

REGIMENTAL DOCUMENTS

15193

NAME

*Bergeron Joseph*

REGT. NO.

*754033*

UNIT

H. Q. FILE NO.

*(S)*

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

TESTIFICATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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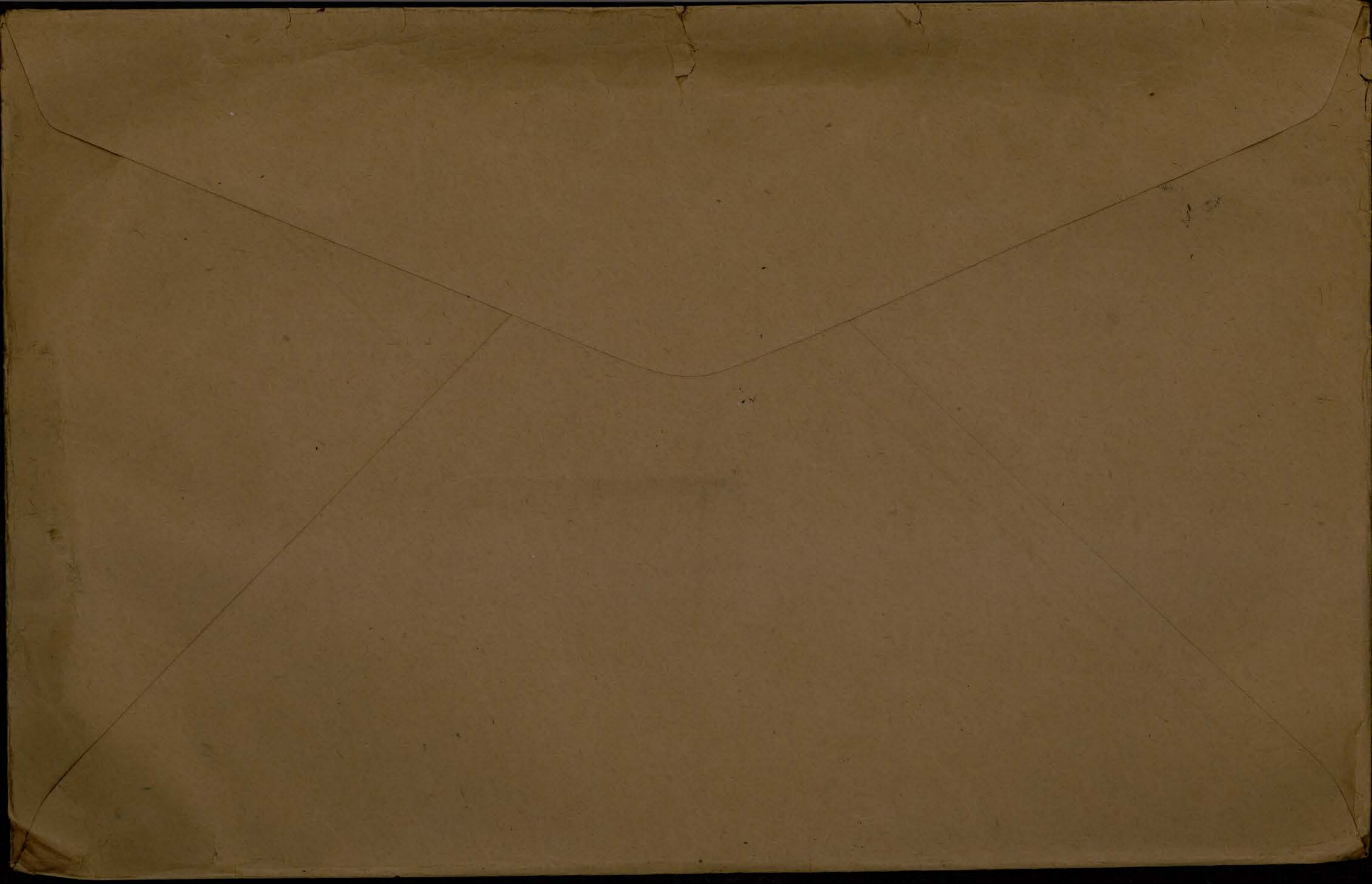
*(H)*

*Box 673*

*MI-X  
27-12-20  
RR.*

*7-13  
24-14  
30-14  
2*







# ATTESTATION PAPER.

No. 754033

Folio. 754033

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Bergion*
- 1a. What are your Christian names?..... *Joseph*
- 1b. What is your present address?..... *Blind River Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St. Fregoire, Que*
- 3. What is the name of your next-of-kin?..... *Fedeon Bergion*
- 4. What is the address of your next-of-kin?..... *1703 Clark St. Montreal Que.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *Oct. 18, 1894*
- 6. What is your Trade or Calling?..... *Woodsmen*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *Yes*

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

I, *Joseph Bergion*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Feb. 12* 191*6*. *Joseph Bergeron* (Signature of Recruit)  
*Joseph Belleville* (Signature of Witness)

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

I, *Joseph Bergion*, 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.

