

120986  
**I.D. number**  
**No. d'identification**

BLAIS  
**Surname**  
**Nom de famille**

HERMINIGILDE  
**Given names**  
**Prénoms**

DEC'D 041014/9

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu**

798

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**



23001



DISCHARGE DOCUMENTS

R. O. No. ....  
H. Q. No. 649-B-10928

Name Blais Herminegilde

Regt. No. 120986 Rank Pte.

Corps 57<sup>th</sup> B<sup>de</sup> C.E.F.  
(2) 69<sup>th</sup> Bn

(1) Med. Unfit 31-8-15  
(2) Presumed to have died 4-10-16



Box ~~402716~~

BOX #798

①  
6-23  
25-24  
33-24  
1

CANADIAN FORCES  
RECORDS CENTRE  
PERS JACKET  
ROOM

- Proceedings of Court of Inquiry or on men reported Missing on Active Service..... 1 <sup>at Enl.</sup>
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A.F.B. 2040C-1  
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A49026

# ATTESTATION PAPER

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Herménigilde Blais
2. In what Town, Township, or Parish, and in what Country were you born? Schumbert Lewis
3. What is the name of your next-of-kin? Anselme Blais (fire)
4. What is the address of your next-of-kin? 1892
5. What is the date of your birth? Unknown 1892
6. What is your trade or calling? Faillur
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. No
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

Herménigilde Blais (Signature of Man.)  
L. Blais (Signature of Witness.)

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

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

Date July 15 1918 Herménigilde Blais (Signature of Recruit.)  
L. Blais (Signature of Witness.)

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

I, Herménigilde Blais, 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 July 15 1918 Herménigilde Blais (Signature of Recruit.)  
L. Blais (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 Valcartier this 15 day of July 1918.  
E. Thériault (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
E. Thériault (Approving Officer.)

o.c. 57 Bn (C.F.) F.E.C.

DESCRIPTION OF Hermeneildo Blas ENLISTMENT.

Apparent Age 23 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. 5 ins.

Chest measurement { Girth when fully expanded        ins.  
 Range of expansion        ins.

Complexion       

Eyes       

Hair       

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date July 15 1915

Place Vancouver

[Signature]  
 Lieutenant

Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Hermeneildo Blas 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 July 15 1915

[Signature] (Signature of Officer.)  
Local

O.C. 57 Bn (CA) I.E.C.

File G

69th O. BN, C. E. F.

Original

120986

# ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? *Hermeneville Blais*
2. In what Town, Township or Parish, and in what Country were you born? *St Lambert Co. de Rivie*
3. What is the name of your next-of kin? *Augustine Blais father*
4. What is the address of your next-of-kin? *~~573 Rue St Jean~~*
5. What is the date of your birth? *15 July 1892*
6. What is your Trade or Calling? *tailor*
7. Are you married? *no*
8. Are you willing to be vaccinated or re-vaccinated? *yes*
9. Do you now belong to the Active Militia? *no*
10. Have you ever served in any Military Force? *no*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

*573 Rue St Jean  
Quebec  
P. Q. Canada*

*H. Blais* (Signature of Man.)  
*E. Martin Lieut* (Signature of Witness.)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *Sept 17th* 191*5*. *H. Blais* (Signature of Recruit)  
*E. Martin Lieut* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hermeneville Blais*, 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 *Sept 17th* 191*5*. *H. Blais* (Signature of Recruit)  
*E. Martin Lieut* (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 *Quebec* this *17th* day of *Sept* 191*5*.

*[Signature]* (Signature of Justice)

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

*[Signature]* (Approving Officer)

Description of *Hermenegilde Blais* on Enlistment

Apparent Age *23* years *3* months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.  
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height *5* ft *2 1/4* ins.

Chest measurement: Girth when fully expanded *34* ins.  
 Range of expansion *32* ins. *2*

Complexion *Fair*

Eyes *Blue*

Hair *Light*

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* *fit* for the Canadian Over-Seas Expeditionary Force.

Date *Sept 17<sup>th</sup>* 191*5*. *A. Lacroix*

Place *Quebec* *Capt. [Signature]*  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....  
 .....  
 .....

CERTIFICATE OF OFFICER COMMANDING UNIT.

