

448019
I.D. number
No. d'identification

BLAIS
Surname
Nom de famille

HERVEY
Given names
Prénoms

Def w 05-07-16

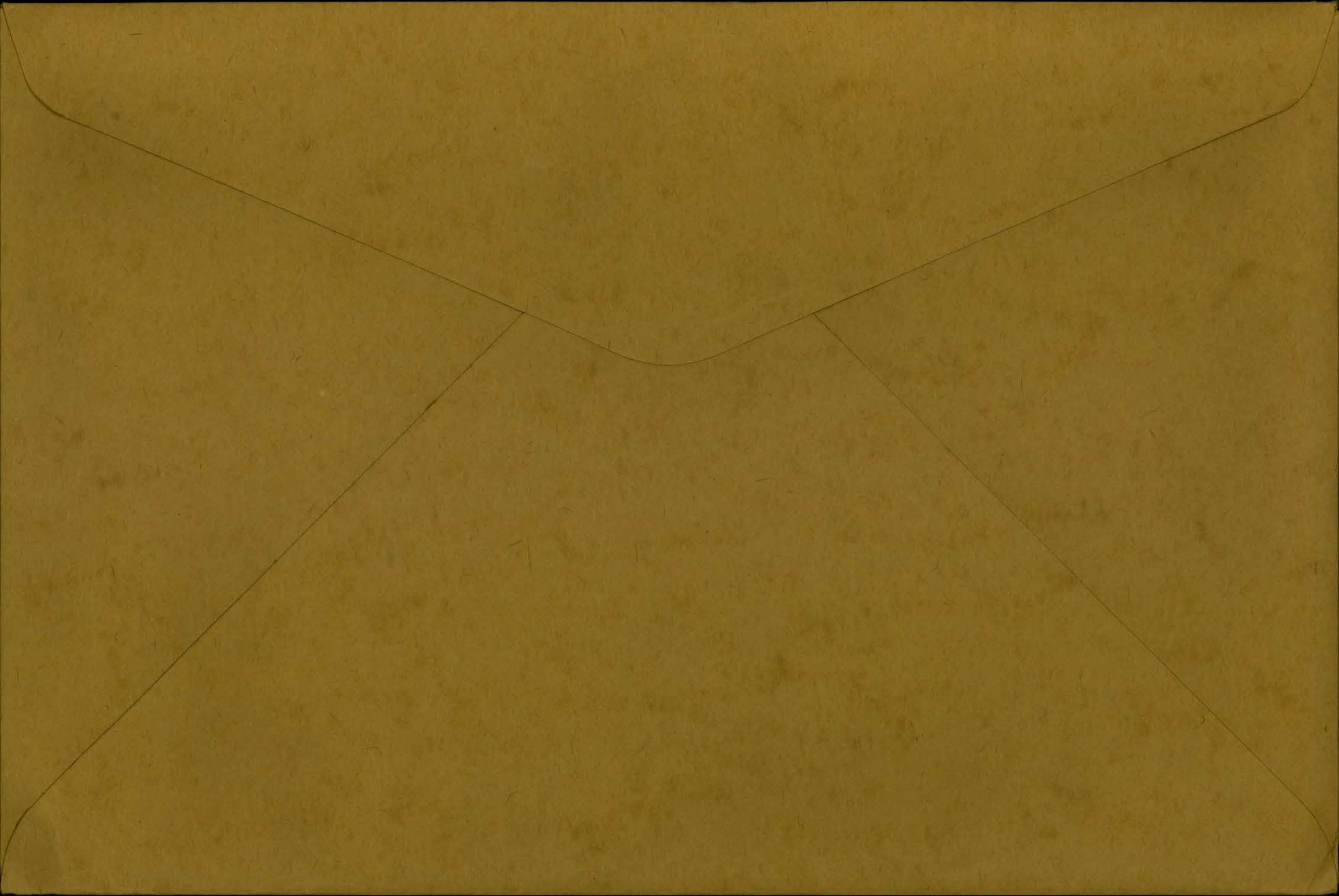
NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box: 798

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



22/8/18

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B 122

178

Box # 798

2

1812

DISCHARGE DOCUMENT

Name.....

Regt, No. 448019 Rank. PTE

Corps... 23rd RES. B.N.

