

REGIMENTAL DOCUMENTS

*Inv*

NAME *Barrette Phileas Jos*

REGT. NO. *527039* UNIT

H. Q. FILE NO.

**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

336  
NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

- 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.F.B. 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. 212 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

**M**

**H**

6-27  
25-27  
27-27  

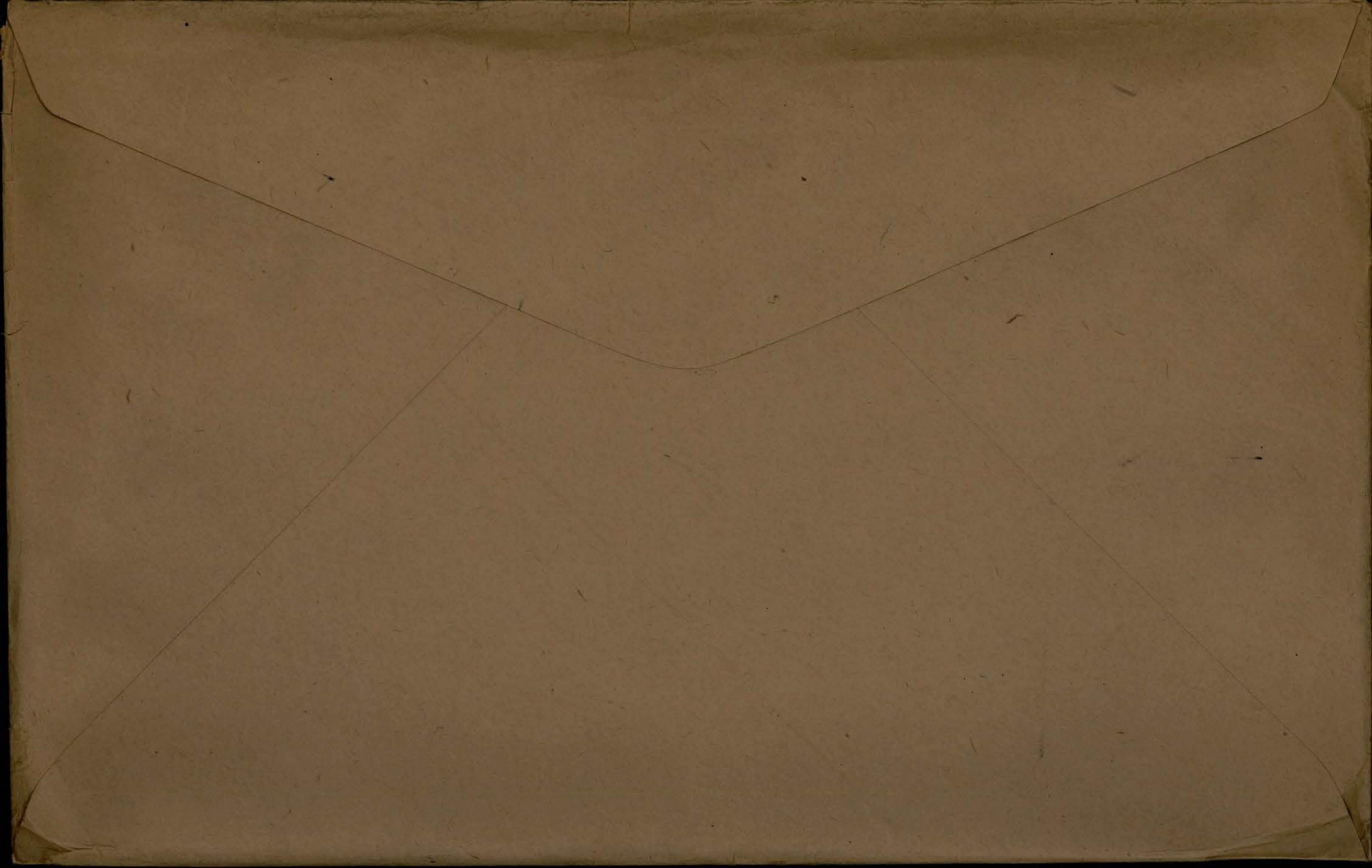
---

2.

*Warrant  
1-2-21*

*7/21*







**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
 (ANSWERS.)

Barrette

1. What is your surname?	Barrette
1a. What are your Christian names?	Phileas Joseph
1b. What is your present address?	56 Papineau Square, Montreal, Quebec
2. In what Town, Township or Parish, and in what Country were you born?	Montreal, Quebec
3. What is the name of your next-of-kin?	Mrs. Mathilda Barrette
4. What is the address of your next-of-kin?	56 Papineau Square, Montreal, Quebec
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	October 22nd., 1876
6. What is your Trade or Calling?	Shell Inspector
7. Are you married?	Yes
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? <small>If so, state particulars of former Service.</small>	No.
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? **X**

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? **Defective eyesight.**

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

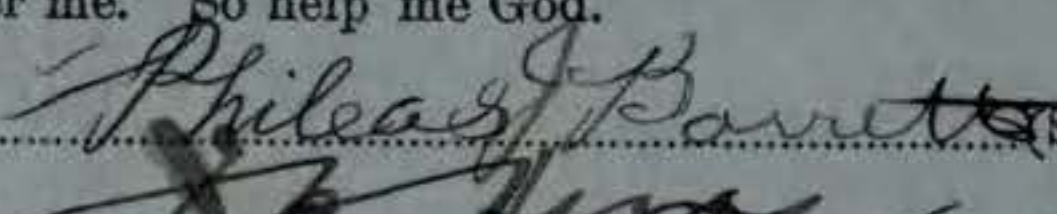
I, Phileas Joseph Barrette, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached 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.

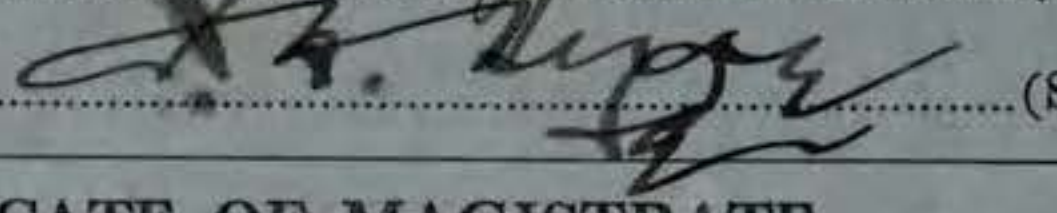
 (Signature of Recruit)

Date June 8th, 1917 
 (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

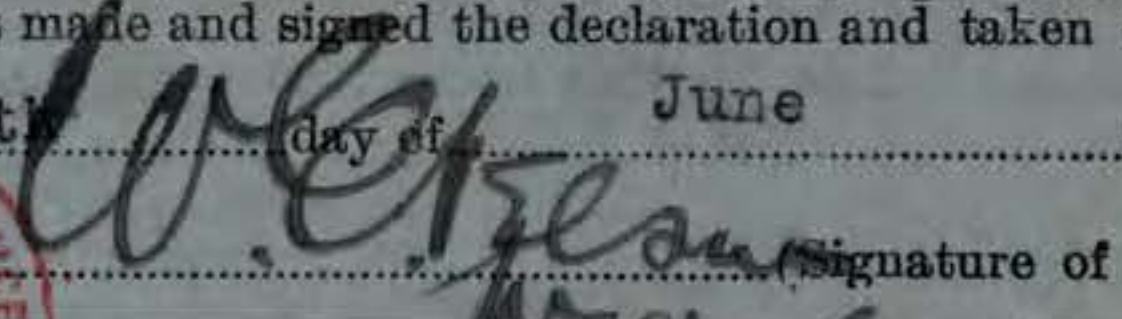
I, Phileas Joseph Barrette, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, 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.

 (Signature of Recruit)

Date June 8th, 1917 
 (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 Montreal, Quebec, 8th day of June, 1917.

 (Signature of Justice)





Description of Phileas Joseph Barrett E on Enlistment.

Apparent Age 42 years 8 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. 7 ins.  
 Chest measurement: { Girth when fully expanded 37 ins.  
 Range of expansion 3 ins.  
 Complexion Dark  
 Eyes Grey  
 Hair Black

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

Eyesight R. D. = 20  
 " L. D. finger 40 finger  
 Hearing R. Ear .....  
 " L. " .....

