

BP 15.11.18

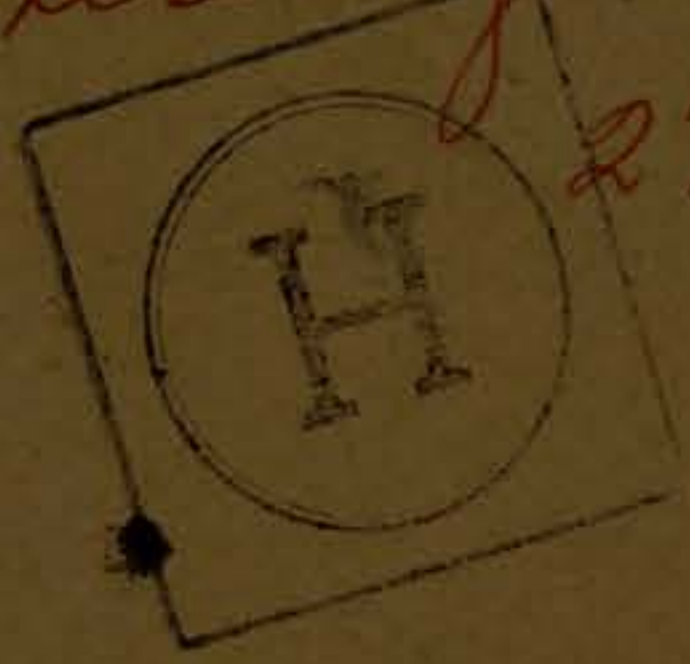
DISCHARGE DOCUMENTS

R. O. No. 1. 8039
H. Q. No.

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

Name BEAUPRE ALBERT
 Regt. No. 417443 Rank Pte
 Corps 41st Bn. C.O.C.F.

*Died of wounds.
27.3.17.*



67-7
25-7
27-8

2

1 pay card

1 original

*01215178-2
 71.9.782-1
 Cascard - 1
 1 Original*

F. W. 62.
 011-9-15.
 1922-3-23.

AF 913-37-1 da

ATTESTATION PAPER.

No. A-17443

Folio. 4114 13

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Albert Beauspre* ✓
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Langueval*
- 3. What is the name of your next-of-kin?..... *Evangeliste Beauspre mother*
- 4. What is the address of your next-of-kin?..... *8 champagne ~~Langueval~~*
- 5. What is the date of your birth?..... *8 avril 1898*
- 6. What is your Trade or Calling?..... *labour 26*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *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*

A Beauspre (Signature of Man).
Charles Langg (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert Beauspre*, do solemnly declare that the above answers made by me to the above questions 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.

A Beauspre (Signature of Recruit)
Charles Langg (Signature of Witness)

Date *JUL 13 1915* 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Beauspre*, 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.

A Beauspre (Signature of Recruit)
Charles Langg (Signature of Witness)

Date *JUL 13 1915* 191 .

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* this *JUL 13 1915* day of *JUL 13 1915* 191 .

Charles Langg (Signature of Justice)

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

G. R. Bucknall (Approving Officer)

Adj. 41 1st Batta

100

Description of Albert-Beaupre on Enlistment.

Apparent Age 25 years 3 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 4/4 ft. 3 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 1/4 ins.

Complexion Dark

Eyes Brown

Hair Dark

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

*Noe left-arm
 left-foot arm
 talon*

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 20th July 1916

Place Montreal

Hector Aubrey
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Beaupre 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.

W. Chausse (Signature of Officer)

Date 20th July 1916

No. 417443.

Pte. Albert Beaupre'

48th Batt. C.B.F. Pioneers.

MILITARY BILL.

En cas de mort je laisse
à ma mère Mad Evangeliste
Beaupre' ou à mon Perre
M Evangeliste Beaupre
le montant qu'il y a'
dans ce livre le
revenu de ce livre.

Derion No 320.

Montreal

Canada.

Pte. Albert Beaupre'

48th Batt. C.B.F. Pioneers.

4 mars 1916.

NOTE.

Extracted from PayBook Page 20.

Holograph.

Pte. A. Beaupre, No. 417443, 3rd Pioneers.

Killed in action.

Received from Base 12.4.17.

417443

Pte

Beaupre

3rd ~~Pioneers~~

Kia

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 417443

Name ~~de~~ Albert Beaupre

Unit 48 Batt C E F Pioneers

Military Will.

En cas de mort je laisse
à ma mère Mad Evangeliste
Beaupre. ou à mon Père
Mr Evangeliste Beaupre.
le montant qui il y a
dans ce livre.

dans ce livre le
revenu de ce livre.

~~Notary~~ Chas. Dorian #320
Montreal

Canada Pte Albert Beaupre
Signature

Rank and Regt. 48 Batt C E F Pioneers

Date 4 mars 1916.

Beaupre. Albert., Pte. 417443 ^m ^{Pvt.} 3rd Bn. 649-B-13786

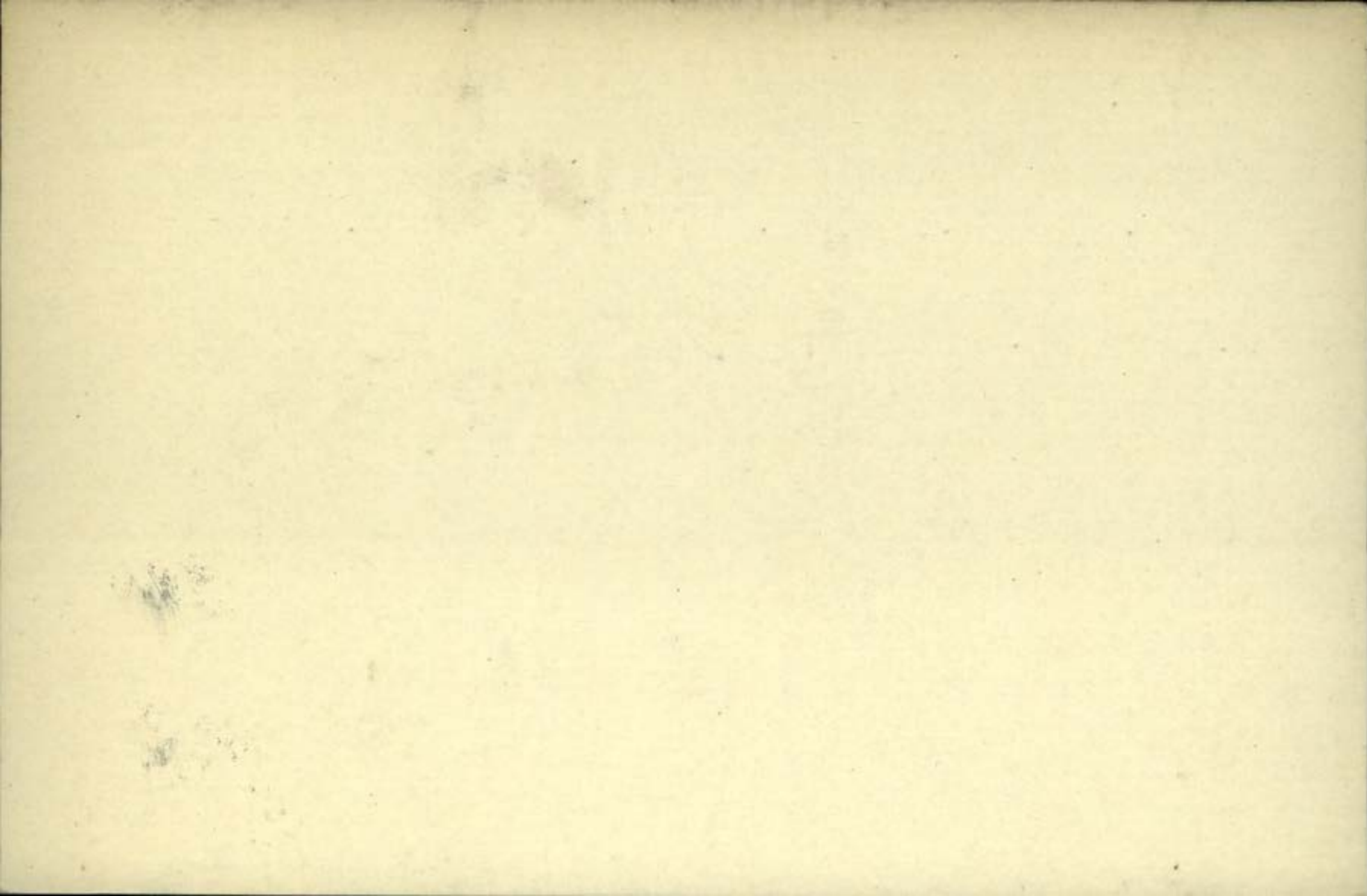
Med. & Dec. (NIL)

P. & S. (NIL) (Unable to locate N/K.)

Ser# 772176
Mem. Cross. (NIL)

*Not eligible for star.
Elig. " U.M.
Elig. " B.U.M.
M.J.*

56561 *L*



AS

Number 417 44 3 Rank Pte.

