30-8-18 Proceedings of Court of Inquiry or on men reported Missing on Active Service...... Attestation Papers Declaration of change of name..... rity for special enlistments..... ocuments of re-enlisted men..... Regimental Conduct Sheet Compulsory Stoppages..... Casualty Forms..... Proceedings on discharge Soldier Deceased, 1, 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.....

The Market State of the State o

DECEASED

DISCHARGE DOCUMENTS

Name BOUCHARD, TAMES, HENRY

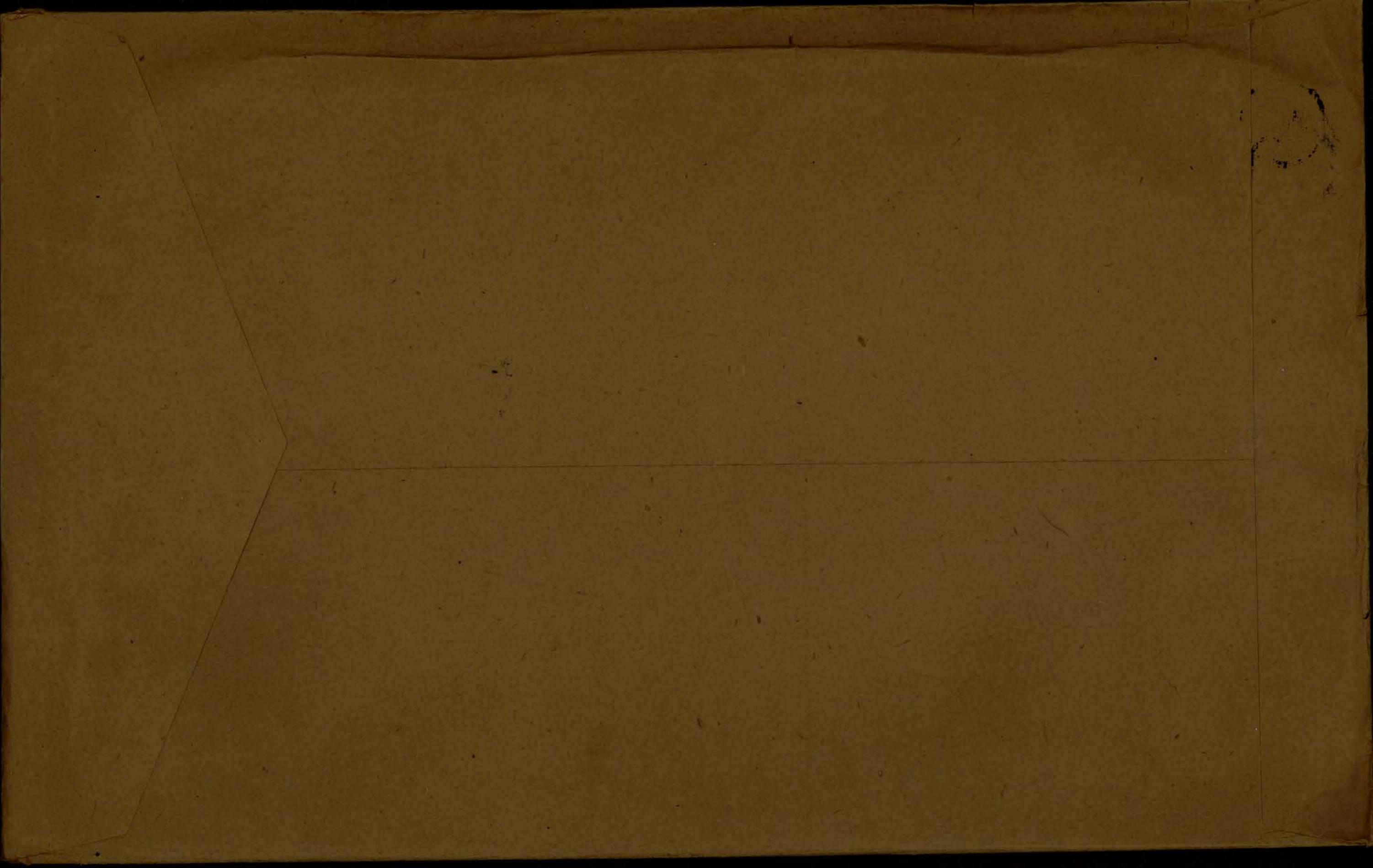
Regt. No. 913133 Rank C. Q.M. Seryt-Lets 10 Spe-Serv. B. (1979 Bn)

29482





34-11



No913133

Folio.

ANADIAN OVER-SEAS EXPEDITIONARY FORCE.

