REGIMENTAL DOCUMENTS

10075 10075

NAME Belaire Henri REGT. NO. 1105022 UNIT H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
21	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				H	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					K-A
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)		H			Category
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	RAG					
1	Cap Badge					
1	Original Letter					
1	RTG 2					

W 2589
100M-11-18

250TH BN. CAN. INF.

ORIGINAL

PIÈCE D'ATTESTATION.

No. 1105020

Folio

DEPT. OF MILITIA & DEFENCE
SEP 11 1917

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

MILITIA HEADQUARTERS CANADA
OCT -7 1917

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? ..... BELAIRE
1a. Quels sont vos noms de baptême ? ..... Henri
1b. Quelle est votre présente adresse ? ..... 604 Aylwin St. Montreal P. Q.
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? ..... Tenton Mass. U.S.A.
3. Quel est le nom de votre plus proche parent ? ..... Albert Belaire
4. Quelle est l'adresse de votre plus proche parent ? ..... ~~Tenton Mass. U.S.A.~~ 604 Aylwin St Montreal, Que
4a. Quel est votre dégré de parenté avec icelui ? ..... Pere
5. Quelle est la date de votre naissance ? ..... 29 Juillet 1899
6. Quel est votre métier ou profession ? ..... Journallier
7. Êtes-vous marié ? ..... Non
8. Consentez-vous à être vacciné ou revacciné et inoculé ? ..... Oui
9. Faites-vous déjà partie de la Milice active ? ..... ~~Oui~~ Non
10. Avez-vous déjà fait du service militaire ? ..... Oui 178eme. Bataillon, Montreal.
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ? ..... Oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? ..... Oui

DÉCLARATION REQUISE DU SUJET

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

Henri Belaire (Signature de la Recrue)

Date 5-May 191 7 J. O. St Pierre (Signature du Témoin)

SERMENT REQUIS DU SUJET

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

Henri Belaire (Signature de la Recrue)

Date 5-May 191 7 J. O. St. Pierre (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 7 jour de Mai 1917.

Antoine Hanu (Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Discharge Section 12-9-17

Signalement de HENRI BELAIRE à l'Enrolement

Age apparent 18 ans 0 mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille 5 pieds 8 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 34 pouces
Marge d'expansion 4 pouces

Teint Blond

Yeux Bleu

Chevelure Blonde

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

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

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

Eyesight R. D.= 20/
" L. D.= 20/
Hearing R. Ear O.K.
" L. " O.K.

CERTIFICAT D'EXAMEN MÉDICAL

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

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

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

MOBILIZATION CENTRE M. D. No. 4 MAY - 5 1917 MONTREAL, P.Q.

Date.....191 .

Lieu.....

Médecin-Officier.

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

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

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

Major
President, S. M. B.

CERTIFICAT DE L'OFFICIER COMMANDANT

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

Major
Comd'g., 258th O's Batt. C.E.F.
(Signature de l'officier.)

Date 7-5-17 191 .

B. 465
Form.—7-16.
1772-39-950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

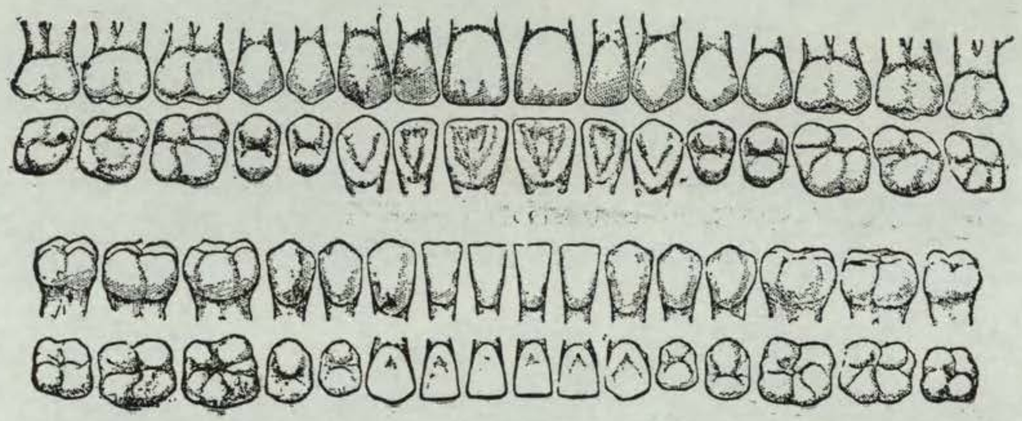
DIVISION 4

NAME OF SOLDIER [illegible]

