

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. P. B. 122 - 1
 A. P. B. 178 - 1

R. O. No.....

H. Q. No.....

Name FOURNIER, EMLIE

Regt. No 26321 Rank Pte.

Corps 14th Bn. R.M.P.

Died of wounds. 10-5-15

15902

*Cards, 1 Part II
 1 Casualty*

Ret 14-11-20

H

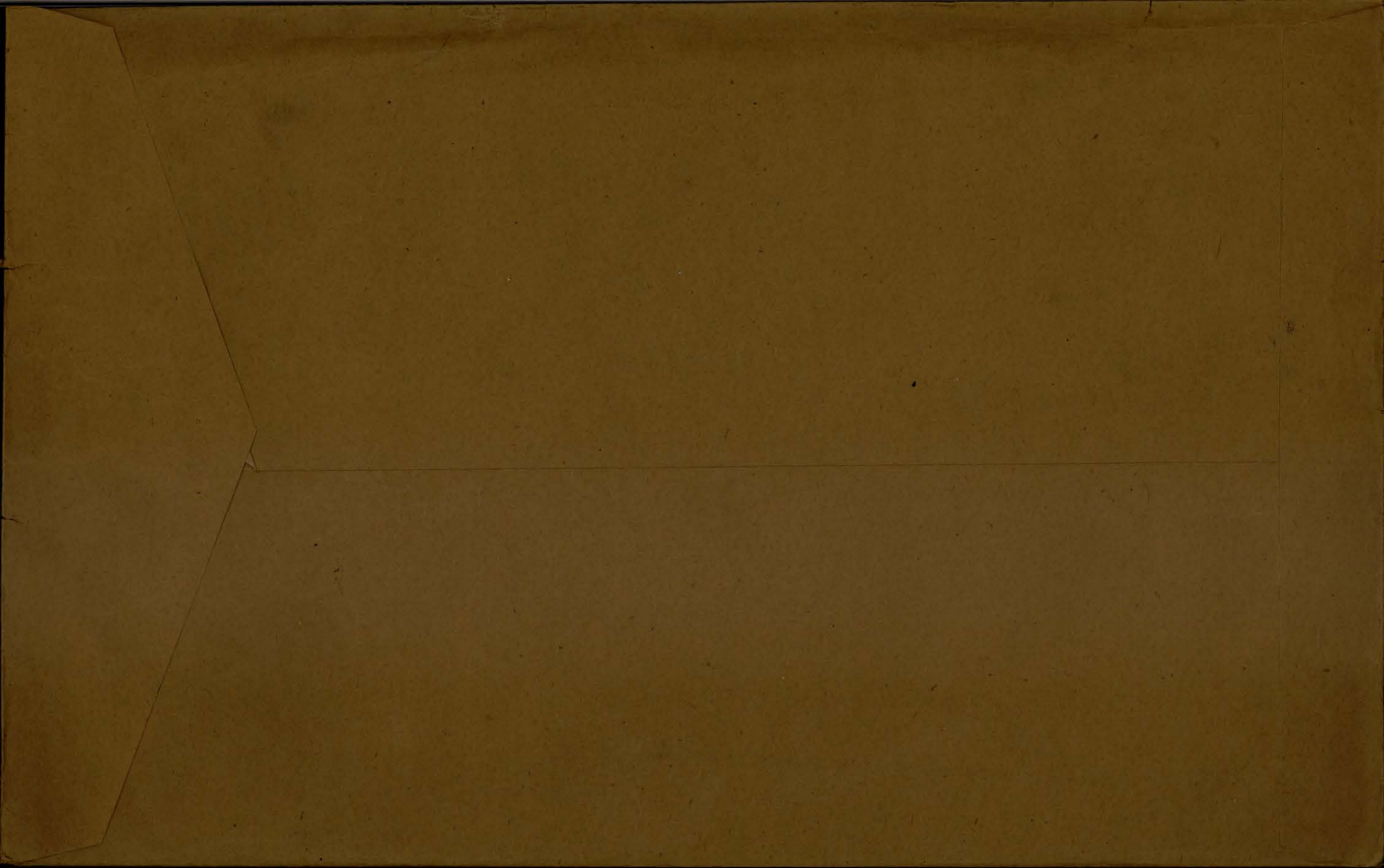
*1
 8-12
 8-12
 2-12*



W

14

11/1/15



ATTESTATION PAPER.