*Hermenegilde Blais* 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 *Sept 17<sup>th</sup>* 191*5*. *[Signature]* (Signature of Officer)  
*St. Col.*

# MEDICAL HISTORY SHEET.

Surname Armenyilde Christian Name Blais

Examined { on 15 day of July 1915  
 at Dalcaudin 57  
 Birthplace { City or Town \_\_\_\_\_  
 County Quebec

Approved by Sgt. A. Saboury  
 Rank Lieut. M.O.

Apparent age 23  
 Trade or occupation Tailleur  
 Height 5 Feet 5 Inches.  
 Weight 125 Lbs.  
 Chest measurement { Minimum 34 inches.  
 Maximum expansion 36 inches.  
 Physical development Medium  
 Small-Pox Marks none

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

Vaccination Marks { Arm. Right. Left. Y  
 Number none  
 When Vaccinated last no none

Date	Result	VACCINATIONS.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 15 day of July 1915 at Dalcaudin 57<sup>th</sup> Bn

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment				
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.









File 9

ORIGINAL

120986

MEDICAL HISTORY SHEET.

4

Surname BLAIS Christian Name HERMENEGILDE

Examined { on 11th day of Sept. 1915 at Quebec Approved by A. LACORIX CAPT.

Birthplace { City or Town S. Lambert Rank M.O. County Levis

Apparent age 23-3

Trade or occupation Tailleur

Height 5 Feet 2 1/4 Inches

Weight Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 32 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left

{ Number

When Vaccinated last 5/5/16 good M.O.

(a) Marks indicating congenital peculiarities or

previous disease

(b) Slight defects but not sufficient to cause rejection

ANTI-TYPHOID INOCULATIONS, ETC.

10-2-16 good G.E.C. M.O.

1-2-16 good G.E.C. M.O.

15/7/16 M.M.C. M.O.

Enlisted on 17th day of September 1915 at Quebec

Enlisted on 17th day of September 1915 at Quebec

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Row 1: 22nd Bn, 120986.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.



Perforated sheet for Will from Pay Book of Reg.

No. 120986

Name. Hermenegilde Blais

Unit. 69 Batt. C.E.F.

MILITARY WILL

I agree to give all my  
pay and all what is  
coming to me in case  
of my Death or being  
a Prisoner of the war  
to Madame Delphine Corrigan  
Buran Poste

Quebec  
Canada.

Bergeville

St. Louis

Signature. Chemant H. Blais

Rank and Regt. 69 Batt. C.E.F.

Date. 19/7/16

I hereby certify that this document is a true copy of an  
original document now in possession of this office.

25  
6  
18

*CW Norton*  
for Director Military Estates



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Faint, illegible text in the middle section of the page.

Faint, illegible text on the right side of the page.

Faint, illegible text on the right side of the page.

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No 5909

\$96.36

Oliver East - Nov 12<sup>th</sup> 1917

Mrs Delphine Corrigan

Twenty six  $\frac{36}{100}$  dollars

being for amount due to the A. Blais

120986 22<sup>nd</sup> Br

up  
ac

*[Handwritten signature]*



Mae Delphine Corrigan  
F. J. Corrigan

Paid

1-12-17

Nov 22. 1917

Barque Nationale  
Belvedere  
Quai

---



W.B. Rank Name **BLAIS, Hermenegilde** Reg'l No. **120986**  
 Unit **69th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Quebec, Sept. 17th 1915.** Place of Birth **St Lambert, Co. Levis**  
 Name and Address, Next-of-Kin **Auselme Blais,**  
**592 Rue St Jean, Quebec, P.Q. Canada** Relationship **Father**

