448009

AUGER

HECTOR

I.D. number No. d'identification Surname Nom de famille Given names Prénoms

KIA 10-2-16

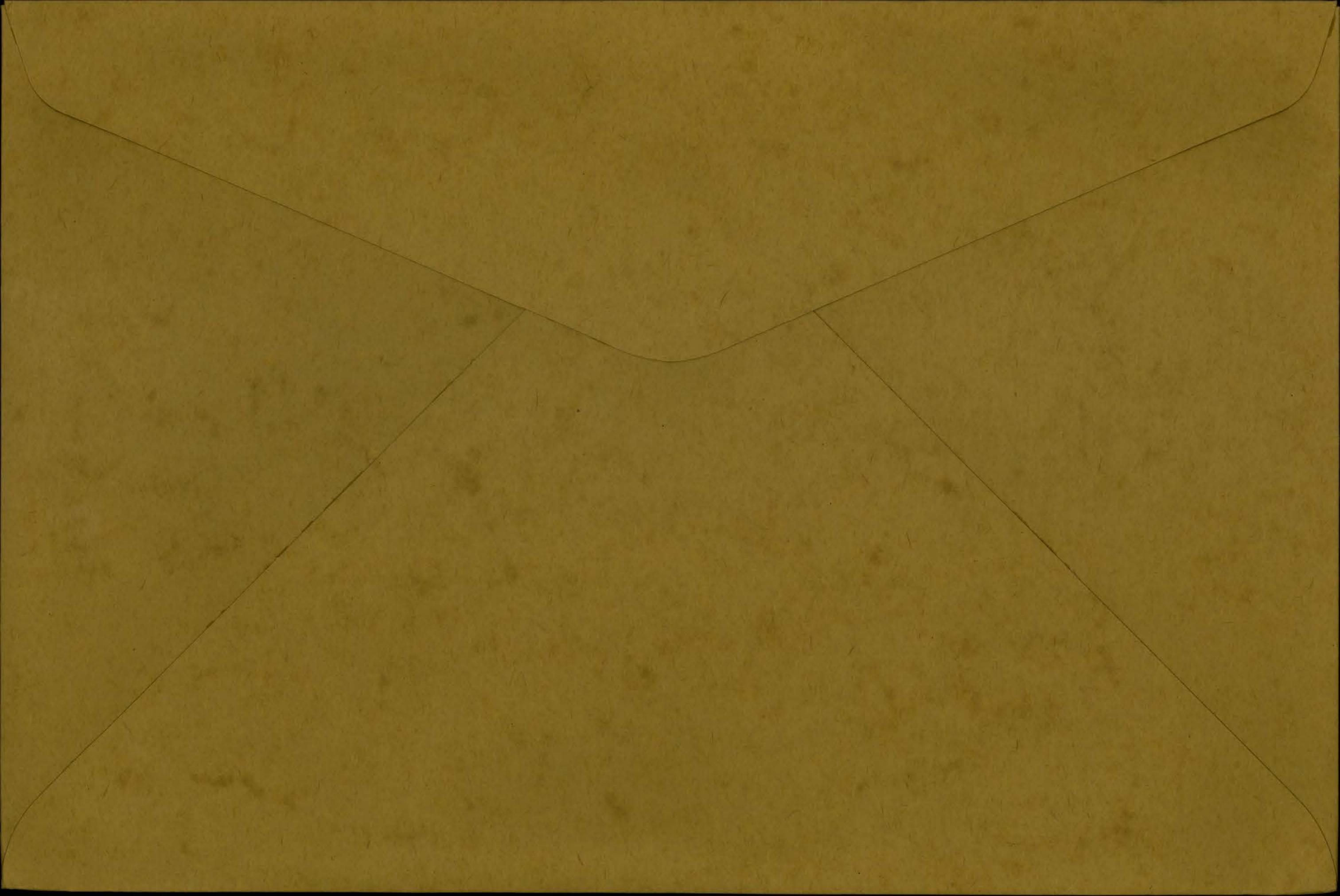
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"CONTENTS CONFIDENTIAL"
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REGIMENTAL DOCUMENTS 0 7228 86 REGT. NO. 448009 UNIT 5746 BJ. H. Q. FILE NO. M. F. W. 2505 NON-EFFECTIVE BY DATE FORWARDED TO WHOM FORWARDED DATE RECEIVED CONTENTS REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category ASMALTY FORM (M.F.W. 54 or A.F.B. 103) K/A110-2-16 TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

ATTESTATION PAPER.