No. 26321.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Emile Fournier*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Hull, Canada*
- 3. What is the name of your next-of-kin?..... *Adolphe Fournier*
- 4. What is the address of your next-of-kin?..... *118 Laval St. Hull Que*
- 5. What is the date of your birth?..... *Feb. 1, 1896*
- 6. What is your Trade or Calling?..... *Taylor*
- 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?..... *Yes*
- 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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

E. Fournier.....(Signature of Man).
H. Barre Capt......(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Emile Fournier*, 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. 21* 1914. *E. Fournier*.....(Signature of Recruit)
H. Barre Capt......(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Emile Fournier*, 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. 21* 1914. *E. Fournier*.....(Signature of Recruit)
H. Barre Capt......(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 *21* day of *Sept* 1914.

H. Barre.....(Signature of Justice)

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

H. Barre.....(Approving Officer)

See Ballin

Description of *Fournier Emile* on Enlistment.

Apparent Age.....*19* years.....*5* 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. *8 1/2* ins.

Chest measurement { Girth when fully expanded.....*33 1/2* ins.
 Range of expansion.....*1 1/2* ins.

Complexion.....*dark*

Eyes.....*grey*

Hair.....*black*

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

*1 scar right arm
 1 tattoo right arm
 scar right forearm
 mole left hip*

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*.....*M*.....for the Canadian Over-Seas Expeditionary Force.

Date.....*Aug 28*.....1914.

Place.....*Valcartier*.....

W. L. L. L.
 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.

.....*Emile Fournier*.....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.

W. L. L. L......(Signature of Officer)

Date.....*23/9*.....1914.

14-3-20
M. J.

M. J.

MEDICAL HISTORY SHEET.

Surname Fournier Christian Name Emile

Examined { on 28 day of Aug 1914
 at Valcartier
 Birthplace { City or Town Queb.
 County Que. Canada

Approved by _____
 Rank _____ M.O.
 Apparent age 30
 Trade or occupation Sailor
 Height 5 Feet 8 1/2 Inches. M.O.
 Weight 142 Lbs. M.O.
 Chest measurement { Minimum 33 1/2 inches. M.O.
 Maximum expansion 1 1/2 inches. M.O.
 Physical development Fair M.O.
 Small-Pox Marks Forehead. M.O.

Vaccination Marks { Arm Right Arm Left
 Number One.
 When Vaccinated last 1899 M.O.
 (a) Marks indicating congenital peculiarities or previous disease None. M.O.

(b) Slight defects but not sufficient to cause rejection None. M.O.
 M.O.
 M.O.

Enlisted on 22nd day of Sept 1914 at Valcartier, Que.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>14th Bat. 3rd Bri.</u>	<u>56321.</u>	<u>Good.</u>	
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.

Entries in Red Ink made from
 Attestation RM Shaw
1111 15 1915
 for D. D. M. S.

3251

Rank and Name FOURNIER, Emile
 Regimental No. 26321
 Unit 14th Battn.
 Date of enlistment Sept. 21, 1914
 Place of birth Hull, P. Q.
 Married (Yes or No) No
 If in Permanent Force

Name and Address of Next-of-kin
 Adelard Fournier,
 118 Laval St., Hull, Quebec

Date and place of discharge
 Reason for discharge
 Character on discharge

Deceased.