*M.A.*  
*16/11/21 M.J.*

Assigned Pay Monthly \$ Payable to

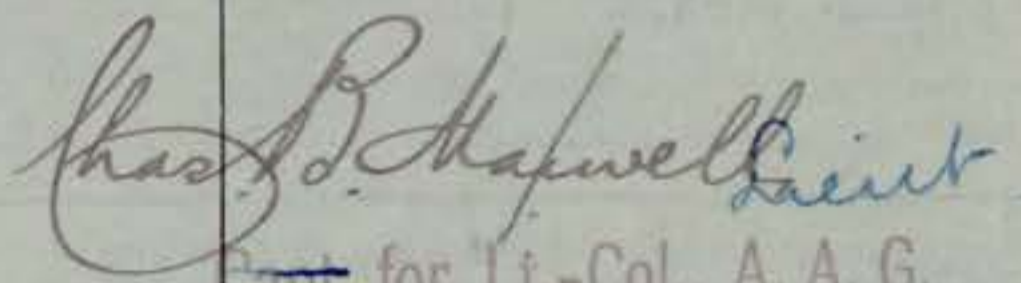

Separation Allowance \$ Payable to



Discharge, Date and Place Reason Character

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.				
29-4-16	H.Q.	Arrived in England.	Bramshott	28-4-16	DQ 1536
13.5.16	69th Bn	5 days CB. A.W.L.	Otterpool	11.5.16.	Pl. II 114
13.7.16	"	14 days #2 FP. 30 days PTA A.W.L. drunk	Libgate	9-12-16	" 164
25.7.16	"	Pay restricted A.W.L.	"	25.7.16	" 174. P.O. 28.24/16
27.8.16	"	Trans. to 22nd Bn	Ozeas	27.8.16	" 8 205
2.9.16	22nd Bn	I.O.S. from 1st	"	28.8.16	" 36
21.11.16	"	Rep. from Base Missing	Field	4.10.16	a.376: on
14.11.16	"	Missing, and I.O.S.	"	"	Pt. II-53
18.7.17	✓	Presumed to have Died	"	✓	7140 P.O. 48-8-817 CL 560

A.F.B. 103 CHECKED  
 30 AUG 1916  
*M.A.*

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				
					PA-II 10-53-14 1/16  Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, D. E. F.
18/7/17	22 <sup>nd</sup> Bn	Presumed "Dead"	Suda	4 <sup>10</sup> / <sub>76</sub>	PA-II 10-58  #1 for Colonel i/c Records Lieut. <i>Dr. J.C.</i>

CERTIFIED CORRECT.

5 SEP. 1916

CAN. RECORDS, LONDON.

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

*July*

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

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

59TH O. BATT. C. E. F

Unit, Regiment or Corps

Regimental No. 120986 Rank Private Name Blais Hermenegilde  
C. E. F.

Enlisted (a) 17/9/15 Terms of Service (a) duration of war Service reckons from (a) 17/9/15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Tailor

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	17/4/16	
		Arrived	England	27/4/16	
		Transferred to 2nd. Bn., C.E.F.	Dibgate		<i>O. E. Scott Capt</i>
28-8-16	C B D	Reinf. from 69th Bn. Taken on strength 22nd Bn		28-8-16	N. Roll Pt II 0.36/2-9-16
<i>18<sup>9</sup>/16</i>	"	Left C B D		<i>18<sup>9</sup>/16</i>	"
	2nd Can Ent Bn	Joined 2nd Can Ent Bn			
	"	Left do			
<i>22<sup>9</sup>/16</i>	OC. Bn	Joined Unit	Field	<i>20<sup>9</sup>/16</i>	B 213
<i>2<sup>11</sup>/16</i>	"	<i>Missing</i>	"	<i>21<sup>10</sup>/16</i>	<i>B 213-6<sup>10</sup>/16</i> <i>120108/575</i>

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

No. 49026

RANK

ap<sup>te</sup>.

NAME

Blais, H.

T. O. S. 13-7-15 D. O. # 22 B UNIT

57<sup>th</sup> Battalion C. E. L.