Date *Feb 17* 191*6*. *Joseph Bergeron* (Signature of Recruit)  
*Joseph Belleville* (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 *Blind River* this *17* day of *Feb* 191*6*.

*Joseph Belleville* (Signature of Justice)



Description of Joseph Bergeron on Enlistment.

Apparent Age 21 years ..... 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. 9 ins.

Chest measurement { Girth when fully expanded ..... 39 ins.  
 Range of expansion ..... 3 1/2 ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... Light Brown

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

*nil*

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 ..... 12/2/16 RBA 1916

James Sullivan  
 Capt  
 Medical Officer.

Place ..... Blind River Ont

\*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.

Joseph Bergeron ..... 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.

Date ..... Jan 12, 1916

W. Howland Lt-Colonel  
 (Signature of Officer)  
 O.C. 119th O.S. Battalion



# Report on Wounds or other Injuries, otherwise than in Action.



114  
Gen. No.  
4269.

## Certificate of Medical Officer.

No. 754033. Plé Bergeron. 52<sup>nd</sup> Bn Can. Inf.  
was admitted to hospital on the April 15<sup>th</sup> 17. suffering  
from GSW. Loe. right foot.

† Here insert "trivial" or "serious."

The disability is of a † trivial nature, and in all probability

‡ Here insert "will" or "will not."

‡ will not interfere with his future efficiency as a soldier.

\* Here insert "claims" or "does not claim."

\* He blames that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station In the Field W B Chapman  
Date Apr 16/17 Medical Officer in Charge. Capt. C.A.M.C.

## Certificate to be signed by soldier.

I, \_\_\_\_\_ hereby declare that the injury sustained by me on the \_\_\_\_\_ did not occur while I was in the performance of military duty.



Station \_\_\_\_\_  
Date \_\_\_\_\_  
{ Soldier's Signature.  
{ Signature of Medical Officer.

## Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

† Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † \_\_\_\_\_ while he was in the performance of military duty.

‡ If on duty, state (a) The date of the injury. (b) The place where it occurred. (c) The nature of the duty. (d) Whether the soldier was in any way to blame.

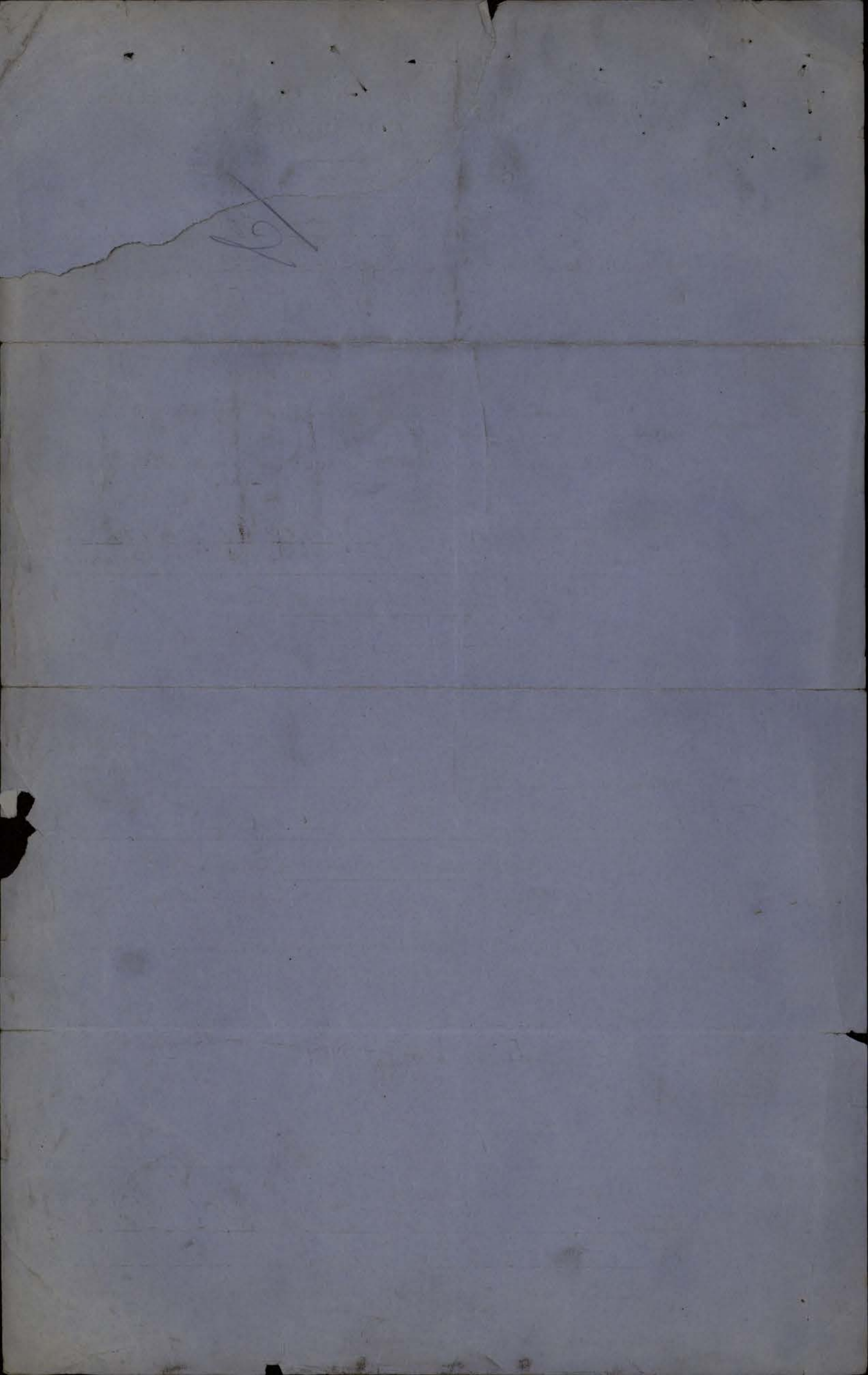
† April 15<sup>th</sup> 17.  
In the front line trenches.  
Cleaning his rifle.  
Yes. Having a loaded magazine in his rifle while cleaning it contrary to standing orders.