	QUESTIONS	TO BE	PUT	BEFORE	ATTESTATION. (ANSWERS.)
at is your	surname?			Bouchard	anger over the management of the contract of t
at are your	Christian names	?	atritica 3	James Her	pry

Ia. What are your	hristian names ?	James nemy
1b. What is your pre	sent address?	746 Dudley Avenue, Winnipeg
what Country we 3. What is the name	Township or Parish, and in ere you born?	St Roch, Quebeca Canada Minnie Bouchard Winnie Bouchard
	ess of your next-of-kin?	746 Dudley Avenue, Winnipeg
4a. What is the relat	ionship of your next-of-kin?.	··Wife
5. What is the date	of your birth?	June 10th 1871
6. What is your Tra	ade or Calling?	Engineer
7. Are you married	d ?	Xes
8. Are you willing	g to be vaccinated or re-	
vaccinated and in	noculated?	Yes
9. Do you now belo	ng to the Active Militia?	
10. Have you ever se	erved in any Military Force?	Yes, 3 yrs Mtd Rifles, Winnipeg

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?

2 years Army Service Corps

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

14 Journal (Signature of Recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

James Henry Bouchard , 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.

1. Wh

A. H. Barchard (Signature of Recruit)

A. Busch (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 winning this and day of Merch 191 6

. (Signature of Justice)

M. F. W. 28. 600M.-246. H. Q. 1772-39-84L

	determined according to the instructions given in the Reguions 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).
Heig	htftins.	
Com: Eyes	Girth when fully expanded	
Hair	1 1	
ns.	Church of England Presbyterian Methodist	
Religious denominations	Baptist or Congregationalist	
Reli	Roman Catholic	
de	Jewish	
	Other denominations(Denomination to be stated.)	
	I have examined the above-named Recruit a jection specified in the Regulations for Army Me He can see at the required distance with eithuse of his joints and limbs, and he declares that	her eye; his heart and lungs are healthy; he has the
Date		108110 -01-
Plac	*Insert here "fit" or "unfit."	Medical Officer.
been a	Note.—Should the Medical Officer consider the Recruit unfit, attested, and will briefly state below the cause of unfitness:—	he will fill in the foregoing Certificate only in the case of those who have

1	CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
	The second secon	of Attestation, and every prescribed particular having
been	recorded, I certify that I am satisfied with the	Correctness of this Attestation. (Signature of Officer)

SPECIAL MEDICAL HISTORY SHEET, RIGINAL

SurnameBot	ica ard	C	hristia	n Nam	e 181116	es nemy	
Examined on 2nd at 1	day of March	1916	Appr	roved by	6	Hapk	auxen'
				D	,	Och	
Birthplace County	St Roch Queb	ec	Telephone (Service)	Ran	IK		M.O.
Apparent age			1	Fit or Unfit.	EXAMI	NED FOR RE-ENGA	GEMENT.
Trade or occupation					***************************************	***************************************	M.O.
Height					***************************************	*******************************	M.O.
Weight					***************************************	***************************************	M.O.
	Minimum 331/2	inches			***************************************		
1 hest measurement							M.O.
Physical development.		1					
Small-Pox Marks	Ime						
(A	r m. Right. L	eft.×			*****************		M.O.
1 CO COLES CONTRACTOR DE MANAGEMENT	Tumber Zwo		Date.	Result.		VACCINATIONS.	
When Vaccinated last.	och: 1910	6.	3/0.16	R.	E	Highen	vecz M.O.
(a) Marks indicating	ng congenital peculi	arities or			**************	<i>U</i>	M.O.
previous disease				***************************************		***************************************	
li	one		Date.	Result.	A serve IIIs	T.	
(b) Slight defects but	not sufficient to cause	e rejection	2500070	1	1	PHOID INOCULATI	IONS, ETC.
			7-16	01.	00	Tylene	M.O.
			3	,	00	tefley	M.O.
***************************************			8	4	00	Eghen	ea M.O.
Enlisted on 2nd	lay of March		19	1 Gat	Winni	neg	
	Corps.	REGT'L N			BITS.		
Joined on enlistment	107 M D +				7577000		ATE.
Joined on emisiment	197.00. Bate.	7/3/3	3.	Ulm	ral.	March	2 ms (q)
	no 10 11 Cg	4		-		July 18	41917
Transferred to		1 5 5		*			
EXA	MINED OR DISC	CHARGE	ED BY	A MEI	DICAL B	OARD.	
STATION.	DATE.		Disa			RESULT	2.
whompsof	1:18,19.	7			8	lass 6	TE.
Dad De	1:18,19.	17					

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.

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. DATES OF Number of Date of Arrival Signature Discharge from Hospital. Admission into Hospital. DISEASE. days in STATION. at the of Medical Officer. Hospital. Station. Day Month Year Day Month Year Surname

No.