No. 1105020

REGIMENT 258th Bn

RANK [illegible]



DATE		No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2" 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS

DENTAL HISTORY SHEET

CANADIAN ARMY

DENTAL CORPS

Number

Name

Rank

Unit

FORM OF WILL

I, Henri Belaire. (Name in full)

Regimental Number 1105020 serving in 258th O/S Battalion.

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

I ~~devise~~ bequeath all my real estate unto

None	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Albert Belaire. 604A Aylwin, Montreal, Que.	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 must be signed and Dated by THE SOLDIER HIMSELF.

this 1st. June day of 1917. A.D. 191

Henri Belaire. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness E. Dubue.

Address of Witness 471 St. Antoine, Montreal.

Occupation of Witness Soldier.

Signature of Second Witness J. Galloghu.

Address of Witness 47 Souvnir Ave., Montreal.

Occupation of Witness Soldier.

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL.

I, Henri Belaire (Name in full)

Regimental Number 1105020 serving in ~~258th C/S Battalion~~

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 unto

None

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

absolutely, and my personal estate I bequeath to

Albert Belaire,
604A Aylwin, Montreal, Que.

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 1st June day of 1917 A. D. 191

Henri Belaire 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness E. Dubuc

Address of Witness 471 St Antoine Montreal

Occupation of Witness soldier

Signature of Second Witness [illegible]

Address of Witness 47 Bancroft Ave Montreal

Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

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

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-920.

MILITARY SERVICE
OCT -7 1917
OTTAWA

Casualty Form—Active Service.

Unit, Regiment or Corps 258TH O'S. BATT. C. E. F. to 2nd A.R.D.

Regimental No. 1105020 Rank Pte. Name Belaire, Henri

Enlisted (a) 5/5/17 Terms of Service (a) C. E. F. for War. Service reckons from (a) 5/5/17

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) Labourer

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				
		Embarked	Canada	4.10.17	
		Disembarked	England	17.10.17	
1-11-17	O/C 10th Res Bn.	T.O.S from 258th Bn	Witley	17.10.17	D.O.P.2.291
9-8-18	O.	10th. Res. Bn. Transf. to 23rd Res. Bn. C. E. F. on proceeding overseas.	B'Shott	8-8-18	D. P. 11. O. 182 Lt Ass-Adj. 10th. Can. Res. Battn.
	23rd. CAN. RES. BN.	TAKEN ON STRENGTH Posted from 10 Res Bn	do	8.8.18	D.P. 11. O. No 221
8-8-18	Bramshott 23rd Can Res Bn	Posted to 5th CMR Bn BEF France	Bramshott	8-8-18	— 22. WSR

CERTIFIED CORRECT
27 AUG 1918
CAN. RECORDS, LONDON.

Captain & Adjutant.
23rd, Canadian Reserve Bn.

(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.

1105020.Pte.Belaire. H.

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				
9.8.18	CIBD	Landed + T.O.S. of 5th Cmk Bn		9.8.18	NRC 923 Pt II 84 d/16.8.18.
10.8.18.	CIBD	Left for CCRC	—	10.8.18.	NRD 1345
17.8.18.	CCRC	Left for Unit	—	17.8.18.	NRD 1391.
30-8-18.	Unit.	KILLED IN ACTION R C Sutter Lieut., for Lt.Col.,AAG.,Cdn.Section, 3rd.Echelon.G.H.Q.	Field	26-8-18.	Letter d/30-8-18. Ref.file K.I.17-1283. D.O.91 d/3-9-18.