The soldier has been so informed.

Date April 21<sup>st</sup> 1917. Station Field. Commanding 52<sup>nd</sup> Bn Can. Inf.

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.







**ORIGINAL.**

**ORIGINAL**

**MEDICAL HISTORY SHEET.**

754033

Surname Bergeron Christian Name Joseph

Examined { on 12 day of Feb 1916  
at Blind River Out  
Birthplace { City or Town St Gregoire  
County Nicolet P Q

Approved by James Sullivan M.R.  
Rank Capt M.O.

Apparent age 21  
Trade or occupation woodsman  
Height 5 Feet 8 1/2 Inches.  
Weight 152 Lbs.  
Chest measurement { Minimum 33 1/2 inches.  
Maximum expansion 37 inches.  
Physical development fair  
Small-Pox Marks none

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

Vaccination Marks { Arm Right Yes Left.  
Number one

Date.	Result.	VACCINATIONS.
<u>June 22/16</u>	<u>James Sullivan</u>	M.O.
		M.O.
		M.O.

When Vaccinated last 5 years ago  
(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection  
left eye defective

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Mar 24/16</u>	<u>James Sullivan</u>	M.O.
<u>Mar 3/16</u>	<u>James Sullivan</u>	M.O.
<u>Sept 13/16</u>	<u>James Sullivan</u>	M.O.

Enlisted on 12 day of Jan 1916 at Blind River Out

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>119th OVERSEAS BATTALION</u>	<u>754033</u>		<u>12/1/16</u>
Transferred to	<u>52nd Bn. C. E. F.</u>			<u>NOV 23 1916</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.







19999

*man*

FORM OF WILL.

Joseph Bergeron

1.

(Name in full)

119th Battalion of the

754033

Regimental Number ~~754033~~ serving in

the Overseas Military Forces of Canada, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Gedeon Bergeron,

1703 Clark Street

Montreal P.Q.

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

absolutely, and my personal estate I bequeath to

Gedeon Bergeron

1703 Clark Street

Montreal P.Q.

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

In Witness whereof I have hereunto set my hand  
this 27 day of October 1917

this day of

A.D. 1917

J Bergeron

Signature.

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.

Name of Witness	T.H. McAdam
Address of Witness	Sault Ste Marie Ont. Stationer.
Occupation of Witness	
Name of Witness	W. Siplady
Address of Witness	Blind River Ont.
Occupation of Witness	Butcher

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date 7 Dec. 1917

Dec. 1917.

Lieut.  
For OFFICER I/C ESTATES.

NOTE Died

Transferred

5-12-17.

J. BERGERON, No. 754033, 119th Bn.

SL. MA 2 COR N/E

*hob*







19999

# FORM OF WILL.

**J.** Joseph Bergeron (Name in full)

Regimental Number 754033 serving in 119th Battalion

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

61823

I bequeath all my real estate unto

Gedeon Bergeron  
1703 Clark Street  
Montreal  
P. Q.

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

absolutely, and my personal estate I bequeath to

Gedeon Bergeron  
1703 Clark Street  
Montreal  
P. Q.

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

In Witness whereof I have hereunto set my hand

this 27 day of October A.D. 1916

J. Bergeron Signature.

ESTATES BRANCH

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

DEC 24 1917

MILITIA DEPT.

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.