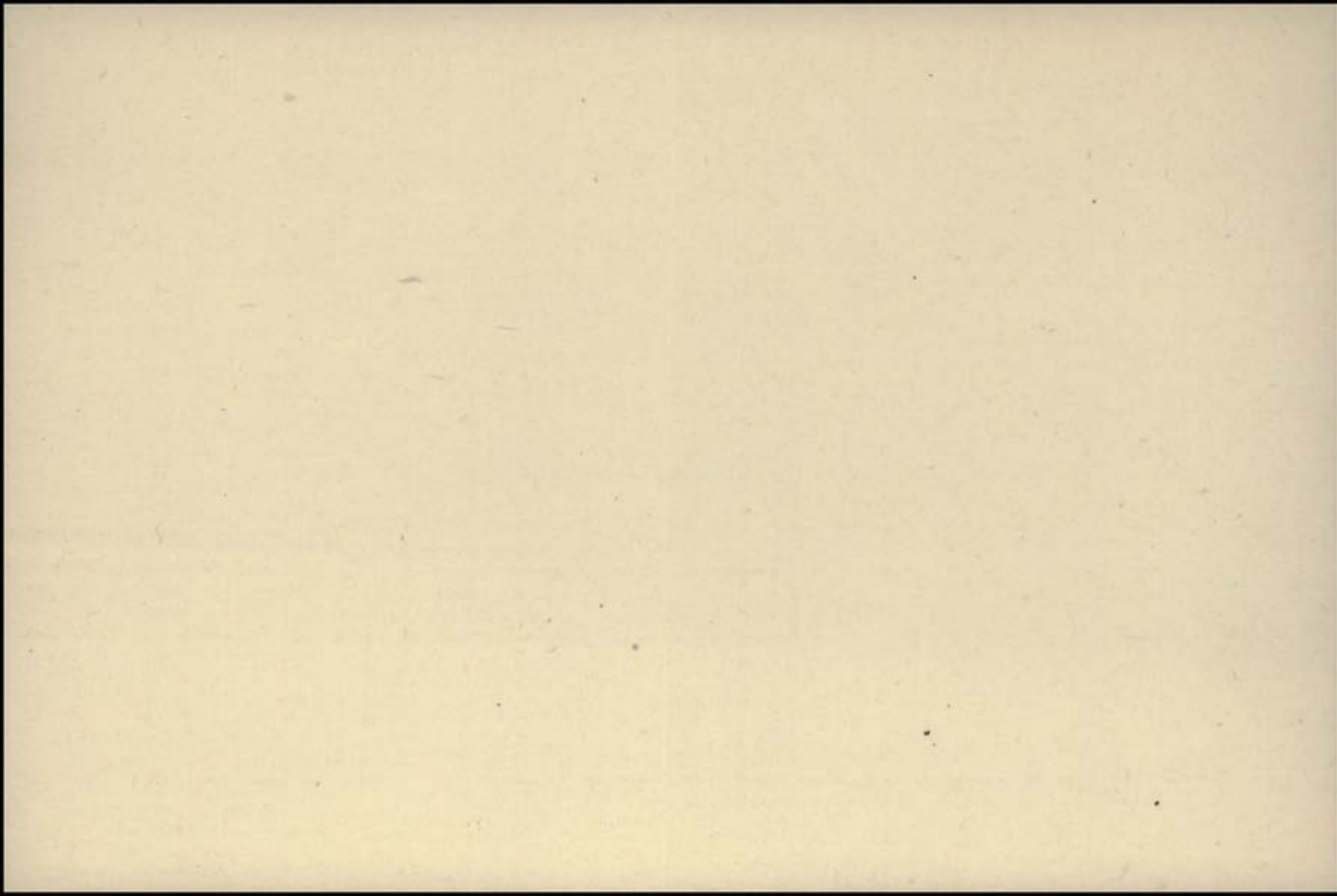
of 31-7-15

M. D. 5-Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 July 13	1915 July 31 Aug.	✓ ✓	Dischgd Aug. 31/15 m. 2.	D. O. # 76 B of 6-10-15
			apt. closed by payment \$	

