

BP 27-2-19

DISCHARGE DOCUMENTS

R. O. No. 7327

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers..... 31
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Passport Certificate..... 1
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

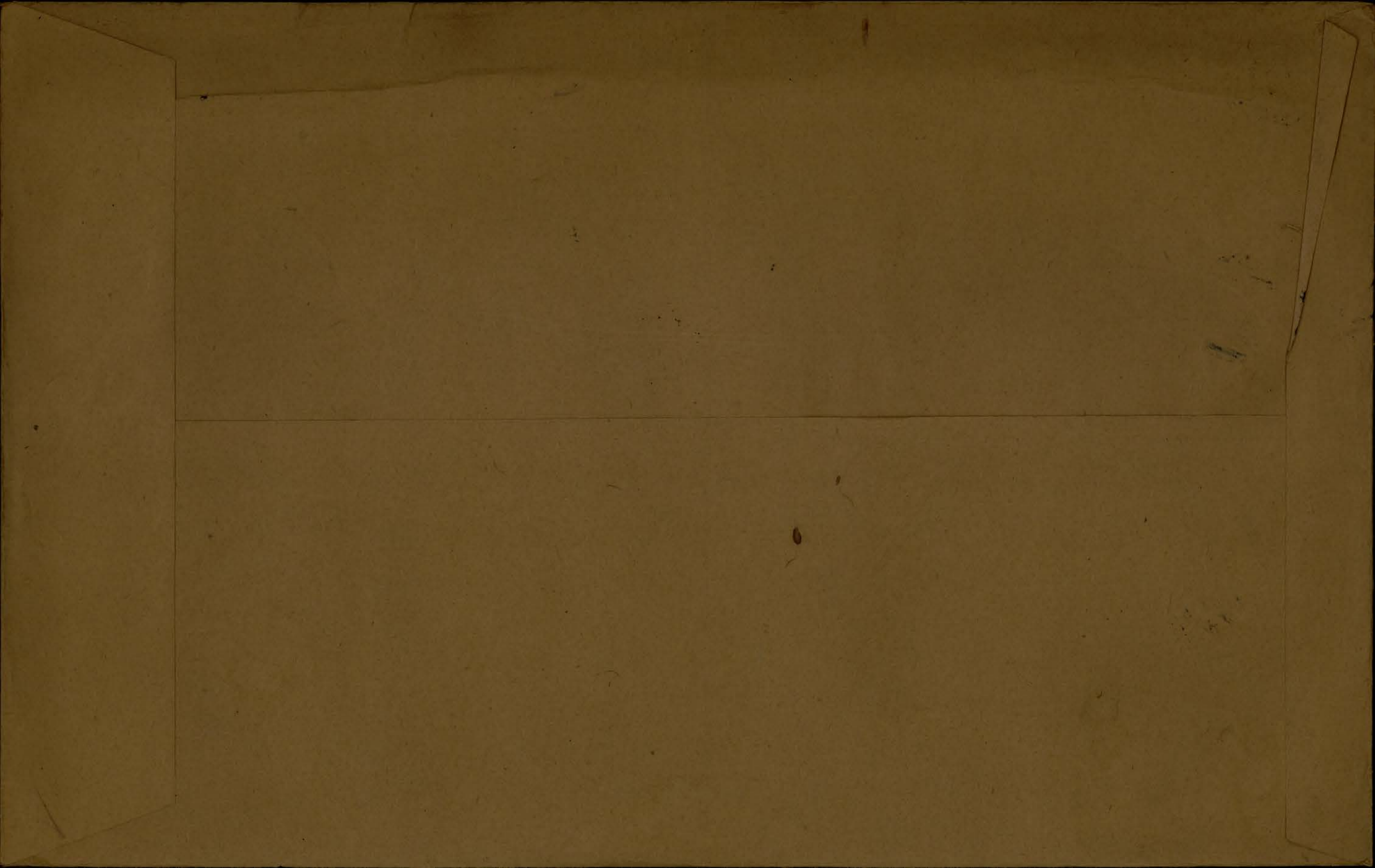
Name BEAUDRAIN, ANTONIE.
 277689
 Regt. No. Rank Pvt.
 Corps 1st Dep. Bn. S.H.
Limobin