Name of Witness J. McAdam  
Address of Witness Sault Ste Marie Ont.  
Occupation of Witness Stationer  
Name of Witness W. Tiplady  
Address of Witness Blind River Ont  
Occupation of Witness Butcher



THE UNIVERSITY OF CHICAGO  
LIBRARY

1950

1950

1950

1950

EDWIN OF ALICE



# FORM OF WILL

**J. Joseph Bergeron**.....(Name in full)

Regimental Number **754033**.....serving in **119th 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 all my real estate unto

**Gedeon Bergeron**  
**1703 Clark Street**  
**Montreal**  
**P Q**

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

absolutely, and my personal estate I bequeath to

**Gedeon Bergeron**  
**1703 Clark Street**  
**Montreal**  
**P.Q.**

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

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

this **27** day of **October** A.D. 191 **6**  
This must be signed  
and Dated by  
THE SOLDIER  
HIMSELF. **J Bergeron** Signature of Soldier.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness **T. H. McAdam**

Address of Witness **Sault Ste Marie Ont**

THE TWO  
WITNESSES

Occupation of Witness **Stationer**

MUST  
SIGN HERE

Signature of Second Witness **W. Tiplady**

Address of Witness **Blind River Ont**

Occupation of Witness **Butcher**

Certified a true copy,



1870-1871

Account of the ...  
...  
...

...  
...  
...

...  
...  
...

...  
...  
...

...



J.M. Rank Name **BERGERON, Joseph.** Reg'l No. **754033**  
 Unit **119th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Blind River. 12th Feb 1916.** Place of Birth **St Tregoire, Que.**  
 Name and Address, Next-of-Kin **Gedeon Bergeron.**  
**1703 Clark St, Montreal, Que, Canada.** Relationship **Father.**  
 Assigned Pay Monthly \$ Payable to Relationship



Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **8466**  
 File R.L. **25-A-4584**  
 Category **KA**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

*M-X  
87-12-20  
R.R.*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
	Arrived in England		S. S. Metagama	19.8.16	
28-11-16	<i>OC</i> 119th Bn	Transferred to 52nd Bn	Bramshott	28-11-16	
4-12-16	<i>OG</i> 52nd Bn	<i>Taken on strength.</i>	Field	29-11-16	<i>Pl II D.O. 60</i>
15.5.17	"	to 58 Bn. Leaving Acton	Spec. Bns	16.4.17	<i>S.P.A. P. Fort. self inflicted</i>
8.6.17	"	<i>Tried + convicted by F.C. M.C. when on A.P. negligent by considering himself - 56 days F.P. to I</i>	Field	15.5.17	<i>Pl II D. 52.</i>
19.6.17.	"	<i>Deserted 58 Bn. 1st Lt.</i>		28.5.17	<i>S.L. 4371</i>
7.11.17.	"	<i>Killed in Action</i>	"	26.10.17	<i>Pl II 99.</i>
13-11-17	<i>In R. 52.</i>	<i>Killed in Action</i>	"	26-10-17	<i>S.L.A. 62.</i>

**J.F.B. 103 CHECKED**  
**DEC. 1916**

17







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—6-15.  
 H. Q. 1772-39-819.

To Whom *Gedon Bergeron*  
 Address *1703 Clark St.*  
*Montreal Q*

By Whom Assigned *Bergeron J.*  
 Regtl. No. *754033*  
 Rank *Pte.*  
 Corps *C Coy 119 Batta C & F*