Surname BEAUPRE

Christian Name Albert

Units 3rd Can Pwr. Bn. Theatre of War France

Date of Service 8-5-16

Remarks Nil

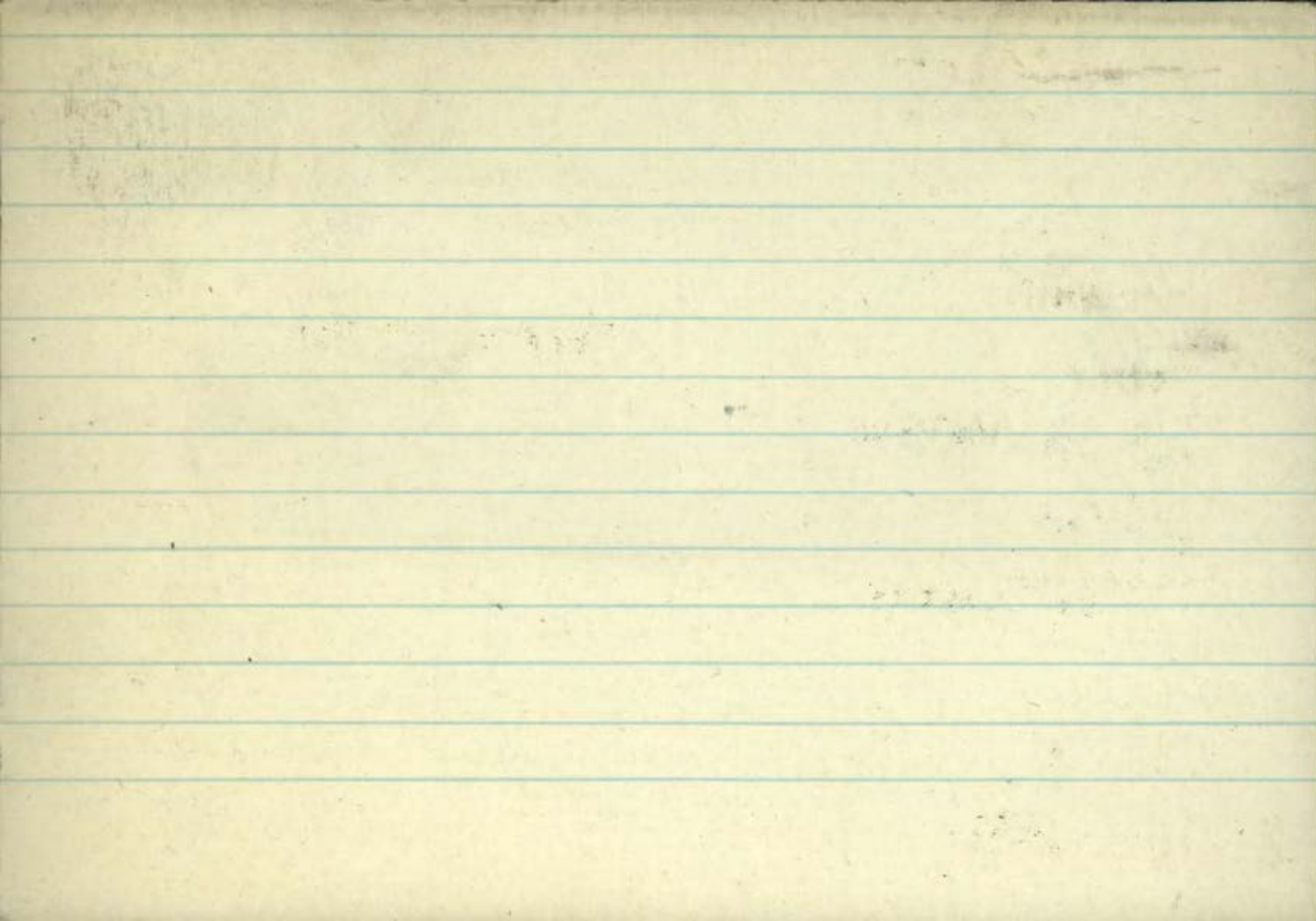
Latest Address ? St Ubald P.Q.

Roll No. [Red scribble]

200m.-6-21. Page 19113

AV

D



MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

25 YEARS

3 MONTHS

HEIGHT

5 FEET

4 1/2 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

*vac. marks left arm; tattoo
left fore-arm.*

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

—

SURNAME

Beaupré (649-B-13786)

CARD NO.
4340 X.E.L.

CHRISTIAN NAMES

Albert

FOLL. **D**

REGL. NO.

417443.

RANK

Pte

UNIT

41st

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Beaupré, Mrs Evangeliste

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

*8 Champagne St, Montreal,
P. Q.*

COUNTRY OF BIRTH

Canada, Longueuil, P. Q.

DATE

Apr 5, 1890

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

13/7/15.

*018 18/10/15 239
1*

No. 17443. RANK Pte.

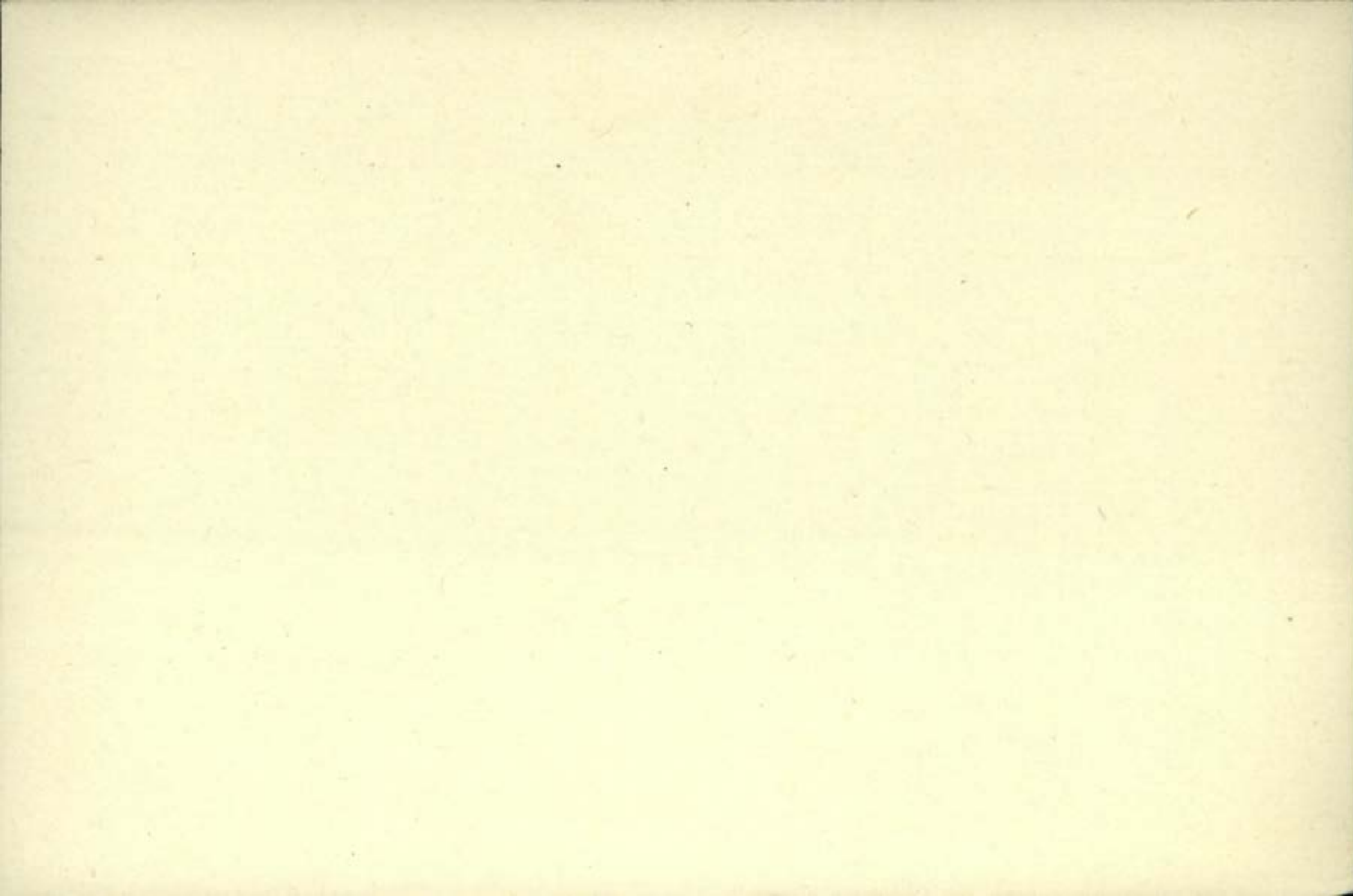
NAME Beaupre Albert

T. O. S. 13 - 7 - 15. UNIT 41 St. Battalion
(20 11 20 of 20 - 7 - 15.)

M. D. 5.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|------------------------------|------------------------------|---------------------|---|---------------|
| | | | PARTICULARS | AUTHORITY |
| ^{1915.} July 13. | ^{1915.} July 31. | ✓ | 10 Days Pay. | Aug. Paylist. |
| Aug 9. | | ✓ | | |

UNIT SAILED
OCT 18 1915



REGT'L No H 17 443

H. Q. FILE No. 649-

NAME

Beaupre, Albert.