DIED OF WOUNDS, 5.7.16

Index Card

Casualty Card

Non-Effective Card

Part II Order Card

Change of Address Card

Honour & Award Card

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

402716

R. O. No.....

H. Q. No.....

649-B-4594

23002

6-23

25-24

33-24

1

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Henry Blais
2. In what Town, Township, or Parish, and in what Country were you born? Quebec City
3. What is the name of your next-of-kin? Edward Blais (fmr)
4. What is the address of your next-of-kin? 176 4th Avenue Rue
5. What is the date of your birth? 13 DEC 1895
6. What is your trade or calling? Clerk
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? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Sgt. Henry Blais (Signature of Man.)
E. E. Lavoie Lt. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry 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.

Henry Blais (Signature of Recruit.)
Date July 2nd 1915 E. E. Lavoie Lt. (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry 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.

Henry Blais (Signature of Recruit.)
Date July 2nd 1915 E. E. Lavoie Lt. (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 2nd day of July 1915

Ch. Auguste Burrow (Signature of Justice.)

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

S. J. M. B. Paul (Approving Officer.)

O. B. 57th Bn

DESCRIPTION OF Hervey Blais ON ENLISTMENT.

Apparent Age 19 years 6 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.....ft.....ins.

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

Complexion Brown

Eyes Brown

Hair Brown

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 as before for the Canadian Over-Seas Expeditionary Force.

Date 2nd July 1915

Place Quebec

Geo. Burvane

Lt. Col

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:—

Unfit on spec of underscript

CERTIFICATE OF OFFICER COMMANDING UNIT

Hervey 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 July 10 1915

S. J. Burvane (Signature of Officer.)

Lt. Col

O.C. 57th Bn P.F. & E.C.

UNIT

Regimental No. 64065

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name?
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of-kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?
If so, state particulars of former Service.
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?

(ANSWERS)

Hervey Blais
Ashbourneham, Mass. U.S.
Edward Blais
170 4th St. Limousin Que
13 Dec 1895
Black
Single
yes
57 Regt. C.E.F.
no
yes
yes
Hervey Blais (Signature of Man).
R. H. H. H. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Hervey 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 *August 23rd* 1915.

Hervey Blais (Signature of Recruit).
R. H. H. H. (Signature of Witness).

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hervey 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 *August 23rd* 1915.

Hervey Blais (Signature of Recruit).
R. H. H. H. (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 *Subgate Camp Shorncliffe* this *23rd* day of *August* 1915.

J. C. Brown (Signature of Justice).

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

J. C. Brown (Approving Officer).

Description of Hervey Blais on Enlistment.

Apparent Age.....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. 4¹/₂ ins.

Chest measurement. { Girth when fully expanded.....33¹/₂ ins.
Range of expansion.....2¹/₂ ins.

Complexion.....Dark.

Eyes.....Blue.

Hair.....Dark.

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



CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Aug 18 1915

Place Portgale
* Insert here "fit" or "unfit."

W. Cammiston
Capt. Cammiston
Medical Officer.

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.

Hervey 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.

Geo Brown LT. COL. (Signature of Officer).
O.C. 23rd RES. BATTN. C.E.F.

Date August 23rd 1915.

MEDICAL HISTORY SHEET.

Surname

Blais

Christian Name

Harvey

Examined

on *2nd* day of *July* 191*5*
at *Quebec*

Birthplace

City or Town *Quebec*
County

Apparent age

19

Trade or occupation

clerk

Height

5 Feet *1 1/2* Inches.

Weight

120 Lbs.

Chest measurement

Minimum *31* inches.

Maximum expansion *33* inches.

Physical development

good

Small-Pox Marks

nil

Vaccination Marks

Arm Right Left
Number *1*

When Vaccinated last

5 years ago

(a) Marks indicating congenital peculiarities or previous disease

nil

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

Date Fit or Unfit EXAMINED FOR RE-ENGAGEMENT,

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result VACCINATIONS.

M.O.

M.O.

M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

Enlisted on

2nd day of *July* 191*5* at *Quebec*

Joined on enlistment

CORPS.

REG'T NUMBER.

HABITS.

DATE.

Transferred to

25th Res Bn. 448019.
C.B.Y.

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.

ORIGINAL NOT AVAILABLE

Casualty Form—Active Service.

Regiment or Corps

28RD RES. BATT. C.E.F.

Army Form B. 103.

