

22911

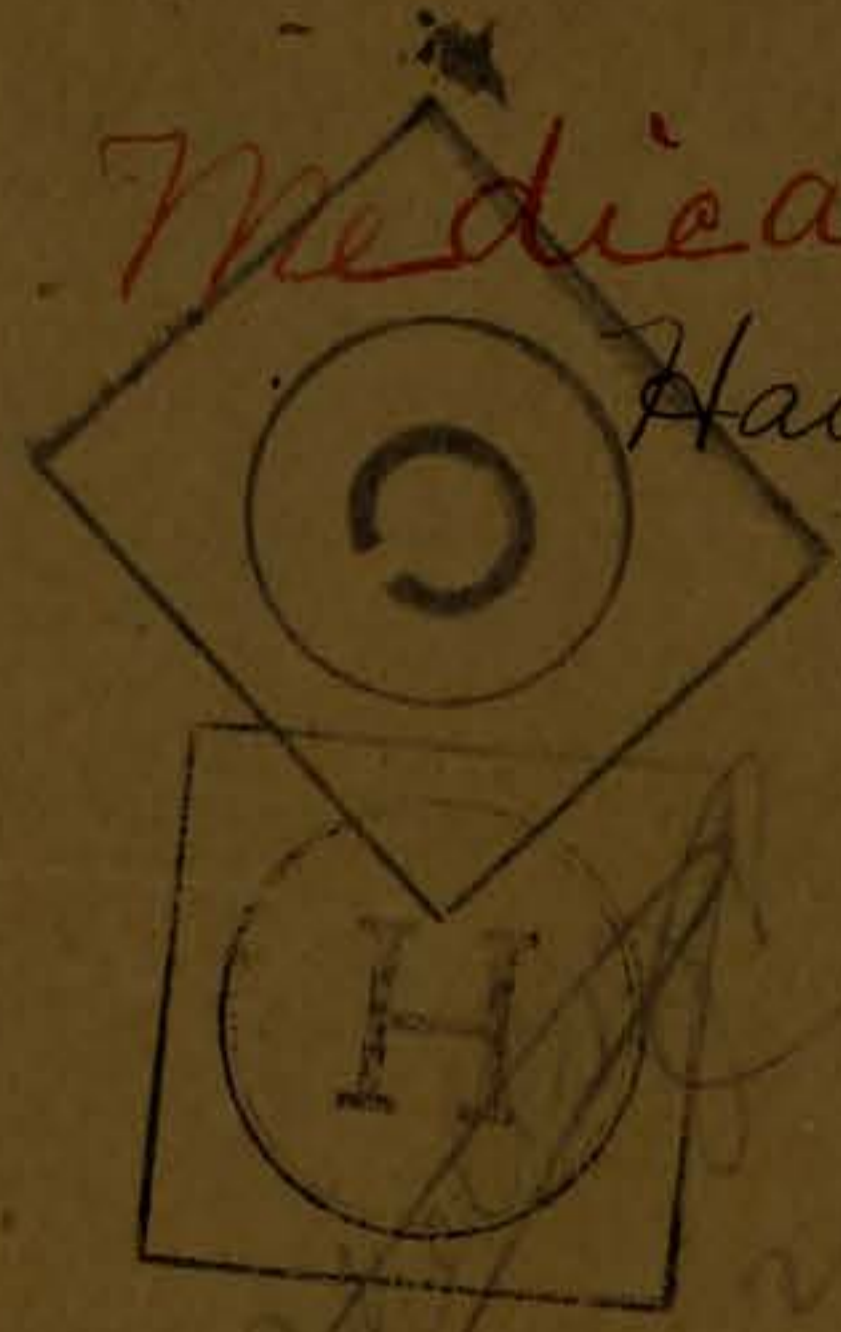


R. O. No.
H. Q. No.

DISCHARGE DOCUMENTS

Name Blais, Alfred
2nd Ent 3041522
Regt. No. 660889 Rank Pte
Corps 163rd Bn.

Medically Unfit
Having died S. O. S.
at North Bay Mem. Hosp -
25-10-18



Am 13 18 22

4-4
34 24
31 25
3

J.S.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1



M. H. W. 67-1

268

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... *Blais*
- 1a. Quels sont vos noms de baptême?..... *Alfred*
- 1b. Quelle est votre présente adresse?..... *St. Marys Ont.*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... *Port-Coulonge Qué.*
- 3. Quel est le nom de votre plus proche parent?.. *James Blais*
- 4. Quelle est l'adresse de votre plus proche parent? *Port-Coulonge*
- 4a. Quel est votre degré de parenté avec icelui?.... *mon père*
- 5. Quelle est la date de votre naissance?..... *1893*
- 6. Quel est votre métier ou profession?..... *Journaux*
- 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?..... *non*
- 10. Avez-vous déjà fait du service militaire?..... *non*
(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, *Alfred Blais* 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.

Date *Avril* 1916 *Alfred Blais* (Signature de la Recrue)
Sergt. Brunet (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, *Alfred Blais* 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.

Date *Avril* 1916 *Alfred Blais* (Signature de la Recrue)
Sergt. Brunet (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 *St. Marys* ce *1* jour de *Avril* 1916
Alfred Blais (Signature du Juge)

Signallement de Fred Blais à l'Enrolement

Age apparent 23 ans mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

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.

Taille 5 pieds 8 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 37 pouces
 Marge d'expansion 4 pouces

Teint Dark

Yeux Hazel

Chevelure Dark Brown

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

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

Date April 1 1916.

V. A. Ashby
 Major 759th Bn. C. E. F.
 Médecin-Officier.

Lieu Sudbury

* 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:

CERTIFICAT DE L'OFFICIER COMMANDANT

Blais Alfred 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.