ON PAPER. No.9
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1.	What is your name?	Hector Auger
2.	In what Town, Township or Parish, and in what Country were you born?	
3.	What is the name of your next-of-kin?	
4.	What is the address of your next-of-kin?	
5.	What is the date of your birth?	
6.	What is your Trade or Calling?	
		. No
	Are you willing to be vaccinated or re	
	vaccinated?	
9.	Do you now belong to the Active Militia?	. 70th Regt.
10.	Have you ever served in any Military Force?. If so, state particulars of former Service.	
11.	Do you understand the nature and terms of your engagement?	
12.	Are you willing to be attested to serve in the) Canadian Over-Seas Expeditionary Force?)	
		Sgd) Heotor Auger (Signature of Man)
		Sgd) Lt.J.G. Couture (Signature of Witness)
	DECLARATION TO BE MAI	DE BY MAN ON ATTESTATION.
	I. Heator Auger	. do solemnly declare that the above answers

(Sgd) Hector Auger (Signature of Recruit)

Date 24th May 1915 (Sgd) Lt. J. G. Couture (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Hactor Auger ... , 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.

(Sgd)...Hector..Auger.....(Signature of Recruit)

Date... 24th May 195(3gd) Lt. J. G. Couture (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

Maleland H. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

M. F. W. 23, 150 M.—12-14. H.Q. 1772-39-841

de of Bu

Apparent Age	Distinctive marks, and marks indicating congenital peculiarities or previous disease. (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).
Height 5 ft. 21 ins.	
Girth when fully expanded	Vaccination left arm.
Complexion Fair	
Eyes Brown	
HairBrown	
Church of England	
Presbyterian	
Wesleyan Baptist or Congregationalist Other Protestants	
Baptist or Congregationalist Other Protestants	
Other Protestants	
Jewish	
of rejection specified in the Regulations for Army Med He can see at the required distance with either free use of his joints and limbs, and he declares that I consider him*. Lit	r eye; his heart and lungs are healthy; he has the
*Insert here "fit" or "unfit."	
been attested, and will briefly state below the cause of unfitness:—	e will fill in the foregoing Certificate only in the case of those who have
And the second s	
CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
Hecker a.	having been finally approved and
inspected by me this day, and his Name, Age, Date of been recorded, I certify that I am satisfied with the c	fattestation, and every prescribed particular having
been recorded, a certary that a am satisfied with the c	(Signature of Officer)
Lele 16	- Street
Date	6-C 57 Bul

ORIGINAL. MEDICAL HISTORY SHEET.

Surname Augs		,Chr	istian .	Name_	Hee	ior	•••••
xamined on 24 day	of mai	191.5-	Appro	ved by			
(City or Town	Aull			Ran	ik		M.O
irthplace County	***************************************		Date	Fit or Unfit	Examin	ED FOR RE-ENGAG	EMENT,
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rade or occupation Sobo	nirer				A		М.О
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eight	٥	Lbs.					M.O
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isease							M.O
			Date	Result	ANTI-TY	PHOID INOCULATIO	NS, ETC.
(b) Slight defects but not	sufficient to cau	se rejection	13/5/15		18/1	Amn	Anne a
			0/9/1		Re	The	WALES.O
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inlisted on 24 day of	Mai	2	191	_at	X	el,	
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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.

DATES OF Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Date of Arrival Number of days in Hospital. Discharge from Hospital. Signature Admission into Hospital. DISEASE STATION. at the of Medical Officer. Station. Day Month Year Day Month Year Christian Name Surname_

Casualty Form-Active Service.

CERTIFIED CORRECT.