To be made out in duplicate.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1)	Name of Overseas Unit which Soldier joins 197th Battalion & F.
(2)	Regimental Number 9/3/33
(3)	Full Name of Soldier James Henry Bouchard
(4)	Place of Birth Stain Quebec
(5)	Are you married, or not?
(6)	If married, state, (a) Full name of your wife Minnie Rosaline Bouchard
	(b) Present Postal Address 746 Dudley ave Hinnifey
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls Joysi J. Jurks
	Also their names and ages Joseph Comile 28 421.
	tlew Helling. 26 years: / Falph. 18 yrs.
	Claudine Sparticus 24 yrs: Madge 16 yrs.
	Peha armeline, 23 years: Minnette 11 yrs Jesse 20 years: George 8 yrs, Melvin 5 yrs
A FI	Jesse 20 years; Jesper & gro. Million gro

M. F. W. 67.

300м.—5-16, 1772 39 034,

(SEE OTHER SIDE.)

(9) Is	your Father alive?	100		To the amount of the second of the second
	If so, state name and address			
(10) Is	your Mother alive?	M)	ANTALIA, LANGARIA
	If so, state name and address	s,		
(11) TC				THE TAXABLE PROPERTY.
(11) 11			the most authority re-	ocument of days that for
	Are you her sole support, or 1			
(12) If	sole support of widowed mother your enlistment, also reason s	er, state what ar	nount you have giv	ven her per month prior to lf.
	William State of Both Control of State of		A THE REAL PROPERTY OF THE	THE PARTY OF STREET WAY
	The separate of the separate		be (Francisca di rec	construction passing (CF (b)
*************	***************************************			***************************************
(13) It	you have no wife, father, moth address of your next of kin	er or children, st , to whom you	would desire any o	communication to be sent
	concerning you.	m.	901.	98.11
	(HAPE)	Jamue.	Malin	e / Duchara
	746 Dud	ley av	E. Llen	upong teamade
(14) If	you have a wife, or children, o have you applied to the Paymust be done.	r a widowed mo master of your	ther who depends o unit for Separation	on you as her sole support, Allowance? If not, this
	••••••			
(15) A	e you insured ?	no		
	If so, in what Company?			Figure Community and Days (E)
	Have you made arrangements		vour Inqueance pro	
	If not, and it is a monthly prassignment you wish to make	emium, you can		t in addition to any other
				The state of the s
			(10. D)	1.0
	1	*	10.01.06	neca SHOal
Date	Vou 10-191-	7	1	Officer Commanding.
Date			arillina a cost 1	o resissua naig sia H
			Service and	

Y STATE WARRIED STATE

SULWINE ME

SPECIAL

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

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

250м.—1-16. Н. Q. 1772-39-920.

m-t 12 20. R. R.

Casualty Form—Active Service.

Unit, Regiment or Corps 197TH OVERSEAS BATTALION G. E. F. Regimental No. 913133 Rank Sergt. Name James Henry Bouchard Date of appointment) Date of promotion to Numerical position on roll of N. C. Os. present rank. to lance rank Extended Qualification (b) Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213, ported on Army Form B 213, Army Form Place Date From whom Army Form A. 36. or other Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. ied October 18#1917 Certifued Carried Francis

Report		Record of promotions, reductions, transfers,			Remarks
at	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents.
				- (10) 15(1)	
4					
				A STATE OF THE PARTY OF THE PAR	
			The same of the sa		

M.F.W. 2652 25M-6-20. H.Q. 1772-39-1473 Register No. 23/132

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1906 -	121
----------------------	-----

Regi'l No. 9/3/33 Name Janus Henry Bouchard
Unit. 10 Bu. Rank Christian Namé) Unit. Date of enlistment. (Surname)
Date of casualty SOM STATE B.P.C. File No. 2335-6
Was service performed overseas?
Name Mrs. Musical Bourhard Relationship Willow
Address 746 Dudley Que,
(Winninger man.
Amount of Special Pension Bonus \$ 5.55 Abstracted by Incleadale.
Eligible for Gratuity
Less amount of Special Pension Bonus paid
Less Debit Balance of S. A. or A.P
Balance due \$ 5,00 -
Cheque No. 9.1898 244 Date issued AUG - 3 1920
Clerk
Remarks: Audited by

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Christian Name Surname Regimental Number Rank 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 FIRST PAYMENT SECOND PAYMENT FINAL PAYMENT Balance Total Total Overpayments Credits Amount Cheque No. Cheque No. Cheque No. Amount Amount Amount to be 91 days Date Date Date Paid A 30 days 30 days 31 days Recovered Remarks:

WITH THE RESTAUDING THE BE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Minnie R. Bouchard By Whom Assigned Bouchard