UNIT SAILED

JUN 2 1916



No 2886

RANK

*Plt*

NAME

*Blair Henry*

T. O. S.

UNIT

*69<sup>th</sup> Battalion*

M. D.

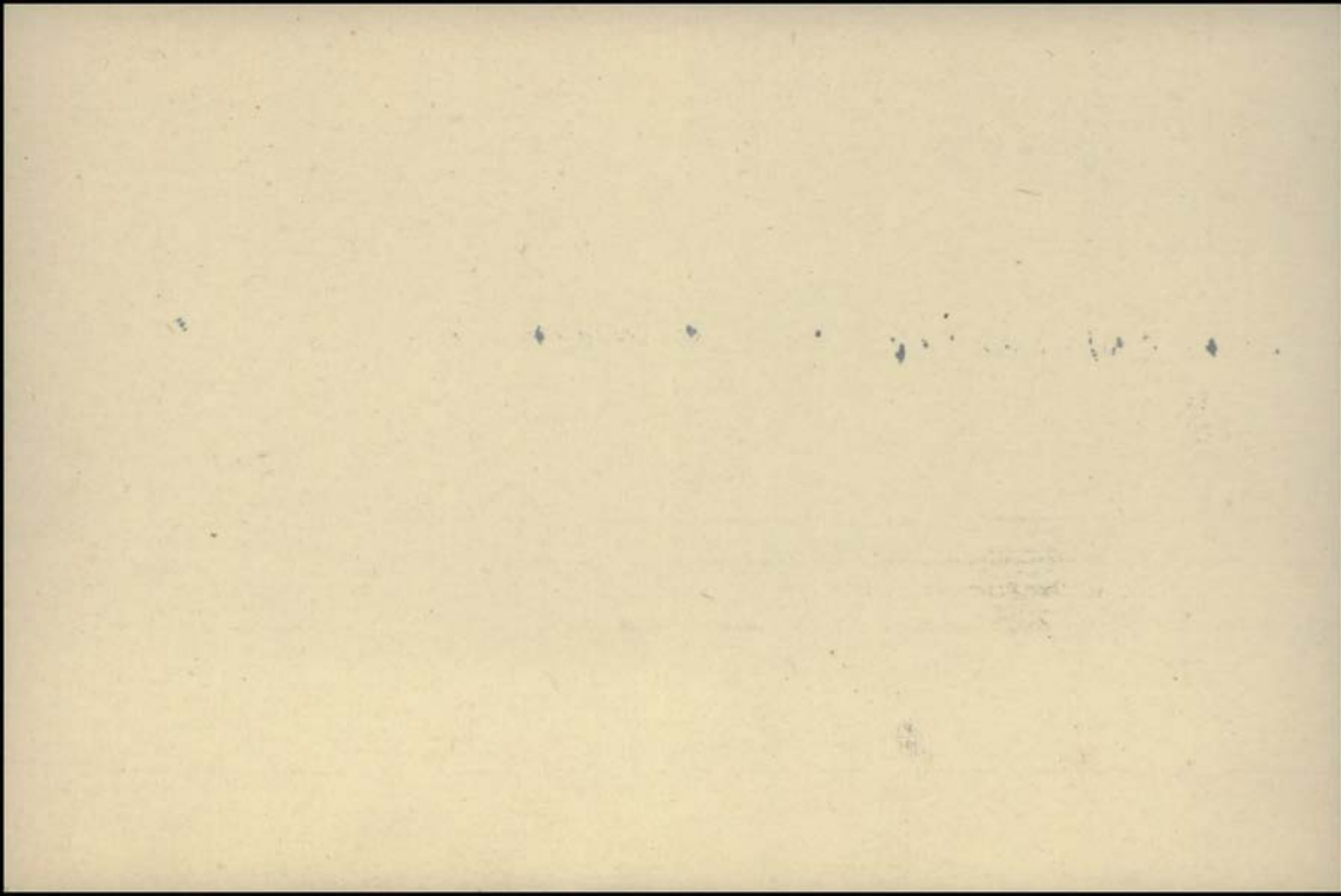
*Val*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Sept 16</i>	<i>Sept 30</i>	<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>	<i>10 days' detention</i>	<i>D.O. 34 4-11-15</i>
<i>Dec</i>		<i>✓</i>		
<i>1916</i>	<i>1916</i>			
<i>Jan.</i>		<i>✓</i>	<i>forf. 1 day pay, 7 days C. B.</i>	<i>D.O. # 125-17-1-16.</i>
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>n.</i>	<i>7 days C. B.</i>	<i>D.O. # 198-8-4-16.</i>

UNIT SAILED

APR 17 1916





SURNAME.

Blais 649-B-10925.

CARD NO.

0 ✓

CHRISTIAN NAMES

Hermingilde

FOLL.

REGL. No. 120986

RANK

pte.

UNIT 69th

Bn.

FORMER CORPS

nil

NEXT OF KIN.

NAMES IN FULL

Blais Anselme

RELATIONSHIP TO SOLDIER

father

ADDRESS

~~Hospice de Levis, Pt. Levis~~

Bergeville, St. Louis Rd., P.Q.

P.Q. auth. L. 7/9/17

(also notify)  
CHANGE OF ADDRESS

Mrs Frank Corrigan  
sister

Bergeville  
St. Louis Rd. P.Q.

auth. L. 7-9-17

COUNTRY OF BIRTH

Canada St. Lambert P.Q.

DATE

Jul. 15<sup>th</sup> 1892

PLACE OF ATTESTATION

not stated

DATE

Sept 17<sup>th</sup> 1915

Sailed from St John Per & S

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*tailor*

RELIGION

*not stated*

DESCRIPTION.