B. 2

Correct scars from influenza as child.

**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\*..... for the **Canadian Over-Seas Expeditionary Force.**

Date..... 191 .....

Place.....  
 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:—

Declared **FIT** by **MEDICAL BOARD**  
**Mobilization Centre, M. B. #1**  
**CATEGORY "B" II**  
 (Fitter for Service Abroad)  
 President E. M. B.  
Major  
Capit

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

Phileas Joseph Barrett E..... 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.

Major (Signature of Officer)  
 U.C. A.A.C. Training Depot No. 4.

Date JUN 14 1917 191 .....



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
4 K1324X Year	527039	MC	BARRETT	P. J.
Station and Date.	Disease <u>Influenza</u>			
26/1/19	Sudden onset two days ago. Headache. Pain in back & limbs. Cough.			
27/1/19	Present Cond <sup>n</sup> T 101 P 92 R 24. Headache. Limb pain. Cough + +. Sputum abundant thick yellow			
29/1/19	P.S. H.S. Normal. L.S. Whistling rhonchi in both right & left lung. especially right No other physical signs. <u>Robt. H. ...</u> <u>Capt. R. H. ...</u>			
30/1/19	Developed pneumonia. Temp this morn 104.5 Pulse 90 R. H.S. Lungs very full Sputum + + Patches of consolidation over both lungs.			
29/1/19	Condition remains the same. a little better in evening. Mouth worse T 103 P 50 R 40 Lungs show signs of consolidation. Rhinorrhoea very prof. Sputum + + Very weak attacks of night dyspnoea + cyanosis. Breathings more frequent. Severe attack at 10 am. Improved in afternoon Oxygen			
29.1.19	Died. Death yesterday afternoon H. became weaker - more cyanosed. 6 pm. collapse + unconvulsions Death at 9.50 Collected by <u>Chalton</u> <u>Palmerston</u> <u>Robt. H. ...</u> <u>1050/0, The Manor, (County of London)</u> <u>Robt. H. ...</u>			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.



CLINICAL CHART.

Army Form B. 181

Corps C. A. M. C.  
524039

(To be attached to Case Sheet.)

Hitchcock Military Hospital Brighton

No. 524039

Rank and Name Plt. Barrett P. J.

Age 43

Service 7/12

Disease Bronchitis

Date of admission 7/1/18

Date of discharge Jan, 30th, 1918

Result \_\_\_\_\_

Dates of Observation	Days of Disease																											
	7	8	9	10	11	12	13	14	15	16																		
Temperature Fahrenheit	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute	84	68	68	72	64	64	84	72	76																			
Respirations per Minute																												
Motions per 24 hours																												

Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_







**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
	527039.	Pte.	Barrett.	Philias Joseph.
Year	Unit.	Age.	Service.	
1918.	C. H. T. C.	43.	7/12.	
Station and Date.	Disease			
Jan 28 <sup>th</sup> 18.	Admitted.	Dec 7 <sup>th</sup> 1917.		
Kitchener	Enlisted.	June 8 <sup>th</sup> 1917.		
Military Hospital	Reported sick.	Dec 6 <sup>th</sup> 1917.		
	Test of skin.	Wife.		
	Address.	56, Papineau Montreal, Canada		
	Religion.	R. C.		
	Usual Occupation.	Shell Inspector.		
Pres. Illness.	says he has had cough ever since he joined C. H. T. 7 yrs ago. was perfectly well before. Came in to C. 1. ward T. P. R. 98-84-18.			
F. Hist	F died old age M died I. C. 15 died T. C. 134			
P. H.	never had any diseases that he can remember			
P. Cond.	Poorly nourished man. looks of Cattharal type. Slight cough. Slightly jaundiced sclerae - slight fever. Normal descrite T. P. R. 98-84-18.			
Resp.	Symptoms - cough. expectoration - no night sweats no anorexia - does not know if any loss weight. Exam chest normal			
Cardio	normal			
P. C.	normal			
U. S.	normal			
G. U.	normal			
	Apertures no I. C. found			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.

Mitchener Joseph  
Brighton  
Jan 3<sup>rd</sup> 1918.  
Recharged to Daily  
Woods & Sons  
W. W. W.



**MEDICAL CASE SHEET.\***

*a 1 / 19*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>527039</i>	<i>Pte</i>	<i>BARRETT</i>	<i>Rhileas</i>
Year	Unit.	Age.	Service.	
<i>1918</i>	<i>C. A. Coy. C.</i>	<i>44</i>	<i>16 / 12</i>	

Station and Date.	Disease	Religion	Former Occupation
<i>Mitchener Military Hospital Brighton 23.10.18</i>	<i>Reported sick 23/10/18</i> <i>Exacerbated 8/10/17</i> <i>Overseas 8/8/17</i>	<i>R. C.</i>	<i>Labourer</i>
		<i>wife</i>	<i>address Mrs. Matilda Barrett 7607 Sagamore Street Montreal Canada</i>

*Nov 6. 1918 Onset with Influenza*

*Recommended for 6 days leave*

*12 NOV 1918 Six days leave*

*Recovered. Enlarged A.M. Parker*

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P+38 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]



Station  
and Date.



# FORM OF WILL

I, **Phileas Joseph Barrette**, .....(Name in full)

Regimental Number **527039** .....serving in **C.A.M.C.**.....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I ~~devise~~ <sup>bequeath</sup> all my real estate unto

.....**Nil.**.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

.....**Mathilda Barrette (Wife)**.....  
.....**55 Papinneau Avenue,**.....  
.....**Montreal, Canada.**.....

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

this **27** day of **July** A.D. 19**17**

This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF.

**Pte. P.J. Barrette.** .....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.

Signature of First Witness **W.A. Hunter, Lieut. A.M.C.**.....

Address of Witness **Huntingdon, Que.**.....

THE TWO  
WITNESSES

Occupation of Witness **Physician.**.....

MUST  
SIGN HERE

Signature of Second Witness **Alex. S. Anderson, Sgt. Major. C.A.M.C.**.....

Address of Witness **Montreal, Canada.**.....

Occupation of Witness **Building Foreman.**.....



FORM OF WILL

I, the undersigned, being of legal age and of sound mind and memory, do hereby declare that this is my last will and testament, and I hereby bequeath and dispose of my estate as follows:

First, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

Second, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

Third, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

Fourth, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

Fifth, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

SIXTH, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

SEVENTH, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

EIGHTH, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

NINTH, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

TENTH, I bequeath to \_\_\_\_\_ the sum of \_\_\_\_\_ Dollars.

ALL the rest, residue and remainder of my estate, both real and personal, I bequeath to \_\_\_\_\_

In testimony whereof, I have hereunto set my hand and seal at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_.

Testimony and subscription of \_\_\_\_\_

in our presence, and in the presence of \_\_\_\_\_

\_\_\_\_\_ Witnesses.



# FORM OF WILL.

I, Phileas Joseph Barrette (Name in full)

Regimental Number 527039 serving in C. A. M. C.

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 ~~to~~ to

ex el

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

absolutely, and my personal estate I bequeath to

Mathilda Barrette (wife)  
56 Papineau Avenue  
Montreal Canada.

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 27 day of July A. D. 1917

Ph. J. Barrette 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.

Signature of First Witness W. A. Hunter Lieutenant

Address of Witness Huntingdon Que

THE TWO WITNESSES

Occupation of Witness Physician

MUST SIGN HERE

Signature of Second Witness Chas. G. Anderson Sgt. Major C. A. M. C.

Address of Witness Montreal Canada

Occupation of Witness Building Foreman



FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that as hereby set forth in the foregoing instrument, I have made, signed, sealed and delivered the same as my last will and testament.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Tested and signed in my presence and in the presence of the witnesses hereinafter named, and I have declared to them that I was making the same as my last will and testament.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Notary Public for the State of \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname *Partridge* Christian Name *P J*

TABLE I.—General Table.

Birthplace { Parish .....  
 County .....

Examined { on.....day of.....191..,  
 at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs

Chest Measurement { Girth when fully expanded .....inches  
 Range of Expansion .....inches

Physical Development.....

Vaccination Marks	RIGHT	LEFT
{ Arm.....		
{ Number.....		

When Vaccinated .....

Vision { R.E.—V=.....  
 L.E.—V=.....