Promotions or appointments *104-93 attached to file 25-F-147* **Died -**
OS. 22.4.16



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				
		<i>Embarked.</i>			
	<i>O.C. Base</i>	<i>Wounded.</i>		<i>6/5/15</i>	<i>Cas list 51. O.N.</i>
	<i>W.O. Adm 2 St. Hosp</i>	<i>Boulogne.</i>		<i>8/5/15</i>	<i>53.</i>
		<i>ESW. right leg - amputation</i>			
<i>10/5/15</i>	<i>O.C. Hosp</i>	<i>Died - amputation</i>		<i>10/5/15.</i>	<i>Cas. list 54</i>
				<i>16/5/15</i>	<i>Part II orders 19.</i>
				<i>27. 4. 15.</i>	<i>A.S.B. 103</i>
					<i>Ottawa notified</i>
<i>11/5/15</i>	<i>Senior Chap. Boulogne Base</i>	<i>Buried at Mil Cemetery Boulogne</i>		<i>26/5/15</i>	<i>Burial Report.</i>
		<i>Grave #1985</i>			

D.W. BR - REMARKS Taken from Official Documents

Casualty Form—Active Service.

Regiment or Corps 14th Can. Bn. R.M.R.

Regimental No. 26321 Rank Pte Name Fournier Emile

Enlisted (a) Sept 22/14 Terms of Service (a) Period of War Service reckons from (a) Sept 22/14

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				
<u>27/4/15</u>	<u>#2 Med Hos</u>	<u>Died of Wounds</u>	<u>#2 Med Hos</u>	<u>27/4/15</u>	<u>C2128/262</u> <i>[Signature]</i> CAPT. OFFICER IN CHARGE RECORDS CANADIAN SECTION G. H. Q.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

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				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

52
Emile

COL

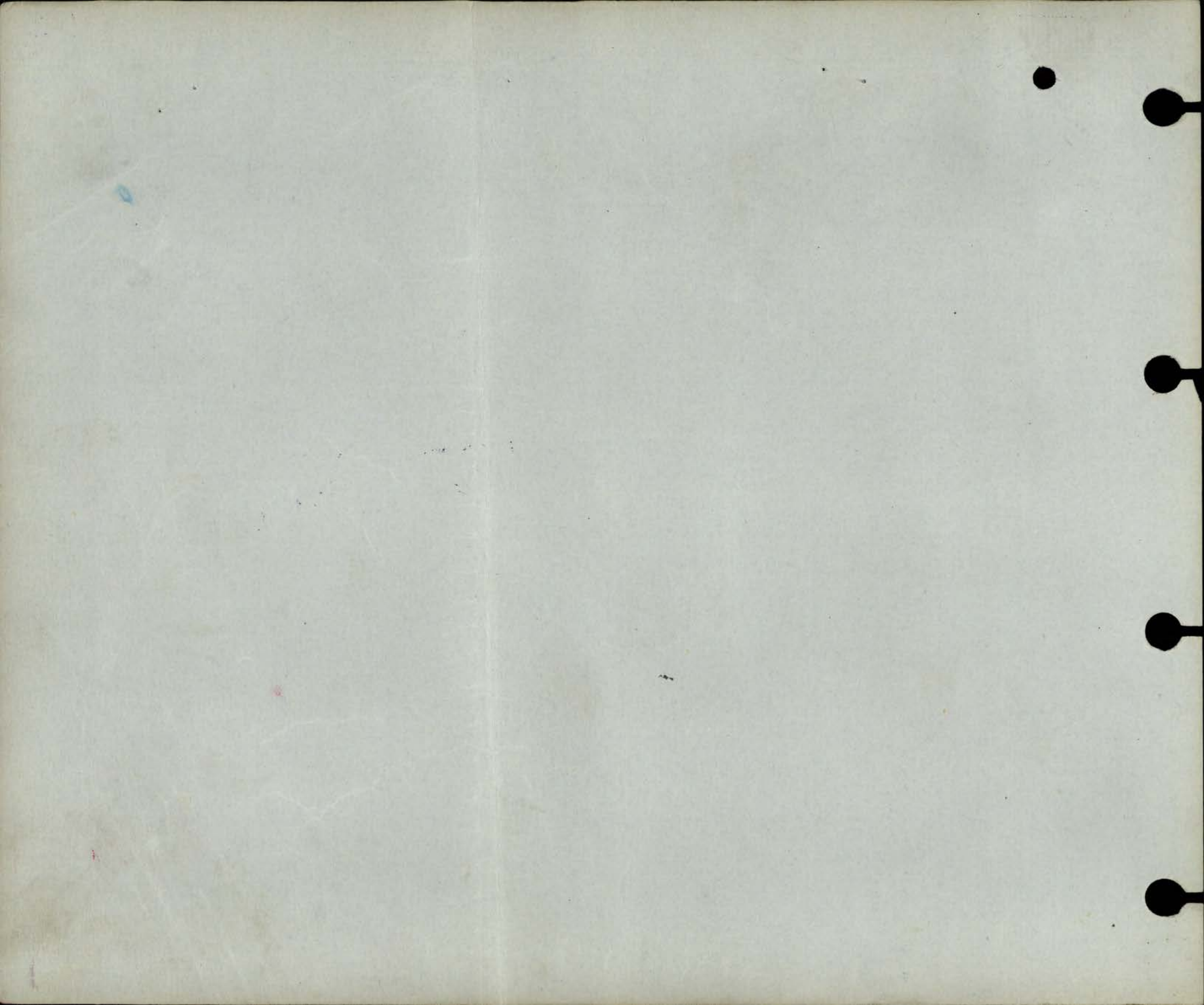
To Whom *Fournier Mrs. A.*
Address *90 Joseph Lacasse*
117 Maisonneuve St.
Hull
Rate *\$ 20. 00 per mo due*