RANK AND CORPS

The 3rd. Can. Pion Bn (Form. 41st. Bn.)

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

M. 13847-4-17C. Died of wounds. Mar. 30th. 1917. ✓M. 149810-4-17With reference to my telegram April 7th 1917 M. 1384 correct Particulars as follows:—Died of wounds No 4 Field Amb, March 27th 1917. Wounds. Arms, head, abdomen, ✓G. 7 B
Rouen.20909
2-4-17.Died of wounds Rec'd in action 27-3-17. Rec'd 8-5-17

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---------|----------------|----------------------|---|
| A297 | Sept from base | 30-3-17 | Died of wounds, not stated |
| #4 | Can. 3rd Amb | 27-3-17 | Died of wounds Wds Head arms, abdomen as per list 1918 |

Surname *Beaufre* Christian Name or Names *L.* Reg. No. *417475*
 Rank *Pte.* Unit *22. Bn.* Co. Troop Batty.
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action ^{*14.9.16*} ~~*14.9.16*~~ ~~*14.9.16*~~

DISPOSITION

Date

5-10-16 A340

24-10-16 2956

REMARKS

*A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname
Beaupre.

Christian Name or Names
A.

Reg. No.
417443.

Rank
Pte.

Unit

3rd. Pnrs.

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Wds. Head, Arms, Abdomen

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wds.

~~30-3-17.~~

27.3.17

DISPOSITION

Date

C.L. 10-4-17. A/297.

REMARKS

11.4.17 A298.

R.F.Base.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Regtl. No., Rank and Name 417443 Pte Beaupré A Corps 3 Can. P.BDisease Simulium Hospital M.B.HTo Officer i/c Laboratory. Ward 17Please carry out an examination of the accompanying specimen of Throat Culturewith special regard to HLDate Feb 24th 16 McMoran Capt
O. i/c Ward

LABORATORY REPORT.

Streptococci
no H.L. foundL. Lammert James
Capt O.C.M.
for O. i/c Laboratory

LABORATORY REPORT

ROUTINE ORDERS

Loose Barracks Laboratory

REQUISITION.

Date *Feb.*
 Reg. No. *H17443.*
 Name *Beaupre, A. Pte.*
 Ward *16*
 Unit *3rd Can Pioneer Batta*
 Diagnosis *Tonsillitis*
 Examination Required. *General*

REPORT

Urinalysis
 Color *amber*
 S.G. *1025*
 Reaction *acid*
 Sugar *neg*
 Albumin *neg*
 Microscopic

L. O.

L. Farrant Jones

Captain C.A.M.C.
 for O.i/c Laboratory.

1863

11th St.

Washington D.C.

Mr. James M. Smith

Washington

D.C.

James M. Smith

Extract of Information Coded for Hollerith 51-13

Regtl. No. 417443

Name

Surname..... Beaupre
Christian Names..... Albert

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
A.P.C., Attestation Paper and Pay-roll Card.
Cas., Casualty Form and Record Sheet.
P.D., Proceedings on Discharge.

Extracted by: SS Coded by: SS Checked by: R20

| | SOURCE OF INFORMATION | CODE USED | LONGHAND EXTRACT | CODE NO. |
|---|-----------------------|------------------|--------------------------|----------|
| A. No. of Card 1, 2, 3, 4, 5, 6 | | | Cards to be punched..... | 1 |
| B. Professional Soldier | A.P. | 1 | <u>No Pres Ser</u> | 0 |
| C. Theatre of Service | Cas. | 2 | <u>European</u> | 0 |
| D. Personnel Seconded to W.O., R.A.F., etc. | Cas. | 3 | <u>715</u> | 0 |
| E. Rank on Discharge | | P.D. 4 | <u>OR</u> | 1 |
| F. Date Discharged | | P.D. 5 | <u>27 Mar 1917</u> | 39 |
| G. Disposition on Discharge | | P.D. 6 | <u>D of Wuds</u> | 06 |
| H. Place proceeding to | | P.D. 7 | <u>Not applic</u> | 0 |
| J. Unit Enlisted in | A.P.C. | 12 (a) 12 (b) | <u>41 Bn</u> | 3041 |
| K. Country of Birth | A.P. | 8 | <u>P Q</u> | 06 |
| L. Occupation | A.P. | 9 | <u>Labourer</u> | 91 |
| M. Date of Enlistment | A.P.C. | 5 | <u>13 July 1915</u> | 19 |
| N. Place of Enlistment | A.P.C. | 13 | <u>Montreal</u> | 416 |

*off
9/15/17*

| | | | | |
|---|------|--------|------------|-----|
| O. Age on Enlistment | A.P. | Years | 25 | 25 |
| P. Religion | A.P. | 10 | RC | 2 |
| Q. Rank when left Canada | Cas. | 4 | OR | 1 |
| R. Unit left Canada with | Cas. | 12 (b) | 41 Bn | 041 |
| S. Date left Canada | Cas. | 5 | Oct 1915 | 22 |
| T. Unit in England | Cas. | 12 (b) | Pion TD | 707 |
| U. Date first proceeded to Theatre of War | Cas. | 5 | 7 May 1916 | 29 |

Source of Information—Casualty Form.

1st Unit in T. of W.

3 Pion Bn

| | | |
|---|---|---|
| 6 | 8 | 0 |
|---|---|---|

Period of Service

Months: 1 / months

| | |
|---|---|
| 1 | 1 |
|---|---|

2nd Unit in T. of W.

| | | |
|--|--|--|
| | | |
|--|--|--|

Period of Service

Months:

| | |
|--|--|
| | |
|--|--|

3rd Unit in T. of W.

| | | |
|--|--|--|
| | | |
|--|--|--|

Period of Service

Months:

| | |
|--|--|
| | |
|--|--|

4th Unit in T. of W.

| | | |
|--|--|--|
| | | |
|--|--|--|

Period of Service

Months:

| | |
|--|--|
| | |
|--|--|

X. Check Column

CHECK

Z. Casualties

Cas.

11

Days Wds 8

YA. Honours and Awards

Cas.

~~1. Yes~~
2. No.

No 1
2

YB. Married or Single

A.P.

~~4. M.~~
5. S.
~~6. W.~~

Single 4
5
6

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

All cards subsequent to 1st.

8. First Unit.

Last or only card.

WATCH

8

Squadron, Battery and Company Conduct Sheet.

No. of Sheet one

4114 Regiment of Le E F

Signature of O. C. { Squadron
Battery
Company } D. Major

Bechyles maj.

| REGIMENTAL NUMBER AND NAME | ENLISTMENT | Trade | FORMER SERVICE | Good Conduct Badges. |
|--|--|--------------------------|----------------|----------------------|
| <u>4114</u> No. <u>A-17443</u> Name <u>Beaupre Albert</u> | Age on <u>25</u> years <u>3</u> months | <u>Labour</u> | | |
| Joined, Date <u>13-7-15</u> | Period of <u>one year or</u> <u>duration of war</u> | Religion <u>R. C.</u> | | |
| Re-engaged, Date _____ | | | | |
| Re-engaged, Date _____ | | | | |
| Left, Date _____ | | | | |

| PLACE | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|------------------------|---------------------|-------------|----------------------|---|---|--|---|---------------------------|--|
| | <u>1915</u> | | | | | | <u>1915</u> | | |
| <u>Valcartier Camp</u> | <u>4/8/15</u> | <u>Priv</u> | | <u>Laughing and talking in the ranks</u> | <u>Lt Lavigne</u> | <u>2 days C. B.</u> | <u>5/8/15</u> | <u>Lieut. F. De laube</u> | <u>Lt. B.</u> |
| <u>Valcartier Camp</u> | <u>31 July</u> | <u>"</u> | | <u>Insolent language to an N.C.O.</u> | <u>Sgt. Dufour</u> <u>" Couture</u> | <u>3 days C. B.</u> | <u>1 Aug.</u> | <u>Lieut. Lavigne</u> | <u>N.A.</u> |
| <u>"</u> | <u>Aug 16</u> | <u>"</u> | | <u>Absence sans permission depuis 16/8/15 a 6.30 A.M. jusqu'a 25/8/15 9.45 P.M.</u> | <u>Sgt. M. Dufour</u> <u>" D. Lamerche</u> | <u>10 jrs Soldat</u> <u>10 jrs C. B.</u> <u>4.00 Frais</u> | | <u>Lieut. Col. Bacon</u> | <u>Forfeits 10 days pay</u> <u>Lt. B. 11.00 Costs</u> |
| <u>Auth 16 B-2-241</u> | <u>Dated 9-2-16</u> | | | <u>Transferred to 48th Battalion C.E.F.</u> | | | | | |
| <u>Transferred to</u> | | | | <u>Proceeds Overseas. 7/16 to 3rd Pioneer Bn.</u> | | | | | |
| To be carried over | | | | | | | | | |

W. M. ... Lt. & A-Adjt.
CANADIAN PIONEER TRAINING DEPOT.

411443 No A-17443 Albert Beaupre

Brought forward

REGIMENTAL CONDUCT SHEET.