H. Desrosiers, Lt. Col. (Signature de l'officier.)

Date April 1 1916

O. C.
 163rd B'n. (F.C.) C.E.F.

MEDICAL HISTORY SHEET.

Surname Blais Christian Name Fred

Examined { on 1st day of April 1916
 at Sudbury
 Birthplace { City or Town Fort-Couleridge
 County Ponthiac P. 2

Approved by [Signature]
 Rank Major 159th Bttn. C. E. I. M.O.

Apparent age 23
 Trade or occupation Lumberjack
 Height 5 Feet 5-8 Inches.
 Weight 140 Lbs.
 Chest measurement { Minimum 33 inches.
 Maximum expansion 4 inches.
 Physical development Good
 Small-Pox Marks

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

Vaccination Marks { Arm Right. Left.
 Number 0
 When Vaccinated last Never

Date.	Result.	VACCINATIONS.

(a) Marks indicating congenital peculiarities or previous disease Slight goiter
 (b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 1st day of April 1916 at Sudbury

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		660889		
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.

660889

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
St George's Bermuda		26	5	16	12	6	6	Gonorrhoea	10	Inj. Pot Permang. Mist-Alkali. Recovery.	Perrett Kelley Civil Surgeon
—		19	9	16	18	9	16	Rheumatism	10	Bed. Mist Soda Sulph. Recovery.	Jp
—		8	10	16	Found fit for active service						Jp Civil Surgeon

000000

1000

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 66089 Rank Pte. Name A. Blais
 Corps 163 Battalion who was* discharged
 On December 12th 1916, to Civil Life.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from December 1st 1916, to December 12th 1916, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	7	40
Advances } No.			Regt'l Pay <u>12</u> days at \$ <u>1</u> c	12	00
by } No.			Field Allow. <u>12</u> days at \$ c <u>10</u>	1	20
Cheques } No.			Other Allowances* <u>Clothing</u>	13	00
Assigned Pay No.			Other Credits*		
Other Charges*			Bal. Dr. (to be deducted by new unit)		
Payment on transfer or discharge No. <u>3041</u>	33	60			
Balance Cr. (to be paid by the new unit)					
Total	33	60	Total	33	60

*Give Particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191... to (Assignee)

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted Single.
- (3) cause of discharge and authority

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date December 22nd, 1916.

Place Kingston, Ont.

[Signature]
Captain
Officer Paying Returned Soldiers
Military District No. 3

Paymaster

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

EAST PAK CERTIFICATE

The undersigned hereby certifies that the following is a true and correct copy of the original as shown to him by the holder of the certificate.

On this day of the month of 1942 at the place named above.

Signature of the Officer in Charge of the Contingent

Signature of the Officer in Charge of the Expeditionary Force

Signature of the Officer in Charge of the Expeditionary Force

11

DEPT MILITIA & DEFENCE
NOV 15 1916
642 P 9898
CANADA

Form to be used instead of blank space on Army Form
Proceedings of Medical Board at Discharge Depot.

Number Rank Name & Corps of disabled soldier.
660889, Pte Blais, Alfred, 163rd Bn.
Previous civilian occupation. Laborer.

Cause of disability -
Goitre - not due to but slightly aggravated by service.

Condition in detail which prevent the soldier earning a full livelihood:-

Complains of choking when wearing
tunic buttoned ~~on~~ on exertion.
No exophthalmos. Heart & Lung
normal. Condition has been
present for over two years, but
has been gradually growing larger.

Opinion of the Board.

Degree of incapacity (Please state in fractions)

1/8, 60% due to service; due to ail by operation.

Probable duration of incapacity.

Permanent, unless operated upon; then not.

Does it render him permanently unfit for Military Service? *yes.*

Would operation, special treatment or the use of appliances,
etc., lessen incapacity? *unless operated upon, then no.*
Convalescent Home, 1 mo; in operation.

Signature

A. H. Robertson Cap President
W. J. Coglan Cap Members
A. C. Key Cap Members

Station. *Que; Que*

Date *Nov 7/16*

Approved.

Date *Nov 4/16*

W. W. Carruth Major
Assistant Director Medical Service

Date *23/11/16*

J. A. Somersley Capt
Director General Medical Service

*Carded
6-12-16
Bl.*

5

R-5
-25

Form to be used instead of blank space on Army Form 100

Department of Health, Education and Welfare

Number: _____ Date: _____

Signature of Physician

Signature of Patient

Signature of Nurse

Signature of Other

Signature of Hospital

Signature of Authority

Signature of Doctor

Signature of Nurse

Signature of Other

Signature of Hospital

Signature of Doctor

Signature of Nurse

Signature of Other

Signature of Doctor

Signature of Nurse

Signature of Other

Signature of Hospital

Signature of Authority

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *1st / 1st C.O.R.*Regimental No. *3041522* Rank *Pte* Name *Blais, Alfred*Enlisted (a) *11.11.17* Terms of Service (a) *10 of 11* Service reckons from (a) *11.11.17*

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).

Date	Report		Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	From whom received	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			
18.10.18	1st / 1st C.O.R.	I.O.S. (msa Defaulter) & posted to "ND" Coy w/e	Toronto	11-11-17	DO# 291.
"	"	S.O.S. "Cat. E" L of a from 17-10-18 for 30 days.		16-11-18	DO# 291.
		Admitted to Queen Victoria Memorial Hosp.	North Bay	19-10-18	N. Q. 649-B-32949
		S.O.S. Having died	" "	25.10.18	N. Q. 649-B-32949
6.3.22	"	nt # 291 d/18.10.18 cancelled & following substituted: - SOS having died at Queen Victoria Mem. Hosp North Bay	Issued by DoGR	25.10.18	After order # 97 folio 16 auth HQ 649-B-32949.

