne Magloire Allard.....

If so, state name and address..... 111 La Salle St. Maisonneuve. Q.

(10) Is your Mother alive?..... No.....

If so, state name and address..... -----

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

Are you her sole support, or not?..... -----

(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?..... Yes.....

If so, in what Company?..... Metropolitan Ins. Co.....

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

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

*P. G. Emery*  
Officer Commanding.

Date..... February 5th, 1917.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 856401 Rank Private Name Allard, E.

Corps 178th Battalion, C.E.F. who was\* discharged.

On April 11th 1917, to

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 3/3/17. 1917, to 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	25	85
Advances } No.			Regt'l Pay 40 days at \$ 1c 00	40	00
by } No.			Field Allow. 40 days at \$ c10	4	00
Cheques } No.			Other Allowances* <u>Subs. 15 days @ 60¢</u>	9	00
Assigned Pay No.			Other Credits*		
Other Charges* <u>Canteen charges</u>	4	00	Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No.	74	85			
Balance Cr. (to be paid by the new unit)					
Total	78	85	Total	78	85

\*Give Particulars.

A monthly stoppage of \$..... (†) has not (‡) been paid on account of Assigned Pay for the month of..... 1917 to (Assignee).....  
(Address).....

(†) Insert amount to be assigned, whether it has been paid or not.  
(‡) Insert "not" if amount has not been paid for period of account.

### On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

### REMARKS:—

State (1) date of enlistment 12/12/16

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge and authority Being no longer Physically fit for War Service, K. R. & O., 392: xvi.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date MAR 27 1917

Place ST. JOHN, N. B.

H. H. Smith  
O. C. DISCHARGE DEPOT, ST. JOHN, N. B. Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.



LAST PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE MEMBER OF THE CANADIAN CONTINGENT EXPEDITIONARY FORCE IN RECOGNITION OF HIS SERVICE AND PAY TO THE DATE OF HIS DEPARTURE FROM THE SERVICE.

NAME OF MEMBER: [Faint text]  
RANK: [Faint text]  
REGIMENT: [Faint text]

DATE OF DEPARTURE: [Faint text]  
PLACE OF DEPARTURE: [Faint text]

AMOUNT OF PAY: [Faint text]  
DATE OF PAYMENT: [Faint text]





ORIGINAL

MEDICAL HISTORY SHEET.

856401

1. Surname ALLARD. Christian name Emile.  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule Never registered.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ---  
 4. Address (including street and number if any) 145 Vitre St. Montreal, P.Q. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th. day of July. 1918, by the undersigned medical board sitting at Peel St. Barracks. Montreal, P.Q. Can.

5. Age as stated 25 Years 9 Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Month  
 7. Height 5 Feet 2 Inches. 8. Weight 96 Pounds.  
 9. Chest measurement { Minimum 28 Ins. 10. Complexion Medium. { Eyes Brown.  
 { Maximum 30 Ins. { Hair Brown.  
 11. Physical development Poor { Good Fair Poor 12. Smallpox marks \_\_\_\_\_  
 13. Number of vaccination marks { Right arm \_\_\_\_\_ 14. When vaccinated last Child  
 { Left arm \_\_\_\_\_  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection V.D.G.  
 The man denies having had { Rheumatism, Epilepsy We find { Rheumatism Epilepsy  
 { Tuberculosis, Syphilis, no evidence of past { Tuberculosis, Syphilis  
 { Nervous or Mental disorder, Asthma. { Nervous or Mental disorder, Asthma  
 (Strike out disease admitted or suspected) Weight - Chest. Very Poor Physique.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C2  
 17. (a) Vision. R. 60 L. 40  
 (b) Hearing. R. ok L. ok  
J. Demers Capt. President.  
W. J. Morris Capt. Member. A. Ship Member.

Signature of Man Emile Allard

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 25th. day of July. 1918 at Montreal, P.Q. Can.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN.</u>	<u>2nd QUEBEC REGT.</u>		
Transferred to	<u>D-</u>	<u>856401</u>		<u>25.7.18.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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.