(a) Marks indicating congenital peculiarities or previous disease—  
 .....

(b) Slight defects but not sufficient to cause rejection—  
 .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, 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

Approved by .....

Rank .....

*Medical Officer.*

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation		Date of departure or disembarkation	

Enlisted { at.....  
 on.....day of.....191..

Joined on enlistment	Corps	Regtl. No.
Transferred to	<i>Case 527029</i>	

Became non-effective by .....

on.....day of.....191..

(Signature).....

(Rank).....







### PROCEEDINGS OF A MEDICAL BOARD.

Dated at 18th. Oct. 1917. 1917.

No. 527039 Rank Pte Name Barrett. P.J.

Local Unit C.A.M.C. Overseas Unit Age 43

Examination held at St. Martin's Plains.

DISABILITY.

~~Overseas~~ Local DEFECTIVE VISION.  
(SCRATCH ONE OUT).

PRESENT CONDITION.

West Cliff rep rt:-

R V. 6/12.

L.V. P.L.

Injured left eye 40 years ago. Eye quiet & no treatment. Rec. B 1.

Other systems normal.

BOARD RECOMMENDS:- B 1.

- 1. Fit for Duty .....
- 2. Fit for duty after ..... weeks' physical training.
- 3. Fit for Temporary Base Duty ..... weeks
- 4. Fit for Permanent Base Duty .....
- 5. Discharge .....

Signatures:-

( F.B.Wilson. Capt. President.

Members ( G.R.Reid. Capt.

B. ( ( (

APPROVED

Dated 21 OCT 1917 1917.

*[Handwritten Signature]*  
For A.D.M.S. For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1917.

No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY  
Disease-Local \_\_\_\_\_

PRESENT CONDITION

Head \_\_\_\_\_  
Eyes \_\_\_\_\_  
D.V. \_\_\_\_\_

Injured left eye 40 years ago. Eye quiet & no treatment. Res. D. I.  
Other systems normal.

BOARD RECOMMENDATIONS - B. I.

1. Fit for Duty
2. Fit for duty after \_\_\_\_\_ weeks' physical training.
3. Fit for temporary base duty \_\_\_\_\_ weeks
4. Fit for permanent base duty
5. Discharge

Signatures:-

_____	Members
_____	
_____	
_____	
_____	President.

APPROVED

Dated \_\_\_\_\_ 1917. For A.D.M.S.



MEDICAL HISTORY SHEET

Surname Barrette

Christian Name Phileas Joseph

Examined on 7th day of June 1917  
at Montreal, Quebec

Approved by [Signature]

Birthplace { City or Town Montreal,  
County Quebec

Rank \_\_\_\_\_ M.O.

Apparent age 42  
Trade or occupation Shell Inspector

EXAMINED FOR RE-ENGAGEMENT

Height 5 feet 3 inches

Weight 127 lbs.

Chest measurement { Minimum 32 inches  
Maximum expansion 37 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Declared FIT by MEDICAL BOARD  
MOBILIZATION CENTRE, M. D. #4

CATEGORY "B II"

Fit for Service Abroad  
(but not for General Service)

VACCINATIONS

Date Result  
JUL 14 1917 W. Ness Capt. M.O.

ANEPTHOID INOCULATIONS, ETC.  
JUN 15 1917 Laurie bay a ml M.O.

JUN 25 1917 Chaurie bay a ml M.O.

JUL 3 - 1917 Laurie bay a ml M.O.

Defective vision in left eye due to ulcer when was a child. Class B  
van over left

Enlisted on 8th day of June 1917 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>A.M.C. Training Depot No. 4</u>	<u>527039</u>		<u>8-6-17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>St. Martin Plains</u>	<u>18-10-17</u>	<u>Defective Vision</u>	<u>B II J.R. Reid Capt.</u>
<u>Kubik [unclear] [unclear]</u>	<u>12-4-18</u>	<u>" "</u>	<u>B I [unclear]</u>

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.







MEDICAL CASE SHEET.

A

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	527039	Pte	Barrett	P. J.
Year	Unit.	Age.	Service.	
	Can. M. C.	44	16 12	
Station and Date.	Disease			
	Chronic Bronchitis			
<p>Has large corneal opacity (of long standing) left eye. Complains now of marked shortness of breath and chronic cough with little sputum. Heart O.K. Moist rales bases of both lungs.</p> <p>Board.</p>				
Jan. 22. 1919	<p>Severe cough - rather spare - Cough is rather hoarse suggestive of aneurism or some bronchial obstruction. Suspicion of "tracheal tug" Would suggest X-ray of upper part of chest.</p> <p>Meanwhile give him some Pot. Iodide</p> <p>W. Macdonald 1501</p>			
23/1/19.	<p>Reported sick. Severe <del>and</del> cough; headache; general pains. Temp. 99.5° F. No sputum. Sick leaves. Transfer to Major's War Hospital.</p> <p>James H. Howell, Capt.</p>			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.











# PROCEEDINGS OF A MEDICAL BOARD

Dated at \_\_\_\_\_ 1917.  
No. \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_

Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_  
Examination held at \_\_\_\_\_

DISABILITY  
Overseas-Local \_\_\_\_\_  
(duration of leave) \_\_\_\_\_  
PRESENT CONDITION

Remarks \_\_\_\_\_

## BOARD RECOMMENDATIONS

1. Fit for duty
2. Fit for duty after \_\_\_\_\_ weeks' physical training.
3. Fit for temporary base duty \_\_\_\_\_ weeks
4. Fit for permanent base duty \_\_\_\_\_
5. Discharge \_\_\_\_\_

Signatures:-

\_\_\_\_\_  
President

\_\_\_\_\_  
Members

APPROVED

Dated \_\_\_\_\_ 1917  
For A.D.M.S.











MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Kitchener M.H. Brighton 1918	527039	Pte	BARRETTIE.	Philips Joseph
Year	Unit.		Age.	Service.
1918	10 <sup>th</sup> CAMC		43	2 <sup>1</sup> / <sub>2</sub>
Station and Date.	Disease			
29. 3. 18 Bed Ward 22	Bronchitis.			
	Has been troubled with a cough lately, & general weakness.			
Date of diagnosis } 28/3/18	Present Condition. P. sub. R.			
Place	Lungs. - Some emphysema present in both lungs			
Issues -	in addition to some bronchi & piping vessels.			
Civil Occupation	Is troubled with shortness of breath in			
Shell Inspector	exercise.			
Home address	Heart. - no bruit - sounds faint: apparently,			
wife	from weakness of cardiac muscle			
56 Papineau Ave	no arteries + clonus.			
Montreal	Has a typical Bronchitic Cough which			
Canada	sometimes keeps him awake. No history of			
	venicity. Looks debilitated & somewhat			
	anaemic.			
Religion	R.C.			
	Treatment had in the past (expect. led).			
	chest rubbed & Amphetolol, with Tussic			
	aerobin Syph.			
5 April 1918	Recommended for Light Duty			
	C.M. Davis Major Camb.			
5.4.18	Discharged to Duty			
	C.M. Davis Major Camb.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