Comp Doi. to B.C.
 on 27/10/19
 Ref B.C. 1/2/19
 at 10/10/19
 Rtd 10.10.19

copy of 11-2

M.D.W 71-1
 A.D.B 122-1
 M.D.W 113-1
 M.D.B 465-1
 M.D.W 129-1



Moose Jaw, Sask, February

1919

Received Will Form from O.C. Moose Jaw Detachment, 1st D.B.S.R.

No 277689 Rank Pte.

Name Antoine Bessard

12 M. D. 1st Depot Battalion Sask. Regiment

Regtl. No. 277689

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Coy. 2.

DUPLICATE

(Class One)

13-9-18
a.B.

1. Surname **Beaudain**

2. Christian Name **Antoine**

3. Present Address **Ferland, P.O., Sask.**

4. Military Service Act letter and number **LC. 457766**

5. Date of birth **March 12th, 1897**

6. Place of birth **St. Henry, Que.**
(town, township or county and country)

7. Married, widower or single **Single**

8. Religion **R. Catholic**

9. Trade or calling **Farmer**

10. Name of next-of-kin **Alfred Beaudain**

11. Relationship of next-of-kin **Brother**

12. Address of next-of-kin **Ferland, P.O., Sask.**

13. Whether at present a member of the Active Militia **No**

14. Particulars of previous military or naval service, if any **None**

15. Medical Examination under Military Service Act:
(a) Place **Regina, Sask.** (b) Date **June 11, 1918** (c) Category **A 2**

Card

DECLARATION OF RECRUIT

I, **Antoine Beaudain**, do solemnly declare that the above particulars refer to me, and are true.

Antoine Beaudain (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age **23** yrs. mths.

Height **5** ft. **9** ins.

Chest measurement } fully expanded **36** ins.
range of expansion **2** ins.

Complexion **Med.**

Eyes **Grey**

Hair **D. Brown**

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

EMB

J. J. D. Smith
O.C. Depot Btl. Sask. Regt.

Place **Regina, Sask.** Date **June 11th, 1918.**

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 277689 (Rank) Private
Name (in full) Antoine Beaudain enlisted in
the 1ST. DEPOT BATTALION SASK. REGT.
CANADIAN EXPEDITIONARY FORCE at Regina on the 11th
day of June 1918
HE served in Beaudain 1ST. DEPOT BATTALION SASK. REGT.
and is now discharged from the service by reason of Demobilization
authority C.E.F. RO. 1328.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 21 yrs. 10 mths
Height 5 ft. 9 in.
Complexion medium
Eyes grey
Hair d. brown

Marks or Scars nil.

Antoine Beaudain
Signature of Soldier

L. Wachied
Issuing Officer

Date of Discharge Feb 3rd 1919

Rank Major
O.C. Moose Jaw Detachment, 1st Depot Batt'n Sask. Regt.
Appointment

Signed at Moose Jaw, Sask. this Feb 3rd day of February 1919

in Military District No. 12.

File Reference No. M. J. D. 1-86

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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.

Unit, Regiment or Corps *1st Depot Batt'n Sask. Regt.*

Regimental No. *277689* Rank *Plt* Name *Beaudain, Antonie*
C. E. F.