By Whom Assigned *Fournier E.*
Regtl. No. *26321*
Rank *Pte*
Corps *"G." Coy. 14th Battr*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Casualties</i>
Sept.				
Oct.		<i>D 828</i>	<i>20 -</i>	
Nov.		<i>G. 2608</i>	<i>20 -</i>	
Dec.		<i>D 3664</i>	<i>20</i>	
Jan.	1915	<i>C 4296</i>	<i>20</i>	
Feb.		<i>D 5772</i>	<i>20</i>	
March		<i>9600</i>	<i>20</i>	
Apr.		<i>D 1646</i>	<i>20</i>	
May		<i>H 8629</i>	<i>20</i>	<i>Recd of wounds May 1915</i>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

A.M.



Copy

Register No. *DJ 58*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

6263

copy
A.P. File No. *6263-E-39*
140

Regt'l No. *26321* Name *Emile Fournier*
(Christian Name) (Surname)
Unit *14 Bn.* Rank *Pte.* Date of enlistment.....
Date of casualty *10 - 5 - 15* B.P.C. File No. *1644*
Was service performed overseas? *Yes.*

DEPENDENT

Name *Mary Fournier* Relationship *Mother*
Address *Mr. Adelard Fournier,*
64 Bourget Street,
Rochonville, P.D.
Amount of Special Pension Bonus \$ *44⁰⁰* Abstracted by *M. Ross.*

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

Eligible for Gratuity \$.....
Less amount of Special Pension Bonus paid..... \$.....
Less Debit Balance of S. A. or A.P..... \$.....
Total deductions \$.....
Balance due \$.....

Cheque No..... Date issued.....

REMARKS: *not eligible no S.A.*
paid

Clerk *J. Le Court*

Audited by
Rich Howard
Date *14.7.20*

"Noted" Dy 17
20/9/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name _____
Surname Christian Name

Regimental Number _____ Rank _____

Unit _____

Original Unit _____

District where paid _____

Date of Discharge _____

P. D. P. Filing Number _____

Date _____
 Address (in full) _____

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

E.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: _____

Unit _____ Rank _____ Date of enlistment _____

_____ Name _____ (Rank and grade) _____ (Station)

DEPENDENTS OF DECEASED SOLDIERS
 TO
 WAR SERVICE GRATUITY

Surname

Christian Name or Names

Reg. No.

Journier

Emile

26321

Rank

Unit

Co.

Troop

Batty.

Pte.

14th Batta.

Hospital

2 Sta. Boulogne

Date of Admission

Transferred

No 2. Stat. Rouen

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W. Rt. leg. Amputation.

(1) Later Diagnosis (if changed)

(Dangerously ill)

(2)

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Died of wounds.

Date

10-5-15.

C.L. 6. 5. 15 # 57

C.L. 8 5. 15

53 (cont'd)

REMARKS

Reptd from Base

C.L. 10-5-15

A.M.D. 2 DEPT.
Bkly of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 26321

RANK

pte.