P. Ruthie

(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.

I.P.T.

Capt. for DoGR.

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

M. F. W. 54. (A. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 163rd B'n (F.C.) C.E.F.

Regimental No. 660889 Rank Pte. Name Blais Alfred
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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

V 71

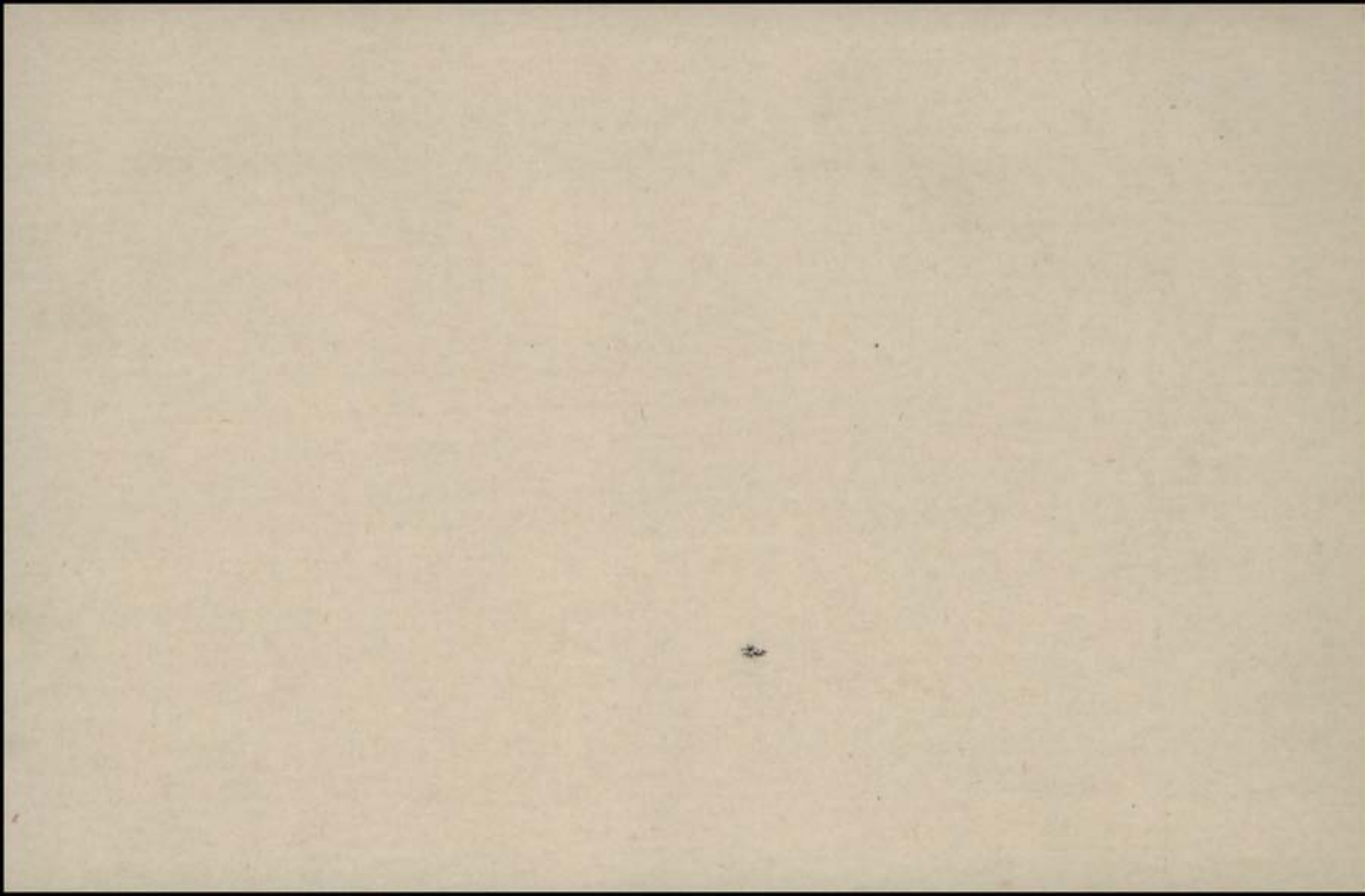
Surname Blais H. Q.
Christian names Alfred M. D. No. 2
Regtl. No. 3041522 Rank Pte. T. O. S. Nov. 11th 1917
Unit 1st Gen Out Regt. 1st Div Bu. D. O. Pt. II 291 of 18-10-18
Reason Dis 16/11/18 19
Auth. D.O. 291 of 18/10/18 1/1 COR

Next of kin Blais, Mrs James Relationship Mother
Address Fort Coulange, P.A. Also notify:

BORN—Place Canada Fort Coulange, P.A. Date Jan 1893

ATTESTED—Place Yoronto, Ont. Date Nov 1917

O/S R/C



Reg. No. 660889 Name Blais, A.
Rank Pvt Corps 163rd Bin Age - Service -
Ledger No. . Serial No. .