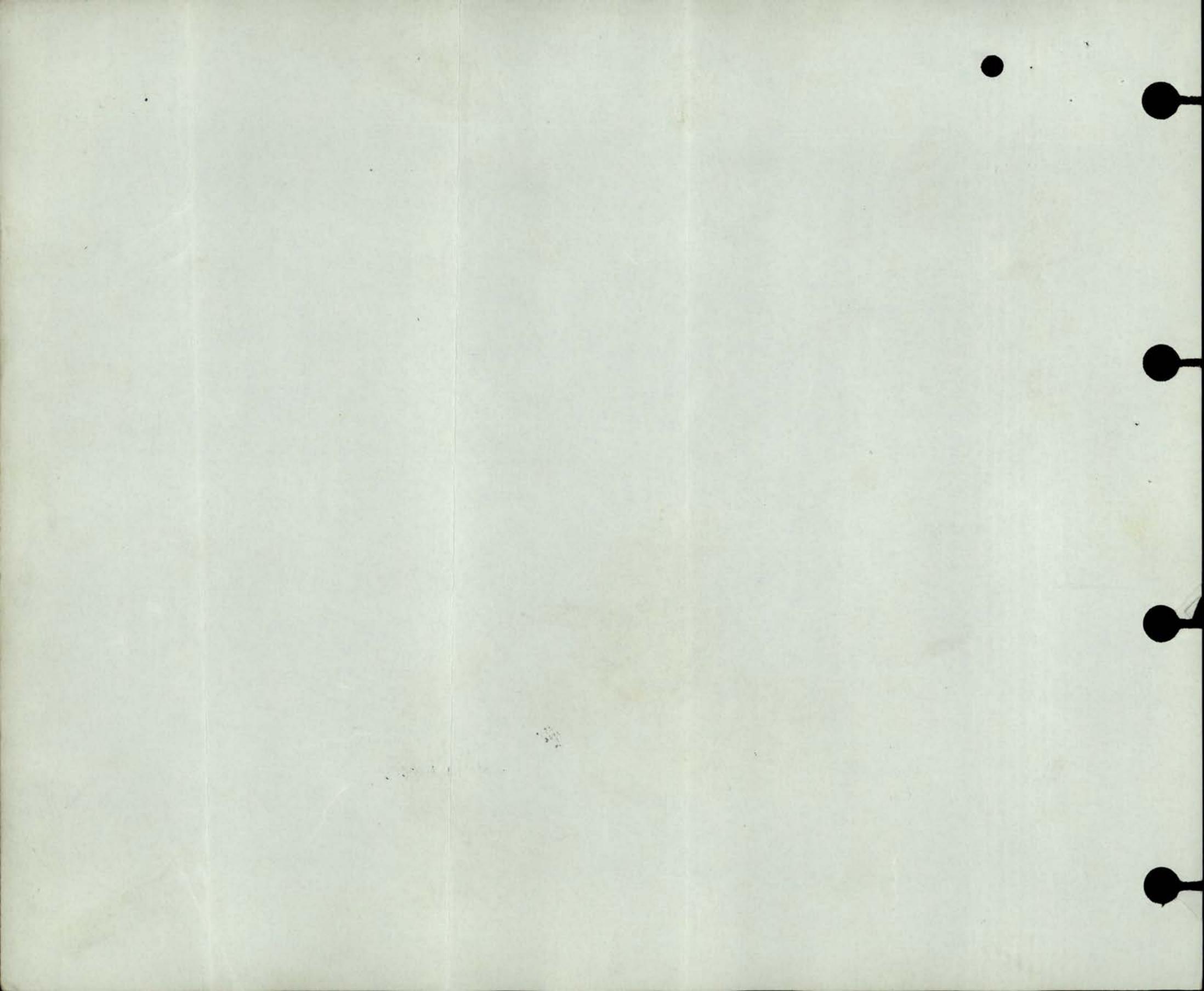
Address 746 Dudley ave., Regtl. No. 913133.

Winnipley, Man. Rank Saf.

Corps # 10 S.S.C.

Rate 20 2 14/108.// P.C. 2375.

PAYMENTS								
	Month	Year	Cheque No.	Amt.	REMARKS			
	Aug.	1914						
	Sept.				Pensions Notified Date 2.1/1/2			
	Oct.				Died of Wounds Date			
	Nov.				Pensions Notified Date			
	Dec.				17/11/1 File 1906 J. 21			
	Jan.	1915			Date Noted			
	Feb.							
	March							
	April							
	May							
	June							
	July		- Twelling					
	Aug.							
	Sept.							
	Oct.							
	Nov.		4V					
	Dec.							
	Jan.	1916	1/2					
	Feb.							
	March		of many					
						192		



50m.—7-16 1772-39-819.

ASSIGNED PAY
BOUCHARD
PAYMENTS.
Name
PAYMENTS.