NAME

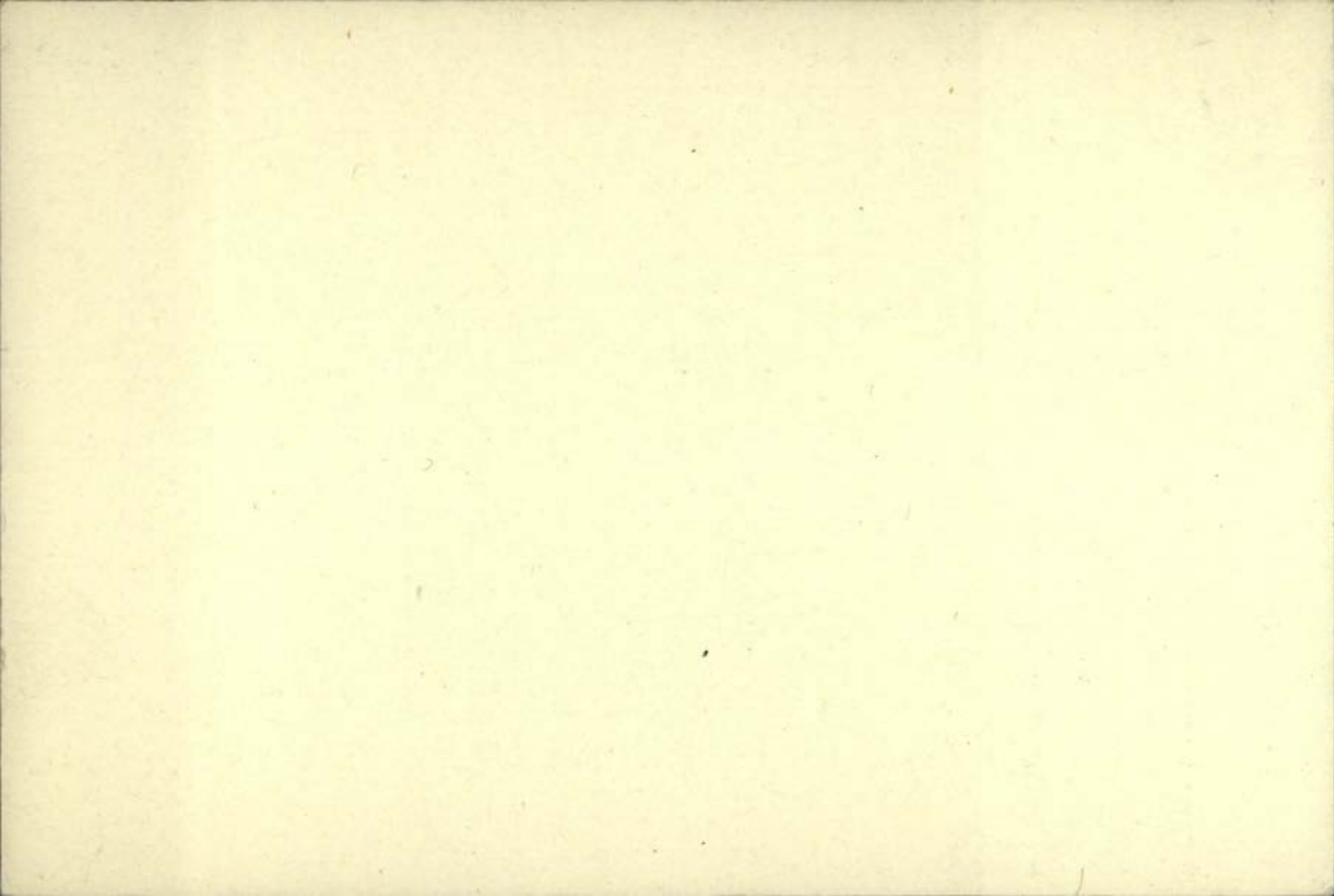
Poursner Emile

T. O. S.

UNIT *65th Regt - Cmr. (Carabiniers Mount Royal)*M. D. *4*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i> <i>Aug. 13</i>	<i>1914</i> <i>Aug 24</i>	<i>✓</i>	<i>On 14th Co. payroll.</i>	
<i>" 25</i>	<i>Sept. 21</i>	<i>✓</i>		
<i>Sept 22</i>	<i>Oct 31</i>	<i>✓</i>		

UNIT SAILED
OCT 3 1914



com.