HOSPITALS

DATE

DIAGNOSIS

Fleming Ottawa
D. L. unit

9-11-16
26-12-16

Gaiter

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 66089 RANK

Pte

NAME Blais, G

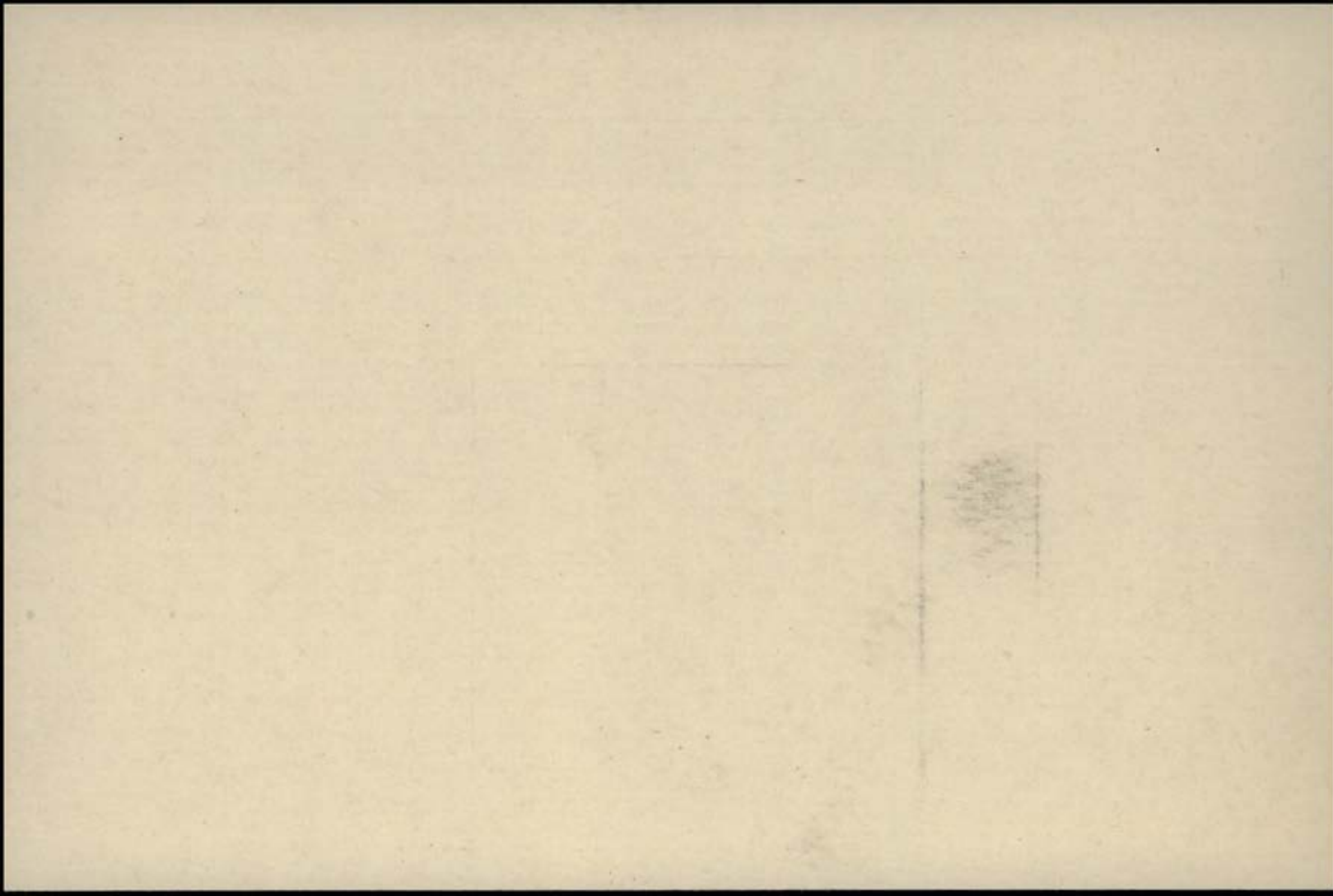
T. O. S.

UNIT

Discharge Depot Leubec

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 No no dates	1916	✓	16 3rd	



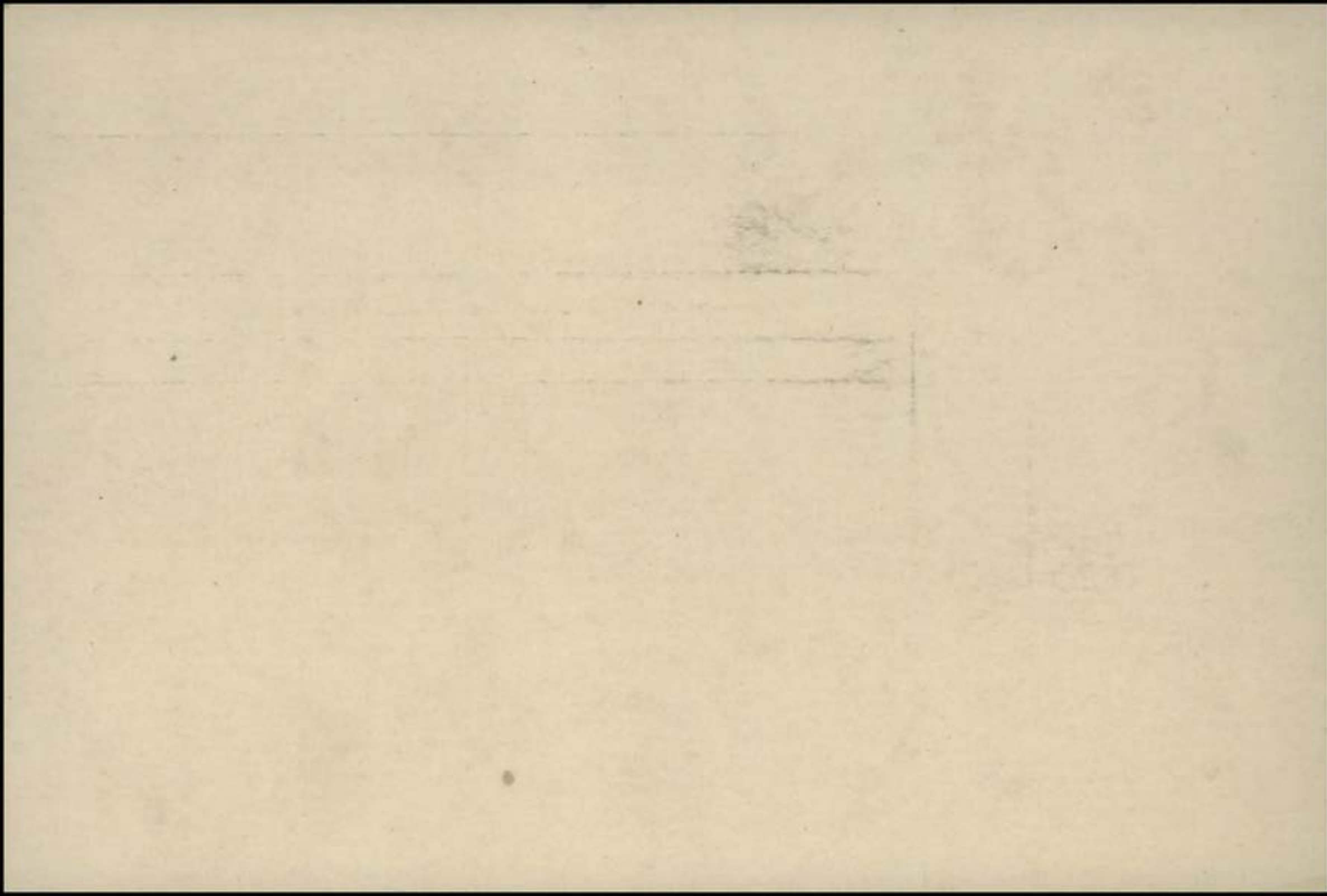
No 66089 RANK Pte.
660889 163rd B'n.