I., L. Job 5470—Req. 6888.			I A IVI	ENTS.	9/3/3	33	#10 6.5.	
	Month.	Year.	Cheque No.	Amt.	2000	1st Nov. Remarks	· P.C. 2375)	H.G.
	April	1916						2/1/1/
	May							
	June	The same of						
	July							
	Aug.							
	Sept.							*
	Oct.							
	Nov.							
	Dec.							
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	March							
	April							
	May							
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	July							TO NEW
	Aug.							- 22
	Sept.							
	Oct.			FEET S	Acct. of	San per RP	2375	
	Nov. 20 -	O. u	43681	20 -	Maries .	5/11/17		
	Dec.				oxland	Semper P.C. 5711/17	0 10	1
	Jan.	1918			Supper	A ale 31/1/	8 Alfolden	th 2/16
	Feb.			E E		4 / //	6	116
	March	BE BE			Man The ETC			
	April	37-15		PERMIT				
	May			Marie Service			THE PARTY	
	June							
	July							

MILITIA AND DEFENCE

ASSIGNED PAY

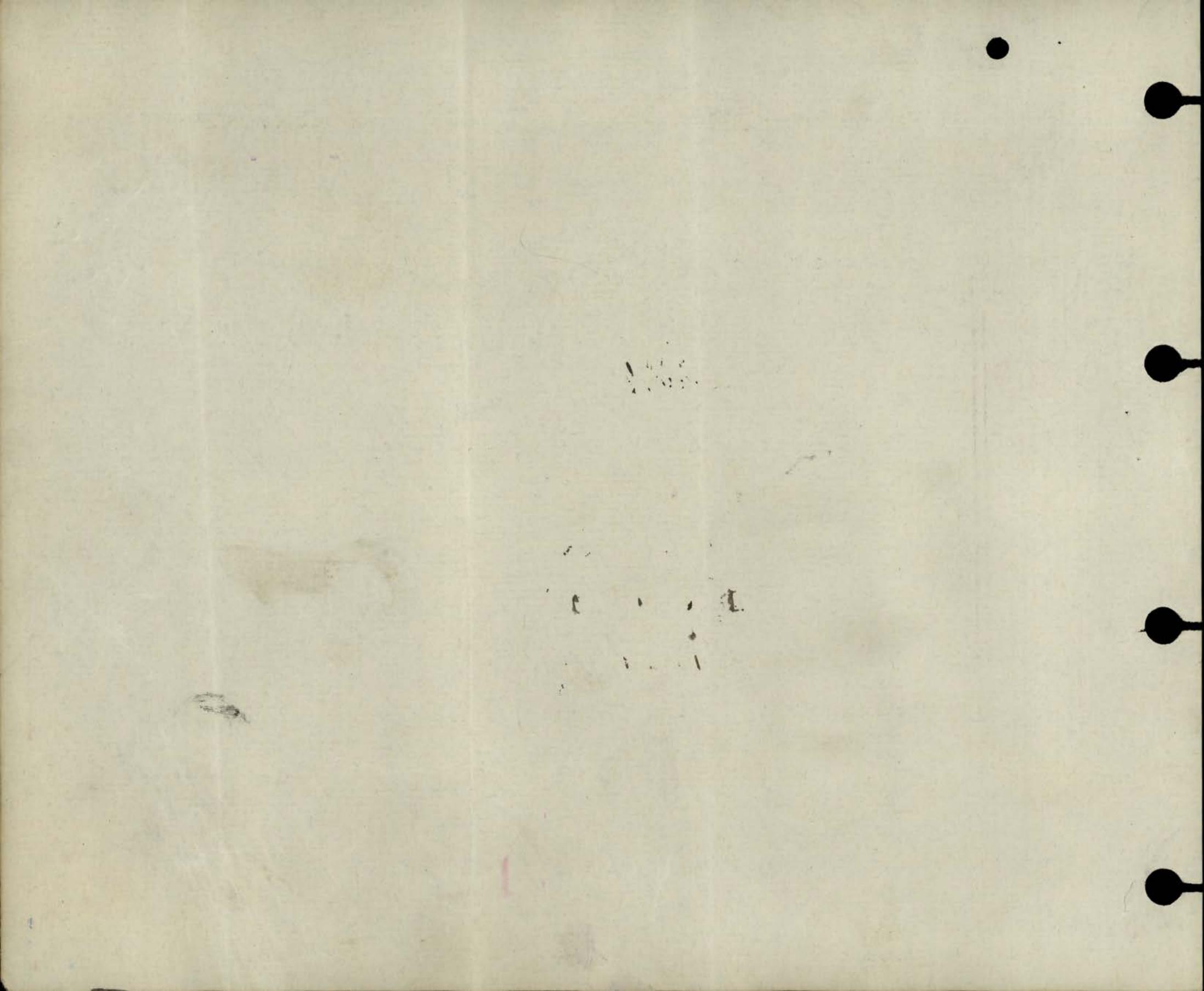
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

Month.	Year.	Cheque No.	Axot.	Remerks.	
Aug.	1918				
Sept.	1210				
Oct.					THE REAL PROPERTY OF THE PARTY
Nov.					
Des.					
Jan.	1919				
Peb.					
March					
April					
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June					
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Sept.					
Oct.					
Nov.					
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Jan.	1920				
Feb.					
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April					
June					
July					
Aug.					
Sept.					
Oct.		THERE			
Nov.					
P. L. A. C.	100				



M. F. W. 11a. 50m.—4-16. 1772—19—818.

SEPARATION ALLOWANCE

Sheet No. 2 Minnie P. Bouchard DAYMENTS.