If raised in category, record category in a square. The M. O. will initial and date.















# CASE HISTORY SHEET.

A.S.B. - Surgery Hospital. Montreal Station.  
 No. 3170788 Rank Private Name Alfred Emile Age 27  
 Unit 3/2 Completed years of service 24 - Canada  
856401 Where and how long  
 Date of admission Oct-11-1918 Date of discharge 20/10/18 Died  
 Diagnosis Influenza Broncho-Pneumonia Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints

Headache, sore throat, cough, pain in chest  
 back ache, & pain in legs.

Where contracted? Montreal

Attitude Very dect. Expression Dull Colour good Nutrition fair  
 Temp.      Pulse      Resp.       
 Eyes:- Pupils equal React. active  
 Ears neg. Nose Pain frontal sinus Mouth Tongue coated dry  
 Lymph. Sys. General glandular enlargement (Epi. l. v. + 4)  
 Resp. Sys. Diffuse. rales large & small left chest - low grade  
Bronchial wheezing - dullness fairly well marked. - Cough  
& bloody sputum (Rt. apex full of small & large croup.)  
 Circ. Sys. Heart - neg. - pulse good vol. & tension  
regular but rapid.  
 C.N.S. K.K. + Kornig o Babinski o Ankle cl. o

Abdomen negative -

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

(Pat. History) History witheritis -  
Louise. T.B.

TREATMENT

(Especially any specific or special form)

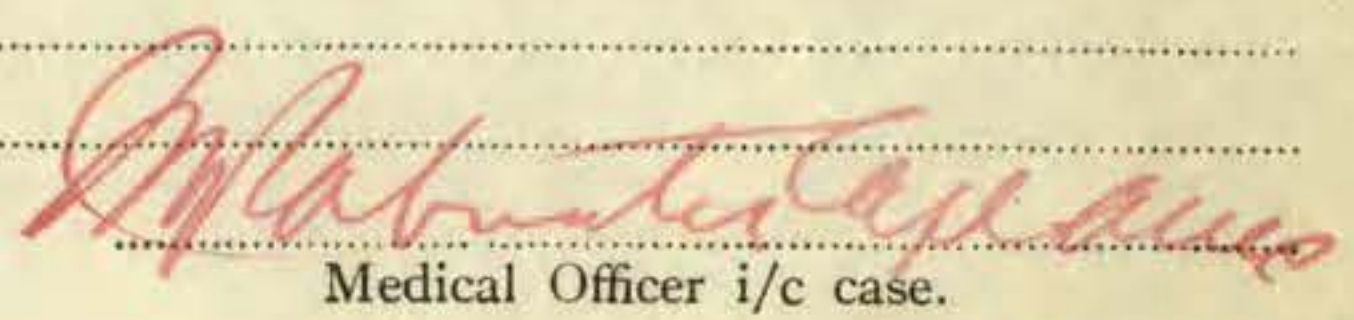
forced fluids - bulk diet & extras

Oct 17/18 Expector neg. for pleur in right chl  
19/18

CONDITION ON DISCHARGE

(and disposal made of case)

Date     

  
 Medical Officer i/c case.



CLASS HISTORY SHEET



This space to be for numbers.

*g m J*

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	856401	
Rank	Private	
Name	Allard, Emile.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	178th Battalion, C.E.F.	
Date of Discharge		
Place of Discharge		
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>		
Age.....	22.....years.....5.....months.	Descriptive Marks
Height.....	5.....feet.....4.....inches.	
Complexion	Dark.	
Eyes	Brown.	
Hair	Dark.	
Trade	Leather Cutter.	
Intended place of residence	111 LaSalle, St., Maissonneuve, Montreal, P. Q.	
<small>(To be given as fully as practicable.)</small>		
<b>2. The above-named man is discharged in consequence of</b>		
<p>Being no longer Physically fit for War Service. K. R. &amp; O., 392: xvi. </p>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<b>3. Conduct and character while in the service have been, according to the records, etc.</b>		
<p><i>Fair</i></p> <p><i>H. St. John Mayor</i></p> <p style="text-align: center;"><small>O. C. DISCHARGE DEPOT, ST. JOHN, N. B.</small></p>		
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
<b>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. &amp; O., Canada.)</b>		

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-30-113.