Canadian Record Office. Regiment or Corps 23RD RES. Regimental No.448009 Rank Towale Service reckons from (a). Enlisted (a)_____ Terms of Service (a) Numerical position on Date of appointment) Date of promotion roll of N.C.Os. to lance rank to present rank Qualification (6 Extended Re-engaged Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as taken from Army Form B. 213, Place reported on Army Form B. 213, Army Form Army Form A. 86, or other From whom A. 36, or in other official documents. The Date official documents. received authority to be quoted in each case. Saffed from the 23rd Reserve Canadian. 8-1-16 C.B.D. Arrived from England as reinforcement & taken on str ength 6-1-16 101 BD3/183 15-1-16 101 BD 3/191 17-1-16 Left Can. Base Depot 1076 B213 Bu cometing Ref map 1/40,000

*							
		1	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks
		Date	From whom received	A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Army Form A. 36, or other official documents.
							Part 11 Orders 9,D/21-2-16
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	180						Lieutenant
	(#)						for Lt.Col.D.A.A.G.
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File in Officers' or Other Ranks' envelope attached to Regimental Documents:

Medical Documents forwarded to B.P.C. on M.F.W. 2505, reference B.P.C. 3/4-6-7-8

Medical History Sheet (MFB 313)2or (AFB. 178).....

Dental " " (MFB 465)....

Medical Report on Invalid (MFB.227)or(AFB179)....

Medical Board Proceeding (MFB, 380)....

" " " (on discharge)(MFB. 227)....

Medical examination on leaving service (MFW. 129)....

Examination Standing Medical Board (DMS.1323).....

Miscellaneous.....

Clerks' Initial ..

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Rank Ale thris lan Name..... Units 22 nd Bn Can In Theatre of War Inquice Date of Service Latest Address Roll 10m.-8-21. B. Rage 209/3