FIELD CORRECTION.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regimental No. 448019 Rank Private Name Blais HervéEnlisted (a) 2.7.15 Terms of Service (a) _____ Service reckens from (a) 2.7.15 #1.9. Camp I

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

Extended _____ Re-engaged _____ Qualification (i) _____

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					
15 MAR 1916		Drafted to 22nd Can. Batt overseas.		15-3-16.		<i>R. del. D. D. D.</i> LIEUT. & ADJT.
		<i>Cuth. P+II Bn. O. 64.</i>				
19-3-16	C.B.D.	Reinf. from 23rd Res. Bn		17-5-16	101 BD/3/253	
20-3-16	"	Left Can. Base Depot		18-3-16	101 BD/3/254	91-5/4/16
24-3-16	O.C. Bn	Joined Unit	Field	19-3-16	B 213	"
5 th 16	OC 10 CCB	Died at 12.30 am from suicidal blast legs & arms. Left leg amputated	10 CCB.	5 th 16	Letter	147-8 th 16
					Part II O.28 d/15-7-16	
					<i>Alloes R. Shott</i>	
					Lieutenant for Lt. Col. A.A.G.	

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				

40669

R-122.

Rank Name BLAIS Hervey.

Reg'l No. 448019.

Unit Draft 57th to 23rd Bn If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Dibgate Camp. Shorncliffe. 23/8/15 Place of Birth Ashbourneham. Mass. USA

Name and Address, Next-of-Kin Edward Blais. 170 4th St ~~London~~ ^{London} ~~Que~~ ^{Que}

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

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				
2.8.15	06.23	Taken on strength	Shorncliffe	31.7.15	Part II 181
17.3.16	"	Embarked in France (2nd)	Wandling	15.3.16	" 64
31.3.16	22 nd Bu.	Taken on strength as ref'd from 23 rd Bu.	Field	17.3.16	" 14
12.7.16	"	Died of wounds in 10 Cas. Clearing Station		5.7.16	C.L. A. 270: G.I. to back, legs ran: left leg amputated: ON.
15.7.16	"	" " " " " " "		"	Part II-28



MT
19/1/21. M J

[illegible]

Rank Name BLAIS Hervey.

Reg'l No. 448019.

P-56

Unit *22nd Batt.* If in perm. Corps,
Draft 57th to 23rd BN What Unit?Married or Single *Single.*Place and Date of Enlistment *Diggate Camp, Shorncliffe. 23/8/15* Place of Birth *Ashbourneham, Mass, USA.*Name and Address, Next-of-Kin *Edward Blais. 170, 4th St ^{W. Main} Limaloo. Que. P.Q.*

Relationship

Assigned Pay Monthly \$ *20*Payable to *Mrs A. Blais 170, 4th St Limaloo Que. P.Q.**Stop Payment rendered 1/3/16 eff 1/2/16 (debit balance)*

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place *5th 16*Reason *WIA*Character *R 6 28 15*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
Aug	1.31	31	1.00	31	31	.10	3 10	.	34 10			31 63	20		51 63	17 53	
Sept	1.30	30	1.00	30	30	.10	3		33			31 63	20	17 53	69 16	36 16	Dr Balance
Oct.	1.31	31	1.00	31	31	.10	3 10	✓	34 10			17.03	20	36.16	58.11		Dr Balance
												17.03	20	4.05	60.17		Cloth Chge.
Nov?	1.30	30	"	30.00	30	"	3 00	..	33.00			31.63	20	60.17	111.80	78.80	60.17 Dr Balance
Dec	1.31	31	"	31 "	31	"	3 10	..	34 10			34 06	20	78.80	54 06		78.80 Dr Balance
Jan.	1.31	31	"	31	31	"	3 10	..	34 10	1649	14.60			98 76	39 46		
Feb	1.29	29	"	29	29	"	2 90	..	31.90	1675	4 86	20.		104 12	138 62		
March	1.31	31	"	31	31	"	3 10		34 10	1725	1.30	20.		109 25	37 03		
										1851	9.73	20.		104 12	144 15		
											7 80			109 25	116 96		
														41.11	157 57	82 86	Dr Balance

Settled

BALANCE TRANSFERRED TO NEW LEDGER.

Statement of
1913 Gold

Account rendered

Cash found in
effects *7.30*

244

24 40 268 268 40

206 80 140

4 46 351 56 82 86

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 20m.—5-15.
 H. Q. 1772-39-819.

To Whom *Mrs Aurora Plais* By Whom Assigned *Plais Hervé*
 Address *170. 4^{me} Rue, Limoilou* Regtl. No. *48314*
Québec Rank *Pte*
Qué. Corps *57th Batt*
 Rate *\$20.⁰⁰*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>L 9</i>	<i>20 =</i>	
Sept.		<i>208</i>	<i>20 —</i>	
Oct.		<i>41426</i>	<i>20 —</i>	
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CANCELLED

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Mrs Currie Blais

Name of Soldier

Blais, Howe
Pte.