APPARENT AGE

*1*

YEARS

\_\_\_\_\_

MONTHS

HEIGHT

\_\_\_\_\_

FEET

\_\_\_\_\_

INCHES

CHEST MEASUREMENT

\_\_\_\_\_

INCHES

EXPANSION

\_\_\_\_\_

INCHES

COMPLEXION

\_\_\_\_\_

EYES

\_\_\_\_\_

HAIR

\_\_\_\_\_

DISTINGUISHING MARKS

*nil*

MEDICAL EXAMINATION.

PLACE

\_\_\_\_\_

DATE

\_\_\_\_\_

Name BLAIS, Hermenegildo Rank

File.

Reg. No. 120986 ✓

Unit 22nd Battalion.

Next of Kin Canada.

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-10	reported from Base.	MISSING.		A376	0.5113	21-11
May 11	Can. Pres of O'Hara					
4-10-16	Presumed to have <u>DIED</u>			A560	18-7-17	



REGT'L NO 120986

H. Q. FILE NO. 649-

NA ● Blais Hemmingdale

RANK AND CORPS

Pte. 2nd Bn. (form. 67th.)

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

C.

Q. 5113	21-11-16	Rep missing Oct. 4th. 1916. ✓
Cas report	11-5-17	Pres rept. missing now for official
Q. 713	2090C	purposes presumed to have died on
	23-7-17	since 4-10-16. Rec'd 5-6-17

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

376.

Rep from Base Miss after action

4-10-16

Missing.

@ 560.

Pres. rep missing now for office purposes presumed  
to have died on or since 4-10-16

Name **BLAIS, Hermengilde** Rank

Fte.

Reg. No. **120986**Unit **22nd Battalion.**Next of Kin **Canada.***L25. B. 2639*

1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-10	Reported from Base.	MISSING.	A376	05113		
	For Official Purposes presumed to have died on or Since 4--10-6			A560	21-11	





BLAIS, H. (Pte) No. 120986 C.E.F. *22nd. Bu*

*m*

Medals and Decorations (Sister) Mrs. Delphine Corrigan  
St. Augustin,  
Co. Portneuf  
P.Q.

Plaques and Scroll (Father) Anselme Blais, Esq.  
Cap Rouge,  
Comte de Portneuf  
P. Que.

*See # 764854*

Memorial Cross (NIL)