R

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

652-B-262

REGIMENT OR CORPS: 5th.C.M.R.Battalion. Squadron, Troop, Battery or Company:

Regimental No. 1105020. Rank Private.

Surname BELAIRE. Christian Names H. Henri

Died — Date 26-8-18. Place In the field France.

Cause of Death* KILLED IN ACTION.

Nature and Date of Report Letter d/30-8-18.Ref.file K.I.17-1283.

By whom made O.C.,5th.C.M.R.Battn.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not — (a) in Pay Book (Army Book 64) W.O.W. 21-11-19 (b) in Small Book (if at Base)

(c) as a separate document

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date: Rouen. 3-9-18.

Signature of Officer in charge of Section Adjutant-General's Office at the Base: R.C. Winter Lieut., for Lieut.Col.,A.A.G., Canadian Section,3rd.Echelon. G.H.Q.

1 OCT 1918 D.M.F. OF CANADA

(2236) Wt. W3789/P532 500m JFW 1/18 FormsB2090a/4

Form R 122.
2353—100M—9-1-16

LTR | Rank | Name BELAIRE, H entitl | Reg'l No. 1105020

Unit 258th to 2nd Quebec, R D | If in perm. Corps, What Unit? | Married or Single

Place and Date of Enlistment 5. 5. 17. Montreal | Place of Birth London Mass a sa

Name and Address, Next-of-Kin Albert Belaire (Father) 604 Ayrwin St Montreal P.Q. | Relationship

Assigned Pay Monthly $ | Payable to | Relationship

extract from Ap 26 9 18 aoa

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E No. 13824
File R.L. 25-B-5728
Category
KILLED IN ACTION

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England		17-10-17	S/S Metagama
1/11/17	10th Res B.	T.O. Strength. AH B.163 16 8 18 Okd 18552	Witley	17.10.17	Pt II O.O. 241
9. 8. 18	"	SOS to 23 Res Bn	B'shott	8. 8. 18.	DO 221 d/9.8.18-23 Res Bn DO 187
9-8-18	23 Res	SOS to 5th C. M R	"	8. 8. 18	DO 84 d/16.8.18 5th Cmth's DO 221
3. 9. 18	5th Belle R	Killed in Action	Field Ple	26.8.18	DOH 91
6. 9. 18.	P.P.	[illegible]	"	26.8.18	GLC 312.

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.					

Date of Enlistment 5-5-17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

4565

Date of Assignment April 1st 18.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 1105020

Rank Pte Promoted Reverted Discharge

Soldier's Name Henrie Belair

Battalion 258th Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 157 ~~[illegible]~~ MRS.ALBERT BELAIR AYLWIN ST.HOCHALAGA MONTREAL

2 % #1105020 % ~~1105020~~ PTE.HENRIE BELAIR 15 15.00 FIFTEEN DOLLARS

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Apl.	X 11660		15	15	c
May	E 6095		15	15	c
June	D 14307		15	15	c
July	X 28567		15	15	c
Aug	B 33533		15	15	c
SEPT	B 38475		15	15	c

File 1235-H-9. REMARKS 1255-H-13.

Ch. of Add. card. 16-5-18 cwo

R.O. advise No. to be. 1105020 File 1235-H-9 cwo 6/

M.R.O.1B 6-6-18

Killed in Action 26th Aug. 1918.

C.L. 298. Folio 12 12/9/18 cwo 17/9/18.

Acct Closed. 30/9/18. c. MR09799-17-9-18c.

E.L.X. 5-5-19 c.

AUTHORITY FOR NEW ACCT.

M. F. W. 128.
4'OM. 6-7-1172-33-1141
L. L. 22320—M. & D. 9[illegible]

AUTHORITY FOR NEW ACCT. 2M-28.9.18. 15.4.18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128.
4'Dec. 6-7—1,72-38-1141
L L 2230—M. & D. 1933.

D M S. 1300 50M-21-1 17.