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916		¹⁸⁷	
May		E 429	40	40 mailed 10-5-16.
June		A 2414	20	20 in June.
July		Q 6245	20	20
Aug.		E 12133	20	20
Sept.		W 15261	20	20
Oct.		W 18442	20	20
Nov.		X 21612	20	20
Dec.		X 24646	20	20
Jan.	1917	W 2811	20	20
Feb.		W 31000	20	20
March		W 33877	20	20
April		W 210	20	20
May		X 3475	20	20
June		X 6874	20	20
July		W 9910	20	20
Aug.		W 13790	20	20
Sept.		W 17049	20	20
Oct.		XXX	20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

→ 5-5-7
 Noch reported died of wounds
 120 written 29/9/17 W.B.

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

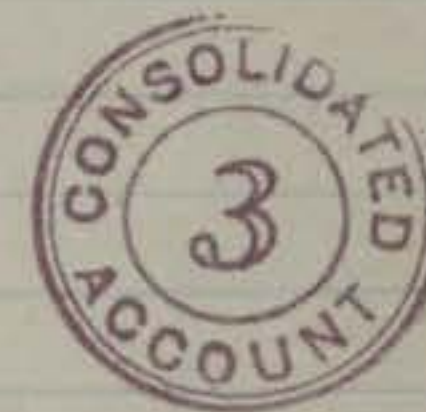
SEPARATION ALLOWANCE

Name *Mrs. Aurora Blais* Name of Soldier *Blais, Herve*
Address *170-4th Rue Limouilou* Regtl. No.
Quebec.
Quebec
Relation to Soldier } *Widowed*
wife, child or mother } *Mother*
Rank *Pte.*
Corps *57th Bn.*
To what Corps belonging }
when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>M 479</i>	<i>57</i>	<i>57</i>
Sept.		<i>S 16365</i>	<i>20</i>	<i>20</i>
Oct.		<i>J 12303</i>	<i>20</i>	<i>20</i>
Nov.		<i>M 10011</i>	<i>20</i>	<i>20</i>
Dec.		<i>K 12987</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>H 21947</i>	<i>20</i>	<i>20</i>
Feb.		<i>K 20547</i>	<i>20</i>	<i>20</i>
March		<i>L 24271</i>	<i>20</i>	<i>20</i>

*Remained 26/2/06 See little mail Book.*

EW

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

107

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

To Whom *Mrs. Aurora Blais*
Address *170. 4^{me} Rue, Limoilou*
Quebec
Que.

By Whom Assigned *Blais Hervé*
Regtl. No. *48314 448019*
Rank *Pte*
Corps *57th Batt.*

Rate *\$20.00*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		<i>L 9</i>	<i>20</i>	
Sept.		<i>X 208</i>	<i>20</i>	
Oct.		<i>Y 1426</i>	<i>20</i>	
Nov.		<i>K 4233</i>	<i>20</i>	
Dec.		<i>L 6604</i>	<i>20</i>	
Jan.	1916	<i>M 12072</i>	<i>20</i>	
Feb.		<i>N 15071</i>	<i>20</i>	
March		<i>S 15959</i>	<i>20</i>	

Casualties

Died of wounds. July 5/16
C. L. July 12/16
OSL

FX 26/12/16
160
FOR

Stop Payt March 13th 2 3/4 1916

11/11/11

H.Q. 649-B-4594.

BI S, Pte. H. # 448019, -- 22nd O. S. Bn.

Med & D (Father)

Mr. Ed. Blais,
14 rue St. Albert,
Limoilou, Que.

P & S (Father)

Address as above.

Mem Cross (Mother)

Mrs. Aurore Blais,
Address as above.



not elig. for star
" " U.M.
" " B.W.M.

m.f.

Scroll Desp. JUN 10 1922 Reg. No. 2.46532
Plaque Desp. MAY 4 1922 Reg. No. 7 p36999

704

M 692560 JAN 25 1921





Number

445019

Rank

PE

Surname

BLAIS

Christian Name

Henri

Units

2nd Canadian

Theatre of War

France

Date of Service

17-3-16

Remarks

(X) Mr. Ed. Blais

Latest Address

14 Rue St. Albert
Limouillon, Que.

Roll No.

Page 19182



SURNAME.

Blais,

649-13-4594

CARD NO.

8431

CHRISTIAN NAMES

Hervé

FOLL. X

REGL. No.

48019

RANK

Pte.

UNIT

57th R. D.

FORMER CORPS

Nil

Batt.
Old No. 48314

NEXT OF KIN.

NAMES IN FULL

Blais, Edward

RELATIONSHIP TO SOLDIER

ADDRESS

170 - 4th St., Limoilon,
P.Q.