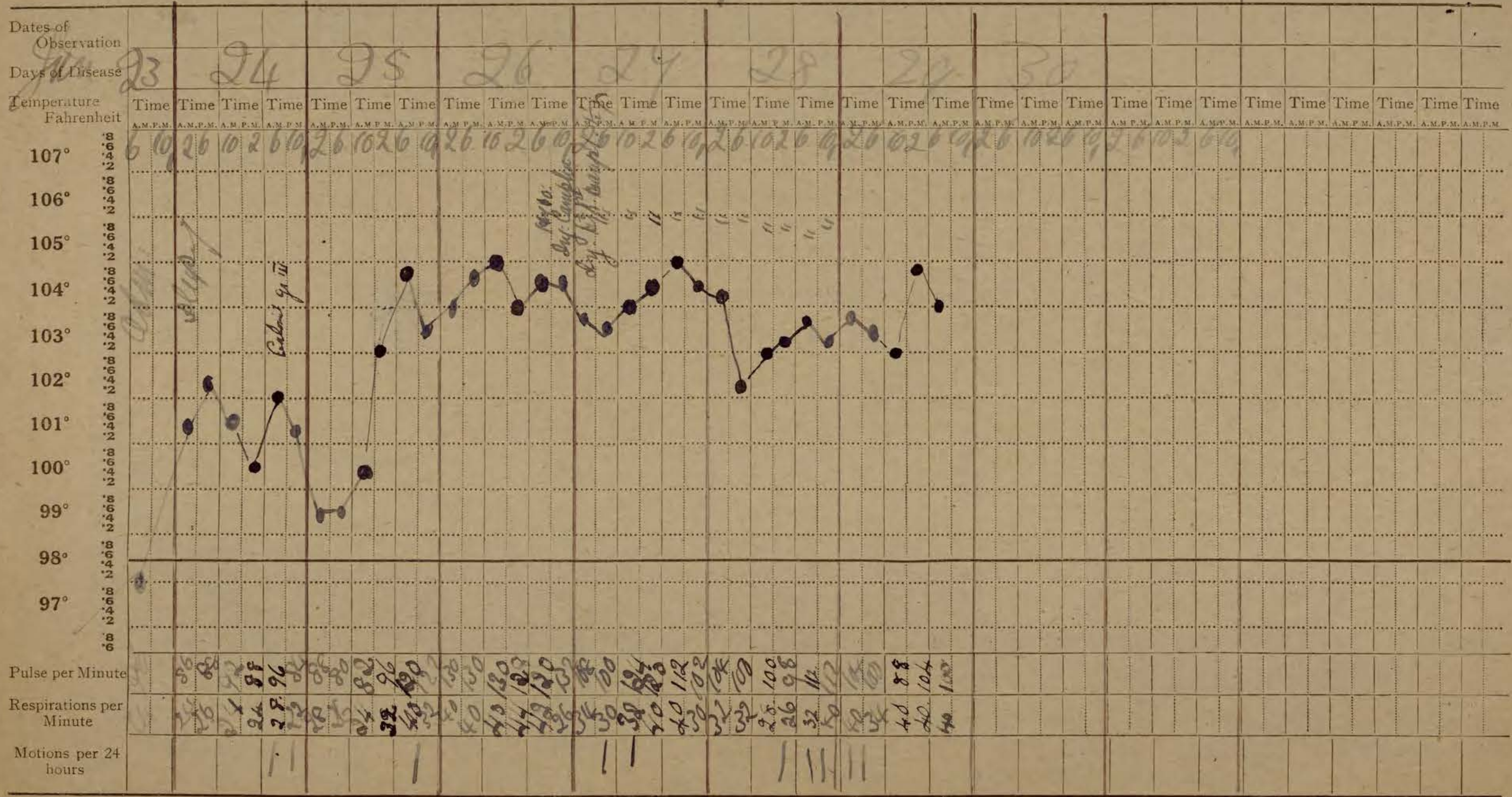
Station  
and Date.



Corps CAMC. No. 524039 Rank and Name Plt Barrett P.J. Age 44 Military Hospital 10th  
 Disease \_\_\_\_\_ Date of admission 23-1-19 Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

CLINICAL CHART.  
 (To be attached to Case Sheet.)

Army Form B, 181.





# CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name \_\_\_\_\_

Age \_\_\_\_\_

Military Hospital \_\_\_\_\_

Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission \_\_\_\_\_

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions* per 24 hours																													

Signature \_\_\_\_\_

In charge of case.



ATTESTATION PAPER.

No. 527039

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Barrett

1a. What are your Christian names? Phileas Joseph

1b. What is your present address? 56 Papineau Square, Montreal, Quebec

2. In what Town, Township or Parish, and in what Country were you born? Montreal, Quebec

3. What is the name of your next-of-kin? Mrs. Mathilda Barrett

4. What is the address of your next-of-kin? 56 Papineau Square, Montreal, Quebec

4a. What is the relationship of your next-of-kin? Wife

5. What is the date of your birth? October 22nd., 1876

6. What is your Trade or Calling? Shell Inspector

7. Are you married? Yes

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? Defective eyes

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? Defective eyes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Phileas Joseph Barrett, 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.

Phileas Barrett (Signature of Recruit)

Date June 8th, 1917. X. H. Murray (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Phileas Joseph Barrett, 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.

Phileas Barrett (Signature of Recruit)

Date June 8th, 1917. X. H. Murray (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 Montreal, Quebec this 8th day of June, 1917.

ASSISTANT DIVISIONAL MAGISTRATE  
M. D. No. 4  
JUN 8 1917  
W. C. [Signature]

W. C. [Signature] (Signature of Justice)



**Description of Phileas Joseph Barrett on Enlistment.**

Apparent Age 42 years 8 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. 7 ins.  
 Chest measurement { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 4 ins.  
 Complexion Dark  
 Eyes Grey  
 Hair Black

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

Eyesight R. D. = 20  
 " L. D. = less than 400 due to corneal  
 Hearing R. Ear OK  
 " L. " OK

B2  
where there is doubt  
ABM

**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 JUN 7 1917 1917

Place MONTREAL, P.Q. 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:—

**CATEGORY "B" II**

Declared **FIT** by MEDICAL BOARD  
 MOBILIZATION CENTRE, M. D. #4

Wm Gordon Cummy Capt

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

Phileas Joseph Barrett 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.

Wm Gordon Cummy (Signature of Officer)  
 Major,  
 D.C. A.M.S. Training Depot No. 4.

Date JUN 14 1917 1917

Printed and Published by the War Office, London.



E.T.

Rank

Name

BARRETTE, Phileas Joseph.

Reg'l No. 527039

Unit No. 4. Dft. CAMC. No. 11  
to CAMC. TD.

If in perm. Corps,  
What Unit?

Married or Single Married.

Place and Date of Enlistment Montreal. June 8th. 1917.

Place of Birth Montreal.

Name and Address, Next-of-Kin Mrs Mathilda Barrette  
Quebec.

Quebec.

56, Sapineau Square, Montreal, Canada.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld. - 9546-16.

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.				
		Arrived In England			
25-8-17	C A M C T O S		Shorncliffe	10-8 17	PT 2 D O 237
17. 11. 17.	Same Dep.	S.O.S to L.C. N. Monks Norton.	Shorncliffe.	Pte. 15. 11. 17	Plt No. 3214 Plt No. 265 Dec 20. 11. 17
30. 11. 17.	Do	S.O.S. from L.C. N. Monks Norton.	Do.	Pte 29. 11. 17	Plt No. 334 & Plt No. 67 Dec 29. 11. 17
18. 12. 17		SOS to 1069 Hqs Brighton		18. 12. 17	- 352 / Pre No. 17
26. 12. 18	1069 Hqs	SOS to CAMC Coy	Brighton	24. 12. 18	- 50 & C.A.M.C.C.C. 21-1-19
30. 1. 19.	same	Prev Dang Ill, Now Dead.	Epsom	Pte 29. 1. 19.	62. 6 431.
		Manor City of London War Hqs			
14. 5. 19.	same	S.S. Disease ref	Bexhill	Pte. 30. 1. 19	80 112

*mx 11.2.28*



N/E. R.B. No 4710  
File No. 25-B-6609  
Category P.O.C.







A. M. C. TRAINING DEPOT NO 4

XXXXXX  
 Fill in Only.—Unit, Number, Rank and Name.  
 XXXXX

# Casualty Form—Active Service.

M. F. W. 54.  
 150M. 10-15.  
 H.Q. 1772-39-920.

Unit, Regiment or Corps A. M. C. TRAINING DEPOT NO 4

Regimental No. 527039 Rank Private Name Phileas Joseph Barrette

Enlisted (a) 8.6.17 Terms of Service (a) C.E.F. Service reckons from (a) 8.6.17

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) Shell Inspector. Very Orderly

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>Embarked</i> <u>Canada</u>	<u>10-8-17</u>	
			<i>Disembarked</i> <u>England</u>	<u>23-8-17</u>	
<u>25-8-17</u>	<u>C.A.M.C. D.</u>	<b>TAKEN ON STRENGTH</b>	<u>Westborough</u>	<u>10-8-17</u>	<u>Passo 257</u>
<u>17-11-17</u>	<u>Do</u>	<u>Posted to C.C.N. Monks Horton</u>	<u>S.cliffe</u>	<u>15-11-17</u>	<u>PT II P.O. 321</u> <u>Ynbblayney Lieut</u>
<u>29.11.17</u>	<u>ccsd Monks Horton</u>	<u>S.O.S to same Depot Rhoncliffe</u>	<u>Monks Horton</u>	<u>29.11.17</u>	<u>Part II DO 267, 29.11.17</u>
<u>30/4/19</u>	<u>Camus</u>	<u>T.O.S from C.C.N. Monks Horton</u>	<u>Rhornciffe</u>	<u>29/4/19</u>	<u>Ch 206 334</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.]