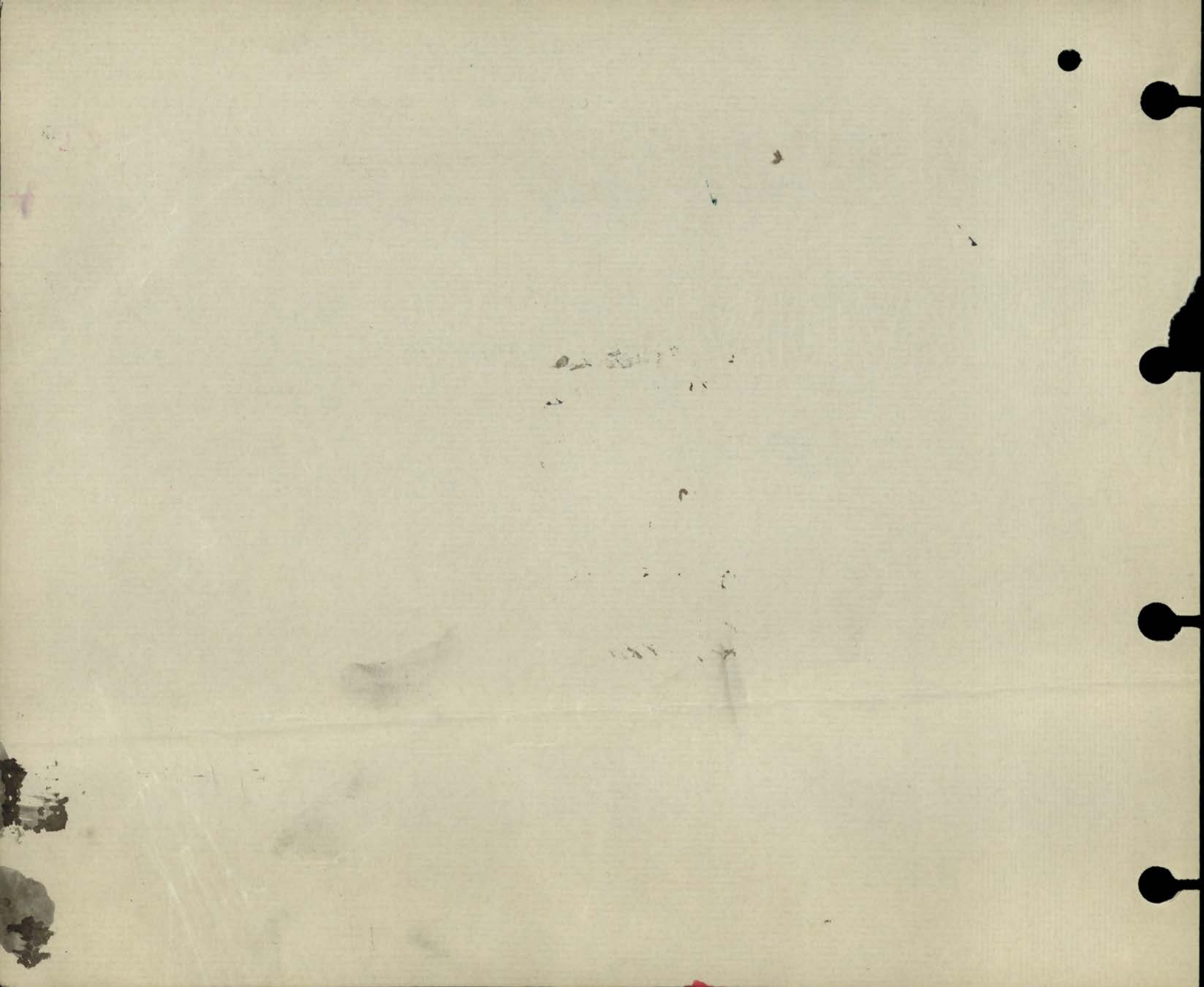
Rate *\$20<sup>00</sup>*  
*AUG 1 - 1916*  
*AUG 1 - 1916*

**PAYMENTS**

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









ASSIGNED PAY

OVERSEAS CONTINGENTS #754033

Sheet No. 2.

L. L. Job 310.—Req. 6574.

*Gideon Bergeron*

PAYMENTS.

Name of Soldier

*Bergeron J.*

*Pvt. C' Coy 119 Batta 297*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$20<sup>00</sup> AUG 1 - 1916</i>
April	1916			
May				
June				
July				
Aug.		<i>W 20655</i>	<i>20</i>	
Sept.		<i>L 19223</i>	<i>20</i>	
Oct.		<i>V 21328</i>	<i>20</i>	
Nov.		<i>E 24815</i>	<i>20</i>	
Dec.		<i>8 31307</i>	<i>20</i>	
Jan.	1917	<i>9 37757</i>	<i>20</i>	
Feb.		<del><i>5 43412</i></del>	<del><i>20</i></del>	<i>20 of 43061 Cancelled. R.S. 1/2/17</i>
March		<i>6 48925</i>	<i>20</i>	<i>20.0.</i>
April		<i>7 839</i>	<i>20</i>	<i>20.0.</i>
May		<i>8 6795</i>	<i>20</i>	
June		<i>9 13395</i>	<i>20</i>	<i>20 w. set</i>
July		<i>K 20279</i>	<i>20</i>	
Aug.		<i>N 27423</i>	<i>20</i>	<i>5 300</i>
Sept.		<i>M 36847</i>	<i>20</i>	<i>6 280<sup>00</sup> B</i>
Oct.		<i>T 48248</i>	<i>20</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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



Surname **Bergeron.** Christian Name or Names **J.** Reg. No. **754033.**

Rank **Pte.** Unit **52nd. Bn.** Co. **Man Reg** Troop  Batty.

Hospital **58 Cas. Clg. Sta Spec. Hosp.** Date of Admission **16-4-17.**  
**Transferred** Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

**GSW rt foot. (S. I).**

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

**Killed in Action 26.10.17**

DISPOSITION

Date **Dis 28.5.17**

REMARKS

**C.L. 15-5-17. A.342.**  
**19. 6. 17. 9371**  
**14-11-17 AG2**

**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.

*Bergeron*

CARD NO.

CHRISTIAN NAMES

*Joseph*

FOLL.

REGL. No.

*454033*

RANK

*plc*

UNIT

*119th*

FORMER CORPS

*nil*

*Bm*

NEXT OF KIN.