Enlisted (a) *11-6-1918* Terms of Service (a) *C. E. F.* Service reckons from (a) *11-6-1918*

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) *mil. nil. civ. Farmer*

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>1919</i> <i>Feb 3rd 1919</i>	<i>SDTSSR.</i>	<i>S.O.S. on Demobilization C. E. F. R.O. 1328.</i>	<i>Moose Jaw.</i>	<i>3/2/19</i>	<i>B.O. 35.</i>
		<i>Watched</i>	<i>Major</i>		
		<i>O.C. Moose Jaw Detachment, 1st Depot Batt'n Sask. Regt.</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. [P.T.O.]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

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

No. 277689 Rank Pte. Surname Beaudair
(Give name in full)
Antonie
 Unit or Corps 1st L B B R Birthplace St Henry Ave.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 143 lbs. Height 5.9 ft. Colour of Eyes Grey
 Nutrition Good
 Pulse 74
 Condition of arteries Good
 Vision Rt. 20/30 Left 20/30
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

None

Opinion as to general health and physical condition Good

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

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

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Moose Jaw*.....(Canada)

Date *Feb 3-1919*..... Signed *H. H. H. Capt*.....M.O.

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

Signature *Antoine Beaudoin*.....

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

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

[OVER]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Beaudin Christian name Antonie
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 457766 L.C.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) Ferland, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11 day of June 1917, by the undersigned medical board sitting at Regina, Sask.

- 5. Age as stated 23 Years 3 Months
- 6. Apparent age 23 Years _____ Months
- 7. Height 5 Feet 9 Inches
- 8. Weight 143 Pounds
- 9. Chest measurement { Minimum 34 Ins
Maximum 36 Ins
- 10. Complexion Mild { Eyes Grey
Hair DBrown
- 11. Physical development good { Good
Fair
Poor
- 12. Smallpox marks none
- 13. Number of vaccination marks { Right arm none
Left arm none
- 14. When vaccinated last no
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____
The man denies having had { Rheumatism
Tuberculosis
Syphilis } We find no evidence of past { Rheumatism
Tuberculosis
Syphilis }
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2 H. normal

Member. W. Nelson Capt. Member. #26

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12/6/18	+	R. T. Guaracap M.O.	12/6/18	+	M.O.
		M.O.	19/6/18	+	R. T. Guaracap M.O.
		M.O.	25/6/18	+	M.O.

Joined 11 day of June 1917 at Regina

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>9th Regt</u>	<u>277689</u>		<u>11/6/18</u>
Transferred to.....	<u>Bath</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.

Signature of Man Antonie Beaudin

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **12**

NAME OF SOLDIER

Beaudoin A.