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				
18.12.17	CLM&D	S.O.S. to No. 10 C.G.H. Brighton	Shorecliffe	18.12.17	Pt. 352 <i>[Signature]</i> CAPT. ASST. ADJUTANT, FOR O.G., G.A.M.O. DEPOT.
28-12-17.	No.10	CGH. Taken on Strength.	Brighton.	18-12-17.	Pt.11. D.O. 17.
31.12.18	"	S.O.S. to C.F.M.C. Gas Coy. OK becoming 21 days' Casualty	"	24.12.18	Pt. 11 D.O. 50 <i>[Signature]</i> CAPT. & ASST. FOR O.G. No. 10. CANADIAN GENERAL HOSPITAL.









7  
1887

1887

1887

1887



527039 Pte Barrett P.I. Corps

Disease *Chronic Bronchitis* Hospital

To Officer i/c Laboratory. Ward *6 aft*

Please carry out an examination of the accompanying specimen of *urine* with special regard to *Alb + Casts*

Date *7-1-19* *J.H. Howell*  
O. i/c *Capt* - Ward.

LABORATORY REPORT.

COLOR	<i>yellow</i>
REACT	<i>acid</i>
SP. GR.	<i>1024</i>
ALB.	<i>0</i>
SUGAR	<i>0</i>



Date of Examination  
W.3212. 50M-4-4-18.

*Howell*  
O. i/c Laboratory.



1910

1910

1910

1910

1910

1910

1910

1910

1910

1910

1910



D E N T A L      C E R T I F I C A T E

Number *527039* Rank *Plt.* Name *Brant P. J.* Unit. *4th. Ill. Inf.*

Date of Examination.

Present Dental Condition.

In case of loss or decay of teeth, is the loss due to wounds, injury or disease directly attributed to Active Service ?

Has he ever declined Dental treatment ?

Re-com-mend-ation.



*2 Exam*

*Jr*

*No*

*2 Feb*

.....  
Captain, C. A. D. C.



1900

TO THE HONORABLE  
MEMBERS OF THE  
LEGISLATIVE COUNCIL  
OF THE PROVINCE OF  
SOUTH AFRICA  
IN PARLIAMENT ASSEMBLED

REPORT  
OF THE  
COMMISSIONERS  
OF THE  
LANDS AND SURVEYS  
FOR THE YEAR  
1900

PRINTED BY  
THE GOVERNMENT  
PRINTERS

JOHANNESBURG: 1901



8-6-17  
D/C MILITIA AND DEFENCE

M. F. W. 11a.  
50m. - 6-16.  
1772-39-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mathilda Barrette <sup>Wife</sup>

PAYMENTS.

Name of Soldier

Barrette, Phileas J.  
527039. a.m.c. 104

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		B 13220	35	X
Aug.		B. 15062	20	B
Sept.		M 19434	20	T
Oct.		J 22469	20	X Boys
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



Handwritten signature or mark.



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



*D/E* 8-6-14 MILITIA AND DEFENCE

M. F. W. 11.  
50m.—4-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Mathilda Barrette*  
Address *56 Papineau Sq  
Montreal  
P. Q.*

Name of Soldier *Barrette, Phileas J.*  
Regtl. No. *527039*  
Rank *Pte*  
Corps *A. M. C. J. D. No 14*

Relation to Soldier }  
wife, child or mother } *Wife*

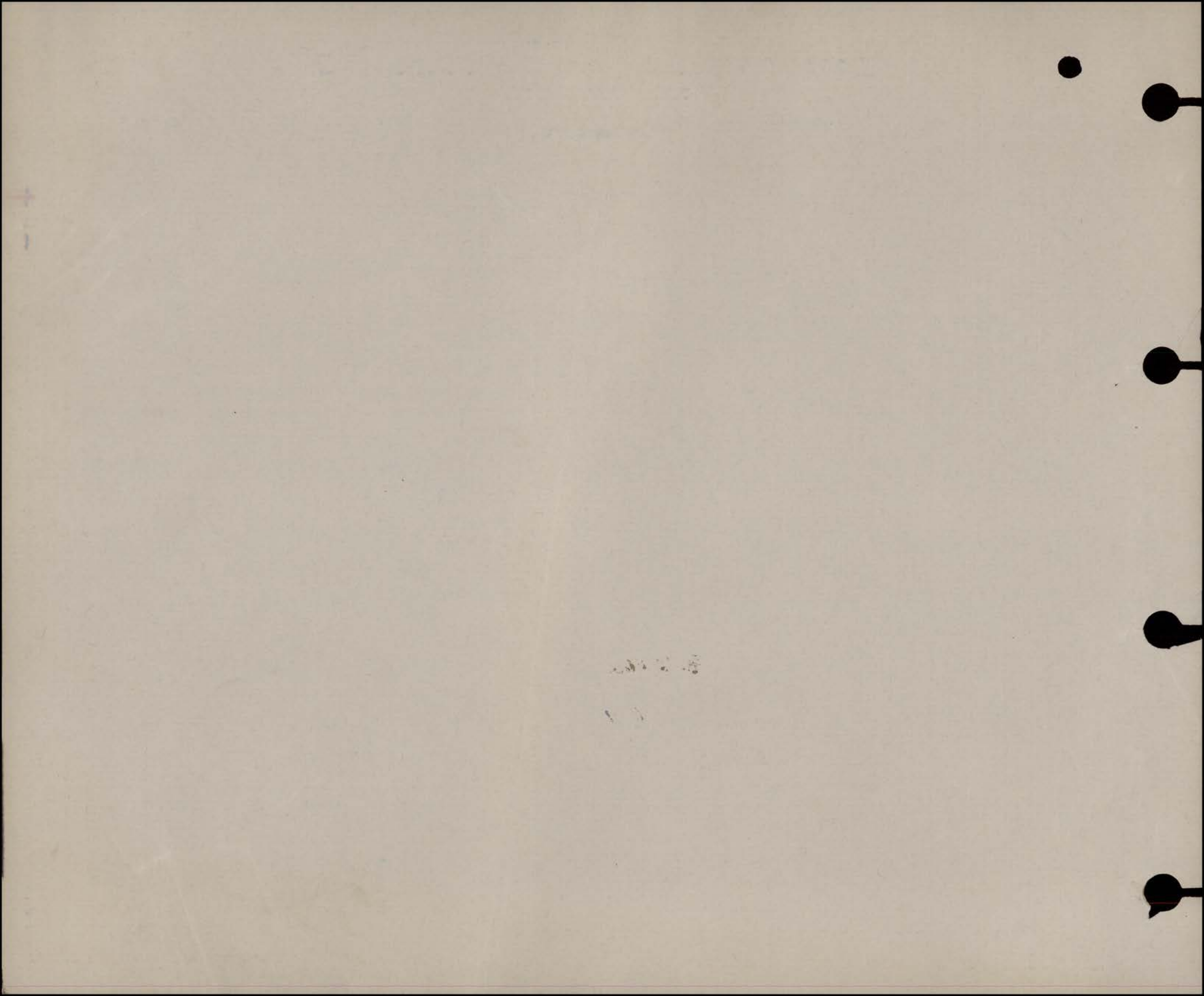
To what Corps belonging }  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









*Mrs*

*(Wife)*

MILITIA AND DEFENCE

M. F. W. 12a.  
18m.-4-17.  
1772-39-819.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

*Mathilda Barrette*  
(Assignee)

Name of Soldier

*Barrette, P. J.*

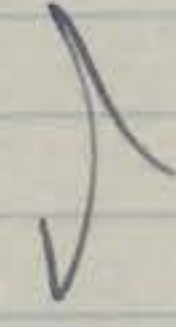
PAYMENTS.