NAME Black Alfred

T. O. S. UNIT Casualties C. E. I

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1416 Dec 13	1916 Dec 26	M	Dischgd. 26/12/16	Gen. pay list.
			ap. closed by payment M.	



649-75-9878

CARD NO. ✓

SURNAME. *Blais*

CHRISTIAN NAMES *Alfred*

REGL. NO. *660889*

RANK *Pte.*

UNIT *163rd.*

Bn.

FORMER CORPS *Nil.*

FOLL.
S.O.S. Dis. 21-12-16 3

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Blais, James.*

RELATIONSHIP TO SOLDIER *(father)*

ADDRESS *Fort Boulouge, P. 2.*

COUNTRY OF BIRTH *Canada. Fort Boulouge, P. 2.*

DATE *1893.*

PLACE OF ATTESTATION *Sudbury, Ont.*

DATE *Apr. 1st. 1916*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Roman Catholic.

yes.

DESCRIPTION.

APPARENT AGE

23.

YEARS

MONTHS

HEIGHT

5-

FEET

5-

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

4.

INCHES

COMPLEXION

dark.

EYES

hazel.

HAIR

dark brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Sudbury, Ont.

DATE

Apr. 1st, 1916.

Present address: Sudbury, Ont.

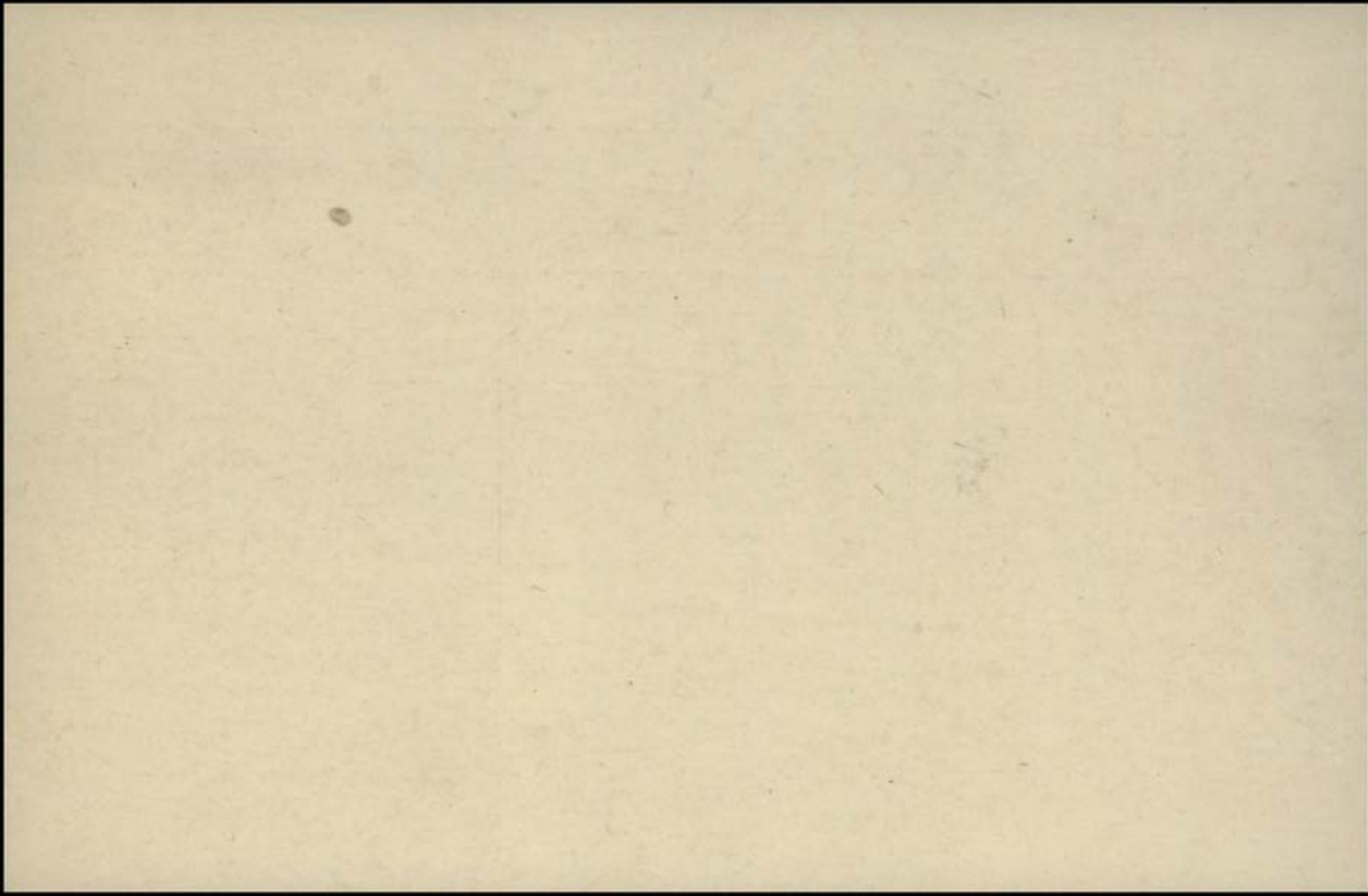
No. 66189 RANK Pte.
163rd B'n.