Number of sheets (in words) } one

Signature of C. O. or Adjutant } G. R. Bouchard Capt

Adj. 41st Bn Regiment.

Regimental Number and Name } A-17443 Beaujri Albert Attested 13-7-1915 1915. Joined 13-7-1915 1915.

H/M Regiment of C.E.F.

| Place. | Date of Offence. | Rank. | Cases of Drunkenness. | OFFENCE. | Names of Witnesses. | PUNISHMENT AWARDED. | Date of award, or of order di-pensing with trial. | BY WHOM. | Date of Commencement. | Date of Expiration. | REMARKS. |
|------------------------|-----------------------------------|-------|-----------------------|---|---|--------------------------------------|---|--------------------------------|-----------------------|---------------------|---|
| <u>Valcartier Camp</u> | <u>1915</u> <u>16 Aug Pto.</u> | | | <u>Absent from 6.³⁰ A.M. 16-8-15.</u> <u>till 9.⁴⁵ AM 25-8-15.</u> | <u>Sgt Dufour</u> <u>Sgt. Lamerche</u> | <u>10 days C.B.</u> | <u>27/8/15</u> | <u>Lt. Col. Besson</u> | | | <u>Forfeit 10 days, to make good \$1.⁰⁰ 93</u> |
| | | | | <u>Auth 16 B-2-2411 Dated 9/2/16.</u> | | <u>Transferred to 48th Bn C.E.F.</u> | | <u>Adjutant H/pt Bn C.E.F.</u> | | | <u>1st Lt. & A-Adjt.</u> |
| | | | | <u>Proceeds O.C. 7/5/16 to 3rd Pioneer Bn.</u> | | | | | | | |

Adjutant Lt. & A-Adjt.
CANADIAN PIONEER TRAINING DEPOT.

To be carried over.

417
No A-17443 Albert Beaujri

Perforated sheet for Will from Pay Book of Reg.

No. 417443
Pte
Name Albert Beaupre
Unit 48 Batt C E F Pioneers

MILITARY WILL.

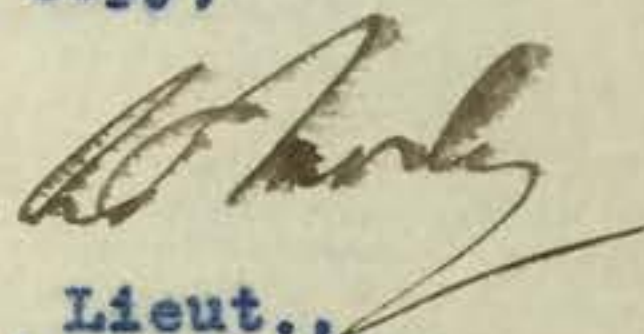
En ca de mort je laisse
a ma merre Mad Evangeliste
Beaupre ou a mon Perre
Mr Evangeliste Beaupre.
le montan qu'il y a
dans ce livre.
dans ce livre le
revenu de ce livre.

Ne-8-Champagne Dorion, No. 320

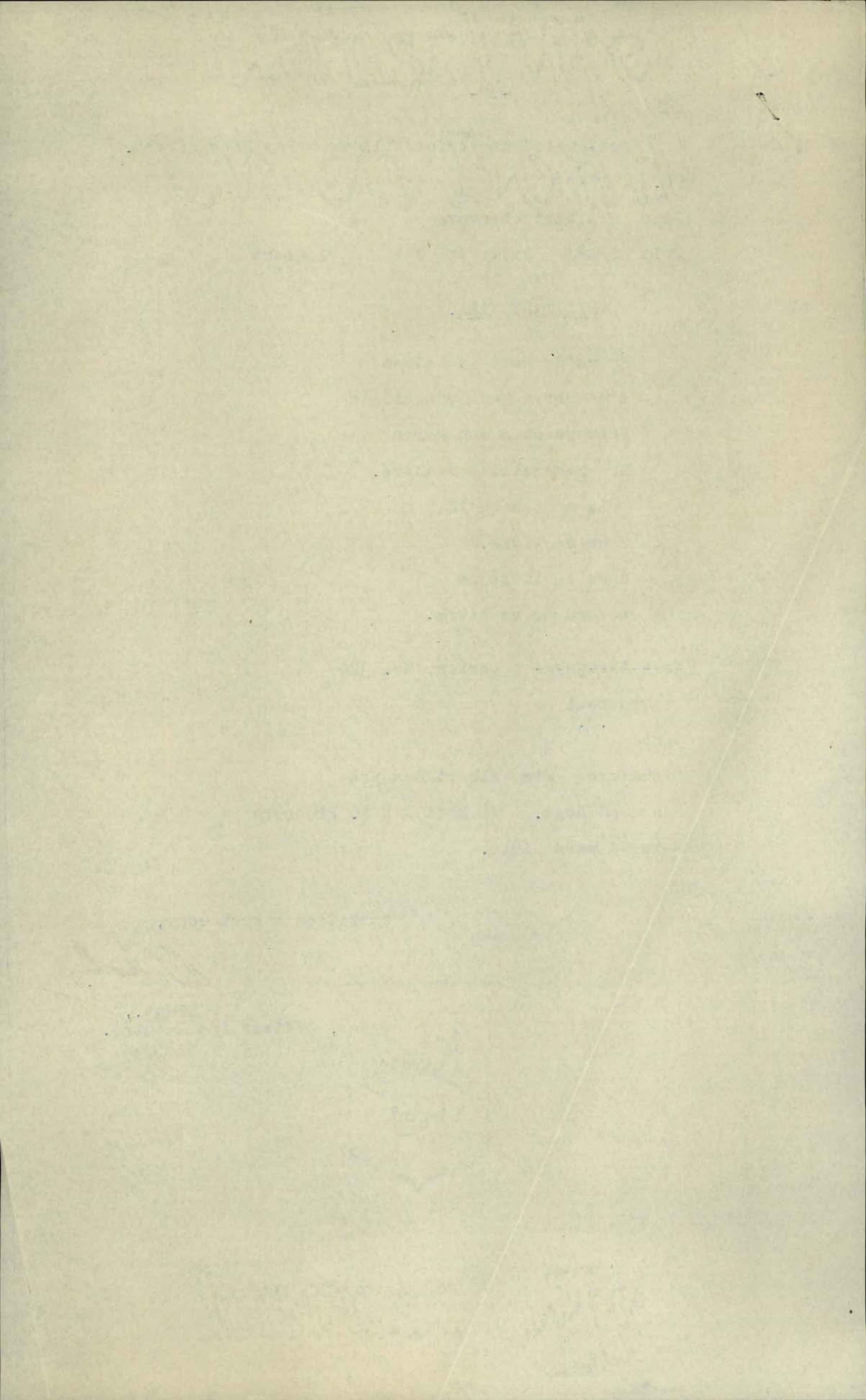
Montreal
P.Q.
Canada

Signature Pte Albert Beaupre
Rank and Regt. 48 Batt C E F. Pioneers
Date 4 mars 1916.

Certified a true copy,



Lieut.,
for, Officer i/c Estates.



B.C. REGIMENT
NE

(pte)

Died of Wounds
But. Col.
Non Off.

On His Majesty's Service.

Regimental Number 417443 Unit 41st Bn Lane Beaupré A.

DOCUMENTS A.F.B. 268 Proceedings on Discharge

- Proceedings of Court of Inquiry
- Declaration of Court of Inquiry
- Attestation Paper *Orig + Trip*
- ~~Medical History Sheet~~ *2 Orig + 1 Trip*
- Last Pay Certificate
- Non-effective Account
- Regimental Conduct Sheet *120*
- Squadron Battery, Coy. Conduct Sheet *121*
- Field Conduct Sheet A.F.B. 122
- Casualty Form A.F. 103
- Report on Invalid
- Death Certificate
- Declaration of Destination
- Documents Acknowledged
- Furlough Slip A.F.W. 3016
- Ottawa Notified
- Will *1*
- Next of Kin Notified

- TRANSFERRED TO *Auth 3rd Port. Co.*
- TRANSFERRED TO *PLD.O. 38*
- TRANSFERRED TO *of 4-4-17*
- DATE OF DEATH *27.3.17*
- ~~DATE OF DEATH *20.3.17*~~
- DATE OF DISCHARGE
- DATE OF DESERTION
- STATION
- REASON FOR DISCHARGE
- CAUSE OF DEATH
- SERIOUS WOUNDS
- SERIOUS ILLNESS
- RETURN TO CANADA
- CROSS REFERENCE NO.
- Casualty Card 1.