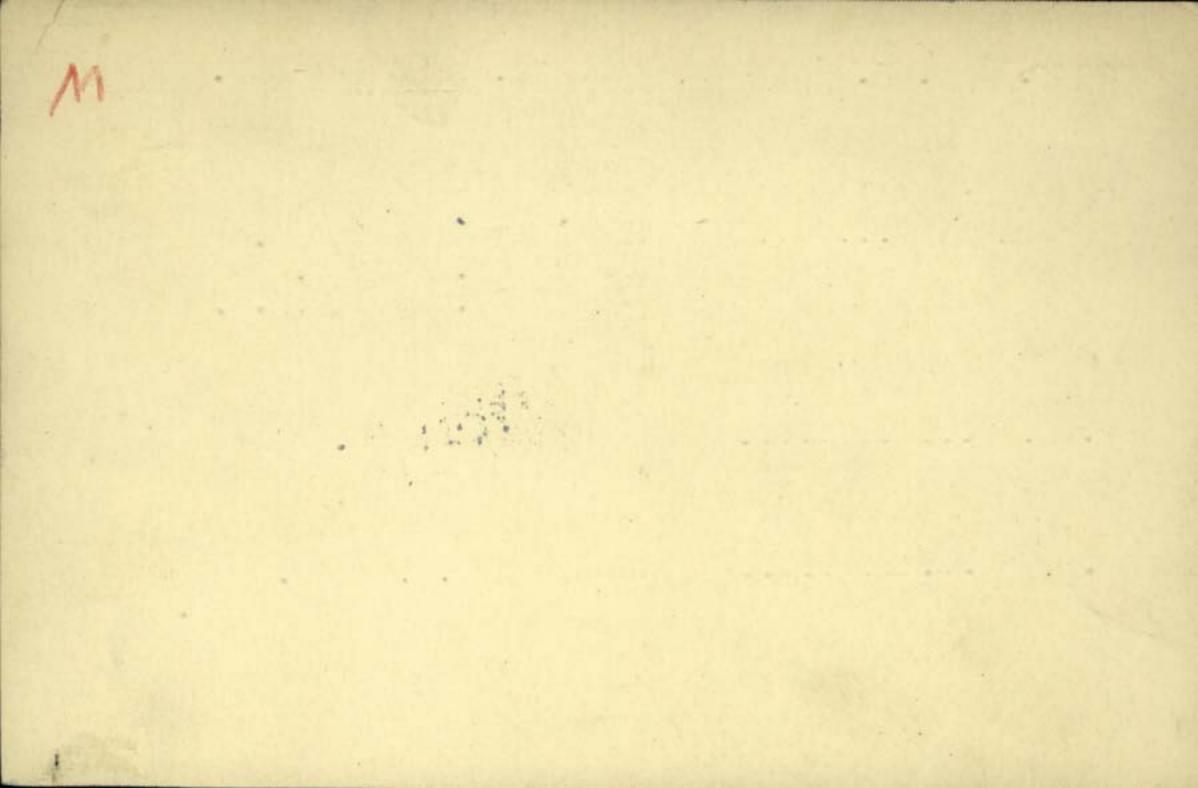


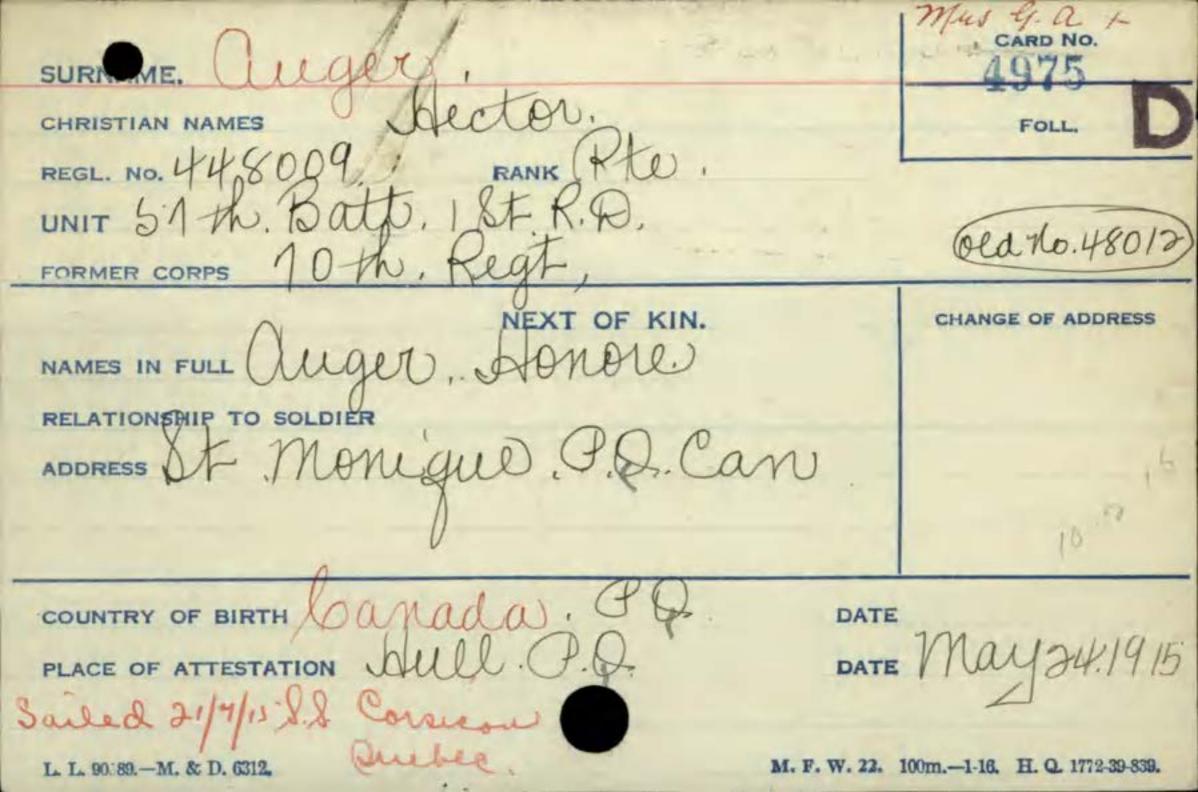
AUGER. Pte. H. #448009, 22nd Bn. 649-A-669. Medals & Decorations (Father) Honore Auger. St. Monique, Scroll Desp. AN 3 192 Requ. No 7 366 Co. Nicolet, P.Q. Plague Desp P. &. S. (Father) As above. Levis No 764500 C. of S...... (Mother) Mrs.P.Auger. address as above.

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RELIGION

DESCRIPTION.

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FEET

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EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

H. Q. FILE No. 649-NAME Luger, Hector REGT'L No. 4 48009 RANK AND CORPS CABLE DATE NO. M. F. W. 42-25m.-10-15. H. Q. 1772-39-893. L. L. Job 87318-M. & D. 6106.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
Q154(1)	O.C. Batt. rep.		Killed in action 10-2-16

Name Auger. H. Rank Pte.