SURNAME | CHRISTIAN NAME OR NAMES | REG. NO.

Belaire H. 1105020

RANK | UNIT | CO. | TROOP | BATTY.

Pte Inf. 3 CMR.

HOSPITAL | DATE OF ADMISSION

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1.

2. R-7B Killed in action 26-8-18

3. R

DISPOSITION | DATE

C-L 6-9-18 a 312

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.	

REGT'L No. 1105020

H. Q. FILE No. 649.

NAME Belaire, Henri

RANK AND CORPS Ste. 5th Regt. C.M.R. (formerly 258th Bn.)

FOLLOWS

No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Nof K.		Albert Belaire (father)
157		Aylwin St., Montreal, P.Q.
5300	4-2-3 9-9-18	K. in A. Aug. 26/18

L. L. 20138. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 3121.	Rep. from Base. Kin G.	26-8-18	—

No. 1105020 RANK Pte NAME Blair. H

T. O. S. 5-5-17. UNIT 258th Battalion C E F
do 150 of 5-5-17.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
May 5	May 31	"		
June		"	a/w R. 19-6-17.	DOS 1
July 1	July 10	"	a/w R. 18-6-17. S.O.S. District	
			C. of I. 10-7-17.	do 77
			a/c closed by charges 7.	

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number 1105020 Rank Pte.

Surname BELAIRE

Christian Name Henri

Unit 5th C.M.R. Theatre of War France

Date of Service 9-8-18

Remarks

Latest Address B. Belair Esq. P.O.
157 Sylvia St.
Montreal P.Q.

Roll No.

Page 3569

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NO.	DATE

NATURE OF CASUALTY

MAY 12 1921

G. 19267 Recep

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893

No. 105220 RANK Pte NAME Belaire H

T. O. S. 10-9-17 UNIT 28-8th Battalion C.E.F.
2014 wef 12-9-17

M. D. X

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Sept 10	1917 Sept 30	u.		

D 26/8/18. (652-B-262)

SURNAME. Belaire.

CARD NO.

CHRISTIAN NAMES Henri.

FOLL.

REGL. No. 1105020. RANK Pte

UNIT 258th. Bn.

FORMER CORPS 178th. Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Belaire, Albert.

RELATIONSHIP TO SOLDIER Father

ADDR 157 Aylwin, St
Montreal, Que.

SAAP 22-5-18

COUNTRY OF BIRTH U.S.A. Taunton Mass. DATE July 29th 1899.

PLACE OF ATTESTATION Montreal, P.Q. DATE May 7th 1917.

O/S 6-10-17

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 1772-39-334.

FROM HALIFAX PER

S.S METAGAMA 6/10/17

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Laborer. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 18 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Fair. EYES Blue. HAIR Fair.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE May 5th. 1917.

Present Address - 604 Aylwin St.
Montreal, P.Q.

Form R. 149.

Name BELAIRE Rank Pte Reg. No. 1105020

Unit 5th C M R

Next of Kin Albert Belaire 60 Aylwin St Montreal Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O		W.O. List
26-8-18		KILLED IN ACTION		A	312		H 300	2985

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

652-B-262

5th 6 m R.

Belair, H. Pte. 1105020 259th Bn.

Med. & Dec. (Father) B. Belair, Esq.,
157 Aylwin St.,
Montreal, P.Q.

P. & S. " B. Belair, Esq.,
address as above.

(Serial no. 764692.)

Mem. Cross (Mother) Mrs. J. Belair,
address as above.

39936

not elig. 14/15 star.
Teeig. G.m.
" " B.W.M.

B.

Scroll Desp. JAN 4 - 1924 Resp. No. 27495

Please Desp. AUG 9 - 1922 Resp. No. P 44113 PR 15-8-22.

NOV 15 1923 -49821-

Plaque ret. was a duplicate for Henri Belanger. Belair plaque not recd from overseas

DEC 28 1920 6-38-19

W

149

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Mr. A. Belaire
Denton. Mass. U.S.A.