(OVER)

*CB*  
*Noted 10-4-11*  
*gms.*



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....



*H. H. Smith*

O. C. DISCHARGE DEPOT, ST. JOHN, N. B.

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Emil Alford* (Signature of Soldier.)

(Date)..... *Howard R. James* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Date).....



(Signature)..... *H. H. Smith*

O. C. DISCHARGE DEPOT, ST. JOHN, N. B.



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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

*Transferred to 178EME BATAILLON, F. E. C.*

Unit, Regiment or Corps *No 4 Coy 50th Br. C. E. F.*

Regimental No. *856401*

Rank *Plt*

Name *Allard Emil*

Enlisted (a) *3-5-16*

Terms of Service (a) *War*

Service reckons from (a) *3-5-16*

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)

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				
<i>1-9-16</i>	<i>178 Ben</i>	<i>Declared by Ct of Dy to have been ill. Absent from the 178 Ben as S.O.S.</i>	<i>Valcartier camp</i>	<i>31-8-16</i>	<i>D.O. 155</i>
<i>15-12-16</i>	<i>4 Coy 150 Ben</i>	<i>Absentee S.O.S. # 4 Coy 150 Ben</i>	<i>Montreal</i>	<i>12-12-16</i>	<i>D.O. 18</i>
<i>29-1-17</i>	<i>4 Coy 150 Ben</i>	<i>A.M.S. from 9:30 PM 21-1-17 to 12:00 PM 26-1-17</i>	<i>"</i>	<i>29-1-17</i>	<i>D.O. 29</i>
<i>15-2-17</i>	<i>4 Coy 150 Ben</i>	<i>per Auth H. 2.596-6 2 m P 4.31-1-29 (178) 23-1-17</i>	<i>Sussex B</i>	<i>15-2-17</i>	<i>D.O. 46</i>
<i>March/17</i>	<i>D.D. St John.</i>	<i>1000 Brock Depot St John NB</i>		<i>3-3-17</i>	<i>arrived Paymist March 17</i>
		<i>5000 met Unfit</i>		<i>11-4-17</i>	<i>"</i>
					<i>White</i>
					<i>Capt for day R</i>

(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.







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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps. ....

Regimental No. D-856401 Rank ..... Pte Name ALLARD Emile.  
C. E. F.

Enlisted (a) 11.11.17 Terms of Service (a) CEF. Service reckons from (a) 11.11.17.

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) Leather Cutter.



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				
26.7.18	2/22R	200 Defaulters	Montreal	11.11.17	20202 + 293
9-8-18	2/22R	W.R. from 12.01 PM 11.11.17 to 8 AM. 25-7-18	Montreal	9-8-18	20220
21-10-18	2/22R	forfeited 256 day pay S.O.S. Decreed	" "	20-10-18	20293

*D. Puthie*

*capt for reg B*  
 [P.T.O.]

(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.







No. 856401 RANK Pte.