12/4/10

15/10/08
Ottawa
Pres 1561

Documents for Canada

- 1 Trip AP
- 111 Med H.S. (2 Orig + 1 Trip)
- 1 AFB 120
- 1 AFB 121
- 1 AFB 103

copy will.

~~417443~~
A-17443

84

MEDICAL HISTORY SHEET.

Beaupre *Albert*

Surname _____ Christian Name _____

Examined { on 13 day of July 1915
at Montreal

Birthplace { City or Town Lyon
County Charente Mar

Apparent age 25 years 3 months

Trade or occupation labourer

Height 5 Feet 4 1/2 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 34 1/2 inches.
Maximum expansion 39 inches.

Physical development normal

Small-Pox Marks no

Vaccination Marks { Arm Right. Left. X
Number 1

When Vaccinated last 1913

Approved by Hector Aubry
Rank Capt. A.M.C. M.O.

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|------|--------------|-----------------------------|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | VACCINATIONS. |
|-------------|--------|---------------|
| <u>1913</u> | | M.O. |
| | | M.O. |
| | | M.O. |

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.

(b) Slight defects but not sufficient to cause rejection _____ M.O.

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|------------|---------------------------------|
| <u>26/8/13</u> | <u>Bon</u> | <u>M. Morin</u> M.O. |
| <u>8/5/15</u> | <u>"</u> | <u>M. Morin</u> M.O. |
| | | M.O. |

Enlisted on 13 day of July 1915 at Montreal

| | CORPS | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|---------------|----------------|---------|-------|
| Joined on enlistment | <u>41st B</u> | <u>417443</u> | | |
| Transferred to.. .. | <u>Co. D</u> | | | |

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.

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

| | |
|---|--|
| | ANSWERS |
| 1. What is your name?..... | Albert Beaupre |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Langueville |
| 3. What is the name of your next-of-kin?..... | Evangeliste Beaupre, mother |
| 4. What is the address of your next-of-kin?..... | 8 Champagne St, Montreal |
| 5. What is the date of your birth?..... | 8 April 1890 |
| 6. What is your Trade or Calling?..... | Laborer |
| 7. Are you married?..... | no |
| 8. Are you willing to be vaccinated or re-vaccinated?..... | ye |
| 9. Do you now belong to the Active Militia?..... | no |
| 10. Have you ever served in any Military Force?..... If so, state particulars of former Service. | no |
| 11. Do you understand the nature and terms of your engagement?..... | ye |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... | ye |
| | A. Beaupre (Signature of Man). |
| | A. Charbonneau (Signature of Witness). |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Albert Beaupre, do solemnly declare that the above answers made by me to the above questions 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.

..... A. Beaupre (Signature of Recruit)

Date JUL 13 1915 191..... A. Charbonneau (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Albert Beaupre, 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.

..... A. Beaupre (Signature of Recruit)

Date JUL 13 1915 191..... A. Charbonneau (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 this JUL 13 1915 day of JUL 13 1915 191.....
 A. Charbonneau (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
 A. R. Richard (Signature of Approving Officer)

Description of Albert Beaupre on Enlistment.

Apparent Age 20 years 3 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 4/4 ft. 3 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 3/2 ins.

Complexion Dark
 Eyes Brown
 Hair Dark

Scar left arm
left fore arm tattoo

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

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 13 July 1915

Place Montreal

Hector Kirby
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Beaupre 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.

A. Beauchamp (Signature of Officer)

Date 20th July 1915

CERTIFIED CORRECT
Canadian Army Form B. 103.
West House,
Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 41st Bn C.O.E.

Regimental No. 417443 Rank Pte Name Beaupre Albert

Enlisted (a) 13/7/15 Terms of Service (a) 10 y 7 m Service reckons from (a) 13/7/15

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|--------|--------------------|--|-------|------|--|
| Date | From whom received | | | | |

Transferred to the 45th Bn. C.I.F.
Authority 1CB-2-241., 9/2/16.

J. J. Leron
Lieut. A-Adjt.,
41st Bn. C.I.F.

Proceeds Overseas 7/5/16 to 3rd Pioneer Batt

| | | | | | |
|---------|----------------------|---|--|--------------------|--|
| 8.5.16 | C.B.D | Arrived in France and taken on the strength of Bn Havre | | 8.5.16 | Nom. Roll Reinforcements C.B.D. Havre 8.5.16. |
| 28.5.16 | C.B.D | Left Base for Unit in the Field | | 28.5.16 | Nom. Roll Reinforcements C.B.D. Havre 28.5.16. |
| 3.6.16. | O.C. Unit | Joined Unit in the Field | | 30.5.16. | B.213 . 3.6.16. |
| 30.3.17 | O.C. No. 4 C.F.A. | Died of Wounds received in Action. | | 27.3.17 30.3.17 | Bel. C. 717 d. 30.3.17 Can. Sec. File K.A.T/12520. Part II No. 36 d. 31.5.17. Cdn. Sec. File K.I. 16-474. Pt. II C. No. 38 d. 4.4.17 |

J. M. Anderson
Lieut.
for Major, D.A.A.G.
Cdn. Sec. 3rd Echelon. GHQ
[P.T.O.]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