Unit 22nd Battalion

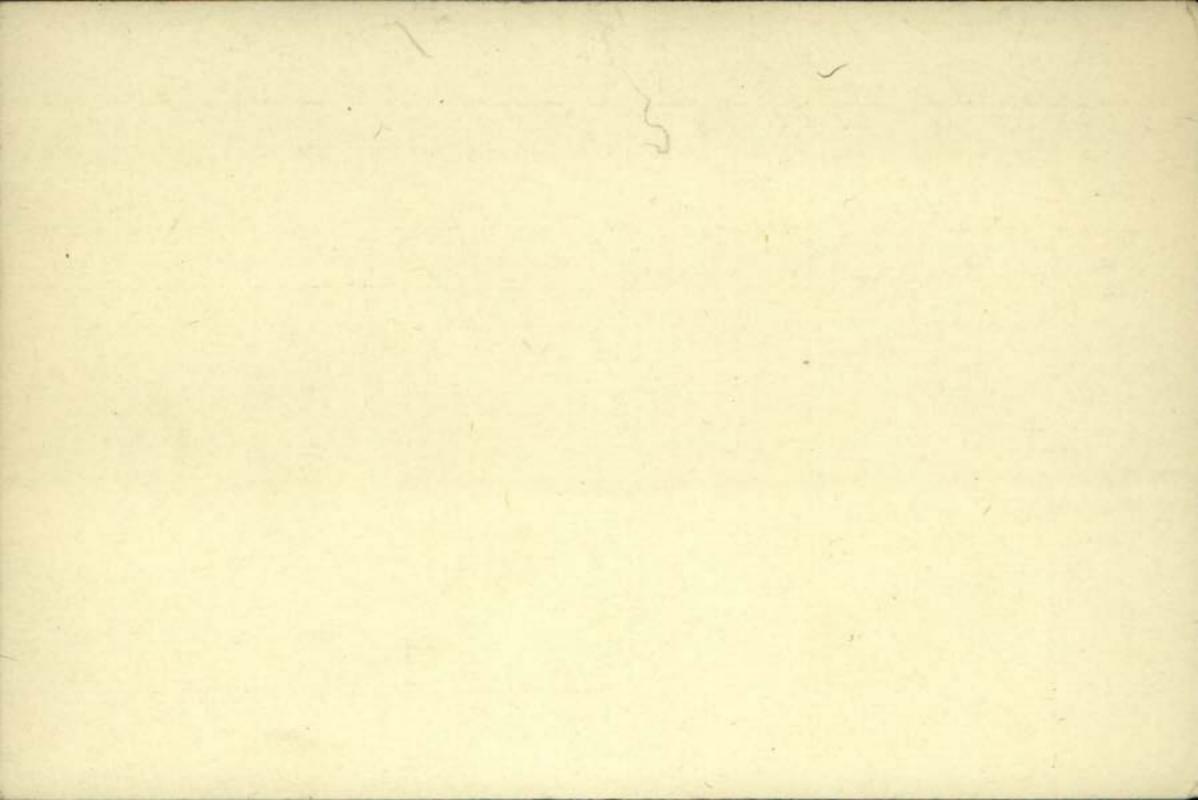
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Reg. No. 448009

R-25-A-223

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Reg. No.