*527039, Pte. a m c, P. A. #4*

L. L. Job 1927-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20<sup>00</sup></i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>B 36727</i>	<i>20</i>	<i>20</i>
Sept.		<i>X 33894</i>	<i>20</i>	<i>20</i>
Oct.		<i>L 47067</i>	<i>20</i>	<i>20</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*2000*





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



(Wife)  
 MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 25m-4-17.  
 H. Q. 1772-39-819.

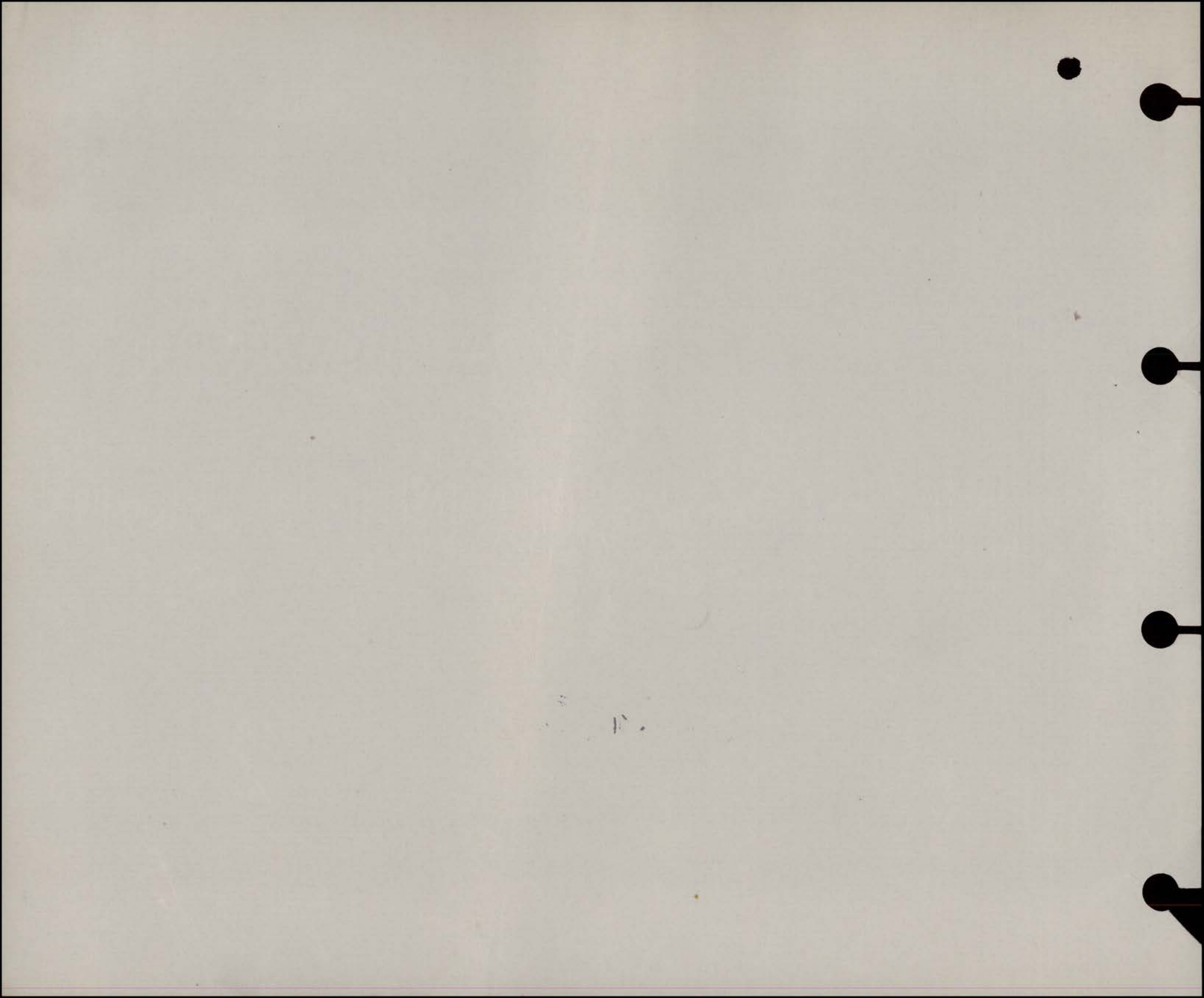
*Mrs*  
 To Whom *Mathilde Barrette* By Whom Assigned *Barrette, P. J.*  
 Address *56 Papineau Sq.* Regtl. No. *527039*  
*Montreal Que* Rank *Pte*  
 Corps *A. M. C., In. Dep.* # *H*  
 Rate *\$20.00* *AUG 1 1917*

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









Register No. DB 1607

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 928-P-41

Regt'l No. 527039 Name P. Joseph Barrette  
(Christian Name) (Surname)  
Unit Can. Inf. C.A.M.C. Rank Pte Date of enlistment.....  
Date of casualty 29-1-19 B.P.C. File No. 63901  
Was service performed overseas? yes

DEPENDENT

Name Mrs Mathilda Barrette Relationship Widow  
Address 2606 Drolet St.  
Montreal  
Que.

Amount of Special Pension Bonus \$ 80.00 Abstracted by M L Durr

Eligible for Gratuity ..... \$ 180.00  
Less amount of Special Pension Bonus paid..... \$ 80.00  
Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ 80.00

Balance due \$ 100.00

Cheque No. 9.1899906 ✓ Date issued Aug 12 1940

Clerk W Mitchell

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
Redman  
Date 10-8-50

\$100

M.F.W. 2652  
25M-6-20,  
H.Q. 1772-33-1473



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name	<small>Surname</small>	<small>Christian Name</small>	
Regimental Number		Rank	Address (in full)
Unit			
Original Unit			
District where paid			
Date of Discharge			
P. D. P. Filing Number			
Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.			

L.L. 53061—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
306M-1-19  
1712-30-1140

Remarks: \_\_\_\_\_



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

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

BARRETTE.

P.J.

527039.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

C.A.M.C. 10G.

Can Coy

HOSPITAL

DATE OF ADMISSION

10. Can. Gen. Brighton.

7-1-18.

- |    |                         |       |          |
|----|-------------------------|-------|----------|
| 1. | 10 Can Gen. Brighton    | HOSP. | 28-3-18  |
| 2. | Kitchener Mil. Brighton | HOSP. | 23-10-18 |
| 3. | Woodcote R Epsom        | HOSP. | 3.12.18  |
| 4. | Manor War R. Epsom.     | HOSP. | 26.1.19  |

DIAGNOSIS

Bronchitis.

1. Bronchitis
2. Bronchitis <sup>aw</sup>
3. Bronchitis at
4. Bronchitis & P.A.M. at a st.
5. Bronchitis R

Not Stated. 9.

DISPOSITION

C.L. 11-1-18. C109.

Influenza & Heart Failure

REMARKS

- |                |  |
|----------------|--|
| 31-1-18 6126   |  |
| 5-4-18 6149    |  |
| 9-4-18 6182    |  |
| 30-10-18 6356  |  |
| 22-11-18 C 376 |  |
| 25-11-18 C 378 |  |
| 5.12.18 C 387  |  |
| 6.12.18 C 388  |  |
| 9.1.19 CH 14   |  |
| 27.1.19 6429   |  |
| 30-1-19 CH 31  |  |
| 5.2.19 CH 96   |  |
- Dis 20-1-18
- " 5.4.18
- Dis. 12-11-18
- " 29.11.18
- Dang Ill 26.1.19
- Died 29-1-19 R.
- ② Cause of death Influenza & Heart Failure. R. H. W.



# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.



Com.

Number 5-27039

Rank

Pte. TP  
R

Surname BARRETTE

Christian Name Phileas Joseph

Units C.A.M.C.

Theatre of War ENG

Date of Service 10-8-17

Remarks (W) Mrs. M. Barrette,

Latest Address 2606 Drolet St.,  
Montreal, P.Q.

63901

Roll No

A Page 3835

200m.-6-21.

2807 Rosemont Blvd Montreal  
P.Q.



DESP. JAN 12 1923  
REGN. NO. 21854  
B. W. M. R. 1.2

DESP. JUN 16 1924  
REGN. NO. 5-170



✓ *Phileas*  
527039 Pte. ✓ Joseph Barrette, C. A.M.C. ✓

Medals & (Widow)  
Dec.