Name of Soldier Douchard & ..

L, L, Job 310,—Req. 6574,				LIVI O.	Agh
	Month.	Year.	Cheque No.	Amt.	Remarks.
	April	1916	1		
	May		17290	59	39
	June		K4069	20	20 adjann
	July	۵	8922	37 -	37
	Aug.		E12838	25	25
	Sept.		715089	25	25 Pensions Notified Date
	Oct,	d	18476	25	25 Died of drounds Date.
	Nov.	10	321329	25	25 C. L Clerk . H. Goldsmille
	Dec.	B	24915	25	26 Date Noted
	Jan.	1917 A	28699		25 per P.M. Telegram 19/10/17 file 1906-1-21.
	Feb.	a	31640	25	27
	March	a	34846	25	25
	April		6309	25	0 2 3
	May		B3742	2 2:57	25
	June	D	7639	25	25
	July	1	011615	25	23'
	Aug.	F	14124	25	4
	Sept.		E17411	25	130 \$ 466 P HD.
	Oct.	(1 73396	25	272
	Nov.	1 5 F			-491-
	Dec.				Soldies Leceasia 18/10/17
	Jan.	1918			P.m. Delegram 19/10/17. file 1906-9-21
	Feb.				- 132 9/10 /m
	March				
	April				
	May				
	June			13 Land 120	
	July			The second second	

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

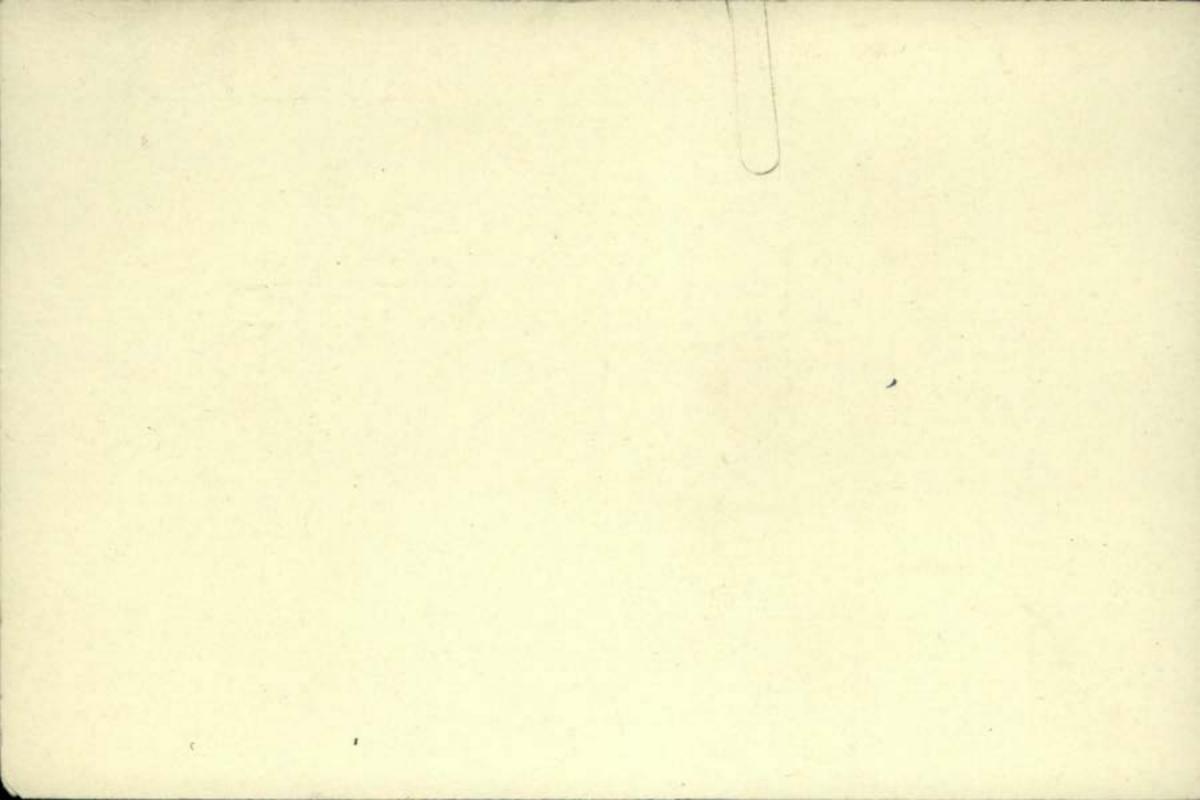
Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_____

	the day of the					
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1918				
	Sept.					
	Oct.					
10	Nov.					
	Dec.					
	Jan.	1919		2		
	Feb.					
	March					
	April					
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	July					
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	Oct.					
	Nov.					
	Dec.					
	Jan.	1920		•		
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	Sept.	-				
	Oct.					
	Nov.					
			With the same	Decree Line		