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				Hosp.	
		••••••		Hosp.	
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(3)					
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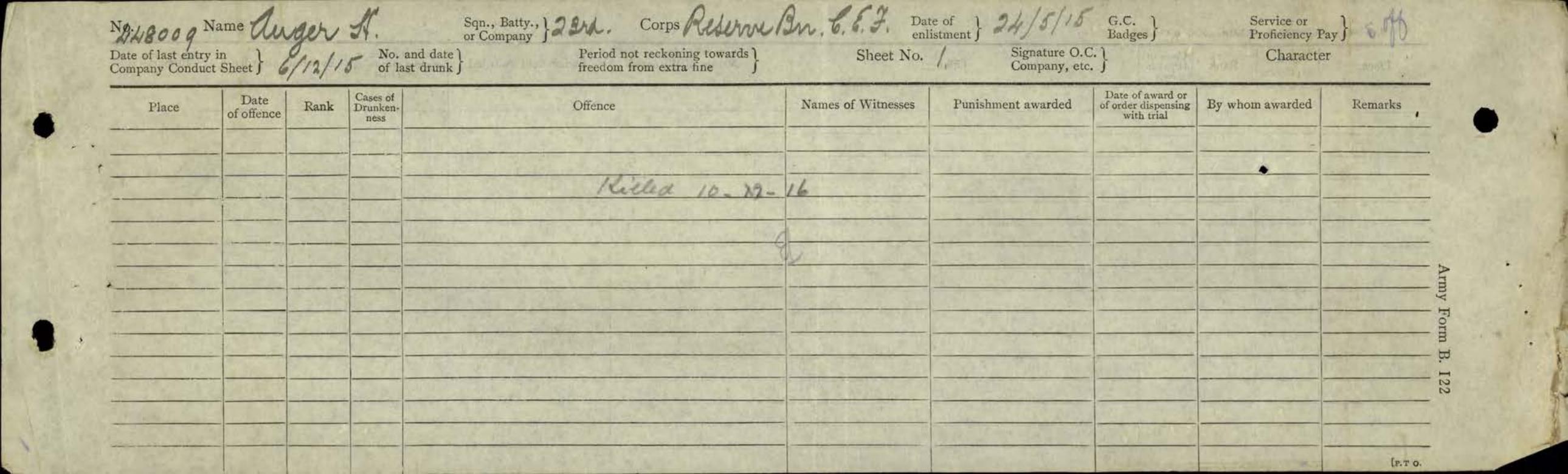
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Christian Name or Names

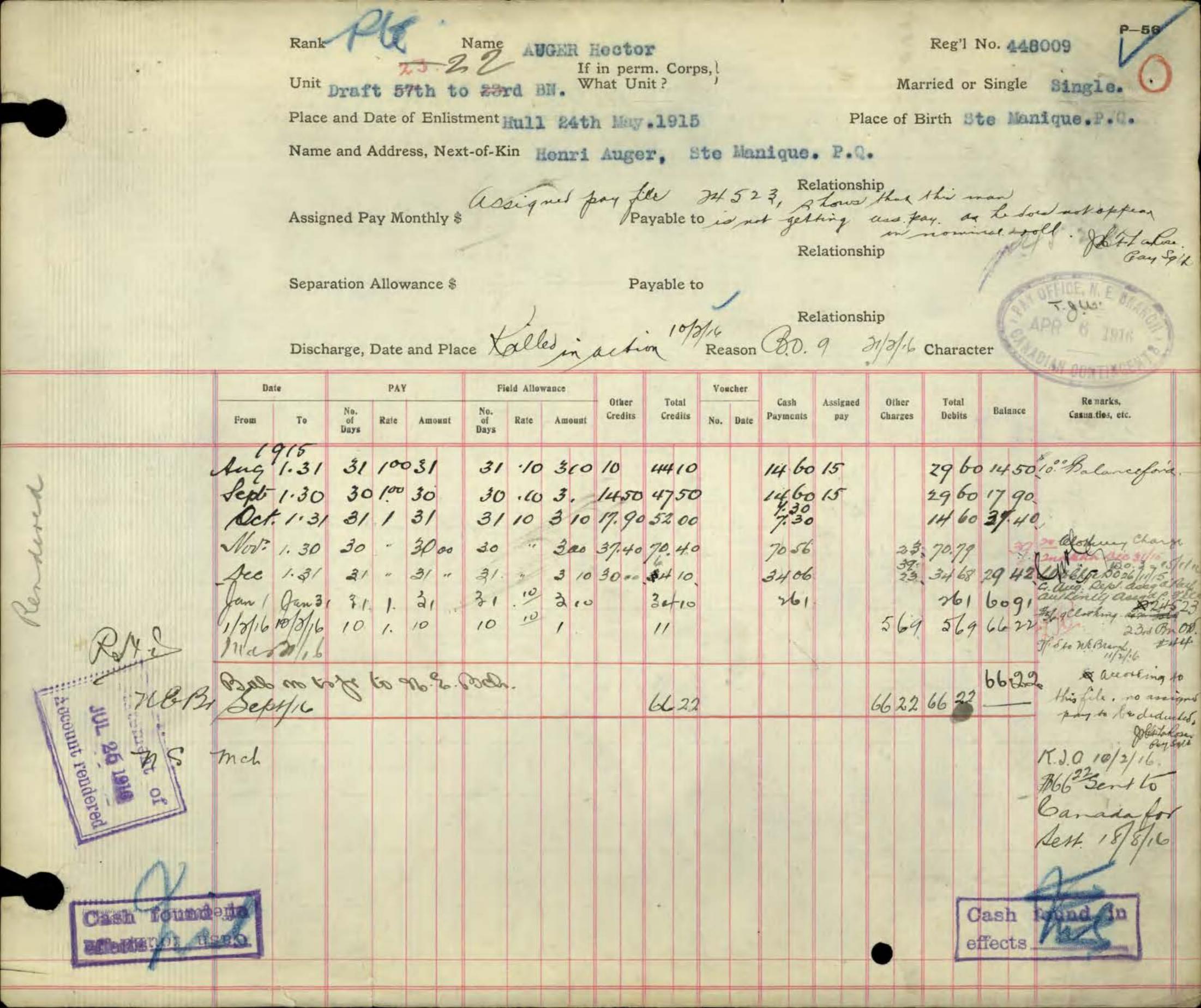
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EPITOME OF HOSPITAL TREATMENT.