NAME Bliss A.

T. O. S. UNIT Casualties C. C. S.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec. 1	1916 Dec. 12	N.	Disch'd. 12/12/16	(H.O. 111) of 28/12/16
			acc closed by payment N.	



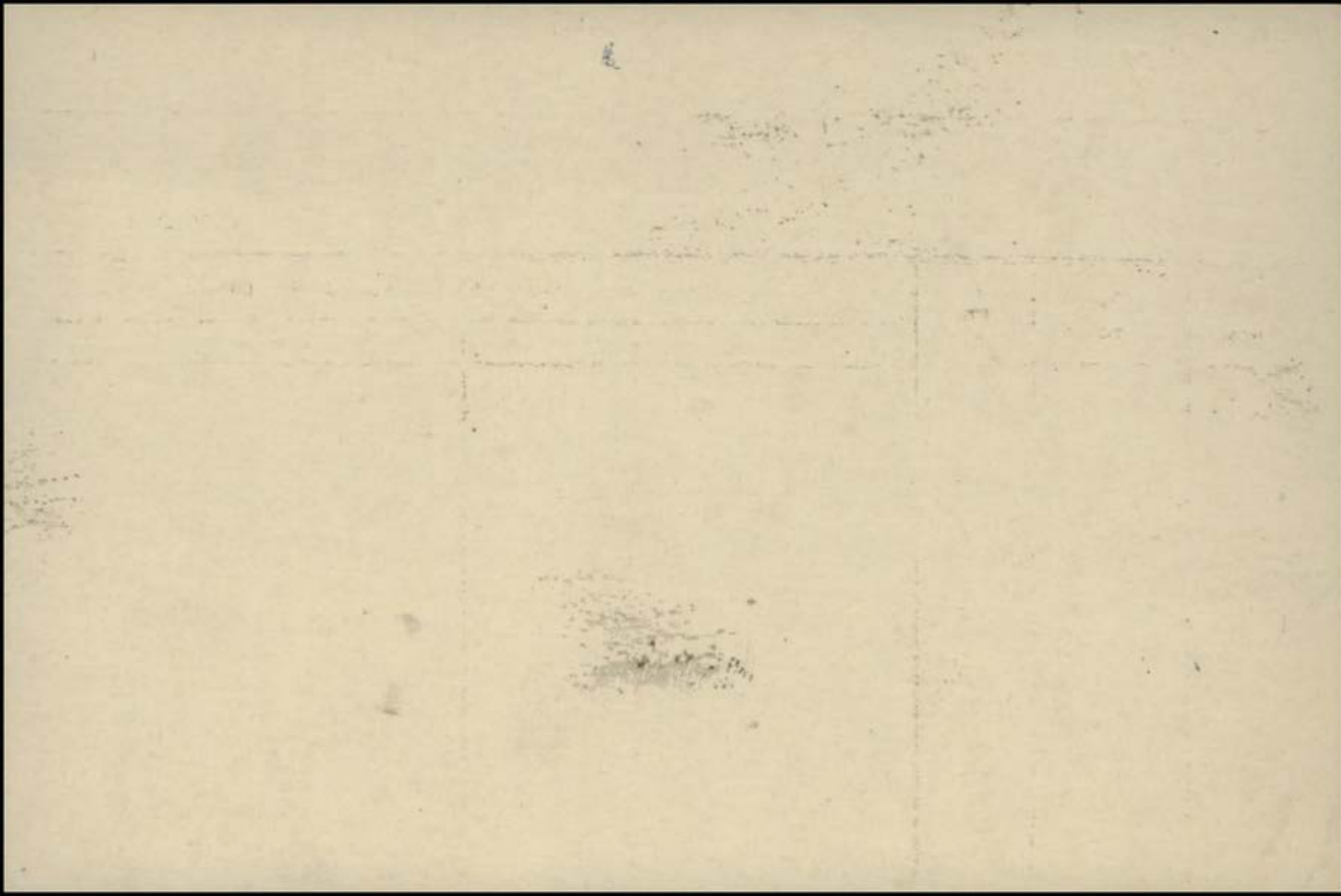
No. 660889₇ RANK Pte

NAME Blais Alfred.