NAMES IN FULL

*Bergeron Gedion*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*1403 Clarke St Montreal. P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada*

*St Gregoire P.Q.*

DATE

*Oct 18th 1894*

PLACE OF ATTESTATION

*Blind River. Ont.*

DATE

*July 12th 1916*

*Sailed from Halifax. Per.*

*S.S. "Mesagama" 8-8-16. <sup>517</sup>/<sub>4</sub>*



MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Woodsman*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*21*

YEARS

MONTHS

HEIGHT

*5*

FEET

*9*

INCHES

CHEST MEASUREMENT

*39*

INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Light Brown*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Blind River, Ont*

DATE

*July 13<sup>th</sup> 1916*

*Present Address.*

*Blind River, Ont.*



Name *BERGERON*, Rank *Joseph. Pte.*

Reg. No. *954033*

Unit *52nd Batt.*

*25-B-4584*

Next of Kin *Canada.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917. 26-10</i>	<i>Optd from Ban.</i>				<i>6351</i>	<i>PHO. 99 27-11-17</i>
			<u><i>Killed in Action.</i></u>	<i>A62</i>		







NAME

RANK AND CORPS

REGT'L. NO.

H. Q. FILE NO. 649

FOLLOWS  
NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

CABLE NO.	DATE	NATURE OF CASUALTY
M 4450	15-5-17	Adm 58th Cas Co Station Spec Hosp April 16th 1917. Wounded at foot self inflicted wound.
M 6351	15-11-17	Killed in Action Oct 26th 1915
4243 Kaua	20-9-17	Killed in action 26-10-17.
	7-11-17	Rec'd 30-12-17.



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

9342. #58 Cas lclg stat spec 16417 GSW R Foot self  
Inflic

9371. Discharged.

28-5-17 GSW. R. Foot S.I.  
26-10-17 Killed in action



No. 754033 RANK *Plt*

NAME *Bergeron, Jos.*

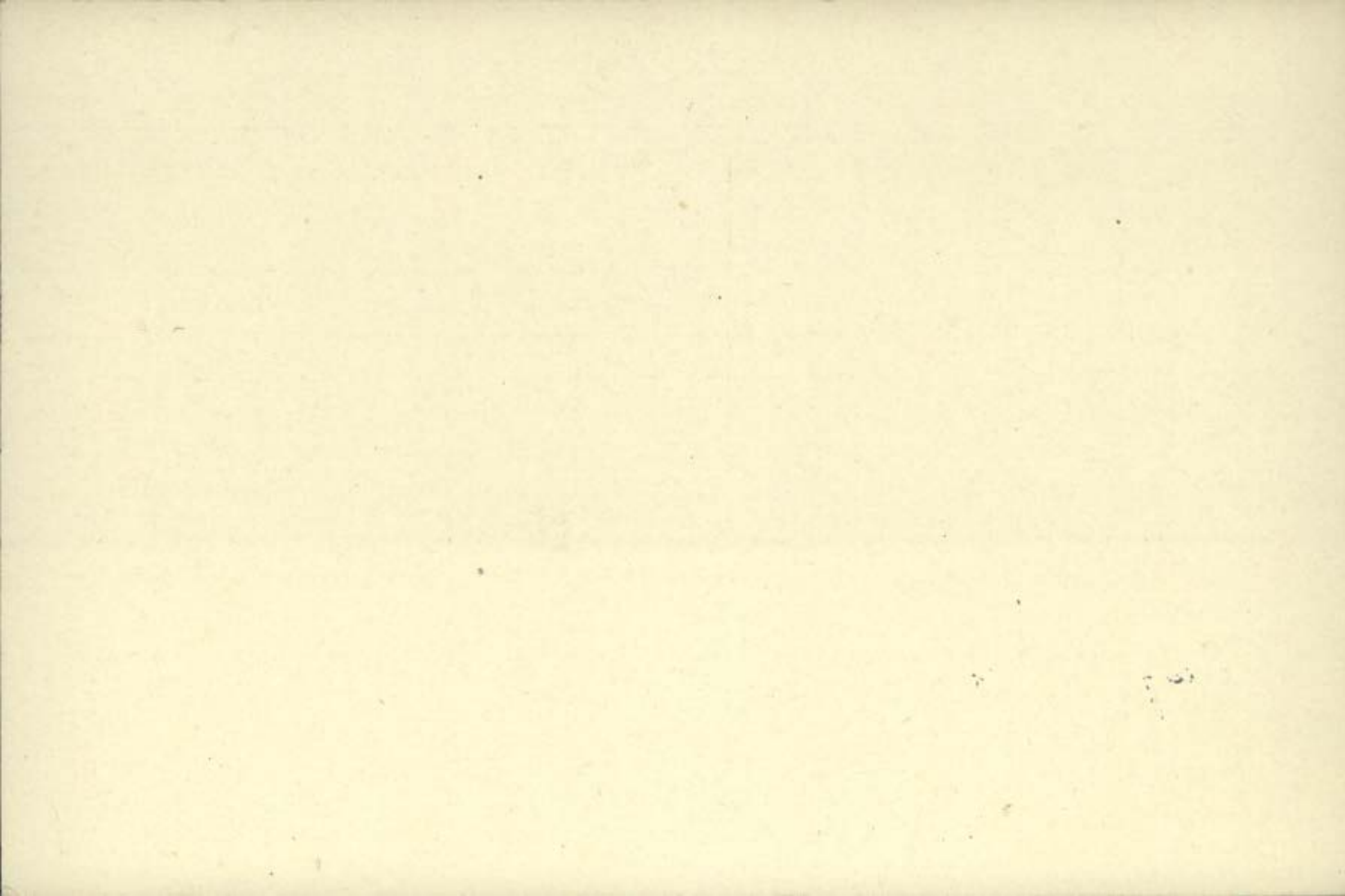
T. O. S. 72-2-16  
O. O. 9 of 18-2-16  
UNIT *119th Battalion*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
<i>Feb. 12</i>	<i>Feb. 29</i>	<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>u.</i>		