RANK

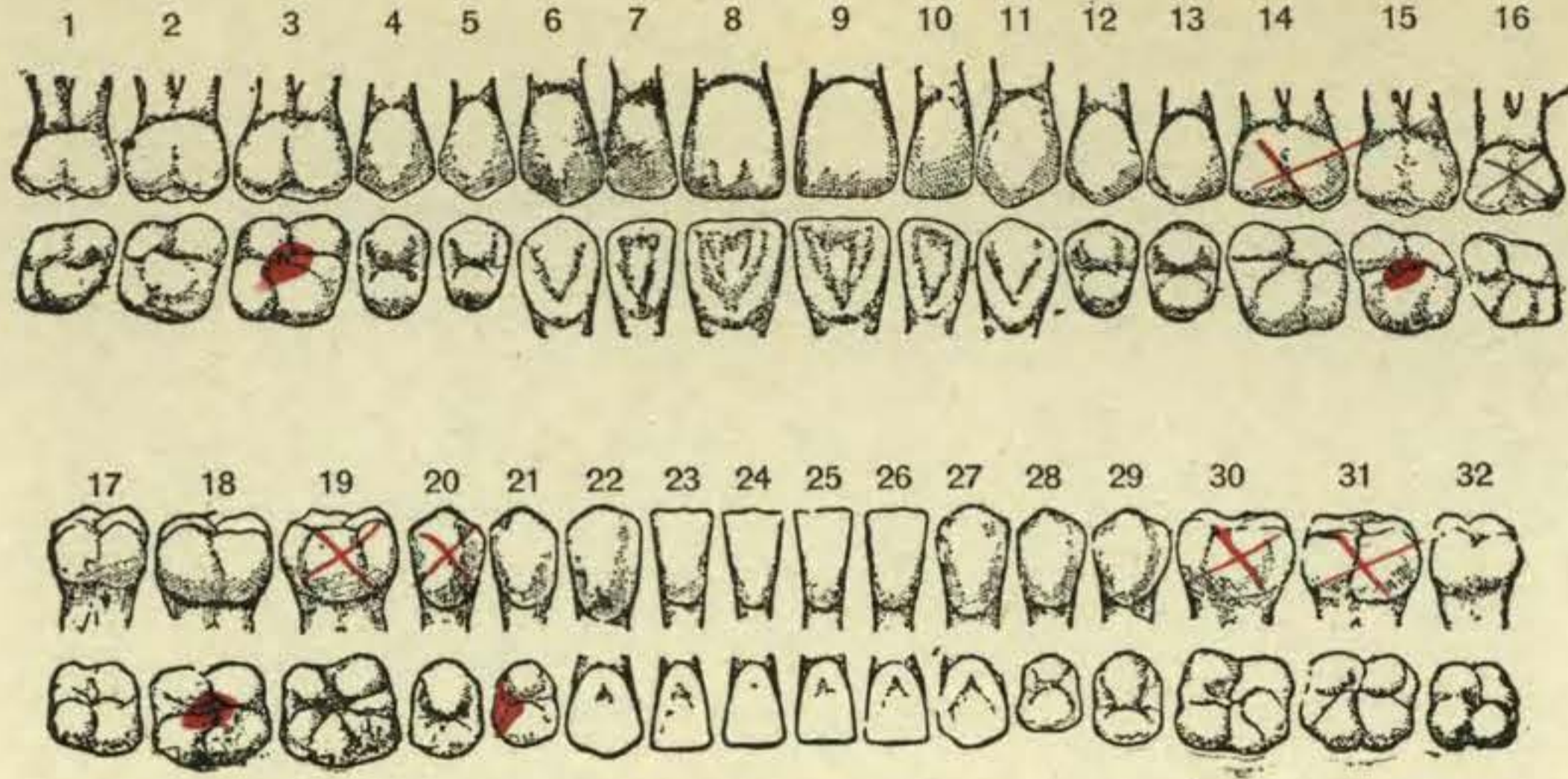
1st D.B.S.R.

Pte

No. **277689**

RANK

No.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhosa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
											U	L	P			Gold	Porcelain					
	1918	4 3.15.18								5 14.19.20 30-31												
Treated from	Aug 6	21								1/16									Capt R Ross	12	600 3/2-2.8. 800 1/16	
																			Capt R Ross	12		

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. 277689 Rank Pfc. Name Beaudoin A.
 who was S.O.S.
 On 3. 2-19 1919, to Discharged Demob
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 1919
 to 3. 2-19 1919, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Balance Cr. from prev. month	31	
Advances by Cheques } No.			Reg'tl. Pay <u>3</u> days at \$ <u>1</u> c	3	
Assigned Pay and Sep'n All'ce No.			Field Allow. <u>3</u> days at \$ <u>10</u> c	30	
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>209/146</u>	69	30	Other Allowances* <u>Clothing</u>	35	
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	69	30	Bal. Dr. (to be deducted by new unit)		
			Total	69	30

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of191.... (to) Assignee and Sep'n All'ce. for month of191....
 (Address) me

(†) 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 11-6-18
 (2) if married and if a Separation Allowance Card has been submitted No
 (3) cause of discharge.....authority S.O.S. 3. 2-19 Demob. D.O. 327
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 3. 2-19
 Place Moose Jaw
H. J. Dufford Capt. & Paymaster
 Moose Jaw Detachment 1st. D. B.S.R.

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

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
 100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

THIS CERTIFICATE is issued in accordance with the provisions of the Regulations of the Canadian Expeditionary Force, and is intended to certify the amount of the last pay and allowances payable to the holder hereof.