CHANGE OF ADDRESS



COUNTRY OF BIRTH

Canada, Quebec, P.Q.

DATE

PLACE OF ATTESTATION

Quebec

DATE

July 2nd, 1915.

Sailed from Quebec

21/7/15 ¹⁵⁷ per S. S. Corsica

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



Name BLAIS Hervey Rank Pte.

Reg. No. 448019

Unit 22nd. Batt.

Next of Kin Canada

Q. 25. B. 1595.

[illegible]

[illegible]

REGT'L No 448019
H. Q. FILE NO. 649-

NAME

RANK AND CORPS

CASUALTY

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

09644	11-7-16	Died of wounds at #10 Cas Clearing Station July 5 th GSW Back Reg's & Arm left leg amputated. ✓
1713 Rouen	2090A 15-7-16	Died of wounds #10 Cas Clearing Station July 1916

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
270	H. L. Spahr rep'd	5-7-16	Died of wounds. 48 W Back legs & arm heavy amput.

Surname

Christian Name or Names

Reg. No.

Rank

Unit

Co.

Troop

Batty

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds. 5-7-16

DISPOSITION

Date

C. L. 12-7-16 2270

REMARKS

No 10 Cas. Cl. Sta. reports.

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-16-15

Separation and Assigned Pay Branch

Aug 1st 15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 48314 448019
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Henric Blais
 Battalion 57th Bn
 Beneficiary Mrs Aurora Blais
 Relationship Widowed Mother
 Address 170 - 4th Rue Lemoyne Ave.

PARTICULARS OF ASSIGNMENT

Name Mrs. Aurora Blais
 Address

Change of Address

1
2
3
4

	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>1917</u> <u>Sep 30.</u>		<u>55.7</u>	<u>160</u>	<u>717</u>	<p>reported Sick of wounds July 5-16. ↑</p> <p>A.P. acct closed 31 ³/₁₆ ↑ 2x 26 ¹²/₁₆</p> <p>S.A. " Suspended 30 ⁹/₁₇</p> <p>Total A.P. Paid from Aug 1915 to March 1916 Inclusive</p>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

Army Form B. 178.

**To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.**

MEDICAL HISTORY of

Surname

Blais. M
Blais

Christian Name.

Henry

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Ashburnham County Mass U.S.A

Examined ... { on 18th day of Aug. 1915
at Dilgate Camp Eng

Declared Age ... 26 years 1 days.

Trade or Occupation

Height 9 5/8 feet, 10 5/8 inches.

Weight _____ lbs.

Chest Measurement.	{	Girth when fully			
		Expanded.	<u>33 1/2</u>		inches.
		Range of Expansion.	<u>5 1/2</u>		inches.

Physical Development ... Fair

Vaccination Marks	Arm ...	Right	Left
	Number ...	2	

When Vaccinated 1916

Vision { R.E.—V = *Good*

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature)

(Rank)

Medical Officer.

Enlisted } on 2nd day of July 1915

Joined on Enlistment

Transferred to ...

Became non-effective by ...

on _____ day of _____ 191

(Signature)

(Rank)

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Ashbourneham Mass. U.S.A.*

NAME AND ADDRESS OF NEXT OF KIN *Edward Blais*
170 - 4th Street Limerick Quebec P.Q.

RELATIONSHIP OF NEXT OF KIN *✓*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF

SEPARATION ALLOWANCE MONTHLY \$

PAYABLE TO

RELATIONSHIP OF DEPENDANT

ADJUSTMENT OF A.P. FROM OTTAWA
Authority *H.Q. 649 - B. 4595*
Amount *20.00* Reason *Debit*
March 16 not charged
Statement, 17.

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Filed in action 15.7.</i>	<i>25.7.16</i>	<i>B.O. 28-15.7.</i>

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

REG'L No. *448019*

RANK *Pte*

NAME *Blais, Hervey*

IF IN PERM. CORPS
WHAT UNIT

UNIT *22nd Bn*

TRANSFERRED TO *N.E.B.*

DATE *6.7.16*

AUTHORITY *B.O. 28-15.7.*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION *Detachment Camp Thorncliffe*

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION *22-8-15*

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE *Filed in action 5.7.16*

REASON AND AUTHORITY

B.O. 28-15.7.16

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *6.7.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *W. E. Brand*

N.E. Brand Nov 1916
W.E. Brand Feb 17
N.E. Aug 17
Aug 17

Statement of
NOV 18 1916
Account rendered

N.E.

Debit 728 through other charges - wrongly credited