7-6-21

MEDICAL EXTRACT OF INFORMATION FORM

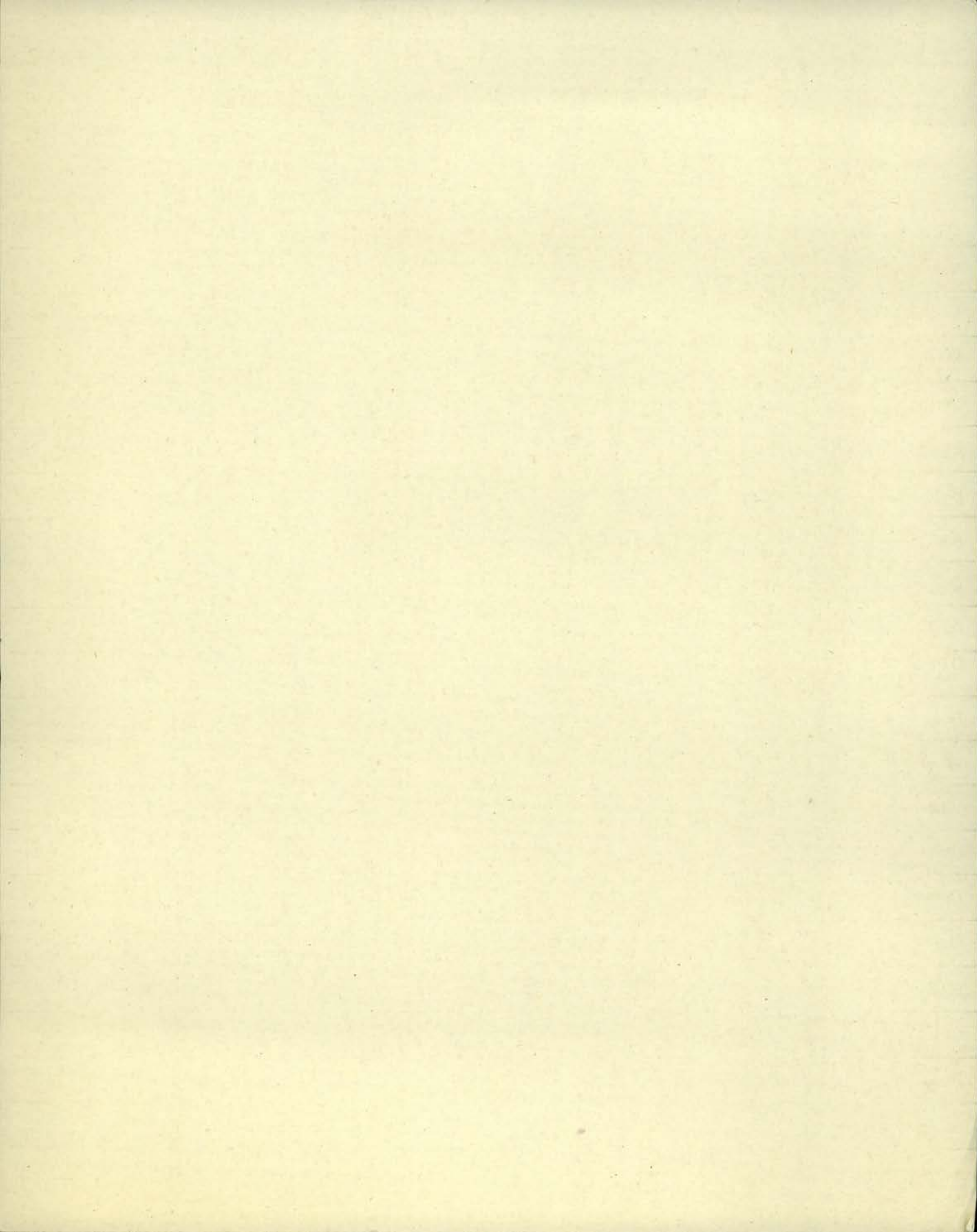
Regt'l No 417443

NAME : Surname Beaupre

Christian Names Albert

| | CODE No. | 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------------------|----------|---------------|---------------------------|---|---|---|---|
| No. of Admissions | 1 | 1 | 1 | | | | |
| Invalided to Canada | | 0 0 | 0 0 | | | | |
| Married or Single | 2 | 2 | 2 | | | | |
| Unit | 3 | 0 3 7 | 6 8 0 | | | | |
| Enlisted at | 4 | 4 1 6 | 4 1 6 | | | | |
| Birth Place | 5 | 0 6 | 0 6 | | | | |
| Age | | 2 5 | 2 6 | | | | |
| Occupation | 6 | 9 1 | 9 1 | | | | |
| Rank | 7 | 3 | 3 | | | | |
| Date of Admission to Hospital | | 2 3 2 3 | 2 7 3 4 | | | | |
| Days off Duty | | 0 0 8 | 0 0 1 | | | | |
| W. or D. | 8 | 0 | 1 | | | | |
| Wound (or Disease) | 9 | not | 8 9 2 2 1 1 2 | | | | |
| (Wound or) Disease | 10 | | 2 0 1 5 7 | | | | |
| Operation | 11 | | | | | | |
| Operation | | | | | | | |
| Place of Treatment | 12 | 1 | 0 | | | | |
| Check | | | | | | | |
| Results | 13 | 0 | 1 | | | | |
| No. of times a Casualty | 14 | 0 | 2 | | | | |

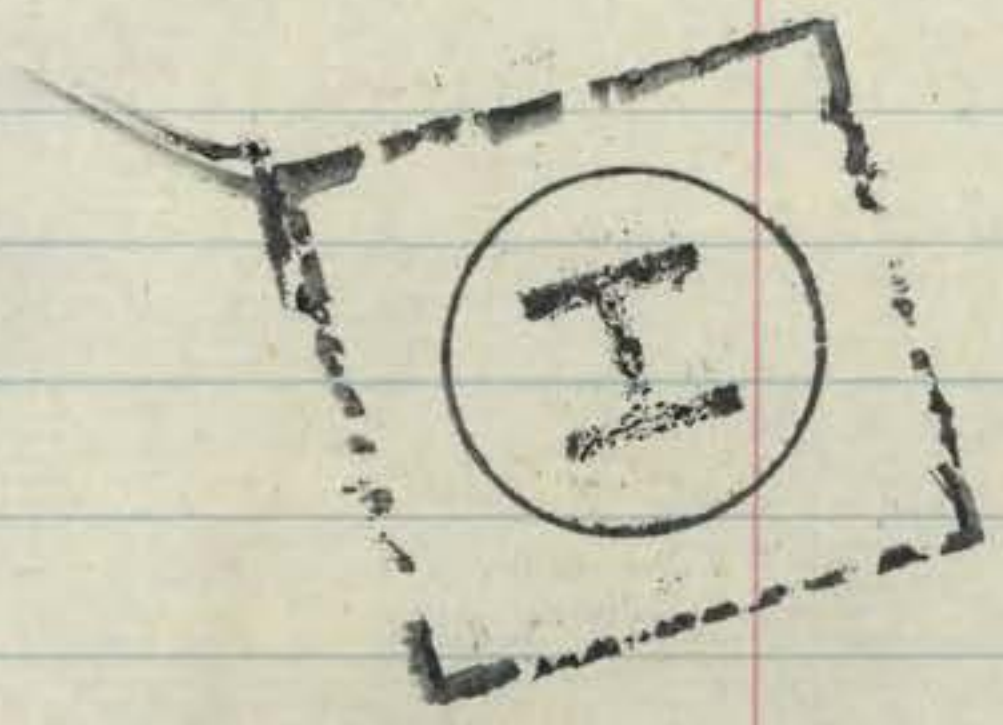
3-3-16.



417443

Beaupre, A.

| 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. | | | | |
| | | No 14 Can Field Ambulance | | | See C.L.A. 298. |
| 10.4.14 | 3 rd Pioneer | Reported from Base of Died of Wounds | Field | 30.3.17 27.3.17 | (WDS Head Arms Abdomen) C.L.A. 297 (Not State) C.L.A. 297 |
| 4.4.14 | 3 rd Pioneer | Part "D.O" No 36 is cancelled and the following substituted:- Died of Wounds | Field | 27.3.17 | Part "D.O": 38. |



D.M.

Rank Pte. Name **BEAUPRE, Albert.** Reg'l No. 417443.
 Unit 41st Bn. If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Montreal, Jul. 13th 1915.** Place of Birth **Longueuil, Que.**

Name and Address, Next-of-Kin **Evangelesk Beaupre.**

8 Champagne St Montreal, P.Q. Canada. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No. **3381**
 File R.L.
 Category **D.O.W.**

Discharge, Date and Place Reason Character

*MX.
 24/9/21 mg*

| 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. | | | | |
| | | <i>Arrived in England</i> | | | |
| | | | <i>Per S.S. Saxonia</i> | | <i>28 OCT 1915</i> |
| <i>23.2.16</i> | <i>O/c 41st Bn.</i> | <i>Trans to 3rd Tion Bⁿ.</i> | <i>Bramshott.</i> | <i>19.2.16</i> | <i>Part D.O. 46.</i> |
| <i>20/2/16</i> | <i>3rd Tion.</i> | <i>Taken on strength</i> | <i>W Sandling</i> | | <i>47</i> |
| <i>23/2/16</i> | | <i>Admitted to hospital</i> | <i>Schiffe</i> | <i>23/2/16</i> | <i>50</i> |
| <i>3/3/16</i> | | <i>Discharged</i> | | <i>3/3/16</i> | <i>58.</i> |
| | | <i>Trans to Base Detach.</i> | <i>W Sandling</i> | | <i>From Ball</i> |
| <i>7-5-16</i> | <i>OC/PT.D.</i> | <i>S.O.S. to 3rd. Pnr. Battr.</i> | <i>France.</i> | <i>7-5-16</i> | <i>Part 57.</i> |
| <i>14. 5. 16</i> | <i>3rd Pioneers</i> | <i>Taken on sth</i> | <i>do</i> | <i>8.5.16</i> | <i>do 9</i> |
| <i>31. 3. 17</i> | | <i> Died of Wounds Received in Action</i> | <i>In the Field</i> | <i>30.3.17</i> | <i>Part D.O. 36.</i> |



D.M.

Rank **Pte.**

Name **BEAUPRE, Albert.**

Reg'l No. **417443.**

F-56

Unit **41st Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Montreal, Jul. 13th 1915.**

Place of Birth **Longueuil.**

Name and Address, Next-of-Kin **Evangelesk Beaupre.**

8 Champagne St Montreal, P.Q. Canada.

Relationship **Mother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

PAID BY Warrant
JUL 27 1917
27-3-17

cf 297
10-4-17

Entered on N.E. Card Index
Checked by J. Hennessy

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|------------|---------|-------------|------|--------|-----------------|------|--------|---------------|---------------|---------|------|---------------|--------------|---------------|--------------|---------|--------------------------------|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |
| 1915. | | | | | | | | | | | | | | | | | |
| Nov. 1 | 30 | 30 | 1.00 | 30 | 30 | 10 | 3.00 | 10 | 43 | 82 | | 973 | | | 3893 | 417 | 10 ¹⁰ - Balod 21/15 |
| Dec. 1 | 31 | 31 | 1.00 | 31 | 31 | 10 | 3.10 | | 34 | 170 | | 973 | | | 3406 | 421 | |
| 1916 | | | | | | | | | | | | | | | | | |
| Jan. 1 | 31 | 31 | 1.00 | 31 | 31 | 10 | 3.10 | | 34 | 293 | | 973 | | | 1703 | 2128 | |
| Feb. 1 | 19 | 19 | 1.00 | 19 | 19 | 10 | 1.90 | | 20 | 90 | 340 | 730 | | | 730 | 3488 | Trans. 3rd. Prov. P. Coy. 46. |
| 30.2.16 | 31.3.16 | 41 | 1.00 | 41.00 | 41 | 10 | 4.10 | | 45 | 10 | | 998 | | | 998 | 7000 | Inf. C.P. 7 Sept 31.3.16 |
| March 1916 | | | | | | | | | | | | 1460 | | | 1460 | 5540 | |
| | | | | 152 | | | 1520 | 10 | 10 | 177 | 30 | 12190 | | | 12190 | | |

Statement of
AUG 4 1917
Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.
Settled.

CLINICAL CHART.

Army Form B 181.

Corps 3 Can. Pion. Bn.

(To be attached to Case Sheet).