UNIT SAILED  
AUG 8 1916







649-B-15729.

754033 Pte. Joseph Bergeron. 119th. Bn

*form 52nd Bn*

Medals & Dec.

*M*

(Father) Mr. Gedeon Bergeron  
1703 Clark St.,  
Montreal, P.Q.,

Plaque & Scroll

(Father) Same as above.

*(Serial no. 991993.)*

Memorial Cross.

(Mother) Mrs. G. Bergeron,  
Address as above.

Scroll Dep. ~~MAR 1 7 1922~~ No 2. 29318

FEB 21 1922

Plaque Dep. ~~Row No. P 30/01~~

*not eligible for 14-15 Star*

*E. . . . . N.M.*

*E. . . . . B.W.M.*

*B. RR*



963

M

~~639532~~

639532

JAN 4 1921



H. S. d

Number

54033 ✓

Rank

Pte. ✓

W

Surname

BERGERON ✓

Christian Name

Joseph ✓

Units

52nd Can Coy Theatre of War France ✓

Date of Service

29-11-16 ✓

Remarks

(J) Mr. Gideon Bergeron

Latest Address

1703 Clark St.,  
Montreal, P.Q.

Roll No.

Page 19411

200m.-6-21.



# GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DEPT. OF DEFENSE  
OTTAWA  
NOV 30 1922  
4372



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Aug 1/16.*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20.</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. *754033.*  
 Rank *pte* Promoted Reverted Discharge  
 Soldier's Name *J. Bergeron*  
 Battalion *119 Batts*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Gideon Bergeron*  
 Address *1703 Clark St., Montreal Que.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917 Oct</i>			<i>300</i>	<i>300</i>
<i>Nov</i>	<i>C 56042</i>		<i>20</i>	<i>20</i>
<i>Dec</i>	<i>750338</i>		<i>20</i>	<i>20</i>

### REMARKS

*CFV 30/11/17. 320<sup>00</sup> Reynolds 7/12/17.*  
*A50338 cancelled. a/c closed. 30/11/17 Reynolds 7/12/17*  
*#20 overpaid for November. Refund requested J.S. 29/5/18.*  
*br. slip for #10<sup>66</sup> 11/6/18 J.S.*

Pensions Notified Date	<i>7/12/17</i>
Killed in Action	
Date of Wounds	<i>26/10/17</i>
Clerk	<i>Reynolds</i>
Date Noted	<i>7/12/17</i>

*1/2 9/27  
1917*



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

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
4009-6-17-1772-89-1141  
L. L. 23320-M. & D. 7593.



MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *St Gregoire Quebec.*  
 NAME AND ADDRESS OF NEXT OF KIN *G. Bergeron*  
*1703 Clark St., Montreal, Quebec, Canada*  
 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
<i>Rec'd in action</i>	<i>26/10/17</i>	<i>CLAB 13/11/17</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *754033* RANK *Pte* NAME *Bergeron, Joseph*  
 IF IN PERM. CORPS WHAT UNIT UNIT *119 Bn, C.E.F.* TRANSFERRED TO *52<sup>nd</sup> Bn* DATE *1/1/16* AUTHORITY *Pro 2006*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Day 2 P* DATE *1/1/17* AUTHORITY *CLAB 1/17*  
 PLACE OF ATTESTATION *Blind River, Ontario* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *Feb 12-1916* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *20<sup>00</sup> xx* DATE EFFECTIVE *1st Aug-1916*  
 PAYABLE TO *Gideon Bergeron, 1703 Clark St., Montreal Quebec, Canada* RELATIONSHIP *Father*  
 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	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS										
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT								
			\$	C.						\$	C.																	No.	DATE	No.	DATE	No.	DATE	No.	DATE
1916																																			
<i>Aug 31</i>								<i>8 27</i>	<i>8 27</i>																								<i>Real from Canada</i>		
<i>Sept 30</i>	<i>100</i>	<i>30 00</i>	<i>30 10</i>	<i>3 00</i>				<i>33 00</i>	<i>109 54/16</i>	<i>151 30/9</i>			<i>2 43</i>	<i>2 43</i>			<i>20 00</i>	<i>24 86</i>	<i>16 41</i>																
<i>Oct 31</i>	<i>100</i>	<i>31 00</i>	<i>31 10</i>	<i>3 10</i>				<i>35 10</i>		<i>540 31/10</i>				<i>9 74</i>			<i>20 00</i>	<i>29 74</i>	<i>20 77</i>																
<i>Nov 30</i>	<i>100</i>	<i>30 00</i>	<i>30 10</i>	<i>3 00</i>				<i>32 00</i>	<i>282 15/11</i>	<i>319 20/11</i>			<i>7 30</i>	<i>4 86</i>			<i>20 00</i>	<i>32 48</i>	<i>21 29</i>		<i>32</i>	<i>37 08</i>			<i>20 00</i>	<i>1 29</i>						<i>Issue on a payment of 20.436 Trans to 52<sup>nd</sup> Bn 30/11/16</i>			
<i>Dec 31</i>		<i>31</i>	<i>31</i>	<i>3 10</i>				<i>34 10</i>		<i>719 7/12</i>				<i>8 72</i>	<i>8</i>		<i>20</i>	<i>28 72</i>	<i>26 67</i>																
<i>1917</i>		<i>12 20</i>		<i>12 20</i>																															
<i>Jan 31</i>	<i>100</i>	<i>34 10</i>						<i>34 10</i>		<i>741 30/12</i>			<i>5 23</i>				<i>20</i>	<i>25 23</i>	<i>35 54</i>																
<i>Feb 28</i>		<i>30 80</i>						<i>30 80</i>		<i>795 30/1</i>			<i>5 24</i>				<i>20</i>	<i>25 24</i>	<i>41 10</i>																
<i>March 31</i>		<i>34 10</i>						<i>34 10</i>	<i>826 28/2</i>	<i>1018 19/2</i>			<i>2 62</i>	<i>2 62</i>			<i>20 00</i>	<i>27 86</i>	<i>47 31</i>							<i>20</i>									
<i>Apr 30</i>		<i>33</i>						<i>33</i>		<i>4 47/1</i>			<i>2 62</i>				<i>20</i>	<i>22 62</i>	<i>57 72</i>																
<i>May 31</i>		<i>34 10</i>						<i>34 10</i>		<i>2148 20/3</i>					<i>3 49</i>		<i>20</i>	<i>23 49</i>	<i>68 33</i>																
<i>June 30</i>	<i>100</i>	<i>33</i>						<i>33</i>									<i>20</i>	<i>96 40</i>	<i>115 70</i>															<i>In confinement until 3/6 14/17 Sustained 14/17 as subject of Pro 1 B.C. 52 9/17</i>	
<i>July 31</i>		<i>34 10</i>						<i>34 10</i>									<i>20</i>	<i>20</i>																	
<i>Forward</i>		<i>267 40</i>						<i>8 27</i>	<i>375 67</i>				<i>28 06</i>	<i>28 37</i>	<i>3 49</i>		<i>20</i>	<i>96 02</i>	<i>375 94</i>																

Checked *J. Hatchings*

MAR 27 1918

*ADP Book*  
*Verifying*



754033

The Bergeron J.

A.P. \$20<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT	
			\$	c.						\$	c.																	No.
Food			367	40					8 27	375	67			28 06	28 37	3 49		220	96 02	375 94		27						
Aug 31	1 <sup>0</sup>		34	10					24	10				3 57	5 35			20 77		20		13 83						
Sept 30			33	50					33					1 28	5 35			20		36 94		9 89						
			434	50					827	442	77			34 30	29 07	3 49		260	96 02	438 15		43 88						
MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	CR.1	DR.2	BALANCE	DETR. SER. PAY. ENG.	SER. ALICE.															
Jan	Bal B. down		9 89								9 89																	
Oct	D. Pay		34 10								20																	
Nov			34 10		ar. 733 9/9 520/16	2 68					20	21	31															
					" 824 520/16 4 10	3 57																						
					" 765 " " 19/9/17	2 68																						
					" 804 " " 18/10/17	4 46					10 61																	
						10 70																						
					Balance transferred to N. E. Branch						10 61																	
						10 66																						
Sept 18	L. 15732 12/17																											
May 18	L. 196 16 28 32																											
					L. Ottawa 10/18 16 33						10 66																	

Checked M. [unclear]

Cash found in effects 054