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R-122.

Rank

Reg'l No. 448009

Unit Draft 57th to 23rd BN. What Unit?

Married or Single Single.

Place and Date of EnlistmentHull 24th May . 1915

Place of Birth Ste Manique. P.Q.

Name and Address, Next-of-Kin Henri Auger,

Relationship

Ste Manique. P.Q.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

	Disc	harge, Date a	nd Place	Reason		Character
	Rep	ort *	Record of promotions, reductions,	•		Ka.
	Date	From whom received	transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
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	19.2.16	lv0.	Killed in action: 7ch	n. Reports	10.2.16	Cas. Rep. a. 154.
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	From whom	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	THE SHAPE OF			
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculation, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date

Brief details, and signature

18 Sept 1915	Vaccinat	ion	A. C. Armstrong		
27 Aug 1915	Inoculat	i o n		do	
9 Sept 1915	do			do	*
3	34				
		· · · · · · · · · · · · · · · · · · ·			
certi	Ta	able IVS	ervice Table.		
~	Data of	Date of		Date of	Date of
Station or Troopship	Date of arrival or embarkation	departure or disembarkation	Station or Troopship	arrival or embarkation	departure or disembarkation
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DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.

Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname AUGER	Christian Name Hector	
	TABLE IGENERAL TABLE.	
Birthplace Parish	County_ Hull	
	on 24th day of March	191 5,
Examined	atHull	
Declared Age		days.
Trade or Occupation	Labourer	
Theirle		inches.
Weight		lbs.
Girth when fully	35	inches.
Chest Expanded Measurement Range of Expansion	2	inches.
Physical Development	Right	Left
Vaccination Marks Arm Number		
When Vaccinated		
Vision	$ \begin{array}{l} \text{R.EV} = \\ \text{L.EV} = \end{array} $	
(a) Marks indicating congenital peculiarities or previous disease		
(b) Slight defects but not sufficient to cause rejection	((b)	
Approved by (Signature) (Rank)		
		Medical Officer.
	at_ Hull	
Enlisted	on 24th day of March	1915.
Y 15 - 1	Corps.	Regtl. No.
Joined on Enlistment	23rd Res. Battln.	
Transferred to		
Became non-effective by		
is Medical History Sheet has been compare	with the Corres-	
cen from the Attestation Paper. (Signature)	in ned have beenday of	191 .
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(4887.) W. 9597/1588. 500м. 9/15. C.	ieut,-Col. P., LTD. B. 178 Se of Records, 39	P.T.O.

Canadian Contingent.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

	1 1 1 1							1	Sick List in the case of Warrant Officers treated in quart		-
Name of Hospital	Admitted to Hospital Day Month Year					1	Disease	Number of days in	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given a the special syphilis case sheet.	Signature of Medical Officer	
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