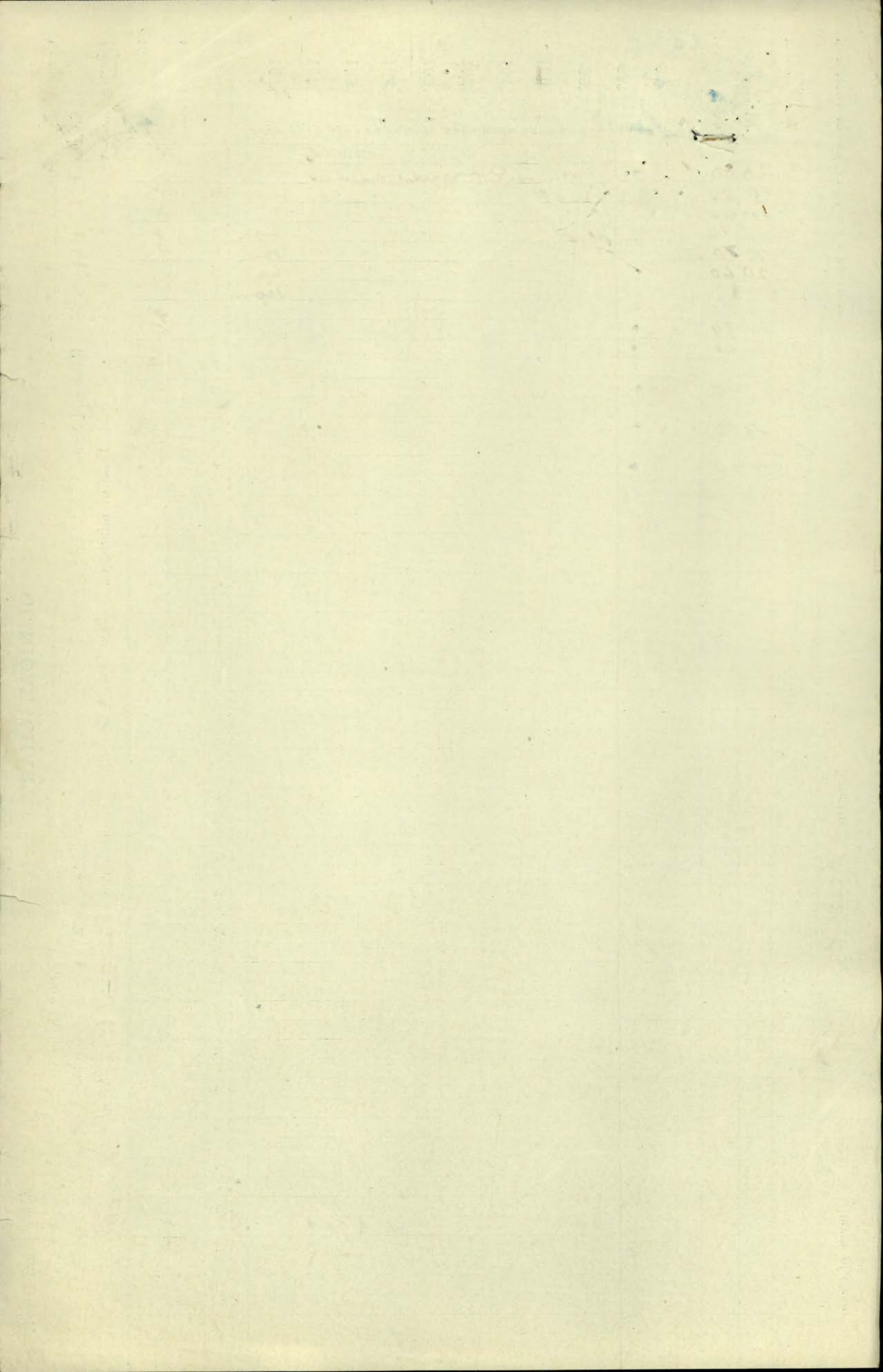
Military Hospital W. B. H.

No. 417443 Rank and Name Pvt Albert Beaupré Age 24 Service 8

Disease Tonsillitis Date of admission 23. 2. 14 Date of discharge 3-3-16 Result Recovery

| Dates of Observation | Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 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. | 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° | <p style="font-size: small; margin-top: 10px;"> Vertical axis: 97° to 107° in 0.2° increments. Horizontal axis: Days 1-30. A solid horizontal line is drawn at 98°. A dotted horizontal line is drawn at 107°. A vertical line is drawn at Day 1. A vertical line is drawn at Day 3. A vertical line is drawn at Day 4. A vertical line is drawn at Day 5. A vertical line is drawn at Day 6. A vertical line is drawn at Day 7. A vertical line is drawn at Day 8. A vertical line is drawn at Day 9. A vertical line is drawn at Day 10. A vertical line is drawn at Day 11. A vertical line is drawn at Day 12. A vertical line is drawn at Day 13. A vertical line is drawn at Day 14. A vertical line is drawn at Day 15. A vertical line is drawn at Day 16. A vertical line is drawn at Day 17. A vertical line is drawn at Day 18. A vertical line is drawn at Day 19. A vertical line is drawn at Day 20. A vertical line is drawn at Day 21. A vertical line is drawn at Day 22. A vertical line is drawn at Day 23. A vertical line is drawn at Day 24. A vertical line is drawn at Day 25. A vertical line is drawn at Day 26. A vertical line is drawn at Day 27. A vertical line is drawn at Day 28. A vertical line is drawn at Day 29. A vertical line is drawn at Day 30. </p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 80 72 68 92 70 60 72 64 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | 20 18 18 18 20 18 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 hours | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature Fred C. Mallow In Charge of Case.



Serial (A&D) No. 11214

Canadian Form A.M.S. 7002

Fe

MOORE BARRACKS CANADIAN HOSPITAL.

1. To:- Chief Paymaster, Canadians,
7 Millbank, London, S.W..

2. To:- Officer i/c Records, Canadians,
(Casualty Branch) 7 Millbank, London S.W.

3. To:- Officer Commanding... 3rd Can Prov Batt
No 1 Co

| Service Unit or Corps. | Reg. No. | Rank. | Name Surname first. |
|---------------------------|----------|-------|------------------------|
| 3rd Can Prov No 1 Co | 414443 | PTC | Beaufre A |

The above mentioned Canadian Soldier
will be discharged from this Hospital on the 3...day of March, 1916.

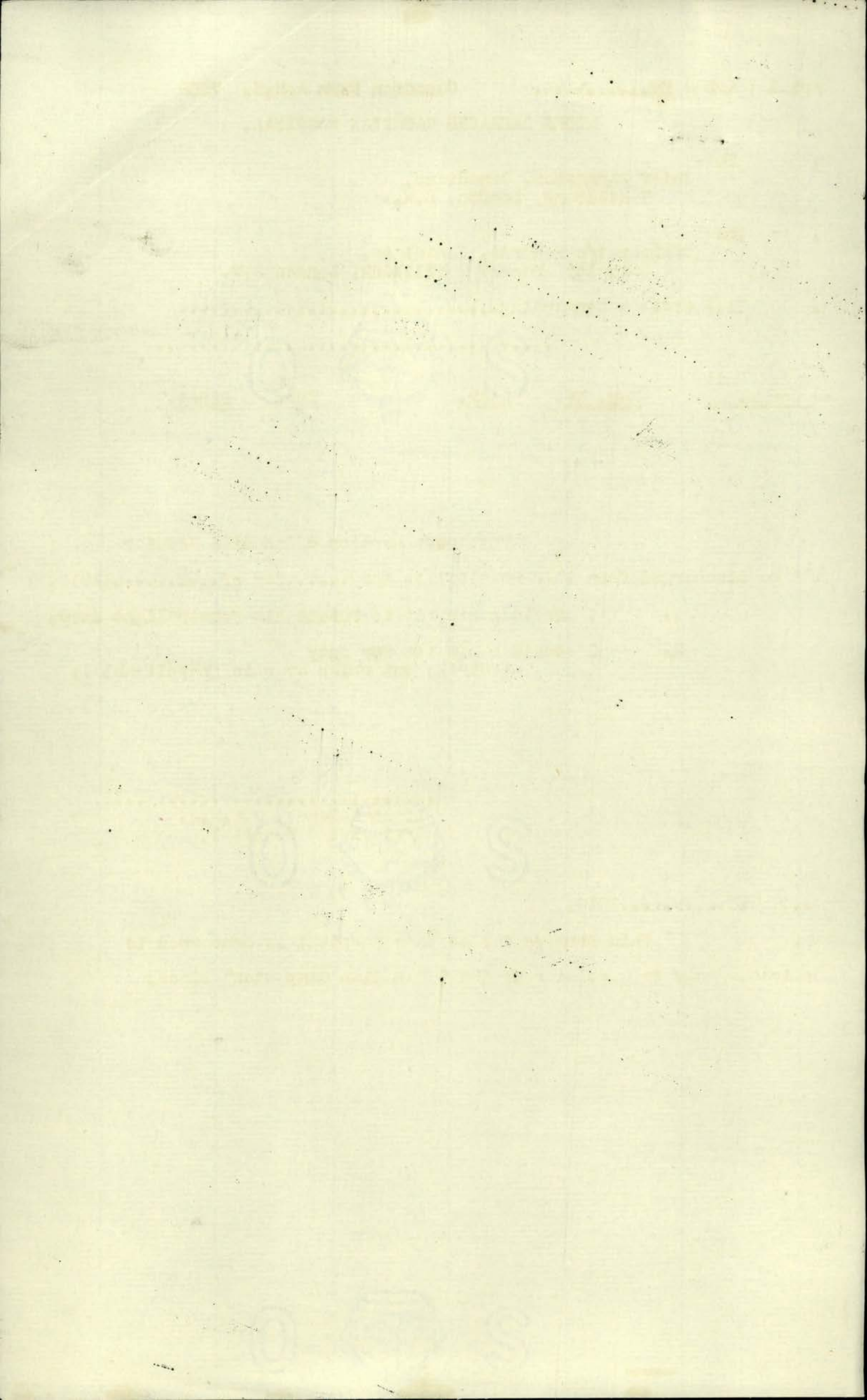
1. I consider him fit to resume his former light duty.
2. I consider him fit for duty
(Strike out which over is inapplicable);