T. O. S. 1-4-16 UNIT 163rd Battalion, C. E. F.
Do 95-12-4-16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<u>1916</u>	<u>1916</u>			
<u>Apr 1.</u>	<u>Apr 30</u>	<u>c.</u>		
	<u>May</u>	<u>c.</u>		
	<u>June</u>	<u>c.</u>		
	<u>July</u>	<u>c.</u>		
	<u>Aug.</u>	<u>c.</u>		
	<u>Sept</u>	<u>c.</u>		
<u>Oct 1</u>	<u>Oct 27</u>	<u>c.</u>	<u>5 days det 11-9-16</u>	<u>Do 93-A-9-16</u>
			<u>In apt to Disc. depot at</u>	
			<u>John 27-10-16</u>	<u>Do 127 J 10-16</u>



649-B-32949

Blais Alfred Pte., #3041522 e. B.F. 1st Depo Bm E. O. R.

Meds & Decs Father Mr. James Blais,
P.O. Box 16,
Fort Coulonge, Que.

P. & S. Father Same as above.

(Ser # 806520)
Mem. Cross Mother Mrs. Jas. Blais,
Addressas above.

MAY 4 - 1971 39889

Scroll Desp. Reqn. No 241194

DEC 1 1981
Plaque Desp. Rem No 18834 *no 18834*

Canada only,

1920

DEC 28 1920

638594 ✓

649

File No. 1591-A 45

WAR SERVICE GRATUITY.

Register No. B2020

1 NV 16-10-19 1948

Reg. No. 660899 Ote

Dependent Mr James Blais

Name Blais Alfred

Address Same

Address Fort Coulbonge

PO Box 16 Que

(Deceased)

Rw 104
720

Pay Soldier \$

Pay Dependent \$

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1				dependent	1			
2				not eligible	2			
3				folio 17 file #	3			
4				1591-A 45 W120				
5				5-2-20	5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

mw

*gms
nk*

Name *Blais*
Surname

Christian Name *A*

Regimental Number *600899*

Rank *1st Lt*

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

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

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1591-A-2

Name *Blais* **Blais, Alfred**
Surname

Christian Name

Regimental Number **660889**

Rank **Pte.**

Address (in full) **Fort Coulonge, P.Q.**

Unit **163rd Bn.**

Original Unit

District where paid **M.D.3.**

Date of Discharge **26-12-16**

P. D. P. Filing Number **10-3-3.**

Rates:—Regimental pay \$ **1.00** per diem; Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	51	26-7-17	33 00	49	27-8-17	33 00	49	1-10-17	34 10		100 10

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks:

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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

This space to be for numbers.

Proceedings on Discharge.

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

No. <i>660889.</i>	
Rank <i>Private</i>	
Name <i>Blais Alfred.</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>163rd B'n. (F.C.) C.E.F.</i>	
Date of Discharge	
Place of Discharge	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>23</i>years.....months.	Descriptive Marks <i>None.</i>
Height..... <i>5</i>feet..... <i>5</i>inches.	
Complexion <i>Dark.</i>	
Eyes <i>Hazel</i>	
Hair <i>Dark Brown.</i>	
Trade <i>Labourer.</i>	
Intended place of residence } (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <i>Permanently unfit</i>	
<small>N. B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc. <i>Fair</i>	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Labourer</i>	

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

*Noted
29/2/16
G.M.B.*

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Prospect Bermuda* *W. Desrosiers Lieut Col*

(Date) *25 Oct 1916* *Commanding 163rd Batt'n. G.E.F.*

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... (Signature of Soldier.)

(Date)..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature).....

(Date).....

Reservations referred to at Para. 8.

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

18112
100-16111/16

(On leaving Corps or Station where invalided.)

Transfer { Date _____
Station _____ } Name of _____
or { Date _____
Embarkation { Port _____ } Vessel _____
} Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
Hospital or Station _____ } Officer in medical charge _____

(At Station or Hospital where finally disposed of.)

Station and Hospital }
Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision }

Administrative Medical Officer.

MEDICAL REPORT ON AN INVALID.

Army Form B. 179.

Station _____
Corps _____
Regimental No. _____
Rank _____
Name _____
Disability _____
Date _____

Hospital or Station transferred to for final disposal }
Date of final disposal }
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
(4736) W. 8530/2774. 500w. 9/15. C. P., Ltd.
Forms B. 179. 34.



Army Form B. 179
LITIA & DE
NOV 15 1916
H.Q. CANADA

Medical Report on an Invalid.

Station Wagford Bermuda
Date 7th October 1916

- 1. Unit 163rd CEF Batt
- 2. Regimental No. 88660889
- 3. Rank Private
- 4. Name Blais
- 5. Age last birthday 23
- 6. Enlisted { on 1. 4. 16
at Montreal
- 7. Former Trade { Labourer
or Occupation }

8. Disability.

Ch 638 Doctre

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Over two years ago
- 10. Place of origin of disability. Canada
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
He states he has suffered from Doctre for over two years.
He has not been in a military hospital

- 12. (a) Give your opinion as to the causation of the disability.
Constitutional tendency
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).
Not so caused

Carded
6-12-16
3

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He has a large goitre

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Not applicable

No

yes

Not applicable

Discharge as permanently unfit

R.D.W. Parker Capt
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except

Station Watford Bermuda
Date 7th October 1916

R.D.W. Parker Capt
Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

see answer 20(a)

21. Has the disability been aggravated by

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in Question 20, and if so which?

No

22. Is the disability permanent?

yes unless relieved by operation

23. If not permanent, what is its probable minimum duration?

see answer 22

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Not lessened

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

yes

25. If an operation was advised and declined, was the refusal unreasonable?

refusal was unreasonable

26. Do the Board recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit

Signatures:—

W. J. Rambo President.

Station Bermuda
Date October 7th 1916

R.D.W. Parker Capt
J.R. Show Capt Members.