RELATIONSHIP OF NEXT OF KIN Father

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

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 1105220 RANK Pte. NAME Belaire, Henri

IF IN PERMT. CORPS WHAT UNIT Nil UNIT 258th Draft TRANSFERRED TO 10 Res DATE 1-10-17 AUTHORITY

PERMANENT FORCE ALLOWANCES Nil TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montreal - Can. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5-5-1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ ~~Nil~~ 15.00 DATE EFFECTIVE 1/4/18 Jm

PAYABLE TO Mrs Albert Belair 6044 Aylwin St Hochelaga Montreal RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE					
Sept				Balance														9 62					
Nov	P pay (1-10-17 to 30-11-17)	67	10	A.R. 969 150 Rm. 13-11-17.										9	73								
Dec.	P pay	34	10	2 days FP2 D0308 10 Res 14-12-17.												2	20	79	65				
1918		101	20											9	73	22	20						
Jan	Pte Pay	34	10	Q.H.005 10 Res 22-11-17										1	98								
				" " 115											04								
				" " 61											08								
				" " 187										3	02								
				A.R. 945 10 Res 27-11-17										4	87								
				" 875 " 6-12-17										9	73								
				" 852 " 12-12-17										7	30								
				4 days FP2 D0 9 10 Res 11-1-18												4	40	82	33	60			
		34	10											27	02	4	40						

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS						DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
	Balance from Canada							9 62			82 33
Feb	Pte P.	30	80	A.R. 969 10 Res 29/1/18			9	73			
				5 days FP#2 D026 30/1/18 10 Res.					5	50	
				15 days det. D031 5/2/18 10 Res.					16	50	
				A.R. 941 10 Res 31/1/18.			4	87			76 53
		30	80				14	60	22	00	
				Q.H.005 J9 2/1/18			—	04			76 49
				Q.H.005 J112 26/1/18			3	96			72 53
				A.R. 1090 10 Res 27/2/18			2	43			70 10
				3 days FP#2 D061 10 Res 9/3/18					3	30	66 80
Mch	Pte Pay	34	10								100 90
				A.R. 1159 - 15 Res - 11/3/18			2	43			98 47
				A.R. 1254 do 18/3/18			2	43			96 04
		34	10				11	29	3	30	
									24		
									31	90	

DEFER. SER. RED. ALLOW. PAY ENR.

0

1105 2220 Sgt Balaiz H.

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1		2		3		4		1	2	3	4				Credit	Debit			
																No.	Date	No.	Date	No.	Date	No.	Date												

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/4/18		EFFECTIVE DATE:-	
AMOUNT:- 15 00/xx		AMOUNT:-	

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 Albert Belaire (Mother)
604A Aylwin St.
Hochelaga Montreal

NAME:- BELAIRE Henri (Auth Records)
NUMBER:- 1105220

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 258 Draft

DATE ACCOUNT FIRST OPENED:- 1/10/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2nd QRD.
Dead	1.9.18		R.E. "D"

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

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal. Forw'd								96 00	90	
April	P P	33		a/P				15			
				Q4005. A66 10 Res 1-4-18	65						
				Q4005. F54 10 Res 5-2-18	179						
				Q4005. F198 " " 19-2-18	28						
				AR 32 " " 12-4-18	487						
				AWH 3 days. 15 F Days FP#2							
				DO 85. 10 Res. 13-4-18		1980					
				RP 2 Mos from 31-3-18 DO99 10 Res 30/4/18							
				AR 121. 10 Res 24-4-18	243				84 22		
		33			1002	1980		15			
May	PP.	34 10		a/P.				15			
				AR 236 20 Res 15-5-18	243				100 89		RP 8/12.
				" 375 10 Res. 26.5.18	243				98 46	90	
		34 10			486			15			
JUN	"	33		a/P.				15			
				AR 471 " 13.6.18	243						
				" 603 " 26.6.18	487				109 16		
		33			730			15			
Jul	PP	34 10		a/P.				15	128 26		
				Q4005/185 " 27.6.18	71						
				AR 752 " 15-7-18	730				120 25		
				" 881 " 26.7.18	243				117 82		
				" 848 " 26.7.18	1947				98 35	90	
		34 10			2991			15			
Aug	PP.	34 10		a/P.				15			
				AR 998 " 10-8-18	487				112 38		
		34 10			487			15			
Sept				Q4005-9 1/8/18 10 Res	172			10	110 86		
					172			10			