NAME Allard, Emile

T. O. S. 3-5-16

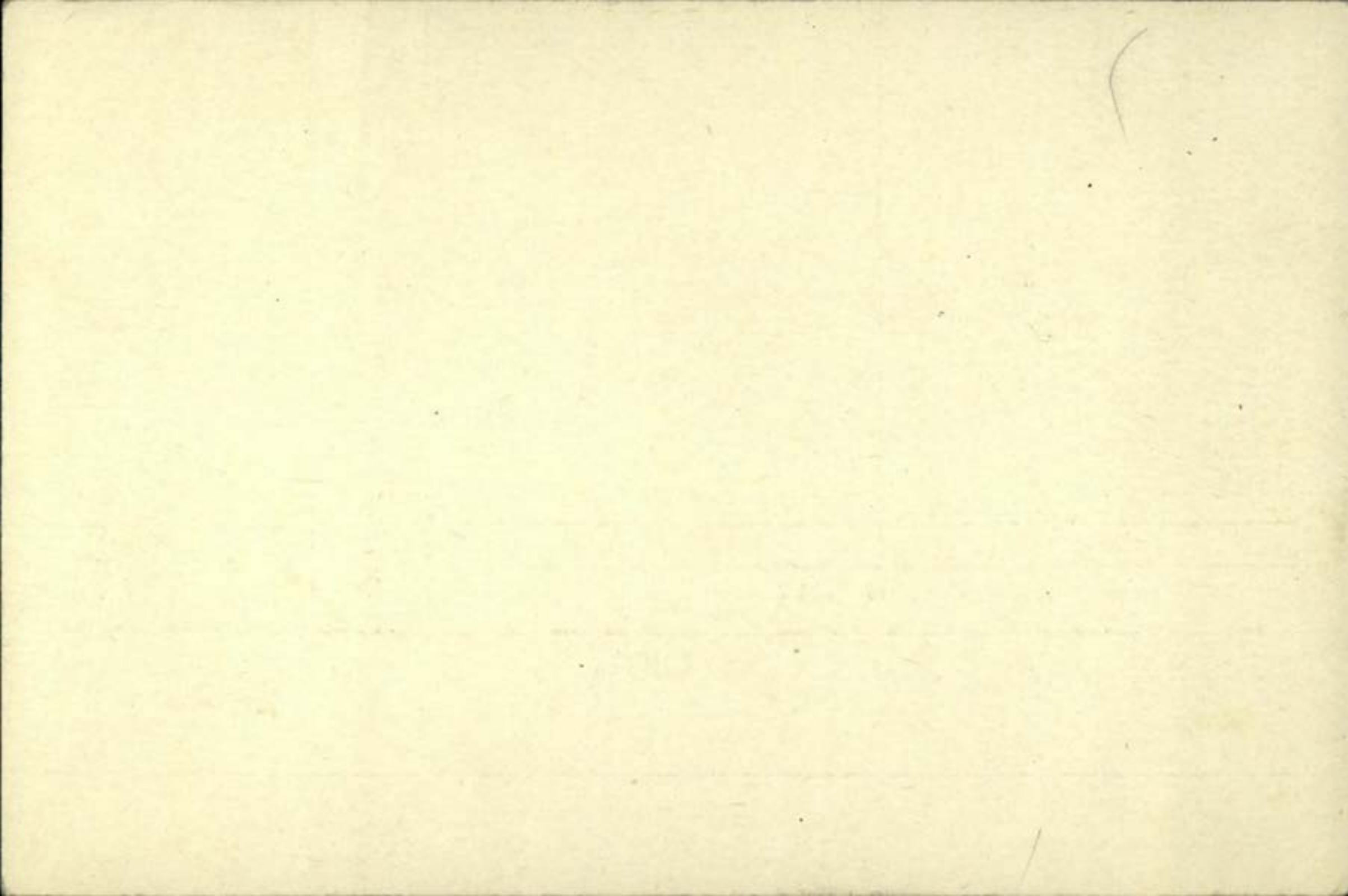
UNIT 178th. Battalion, (687)

RO 78 of 6-5-16

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 3	May 15	n		
May 16	May 31	✓		
June		✓		
July		n		
Aug.		n		
			awd. fr. Hosp. 808 31-8-16 Deb.	Ro 129. Ro 185 of 1-9-16.
			etc. closed by charges n	







No. 856401 RANK Pte.

NAME Allard E.