MAY 4 1922

Scroll Desp

Reqn. No

*254*

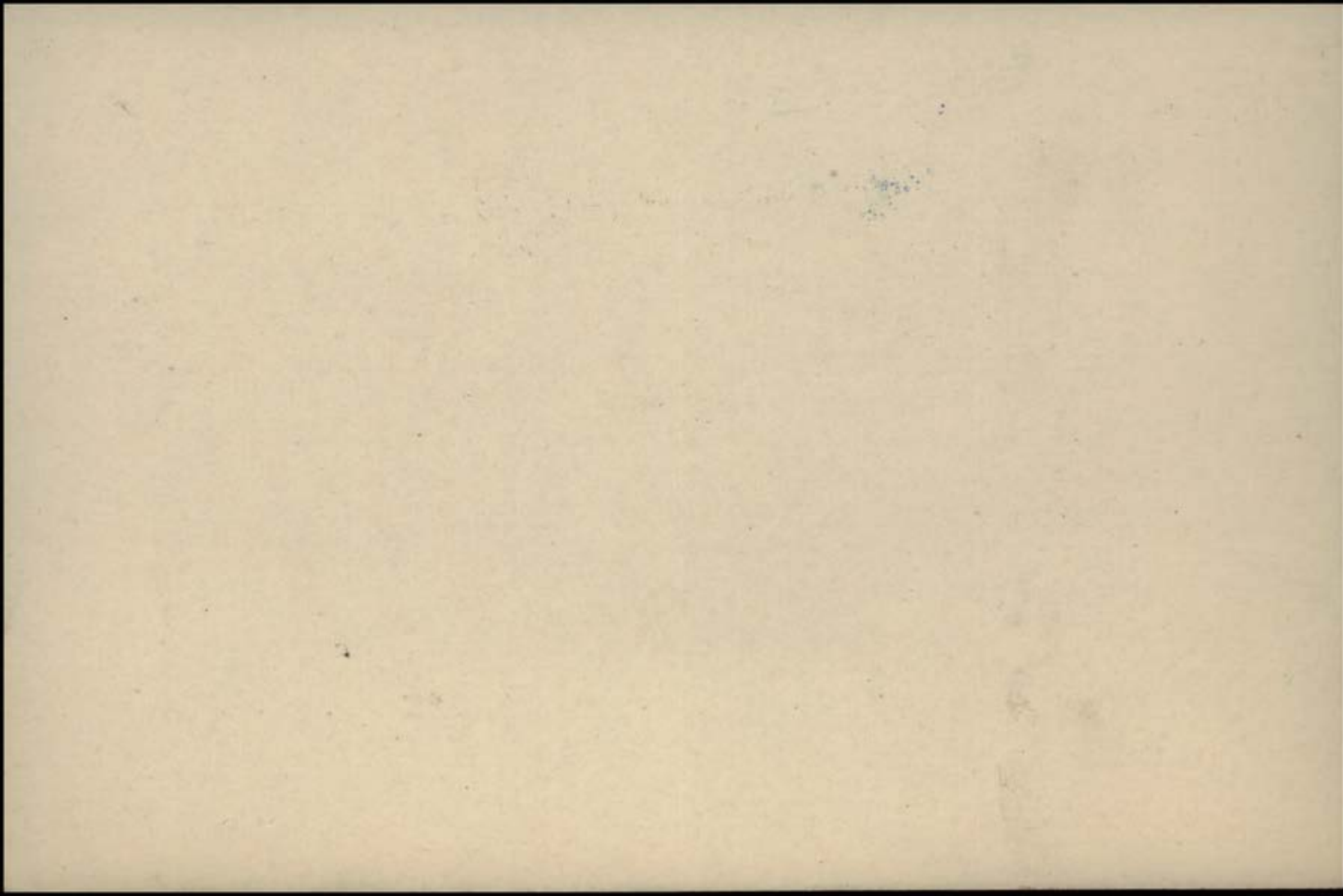
MAY 6 1922

Plaque Desp

Reqn. No

*P37178*

*Not eligible for star.  
Aliq. U.M.  
Aliq. " B.W.M.  
M.J.*



172  
Number

120986 ✓

Rank

Pte. ✓

VR ✓

Surname

BLAIS ✓

Christian Name

Wermenezilde ✓

Units

2 and Br. Candry ✓

Theatre of War

France ✓

Date of Service

28-5-16 ✓

Remarks

(Sister) Mrs. Delphine Corrigan ✓

Latest Address

St. Augustin  
Co. Portneuf ✓

Roll No.

Page 19182 ✓

1-1-22

DESP NOV 30 1921  
REG. NO. 7552

B. H. R. R.  
1-1-22

Surname	Christian Name or Names	Reg. No.
Blais.	H.	12098 6.
Rank	Unit	Troop Batty.
Pte.	22nd Bn.	
Hospital		Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Prev reptd missing, now for official purposes  
presumed to have died on or since 4-10-16.

Rw.

DISPOSITION

Date

C1 18-7-17. A560.

REMARKS

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London,

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

no card

35234

14554

NO. 120986 RANK. Plt

NAME. Blaw H.

UNIT. 69th Batt 'n

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 120986

Name. Hermenegilde Blaw

Unit. 69th Batt 'n

Military Will.

I agree to give all my pay and all what is coming to me in case of my death being a Prisoner of the war

to Madame Delphine Corigan  
Bureau Poste  
Quebec  
Bergeville  
St Louis  
Canada