Yellow Action 26-8-18 eha 312 6-9-18

NUMBER 1105020 RANK NAME BELAIRE H.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward					11086		
Nov	2nd on Dfd Pay	464							11550	NE Stat 17.17 Cr	11550
		464									

NON EFFECTIVE ACT.

MEDICAL HISTORY SHEET

Surname Belaire Christian Name Henri

Examined on 22nd day of Sept. 1917 at Montreal Cam

Approved by

Rank M.O.

Birthplace City or Town / County

Apparent age

Trade or occupation

Height feet Inches

Weight lbs.

Chest measurement Minimum inches / Maximum expansion inches

Physical development

Small-pox Marks

Vaccination Marks Arm Right Left / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
25-9-17		Morin	M.O.
		Capt.	M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8-9-17	Good	Morin Capt	M.O.
14-9-17	TAB 2		M.O.
21-9-17	TAB 3	Morin Capt.	M.O.

Enlisted on 10 day of Sept. 191 7 at Montreal

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	258th Bn. C.E.F.	1105020		10/9/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
			Inspecting Medical Board M.D. No. 4 FIT Montreal, P.Q.

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.

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

ORIGINAL

258TH BN. CAN. INF.

~~DUPLICATE~~

MEDICAL HISTORY SHEET

Quebec

Surname BELAIRE Christian Name HENRI

Examined on 5th. day of May 1917 at Montreal P. Q.

Approved by

Mobilization Centre M. D. No. 4 MAY - 5 1917 Montreal, P.Q.

Rank M.O.

Birthplace City or Town TENTON Mass. U.S.A. / County

Apparent age 18

Trade or occupation Laborer

Height 5 feet 8 Inches

Weight 145 lbs.

Chest measurement Minimum 31 inches / Maximum expansion 35 inches

Physical development Good

Small-pox Marks none

Vaccination Marks Arm Right Left / Number 1

When Vaccinated last Child

(a) Marks indicating congential peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement	
		Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	M.O.
			M.O.
		for H. Aubry Major President, S. M. B.	M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
25.9.17		(Sgd) N.Morin	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8.9.17	G.	(Sgd) N.Morin,	
14.9.17	G	" " TAB/3	M.O.
21.9.17	G	" "	M.O.
			M.O.

Enlisted on 5th. day of May 1917 at Montreal, P.Q.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	258th. Bn. C.E.F.	1105020		5-5-17
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.

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname BELAIRE Christian Name HENRI

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

258TH BN. CAN. INF.

ORIGINAL

OCT - 7 1917

MEDICAL HISTORY SHEET

Surname BELAIRE Christian Name HENRI

MOBILIZATION CENTRE M. D. No. 4 SEP 11 1917 MAY H.S. 1918 CANADA MONTREAL, P.Q.

Examined on 5th. day of May 1917 at Montreal P. Q.

Birthplace City or Town TENTON Mass. U.S.A. County

Apparent age 18

Trade or occupation Laborer

Height 5 feet 8 Inches

Weight 145 lbs.

Chest measurement Minimum 31 inches Maximum expansion 33 inches

Physical development Good.

Small-pox Marks none

Vaccination Marks Arm Right Left Number 1

When Vaccinated last Childhood.

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	M.O.
			M.O.
		for H. Anby major President, S. M. B.	M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 5th. day of May 1917 at Montreal, P.Q.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	258th. Bn.	1105020		5-5-17
Transferred to	5 CMR			

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.

M. F. B. 313.

300M.—1-17.
H. Q. 1773-39-439.

Surname BELAIRE Christian Name HENRI

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

Surname Belaire Christian Name Henri

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