Approved.
Station Project Bermuda
Date October 9th 1916

Major S. M. O. Bermuda
Administrative Medical Officer.

2

Does the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

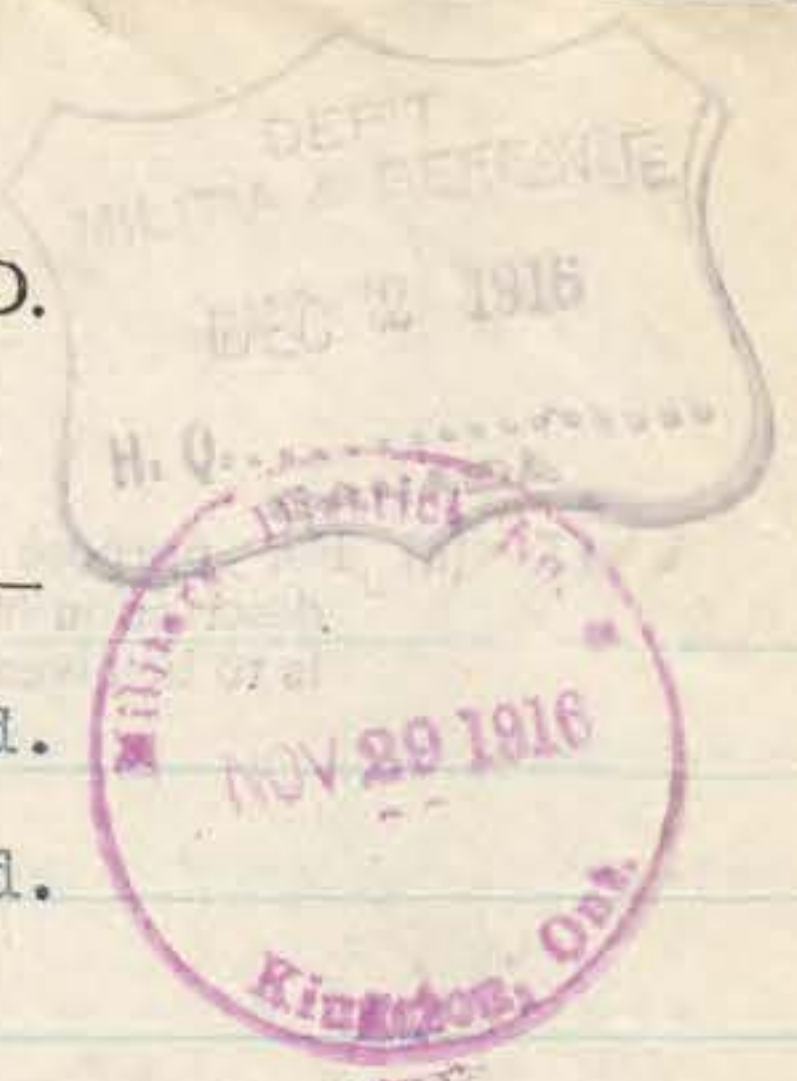
The original Report is invariably to accompany the discharge documents of Invalids.

Hospital or Station transferred to for final disposal. }
 Date of final disposal }
 How finally disposed of }
 Date
 Disability
 Name
 Regimental No.
 Corps
 Station
 Rank

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 130 M-5-16.
 H. Q. 172-89-117.

MEDICAL HISTORY OF AN INVALID.



- Station. Ottawa, Ont.
 - Regiment or Corps. 163rd Battalion.
 - Regimental No. and Rank. 660889 pte.
 - Name. Alfred Blais.
 - Age last Birthday. 23
 - Enlisted on 27th March 1916. at Sudbury Ont.
 - Former Trade or Occupation. Laboureur. Date. 27th Nov. 1916.
 - General remarks on his:—
 - (a) Conduct. Good.
 - (b) Habits. Good.
 - (c) Temperance. Temperate.
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service.	Years.	Days.	PERIODS.	
			FROM.	TO.
163rd Battalion C.E.F.			27th March 1916	date.

- (a) Disease or disability. Goitre.
- (b) Date of origin. 1914.
- (c) Place of origin. Fort Colonge.
- (d) Cause. idiopathic.
- Present Condition. (Most Important) Simple cystic goitre, in centre of neck, about size of egg. Refused operation.

(To include full description of present disabling condition or conditions.)

- (a) Is the disability the result of service or climate? No.
- (b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.

150 M-5-16.
1772-39-117.

Carded
 6-12-14
 Bt 7

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

small scar right of right eye.

Does the Board concur with the preceding report? If not, give differing opinion.

Yes.

10.

11.

12.

15.

16.

17.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14. Treatment

Convalescent Home, refused operation.

18. Is he unfit for Military Service.

Yes.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Any aggravation due to service has passed away.

Recommendations :

That Private Blais be discharged from the service as medically unfit. Any aggravation of disability due to service has passed away.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent unless operated upon.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

not at all. Earning capacity as previous to enlistment.

Signatures :—

18. State if for discharge on account of unfitness for Service.

unfit for service.

Station. Ottawa, Ont.

Date. Nov. 27th 1916.

Date. NOV 29 1916

Approved.

Date.

4¹²/16

Handwritten signatures of board members: President, P. H. Esch, Capt. [unclear], J. H. [unclear], and another member.

Handwritten signature of the Medical Officer.

Medical Officer by whom the case is brought forward.

Assc. Director of Medical Services.

Handwritten signature of the Director-General of Medical Services.

Director-General of Medical Services.