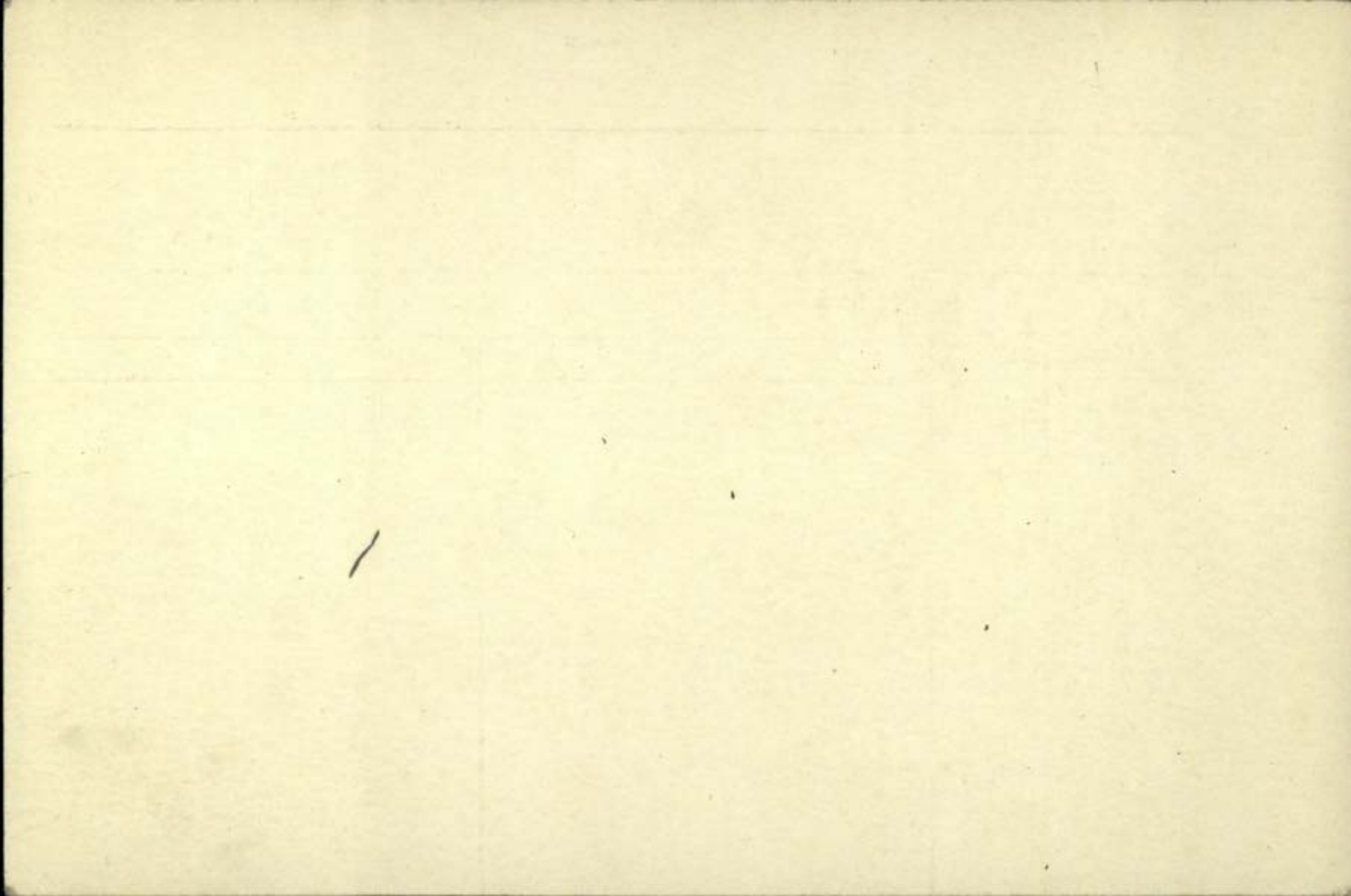
T.O.S. 12/12/16  
Mon. pay list.

UNIT Discharge Depot

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar 3	1917 Apr. 11	✓		







No. 856401 RANK

Pte

NAME

Allard E.