Table with columns for Name, Rank, and other details. The text is very faint and difficult to read.

A further statement of the holder's pay and allowances is given in the accompanying statement of account, which is a part of this certificate.

On Trust of an Oath

THE SIGNATURE of the holder of this certificate is a declaration that the amount of the last pay and allowances payable to him is correct and true.

THE SIGNATURE of the holder of this certificate is a declaration that the amount of the last pay and allowances payable to him is correct and true.

1917

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
H.L. Sup. Rev. 16.8.18. 27.9.18	228.	16.8.18.	
Ex H.L. 27.9.18 to 31.10.18	271	28.9.18.	
Ex H.L. to 15.11.18.	299	26.10.18.	
Retn H.L. 1/2/19.			
S.S. on Decentralization 2/2/19. G. E. No. 1528.	35	4-2-19	

NAME *Beaudain, Antoine*

REGIMENTAL NO. *277689*

RANK *Pte.*

ENLISTED AT *Regina*

PROMOTIONS, &c.
AND DATE

DATE *11/6/18*

IF SERVED PREVIOUSLY. STATE UNIT, &c. *nil*

MARRIED, WIDOWER, OR SINGLE *single*

NEXT OF KIN *A. Beaudain*

RELATIONSHIP *brother*

ADDRESS OF *Terland, P.O. Sask.*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

91

Beaudain

Surname

~~Beaudain~~

auth 10.6.185 of 4/7/18

H. Q.

M. D. No. 12

T. O. S. June 11th 1918

Christian names

Antoine

D. O. Pt. II 161 of 106.18

Regtl. No.

277689

Rank

Pte

S. O. S. 12 3/21 1919

Unit

Sask Regt 1st Depo Bn

Reason

Demob

Auth DA 3507 4/2/19 '15.R

Next of kin

Beaudain Alfred

Relationship

Brother

Address

Leiland Sask

Also notify:

BORN—Place

Canada, St-Henry P.Q.