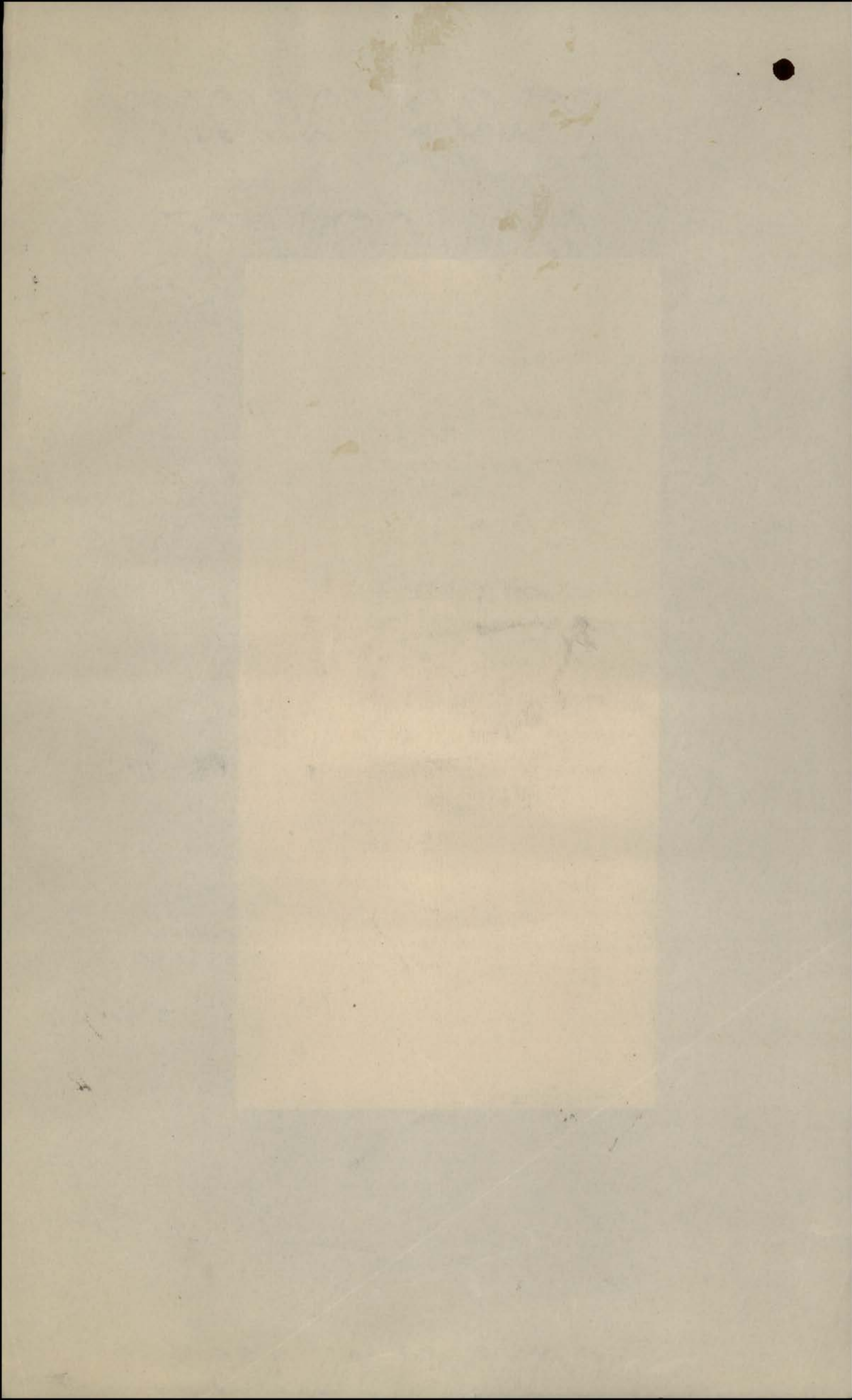
Signature. Hermant H. Blaw

Rank and Regt. 69th Batt 'n

Date. 29/7/16

ESTATES BRANCH  
AUG 31 1917  
MILITIA DEPT.





R.O. 3/7/16

### List of Discharge Documents.

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

\*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.

*Discharged*  
*31/8/15*  
**Proceedings on Discharge.**

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

No.	A 49026	
Rank	Pte	
Name	Hermineville Blais	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	57th Battr CEA	
Date of Discharge	Aug 31st 1915	
Place of Discharge	Valcartier Camp	
<b>1. DESCRIPTION AT THE TIME OF DISCHARGE.</b>		
Age	23 years	months
Height	5 feet	5 inches
Complexion		
Eyes		
Hair		
Trade	Tailor	
Intended place of residence	St Lambert Quebec	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		
<i>Medically unfit H.R. Co. B. 420</i>		
<small>N.B.—The causes 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>[Signature]</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.)		

M. F. B. 218.

8m.—2-15.  
H.Q. 1772-39-113.

OVER

*Corrected 3-7-16*  
*F.R.*

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.....

Empty box for listing 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) Valcartier Camp H. A. Lesieur Capt.  
(Date) Aug 31st 1915 ✓ Commanding "B" Coy. 57th Reg.

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) Valcartier Camp H. A. Lesieur (Signature of Soldier.)  
(Date) Aug 31st 1915 H. A. Lesieur (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) Valcartier Camp (Signature) ✓ H. A. Lesieur Capt.  
(Date) Aug 31. 1915

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.)