Number. 26321..... Rank..... Pte.....

Surname. FOURNIER.....

R
H

Christian Names... *Emile*.....

Unit. 14. Lt. Bro. Com. Inf. Theatre of War... *France*.....

D

Dates of Service.....

Remarks..... *father*

Latest Address: *A. Fournier Esq.*.....

118. rue. Laval.

Roll No. *Page 489*..... *Hull P. 2.*

45° 5' 3" N

MAR 8 - 1920

941028

AUG 2 1920

Name **Fournier, E.** Rank **Private**

Reg. No. **26321**

Unit **14th Battalion**

Next of Kin **Canada.**

R.L. 25-F-177.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1915</i>	<i>No 2. S. Sp</i>	<i>Boulogne (St. Remy)</i>	<i>camp.</i>			
<i>10 5</i>	<i>Died.</i>		<i>Dang. ill</i>	<i>53a</i>	<i>8/5</i>	
			<i>"</i>	<i>54</i>	<i>10/5</i>	

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

—

H.A.G.

649-F-76-

Fournier, E. ^{mill} #26321

15557 ✓
Pte. 14th Can. Bn.

Clig for star Pte. 14th Bn.

Medals (Father)
& Dec.

A. Fournier, Esq.,
118 rue Laval,
Hull, P.Q. *M*

P. & S. "
Serial No. 766625
Memorial (Mother)
Cross.

Mrs A. Fournier,
(Same as above)

Desp JUL 29 1920 (m) C. 16476.

Serial Desp. JAN 13 1921 Reqn. No. 29747
Plague Desp. DEC 31 1921 Reqn. No. P23259

14/12/20

150

150 150 150 150 150

W

NAME *Fournier, Emile*REGT'L. No. *26321*RANK AND CORPS *Private 14th Batt.*

CABLE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<i>C 745</i>	<i>6/4/15</i>	<i>wounded.</i>
<i>C 795</i>	<i>8/5/15</i>	<i>G.S.W. right leg amputation.</i>
<i>C 935</i>	<i>9/5/15</i>	<i>died of wounds, 2 Stat. Hosp., Rouen. May 10th 1915.</i>
<i>A. Z. B2090A</i>	<i>Rouen 6-10-15</i>	<i>Died of W do. April 27th 1915. May 10th 1915.</i>

NO. *907*

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

51 Rep. from Base by tel.

Wounded. ✓

53 2 Can. Gen. Boulogne rep.

G.S. W. Leg. amp. Dang. ill ✓

54 2 Stat. Rouen 10.5.15

" " " " died of wd. ✓

SURNAME.

Fournier

CARD NO.

CHRISTIAN NAMES

Emile

FOLL.

REGL. No. *26321*

RANK

Pte

UNIT *14th*

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fournier, Adélaide

RELATIONSHIP TO SOLDIER

not stated

ADDRESS

118 Laval St., Hull, P. Q.

COUNTRY OF BIRTH

Canada, Hull, P. Q.

DATE

Feb. 1st 1896.

PLACE OF ATTESTATION

Valcartier, P. Q.

DATE

Sept. 24th 1914.

O/S. 7-10-14 ¹⁴/₁₉

From Quebec per

S.S. "Andania" 4/10/14.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Sailor.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

19

YEARS

5-

MONTHS

HEIGHT

5-

FEET

8 1/2

INCHES

CHEST MEASUREMENT

33 1/4

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Dark

EYES

grey

HAIR

black.

DISTINGUISHING MARKS

Wound. right arm. Tattoo

right arm. Scar right forearm. Mole left nipple.

MEDICAL EXAMINATION.

PLACE

Calcartier, P.Q.

DATE

Aug. 28th. 1914.