Date

Jan 12th 1897

ATTESTED—Place

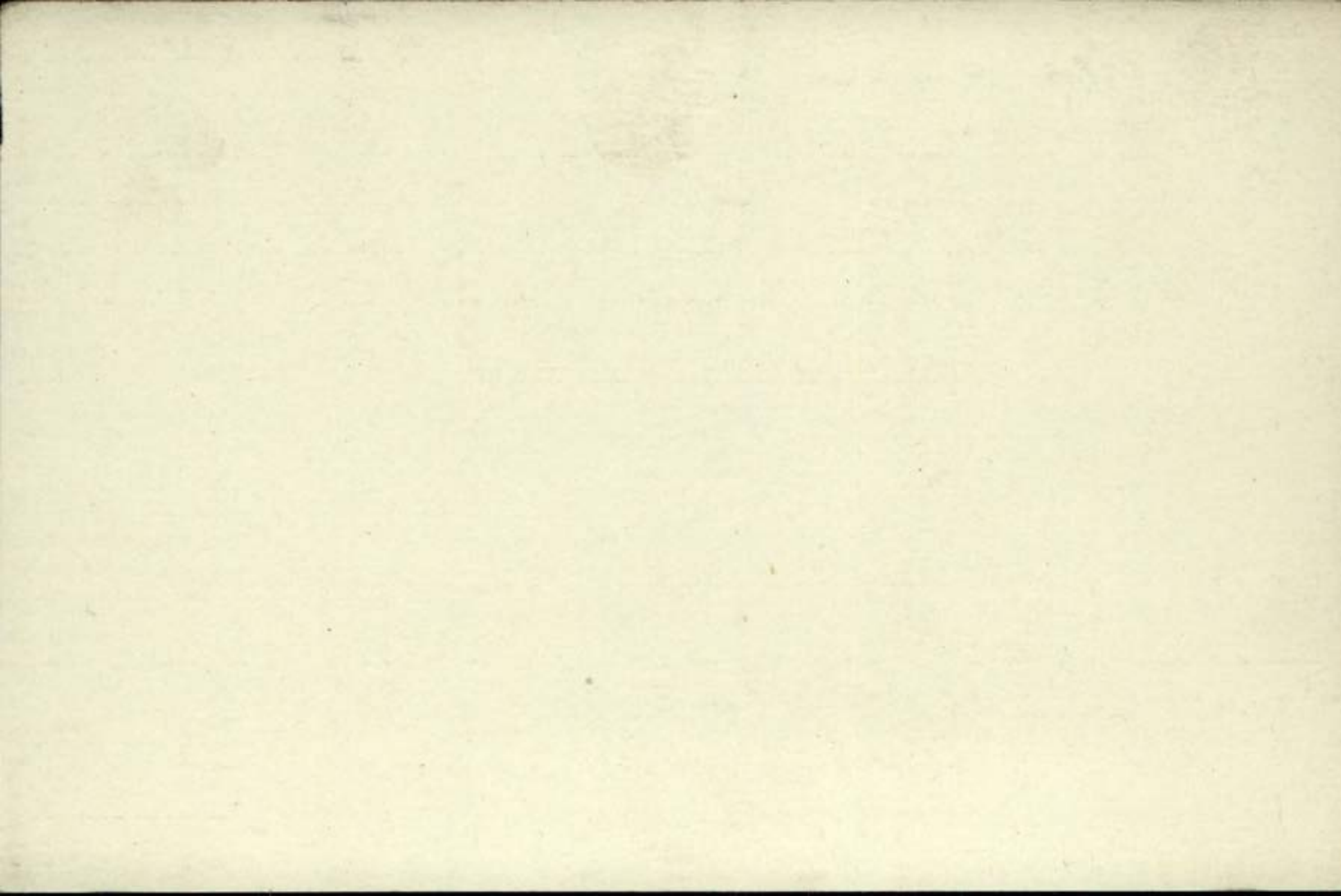
Regina Sask

Date

June 11th 1918

O/S

R/C



649-B-38884.

Beaudoin, A.

Pte. #277689

1st. Inf. Br. S.R.
C.M.F.

not Elig for 14/15 Star.

Medals and Decs:

Brother

Joseph Beaudoin, Esq.,
Ferland, Sask.

P. & S.

"

As above.