RANK Pte Sgt. NAME Bouchard James H Ro. 413133 UNIT 197 th Ballation T.O.S. 2-8-16 So 28/16-3-16 M. D./0 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG. OR FROM TO REC'T AUTHORITY PARTICULARS mar 31 Trac 2 apt. Sgt. 14-4-16 B.O. 3.3 of 14-4-16 ine treams to clearing depot 17-11 Jan paybit. 21



SURNAME. Bouchard	V
	FOLL.
REGL. NO. 913133 RANK Pite.	
UNIT 1976A.	Bru.
FORMER CORPS 3 yrs. Into Refles. Winnipeg.	y s. army Service
FORMER CORPS 3 yrs. Into Refles. Winnipeg. 2. NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Bouchard, hurs. Minnie	
RELATIONSHIP TO SOLDIER wife	
ADDRESS 746 Dudley ave., Winnipeg,	
man.	
PLACE OF ATTESTATION Winnipeg, Man. DATE	June 10, 1871.
PLACE OF ATTESTATION Winniber Man. DATI	Mar. 200 1916

L. L. 94504. M. & D. 6512.

CARD NO.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED yes single
TRADE OR CALLING Lougines RELIGION leaving equitionelist.

DESCRIPTION. APPARENT AGE 45 YEARS MONTHS HEIGHT S FEET 3½ INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3½ INCHES

COMPLEXION Wark EYES Brown HAIR Brown Grey DISTINGUISHING MARKS wil. MEDICAL EXAMINATION. PLACE Winnifeg, Man. DATE Tuar. 2th 1916. Present address. 746 Dudley ave., wanifeg, than

BOUCHARD, Sgt. J. H. #913133 - 10th Spec Serv co.

Med & D

(Widow)

Mrs. Minnie Bouchard 746 Dudley Ave. Winnipeg, Man.

(Ser# 806546) Widow) Address

as above

Mem Cross

(Widow) Address as above 8,819 Plannia Paen NOV - 26 1921am

not Eligible for v.m

W- 638054

DEC 22 1920

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

R	ATE OF SEPARATION ALI	LOWANCE

 RATE OF ASSIGNMENT	

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
Soldier's Nam	e			Change of Address	
Battalion				1	
Beneficiary				2	
Relationship				3	
Address				4	

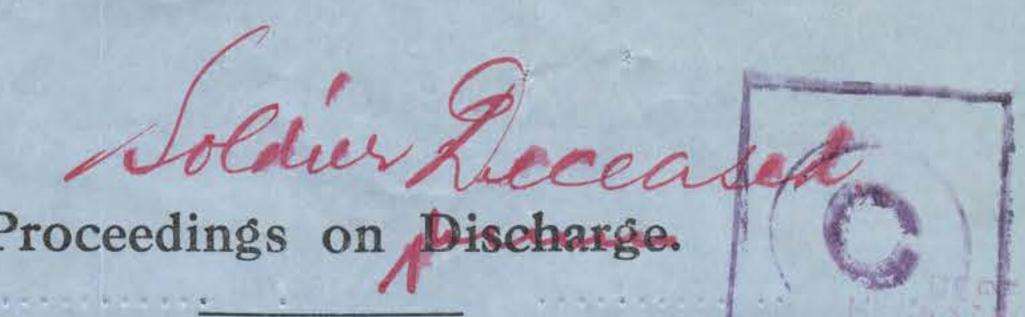
	Address					4
	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
*						
28 29-1141 D. 7888						
M. F. W. 128 400M.—6-17—1772-39-1141 L. L. 22320—M. & D. 7989.						
M. F.						
400x						

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron Battery Conduct Sheet, B. 263a. Company	Attestation Paper, Militia Form B. 233. Proceedings on Discharge "B. 218.
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.
Statement of Man's Account on Transfer and Last Pay Certificate, D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

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.