*2606 Drolet St,*

*11-5-21 SW*

Mrs. M. Barrette,

~~91 Baby Ave.,~~

~~Mile End,~~

Montreal, P.Q.

*M*

P. & S.

"

"

"

*(Ser. # 991060.)*

Memorial  
Cross

"2

"

"

*a*

*M.K*

*not elig. 14/15 star*

*not elig. U.M.*

*28 & 6 elig. B.W.M.*

48124

DESPATCHED

*X-2147*

*13/5/21*



1082

W

189-517

FEB 18 1921

~~REGISTRATION DEPT. REG. NO. 1047572~~  
~~DEC 29 1921~~

~~REGISTRATION DEPT. REG. NO. 1047572~~  
~~JUL 17 1921~~

2,520411

W x Ret'd 3/3/21 Removed.



NAME *Barrette P.*

RANK AND CORPS *Pt*

REGT'L. No. *52 7039*

H. Q. FILE NO. 649

*10th Gun. C. A. M. B.*

FOLLOWS  
NO.

FOLLOWS

NATURE OF CASUALTY

CABLE  
NO. DATE



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
B109	Wilton Gen Brighton	7-1-18	Bronchitis
C 126-1	discharged	30-1-18	" " " Ca. M. G.
K 179	Wilton Gen Brighton	28-3-18	" " "
C 182-1	Discharged	5-4-18	" "
C 356	Kitchener Mil. Brighton	23-10-18	"
C 316-1	" " " " " " " "	12-11-18	"
C 379-1	Kitchener Mil. Brighton	14-11-18	" + D. G. H.
C 387	Disch	29-11-18	Bronch + Dast.
C 388	Kitchener Mil. Brighton	3-12-18	"
C 414-1	Mil. Conv. Wd. K. Hospital	1-19.	Bronchitis
C 429	Manueloff Mil War Epson Wainhill	26-1-19	not stated Q
C 431-1	Dist. Prod. up. dang. ill Manor C. D. L.	29-1-19.	not stated. Asthma + Heart failure as per



NAME

Barrett Philip

REGT. NO.

527039

RANK AND UNIT

Plt.

(Came 2. D. No 4. 11th R. R.) C. A. M. P.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

N. 655  
3-H

27-1-19

NYN

Dapill Manor Lophonda War

H. Epson Jan. 20th 1919

Mrs Mathilda Barrett (wife)

50 P. 91 Baby St., Mile-End.

~~St. P. 91 Baby St., Mile-End. Montreal~~  
D. at Manor Co. of London War, Epson

H. 678.  
6-5.

1-2-19.

Jan. 29th/19.

H. 685  
1-1.

5-2-19.

Re. your tel. Feb. 1st. n.gk. - as above.







Reg. No. <i>527039</i>	Rank. <i>Pte.</i>	Surname ..... <i>Barrette</i>	Category. <i>B5</i>	Dentally Unfit. <i>D21</i>
		Christian Names (1) ..... <i>Philias</i>	Date .....	
		(2) ..... <i>Joseph</i>		
		(3) .....		

Place of Enlistment: <i>Montreal</i>	Date of <i>8.6.17</i>	Taken on from <i>concept</i>	Religion <i>R.C.</i>	Inoculations <i>3</i>	Company <i>21</i>
Province: <i>Quebec</i>	Age on <i>42</i>	Date <i>18/11/17</i>		Vaccination <i>1</i>	

On Command.....	Hospital..... <i>St. Charles Hotel</i>	Permanent Cadre Date taken on	Employed as
	<i>"Bronchitis"</i>		
Date Proceeding	Date Admitted <i>2-12-18</i>		

Record of Overseas Service: <i>Nil</i>	Profession or Trade (Civil) <i>Shell-Inspector</i>
Reason for Return:	Transferred or Posted to <i>Cancelled by</i> Date <i>24/12/18</i>

Married or Single <i>Married</i>	LEAVE.			
Address of Next of Kin <i>M<sup>rs</sup> Mathilda Barrette</i>	No. of Pass Issued <i>1-253</i>	FROM <i>13-11-18</i>	To <i>19-11-18</i>	Free Transportation <i>Yrs</i>
<i>56 Tasineau Sq. Montreal</i>				
Country <i>Canada</i>				







Phileas Joseph

25-B. 6609-527039

Name BARRETTE Rank Pte

Reg. No. 527039

Unit C A M C

Mrs Mathilda Barrette, (Wife)

Next of Kin Canada 56 Bahineau Square, Montreal, Que. Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
7-1	76 Can Gen Brighton	Bronchitis	C	109		10156
30-1	Discharged	"	"	C	126	2827
28-3	Kitchener Mil Brighton	do	C	174		15343
5-4	Discharged		C	181		429
23-10-18	Kitchener Mil & Brighton	Bronchitis	C	356		30123
12-11-18	Disch	"	C	376		9689
14-11-18	Kitchener Mil & Brighton	Bronchitis and D.A.H.	C	378		635
29-11-18	Disch	"	C	384		69

Born Oct-22nd 1876. Religion R.C.



Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-12-18	Kitcheners Quil	Har Brighton	Bronchitis		388	9526
7-1-19	Quil	Epsom	"		414	4532
26-1-19	Man War	Epsom	Q			6535
29-1-19	<u>Died</u>	PAN GEROUS. ILL.		C479	H665	6636
	Cause of death Diag should read	Influenza + Heart Failure.	C431	30-1-19	C.H. 26	6636. Smt C Funerals 30-1-19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

8-6-17

# Separation and Assigned Pay Branch

# B 2427

Aug 1-1917

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

25	25 <sup>00</sup> / <sub>100</sub>	30
----	-----------------------------------	----

P6.3257  
1-4-18  
PL2753  
M030539

### RATE OF ASSIGNMENT

20	15		
----	----	--	--

1-1-19

### PARTICULARS OF SEPAFATION ALLOWANCE

No. 527039  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name P. J. Barrette  
 Battalion A. M. C. 1st Dep "4"  
 Beneficiary Mrs Matilda Barrette  
 Relationship wife M.F.N. 2534-26  
 Address

### PARTICULARS OF ASSIGNMENT

(wife)  
 Name Mrs Matilda Barrette  
 Address 56 Papineau Sq Montreal  
 Change of Address  
 1 66 1/2 La Gauchetière du fond (Porte)  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30/17	L. 47067	75	40	115	M.F.N. Rtd & OK'd 8-7-18
Oct.	J. 22469	20	20	40	
Nov.	C. 54704	20	20	40	
Dec	D. 57899	20	20	40	
Jan	V. 65341	30	20	50	
Feb.	B. 94325	25	20	45	
Mar	A. 93660	25	20	45	
April	J. 8403	25	20	45	
May	C. 11812	25	20	45	
JUN	B. 20092	25	20	45	
JUL	Y. 33150	25	20	45	
AUG	B. 31439	25	20	45	
SEP	B. 36233	25	20	45	
Oct	A. 49353	25	20	45	
Nov	A. 57449	25	20	45	3367 13054
Nov.	N. 1999	25		25	
Dec	A. 64771	45		45	
Jan 1919	B. 76300	30		30	
Feb	O. 6521	30	70	70	15243

928-P-4  
 M.F.N. Rtd & OK'd 8-7-18  
 Suspended at 9.3 M. &  
 P.A.B. ruling. Saved. 16-11-18.  
 M.F.N. 23643.  
 Reopen at from date  
 Suspended Saved 12-2-19

A 57449 Cancelled.

M. F. W. 128.  
FORM 6-7-1723-1141  
L. L. 22320-M. & D. 7503.

KILLED IN ACTION  
 DIED OF WOUNDS DATE 29-1-19  
 G. L. NO. 440 DATE 7-2-19  
 M. R. O. 70122 TO DESTROY RENDERED 12-2-19  
 B. P. C. FORM 1 & G. F. X. COMPLETE  
 928-P-4  
 CLERK ... Date 12-2-19









MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	524039	Plt	Barrett	P. J.
Year	Unit.		Age.	Service.
	C.A.M.C.		44	7 1/2
Station and Date.	Disease <i>Chronic Bronchitis.</i>			
Kitchener's Military Hospital Brighton	ADMITTED.	3-12-18	ENLISTED	8-6-14
	REPORTED SICK	3-12-18	OVER SEAS.	15/12
	CIVILIAN OCCUPATION. Shell inspector			
	NEXT OF KIN	Wife	RELIGION	R.C.
	HOME ADDRESS. 667 La Gauchetière St East, Montreal			

P.A. Has been troubled with cough and hoarseness for some months. Loss of weight. Discharged from hospital 2 days ago suffering from same trouble.