17923

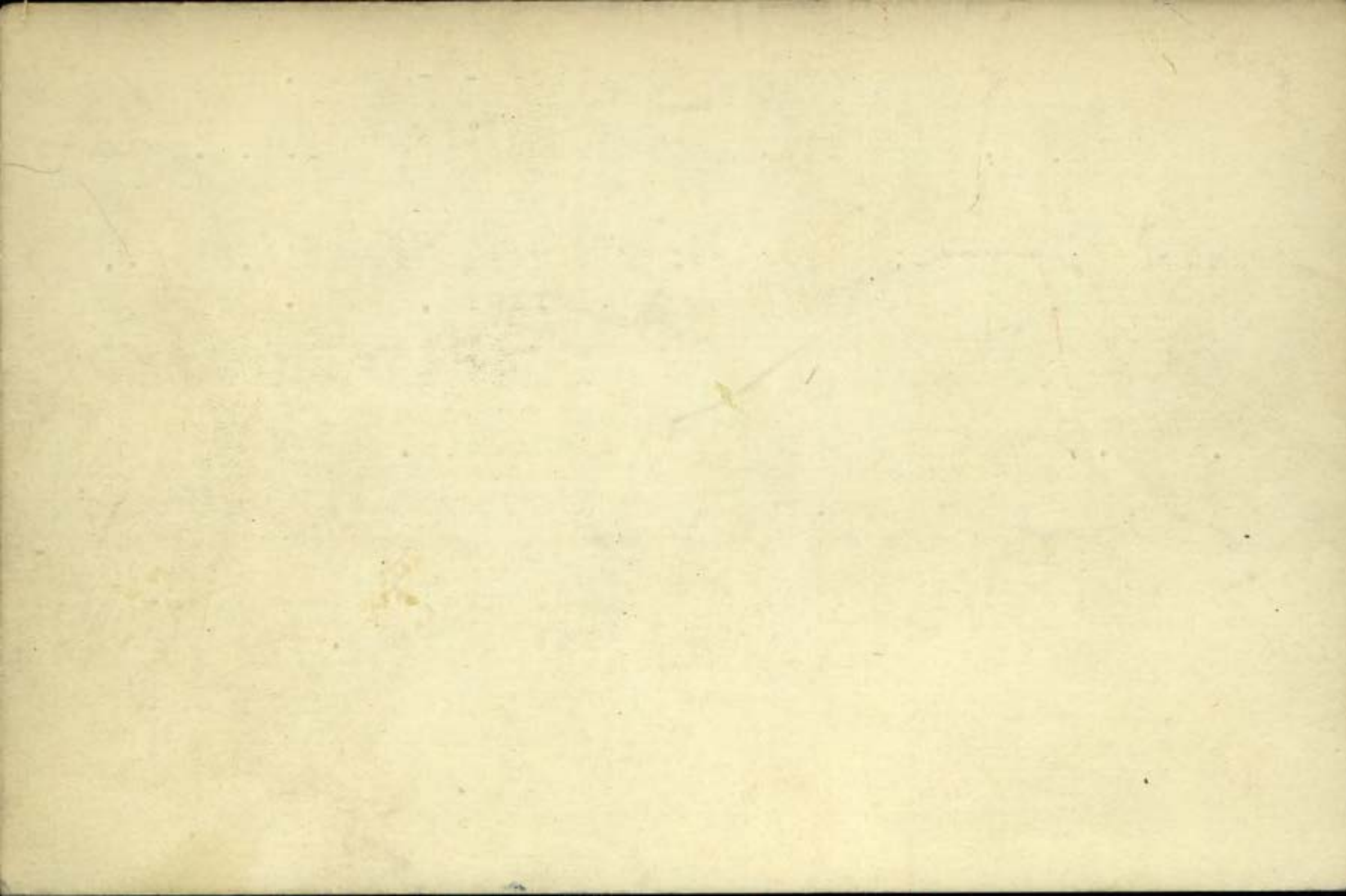
Memorial Cross

Mother dead.
Not married.

Supp. list- 7407

3353393

Joseph Beaudoin Ferland



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
or Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge
- (b) Attestation.
- (c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

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

865

No.	277689
Rank	Private
Surname	Beaudain Beaudain
Christian name	Antoine
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1ST. DEPOT BATTALION SASK. REGT.
Date of discharge	3 rd February 1919
Place of discharge	Moose Jaw, Sask.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	21 years..... 10 months.
Height.....	5 feet..... 9 inches.
Complexion	Medium
Eyes	Grey.
Hair	D. Brown.
Trade	Farmer.
Intended place of residence	Ireland.
(To be given as fully as practicable.)	Sask.
2. The above-named man is discharged in consequence of Demobilization PO 35-280	
Authority for discharge... 684R01328	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

14-2-19 2019

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:

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)..... 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, and that I have received my permanent discharge certificate.

(Place) *Moose Jaw, Sask.* *Antoine Beaudoin* (Signature of Soldier.)

(Date) *Feb 3rd 1919* *J.C. Rothwell* (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) *Moose Jaw, Sask.*

(Signature) *[Signature]* Major
O.C. Moose Jaw Detachment, 1st Depot Batt'n Sask. Regt.

(Date) *Feb 3rd 1919*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents

Table with multiple columns and rows, mostly blank or faintly visible text. A diagonal line is drawn across the table. The name 'Antoine Beaudoin' is written vertically along the line. The initials 'me' are written near the top right of the table.