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

No. 913133.			
Rank C.Q.M.S. S9T			
Name James Henry Bouc	hard, at on enlistment unless o	hanged subsequently by authority.	
Corps (Squadron, Battery or Cor	mpany#10 Spe	c.Serv.Co.(167th.B	attalion).
Date of XXXXXXXX Death.	18th.Octobe	r 1918.7.	
Place of MXXXXXX Death.	Winnipeg, Mar	a:	
1. DESCRI	PTION AT TH	E TIME OF KYSCHARG	EX Death.
Age	7 months.	Descriptiv	ve Marks
Complexion Dark. Eyes Brown. Hair Dark Grey. Trade Engineer. Intended place of residence (To be given as fully as practicable.)		N I	L
N.B.—The cause of discharge must certificate. If discharged by superior authorit			
Commanding Officer, value characters on the characters of the char	ms h	ervice have been, according to	
4. Special qualification		in civil life. (Vide para. 3.	
officer Commanding his Squad 4. Special qualification 4. Special qualification	Eng		

M. F. B. 218.

160m.—5-16. H. Q. 1772-39-113 (OVER)

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.	,) कुंद्र
	Command
	the Cou
6. Medals and Decorations	rting tr
	copied by cortification control of the control of t
	og Oge
	/ FAH
7. His account is correctly balanced, and signed by the Officer Commanding his Compor Battery), and I have impartially enquired into all matters brought before me in a Regulations.	
Winnings Won:	Major.
(Place) Winnipeg, Man	
(Date) 18th.October 1917. Commanding 10th.Bpecial	Service Co.
8. Certificate to be signed by the Soldier on Discharge	
I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all ju	et demande un
to the present date, subject to the reservations of the claims noted on the third p	age.
(Place) Winnipeg.Man: (Signa	
(Place). "IIIII Possiniania (Signa	ture of Soldier.)
(Date) 18th.October 1918. (Signate	ure of Witness.)
When a soldier is absent through illness or any other cause and it is not desirable to	
proceedings to him for signature, a manuscript copy should be sent for the man to returned, should be attached here.	sign, and when
9. Additional Certificate in the case of a Soldier who takes his dis	scharge
on his own request.	
I hereby declare that I do of my own free will request to be discharged from His Ma	jesty's Service.
(Signal	ture of Soldier.)
	30,000.7
10. Statement of Service.	
Service toward Engagement to(the date to which the Record of Service is completed).	
Total.	1 years 23Qays.
11. Confirmation of Discharge.	
The discharge of the above-named man is hereby confirmed.	
(Place) Winnipeg, Man.	
(Signature) Ma	jor.
(Date) 18th.October 1917. O.C. No.10 Special Servi	ce Company

	R	eservations r	eferr	ed to	at P	ara. 8.			
-	(To be signed by the soldier.	When there ar	e none	a, it is	to be so	stated, a	and signed	by the	soldier.)
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GRIMION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

MEDICAL HIS	TORY	OF	AN	INV	ALID.
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74 Chandes due hornord humanpy mon. 1. Station. Surripeg 8. General remarks on his:-2. Regiment or Corps. LE Case Case Dy (a) Conduct. good 3. Regimental No. and Rank. 2005660 Pt. (b) Habits. Queste. 4. Name. Tower John Wesley (c) Temperance. Temperate 5. Age last Birthday. 29 (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.) 6. Enlisted on Morel 26 - 1917 at brunnpig Date. Due 15-1917 7. Former trade or occupation. Brukemon bør R Toversers England 9. Service. Days. Years. PERIODS To FROM march 26-17 Dec 15-1917 10. (a) Disease or disability(1) Whith D. a. Hal Impairment of function of the leg (b) Date of origin(1) June 1915 (2) July 1911 (c) Place of origin. Junipy (2) Strathelier mon. (d) Cause. "Stravily Grace (2) accident (Fall on prece of erm) 11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Lead, Most Important.)

Lead, Most Important.)

Lead, Most Important.)

Lead, Most Important.)

Lead, Most Important.) Least .. Shortner of breath after slight Exercise bon walk two miles at his own pace. Pulses vesting 120 standing 132. Heart is signed . Sound one seft. Daft systatice mittel manner uses I play of cheming tolines of my person a chief exercise and the Reg (2) tracks with a high ling. Her Long of majorale time in Roley. Con showd I minute, on Rly of. 12. (a) Is the disability the result of service or climate?

M. F. B. 227. 200м. 8-16.

1772-39-117.

(b) Has it been aggravated by intemperance, vice or misconduct?

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to o be given.) Joor it wicher long my fermal surface of the light sestending from Knee downwoods. sound seen much lift reternal micheller. Does the Board concur with the preceding report? If not, give differing opinion. yes 10. (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? not approvates on desety (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 other-17. Yes 14. Treatment. mo trusment 18. Is he unfit for Military Service. 4 Recommendations: There descharges from my to Presente entirtment 15. If the disabling condition had its origin before enlistthe service is medically unfit. His dishlaten ment, has it been aggravated by service, and to what extent? that aggranted by service presented belesment and was not aggrowthen by Dervice. He has begunt freshmens. perhanes not be realisted 16. What is the probable duration of the disability or of six morths. each disabling condition, if more than one contributes? (2/ Permonent Signatures :-17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated. Station. Munifieg A Thilte light 18. State if for discharge on account of unfitness for Ser-Dischorge Date. Asst. Director of Medical Services. Approved. Date. Medical Officer by whom the case is brought forward. Director-General of Medical Services.