Pres. Condition Temp 103. Pulse 120 Resp. 24.  
Face flushed, dyspnoea. Cough being up large quantities of mucopurulent sputum. No blood. No night sweats, heart o.k. Lungs. Both bases filled with large coarse bubbling rales. Rhonchi throughout. Harsh brassy cough. No friction rales heard. Other systems neg.

*Maclean*  
Capt.

2/11-18  
KITCHENER HOSPITAL  
BRIGHTON.

C.A.M.C. Casualty Dept (Shorncliffe)  
*Arthur* Capt.

8 JAN 118

Transferred to C.C. 3rd Division

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

*Whiteley*  
*John* Capt.



Station  
and Date.



DUPLICATE

# MEDICAL HISTORY SHEET

C. F. A.

527039

A. M. S.

TRAINING DEPT NO. 4

Surname **Barrett E**

Christian Name **Phileas Joseph**

*Class BII*

Examined { on **7th** day of **June** 191**7**  
at **Montreal, Quebec**

Approved by

Birthplace { City or Town **Montreal,**  
County **Quebec**

Rank \_\_\_\_\_ M.O.

Apparent age **42**

Trade or occupation **Shell Inspector**

Declared **FIT** by MEDICAL BOARD  
MOBILIZATION CENTRE, M. D. #4

Height **5** feet **7** inches

Weight **127 3/4** lbs.

*Wm Jordon Curran Capt*  
President S. M. B.

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

**CATEGORY 1**

Physical development **Good**

**"B" Fit for Service Abroad**  
(but not for General Service)

Small-pox Marks **none**

Vaccination Marks { Arm Right Left  
Number **1**

Date Result VACCINATIONS

When Vaccinated last **1900**

**JUL 14 1917** *Wm Jordon Curran Capt* M.O.

(a) Marks indicating congenital peculiarities or previous disease

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection

*Defect in vision left eye due to  
conical ulcer when a child  
A.M.S. varroal left*

**JUN 15 1917** *Shawrie* *Capit* M.O.  
**JUN 25 1917** *Shawrie* *Capit* M.O.  
**JUL 3 - 1917** *Shawrie* *Capit* M.O.

Enlisted on **8th** day of **June** 191**7** at **Montreal, Que.**

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<b>A.M.C. Training Depot No. 4</b>	<b>527039</b>		<b>8-6-17</b>
Transferred to				

## 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.











527039

Barrett P.G.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEIZURE AMOUNT
	Dec Bal								4094		
Jan	Pay	3410		AR 1078 17/12/17 earned 1217					7504		
				AR 96 27/1/17 Manbo 489					4677		
		3410		" 811 25/1/17 Halton 973					2827		
									3080		
									59 07		
									34 60		
Feb		3080		AR 1893 29/1/18 10/1/18 1460					2447		
		3080							2447		
									34 10		
									58 57		
									46 77		
Mar	P. Pay	3410		AR 108 15/2/18 10/2/18 1217					1180		
				AR 154 22/2/18 " 243							
				K 154 22/2/18 " 243							
				bal P.					20		
				K 264 11/3/18 " 487							
		3410		K 329 22/3/18 " 487					1180		
									2677		

1180 nil



ASSIGNED PAY. ~~ENGLAND ON~~ \* CANADA. SEPARATION ALLOWANCE. ~~ENGLAND ON~~ \* CANADA.  
EFFECTIVE DATE:- 4877 1.1.19 EFFECTIVE DATE:-  
AMOUNT:- 20 15<sup>00</sup> B AMOUNT:-

NAME:- BARRETT Philips Jrs.  
NUMBER:- 527039

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs M. Barrett  
56 ~~Papineau Sq.~~  
667 Montreal  
Sous-chef de 1.6.18 wife

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

*Brilliant Heart Failure*  
*Died (Cause not stated) 29.1.19*  
*CLC 431: 30.1.19 CAMC Cas Co.*

UNIT AND TRANSFERS  
ORIGINAL UNIT:- Draft Amb. LD. 11.  
DATE ACCOUNT FIRST OPENED:- 1/9/17.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			Cambd.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
					NES	Received. 3-5-19	
						NES' Balance #	30 04
						Ledger "	30 04

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1 00	10		

DAILY RATES OF PAY AND ALLOWANCES

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Balance forward								1180	nil	
Apr P.P.		33		ARK12: 14/18 Det. Seafood #1	243				4480		
				" K85 12/4/18 10 S.H. #2	487				4237		
				64005: 44: 12/4/18 #16	233				3750		
									3517		
								20	1517		
				ARK156: 26/4/18 10 S.H. #17	730				787		
		33			1693			20			
May P.P.		3410							4197		
								20	2197		
				ARK266: 10/5/18 Det. Seafood #4	487				1710		
				K339 27/5/18 " #14	487				1223		
		3410			974			20			
June P.P.		33							2523		
				ARK448 14/6/18 Det. Seafood #5	730				1793		
				K494 25/6/18 " #11	730				1063		
		33			1460			20			
July P.P.		3410							2473		
				ARK597 12/7/18 Det. Seafood #1	730				1743		
				659 26/7 " #10	487				1256		
		3410			1217			20			
Aug P.P.		3410							2666		
				ARK716 9/8/18 Det. Seafood #2	730				1936		
		3410			730			20			

B  
ab

\* Strike out whichever inapplicable.



NUMBER 527039 RANK *Pl.*

NAME BARRETT Phileas Jos.

DATE	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									1936		
<i>Aug</i>	<i>Pay</i>								3236		
<i>Sep</i>	<i>P.P.</i>	33						20	2506		
				<i>DR 4895</i> <sup>21</sup> / <sub>9</sub> <i>Det. Seafad</i> <sup>21</sup> / <sub>1</sub>	730				2019		
				<i>1036</i> <sup>13</sup> / <sub>9</sub> " <sup>23</sup> / <sub>3</sub>	487				1776 <i>ml</i>		
				<i>1171</i> <sup>27</sup> / <sub>9</sub> <i>do</i> <sup>21</sup> / <sub>12</sub>	243						
		33			1460			20			
<i>Oct</i>	<i>P.P.</i>	34	10					20	3186		
				<i>DR 1199</i> <sup>11</sup> / <sub>10</sub> <i>Det. Seafad</i> <sup>21</sup> / <sub>1</sub>	487				2699		
				<i>1506</i> <sup>18</sup> / <sub>10</sub> <i>do</i> <sup>24</sup> / <sub>24</sub>	730				1969		
				<i>1595</i> <sup>11</sup> / <sub>18</sub> <i>do</i> <sup>10</sup> / <sub>5H54</sub>	243				1726		
		34	10		1460			20			
<i>Nov</i>	<i>P.P.</i>	33						20	3026		
				<i>DR 1865</i> <sup>15</sup> / <sub>11</sub> <i>10.5H</i> <sup>10</sup> / <sub>10</sub>	973				2053		
	<i>Dec</i>	34	10					20	3463		
				<i>K2098</i> <sup>17</sup> / <sub>12</sub> <i>do</i> <sup>62</sup> / <sub>62</sub>	487				2976		
				<i>2119</i> <sup>20</sup> / <sub>12</sub> " <sup>71</sup> / <sub>71</sub>	973				2003		
		34	10					15	3913		
		10	20		2433			55			
<i>1919</i>	<i>Jan</i>	30	80					15	5493		
				<i>DR 3077</i> <sup>7</sup> / <sub>11</sub> <i>Epson</i> <sup>10</sup> / <sub>10</sub>	487				5006		
	<i>Feb</i>	15		<i>716</i> <i>Pay</i>		3080			3426		
	<i>Or note 3661: cash in effects</i>			<i>DR 1306</i> <sup>14</sup> / <sub>11</sub> <i>19</i>	17	487			2939		
	<i>Maner Wan Hay Epson 1/8</i>	65			974				3004		
		4580	65		974	3080		15			
<i>Apr</i>	<i>credited in amon</i>							15	4504		
				60	176	1118	3004				
							3004				