Present address:

Not stated.

NAME FOURNIER, Emile *pte.*

Regimental No. 26321

Name and address of next-of-kin

Unit 14th Battalion

Adelard Fournier,

Date of enlistment Sept. 21st, 1914.

118, Laval Street, Hull, Quebec.

Place of birth Hull, P.Q.

Married (yes or no) No.

Date and place discharged 10/5/15

Amount of pay assigned monthly \$ 20⁰⁰

Reason for discharge Died of wounds.

To whom payable *M^r A Fournier 59 St Jacques Hull P.Q.*

Character on discharge

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.			
From	To	Rate	Amount	No. of Days	Rate			Amount	No.						Date		
1914																	
Sept	Oct 31	1 ⁰⁰	40	40	-10	4	44			15	20		35				
Nov	Nov 30	1 ⁰⁰	30	30	-10	2	9	42		15	20		35				
1/12/14	31/12/14	-	31	31	-	3	10	7	41	15	20		35				
1/1/15	31/1/15	-	31	-	-	3	10	6	40	5	20		25				
2/2/15	28/2/15	-	28	28	-	2	80	15.20	46	12	50	2.05	37	5 ⁰⁰ Adv ^{ce} Salary			
Mar	31/3/15	-	31	31	-	3	10	8	50	9	20		29				
Apr	30/4/15	-	30	30	-	3	13	60	46	3	60		63	20 ⁰⁰ May 20 ⁰⁰ June assigned.			
1/5/15	31/5/15	-	31	31	-	3	10		34	18	5	16	40	16	40	45 ⁰⁰ Credit assign 7c in 7c	
July adjustment of L.A.							5 ⁰⁰	17	70	22	70		23	10	23	10	43 ⁰⁰ = 31 days overcredited
							199	159						5 ⁰⁰			45 ⁰⁰ Debit Balance
										159				40	199		Transfer to N.E. Branch
							20							20	20		Can Report 54.

Advances Branch

Report to report.

Statement of
MAR 29 1916
Account rendered

Statement of
OCT 19 1915
Account rendered

CHECKED
20⁰⁰ assign charged
Transit paid. with
H. Q. letter by 9-F-76
20⁰⁰ sent to Ottawa for
settlement 12/4/16

DUPLICATE.

2 6 3 2 1
ARMY FORM B. 178.

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.

Date	Brief details, and signature
Aug./20	Anti-Typhoid Inoculations, etc.
" 30/14	" " "

I certify the foregoing to be a true and correct copy of the original entry on a Medical History Sheet of the form prescribed by the Director-General of the Medical Service, C.A.M.C., for use of the Medical Officers, and of the Surgeon-General's Office, for the use of the Medical Officers, and of the Surgeon-General's Office, for the use of the Medical Officers.

[Handwritten Signature]

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname FOURNIER Christian Name Emile

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Hull County Que. Canada.
Examined ... on 28 day of Aug. 1914,
at Valcartier
Declared Age ... 20 years ... days.
Trade or Occupation ... Tailor
Height ... 5 feet 8½ inches.
Weight ... 142 lbs.
Chest Measurement { Girth when fully Expanded 33½ 35 inches.
Range of Expansion 1½ inches.
Physical Development ... Fair
Vaccination Marks { Arm ... Right arm Left
Number ... one
When Vaccinated ... 1899
Vision ... { R.E.—V=
L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease ... { (a) Small Pox Marks Forehead
(b) Slight defects but not sufficient to cause rejection ... { (b) none

Approved by *(Signature)* _____
(Rank) _____
Medical Officer.

Enlisted ... at Valcartier
on 22nd day of Sept 1914.

Joined on Enlistment ...	Corps. <u>14th Batt. 3rd Bri.</u>	Regtl. No. <u>2 6 3 2 1</u>
Transferred to ...		

Became non-effective by ... on _____ day of _____
(Signature) _____
(Rank) _____

This Medical History Sheet has been compared with the corresponding Attestation Papers and entries made in red have been taken from the Attestation Paper 191 .
W.R. WARD,
Colonel, Commandant of Records,
Canadian Contingent.