.....
Licut-Colonel, C.A.M.C.
Officer i/c Hospital.

..... 23 1916.

.....
This form so far as this Hospital is concerned is
applicable only to a soldier of the " Canadian Camp Sick " class.



Station
and Date.

100

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

417443
No. A-17443.
Folio. 417443

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS).
1. What is your name? *Albert Beaupre*
 2. In what Town, Township or Parish, and in what Country were you born? *Langueville*
 3. What is the name of your next-of-kin? *Evangeliste Beaupre mother*
 4. What is the address of your next-of-kin? *8 Champagne St. Montreal*
 5. What is the date of your birth? *8 April 1890*
 6. What is your Trade or Calling? *Soldier*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *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*
- A Beaupre* (Signature of Man).
Charles Langg (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert Beaupre*, do solemnly declare that the above answers made by me to the above questions 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.

A Beaupre (Signature of Recruit)
Charles Langg (Signature of Witness)
Date *JUL 3 1915* 191.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Beaupre*, 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.

A Beaupre (Signature of Recruit)
Charles Langg (Signature of Witness)
Date *JUL 3 1915* 191.

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* this *JUL 3 1915* day of 191.

Charles Langg (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
G. B. Richardson (Approving Officer)

Adj. W. Patton

Description of Albert Beaupre on Enlistment.

Apparent Age 22 years 3 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 1/4 ins.

Complexion Dark

Eyes Brown

Hair Dark

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

Scar left arm
left fore arm
latou

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 13th July 1918

Place Montreal

Hector Aubrey
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Albert Beaupre 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.

[Signature] (Signature of Officer)

Date 20th July 1918

MARRIED OR SINGLE *S*

PLACE OF BIRTH *Longueuil P.Q. Canada*

NAME AND ADDRESS OF NEXT OF KIN *Frangelisk Beaupre
8 Chapagne St Montreal P.Q. Canada*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

| CASUALTIES, PROMOTIONS, &c. | | | |
|-----------------------------|-----------------|--------------------------------------|------------------|
| PARTICULARS | EFFECTIVE DATE | AUTHORITY | |
| <i>Died of wounds</i> | <i>27/3/17</i> | <i>Bo 38 4/4/17 of 27 4/4/17</i> | |
| | | | |
| | | | |
| | | | |
| | | | |
| ADMISSIONS TO HOSPITAL &c. | | | |
| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
| | | | |
| | | | |
| | | | |
| | | | |

REG'L No. *417443* RANK *Pvt* NAME *Beaupre Albert*

IF IN PERM. CORPS WHAT UNIT *41st Bn 48th Bn UNIT 3rd Cdn Bn* TRANSFERRED TO *C.P.T. Dept* DATE *31.3.16* AUTHORITY *Bo 38 4/4/17*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *3rd lineal* DATE *8.5.16* AUTHORITY *Bo 38 4/4/17*

PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *Dept* DATE *28.3.17* AUTHORITY *Bo 38 4/4/17*

DATE OF ATTESTATION *July 13th 1915* TRANSFERRED TO *U.C.B.* DATE *1.4.17* AUTHORITY *Bo 38 4/4/17*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *14-7-17 effect 1-4-17
Held in action 27/3/17 Bo 38 4/4/17 @ 2/A 378*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by *[Signature]*



| 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 | | NO. OF DAYS | RATE | | | | AMOUNT | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | CREDIT | DEBIT | | | | | | | | |
| | | \$ | C. | \$ | C. | | \$ | C. | \$ | C. | | NO. | | | | DATE | NO. | | | | | | | | | | | | | | DATE | NO. | | | |
| <i>31.3.16</i> | | <i>182</i> | | | <i>15</i> | <i>20</i> | | | | | | | | <i>10</i> | <i>10</i> | <i>177</i> | <i>30</i> | | | | | | | | | | | | | | | | <i>Transf to P.T. Dept 31.3.16 Bal from old ledger</i> | | |
| <i>Apr 30</i> | <i>30</i> | <i>100</i> | <i>30</i> | | <i>30</i> | <i>10</i> | <i>3</i> | | | | | | | | | <i>37</i> | | | | | | | | | | | | | | | | | | | |
| <i>May 7</i> | <i>7</i> | <i>7</i> | | | <i>7</i> | | <i>70</i> | | | | | | | | | <i>770</i> | | | | | | | | | | | | | | | | | | | |
| <i>5/31.5.16</i> | <i>24</i> | <i>100</i> | <i>2400</i> | | <i>24</i> | <i>10</i> | <i>240</i> | | | | | | | | | <i>2640</i> | | | | | | | | | | | | | | | | | | | |
| <i>1/30-6</i> | <i>30</i> | <i>100</i> | <i>3000</i> | | <i>30</i> | <i>10</i> | <i>300</i> | | | | | | | | | <i>3300</i> | <i>212</i> | <i>12/6</i> | | | | | | | | | | | | | | | | | |
| <i>1/31/7</i> | <i>31</i> | <i>100</i> | <i>3100</i> | | <i>31</i> | <i>10</i> | <i>310</i> | | | | | | | | | <i>16491</i> | <i>235</i> | | | | | | | | | | | | | | | | | | |
| <i>1/31-8</i> | <i>31</i> | <i>100</i> | <i>3100</i> | | <i>31</i> | <i>10</i> | <i>310</i> | | | | | | | | | <i>3410</i> | <i>34</i> | <i>22/7</i> | <i>410</i> | <i>17/8</i> | | | | | | | | | | | | | | | |
| <i>1/30-9</i> | <i>30</i> | <i>30</i> | <i>300</i> | | <i>30</i> | <i>30</i> | <i>300</i> | | | | | | | | | <i>33</i> | <i>447</i> | <i>29/8</i> | <i>499</i> | <i>17/9</i> | | | | | | | | | | | | | | | |
| <i>1.31.10</i> | <i>31</i> | <i>31</i> | <i>310</i> | | <i>31</i> | <i>31</i> | <i>310</i> | | | | | | | | | <i>3410</i> | <i>570</i> | <i>3/9</i> | | | | | | | | | | | | | | | | | |
| <i>1.30.11</i> | <i>30</i> | <i>30</i> | <i>300</i> | | <i>30</i> | <i>30</i> | <i>300</i> | | | | | | | | | <i>33</i> | <i>648</i> | <i>31/10</i> | | | | | | | | | | | | | | | | | |
| <i>Dec 31</i> | <i>31</i> | <i>31</i> | <i>310</i> | | <i>31</i> | <i>31</i> | <i>310</i> | | | | | | | | | <i>3410</i> | <i>689</i> | <i>14/11</i> | <i>775</i> | <i>9/10</i> | | | | | | | | | | | | | | | |
| <i>1917</i> | | | <i>4270</i> | | | | <i>4270</i> | | | | | | | | | <i>3410</i> | <i>820</i> | <i>29/12</i> | | | | | | | | | | | | | | | | | |
| <i>Jan 31</i> | <i>31</i> | <i>100</i> | <i>3410</i> | | | | | | | | | | | | | <i>3080</i> | <i>400</i> | <i>24/1</i> | | | | | | | | | | | | | | | | | |
| <i>Feb 28</i> | | | <i>3080</i> | | | | | | | | | | | | | <i>3080</i> | | | | | | | | | | | | | | | | | | | |
| | | | <i>53460</i> | | | | | | | | | | | | | <i>1010</i> | <i>544</i> | <i>70</i> | | | | | | | | | | | | | | | | | |

Statement of
AUG 4 1917
Account rendered

No. Canadian app. in agreement with Ottawa slip 40598-1-12 d. 28/4/17

Carried forward
Small
Ledger Sheet