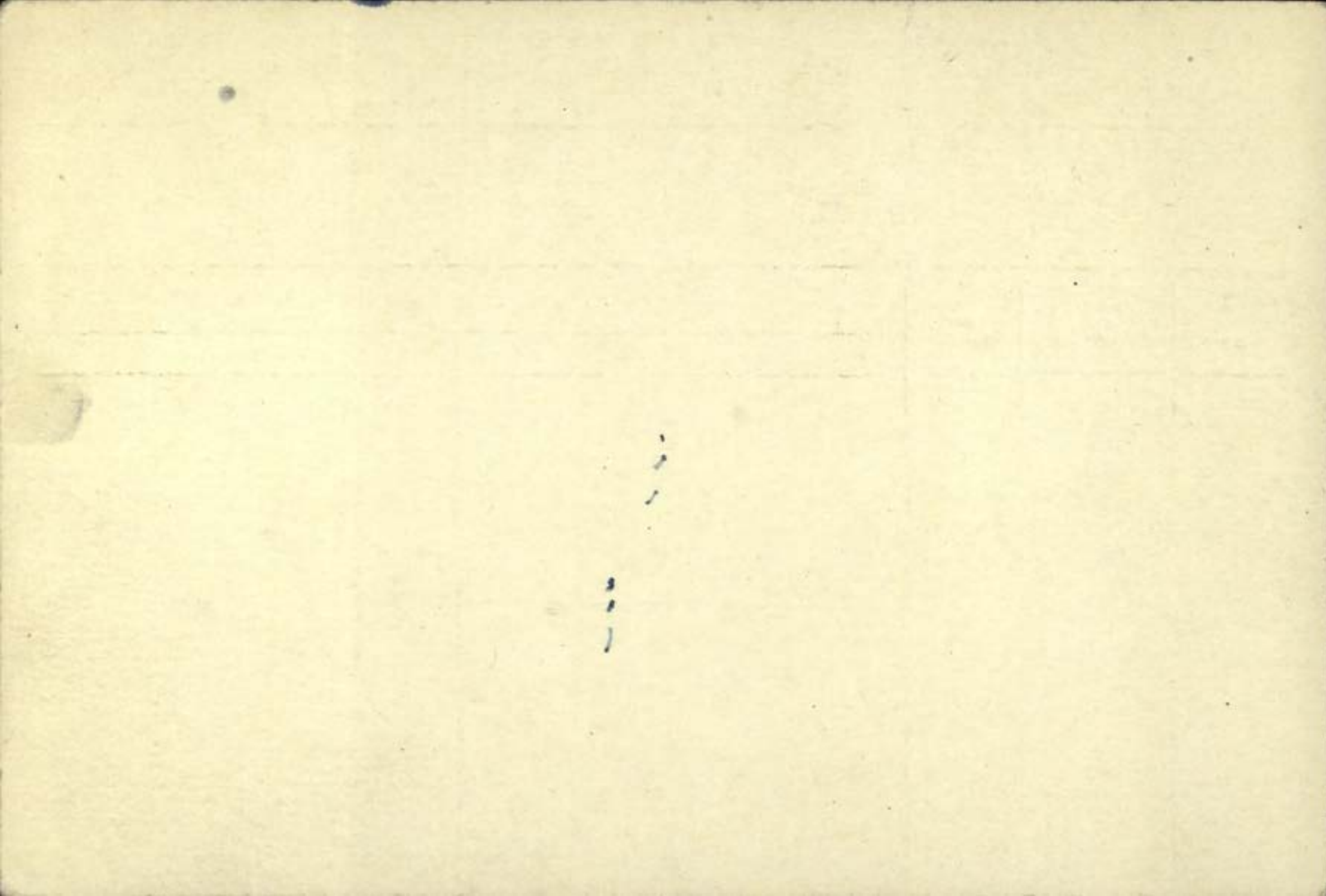
T. O. S. 12-12-16  
SD 18 15-12-16

UNIT No 4<sup>th</sup> Coy 150<sup>th</sup> Battalion C I 4

M. D. 14

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec 12 1917	Dec 31 1917	✓		
Jan 1917	Jan 1917	✓	a w l. Transfer to 29 days pay	SD 29 - 29 - 1 - 17
Feb 1917	Feb 15 1917	✓	Transfer to 178 <sup>th</sup> Battalion 15-2-17	SD #6 15-2-17











HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.







