



C. Company
Ranger

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. A 57935

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Orula Boule Boule*
2. In what Town, Township or Parish, and in what Country were you born?..... *Fall River*
3. What is the name of your next-of-kin?..... *wife Mrs. O. Boule*
4. What is the address of your next-of-kin?..... *141 Foster St. City*
5. What is the date of your birth?..... *Sept 9th 1892*
6. What is your Trade or Calling?..... *Butcher*
7. Are you married?..... *yes*
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?..... *65th Regt (3 years)*
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*

O. Boule (Signature of Man).
W. F. Gear (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Orula Boule*, 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.

O. Boule (Signature of Recruit)
Date *July 14th* 1915. *W. F. Gear* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *O. Boule*, 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.

O. Boule (Signature of Recruit)
Date *July - 14 -* 1915. *W. F. Gear* (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 *Montreal* this *14th* day of *July* 1915.

W. F. Gear (Signature of Justice)

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

..... (Approving Officer)

Description of Uvila Boullé on Enlistment.

Apparent Age 22 years 10 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. 6 1/2 ins.

*1 Vacc left arm
scar left leg.*

Chest measurement { Girth when fully expanded 44 1/2 ins.
 Range of expansion 2 ins.

Complexion weights 210 dark

Eyes brown

Hair black

Religious denominations { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 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 14th July 1915

J. A. Fairie
Lieut A.M.C.
 Medical Officer.

Place Montreal

*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.

Uvila Boullé 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.

Muscovy (Signature of Officer)

Date.....1915

Casualty Form—Active Service.

CERTIFIED CORRECT
 Canadian Record Office
 Westminster House
 7, Millbank, S.W.

Regiment or Corps **28th RES. BATT. C.E.F.**

Regimental No. 457935, Rank Private Name Boule O.

Enlisted (a) 14/7/15. Terms of Service (a) duration of War. Service reckons from (a) _____

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on 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				
		<u>On draft to France</u>	<u>Overseas</u>	<u>15.12.15</u>	
	<u>OC 1st Bde</u>	<u>Att to 1st B.D.P.</u>	<u>Field</u>		<u>Adjutant, C.A.S.C., T.D.</u> <u>30/12/15</u>
<u>28-12-15</u>	<u>OC 3rd Bde</u>	<u>Att to 1st Can Div Mach Gun Coy.</u>	<u>do</u>	<u>27-12-15</u>	<u>KR 4-68</u> <u>Cas Pool. Part 2 orders Nos. 29/1/16</u>
<u>30-12-15</u>	<u>OC 1st Bde</u>	<u>Att to 1st Can Div Train</u>		<u>30-12-15</u>	<u>ATB 213A. 1st Can Div Train</u> <u>Cas Pool Part 2 orders No 4. 22/1/16</u>
<u>16-1-16</u>	<u>OC 1st Bde</u>	<u>Returned to Cas Pool.</u>		<u>14-1-16</u>	<u>ATB 213a.</u> <u>Cas Pool Part 2 orders Nos 5 - 7/4/16</u>

(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, Shoening 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. 212, Army Form A. 36, or other official documents.
Date	From whom received				
11/4/16	Gen. Corps. C.C. 35-15	Transferred to 2 nd Div. Train as Reinforcement	Field	13/4/16	C.C. 35-15. d/- 11/4/16. Pt II Order No. 24 d/- 14/6/16
21/4/16.	O.C. 2nd. Can. D. Tr.	Taken on strength 2nd. Can. Div. Tr. from C.A.S.C. Field. Pool. Auth. Can. Corps. C.C. 35-15.		14/4/16	Army Form B 213a d/- 21/4/16.
21/6/16.	ofc 1017 Cas 6. Str.	Contused Wounds Head, Fracture Base of Skull. (accidental). Died 3.30pm.		18/6/16.	Authy. O.C. 1017. C.C. Str. K.P. 137-304 d/- 21/6/16 Pt II 26 d/- 30/6/16.

Ambleton
 LIEUT
 OFFICER in CHARGE
 CANADIAN SECTION C.M.G.
 8th ECHELON

Rank _____ Name **BOULEE Ovilla.**

Reg'l No. **457935.** *Em*

Unit **Dft. 60th Bn to 23rd Res. Bn.** If in perm. Corps, What Unit?

Married or Single **MARRIED.**

Place and Date of Enlistment **Montreal, July 14th, 1915.** Place of Birth **Fall River.**

Name and Address, Next-of-Kin **Mrs. Boule, 141, Forfor St, Montreal.**

Relationship **Wife.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____



Discharge, Date and Place _____

Reason _____

Character _____

Mx 27-12-20 ac

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				
17.9.15	<i>Ob. 23</i>	Taken on strength	<i>Shorncliffe</i>	<i>6.9.15</i>	<i>PT II 220.</i>
25.10.15	"	<i>Forf. 1 day PFA Absent</i>	<i>Wlanding</i>	<i>25.10.15</i>	<i>" 253</i>
1. 11. 15	"	<i>" " " " hay misconduct</i>	"	<i>1.11.15</i>	<i>" 259</i>
4.11.15	"	<i>" " " " Absent</i>	"	<i>4.11.15</i>	<i>" 262</i>
8.12.15	"	<i>Forf. 1 day PFA Shaving lip</i>	"	<i>8.12.15</i>	<i>" 292</i>
13.12.15	"	<i>Trans. to CASC</i>	"	<i>13.12.15</i>	<i>" 296</i>
20.12.15	<i>o/c Call TD</i>	<i>Taken on strength TD</i>	<i>Shorncliffe</i>	<i>13.12.15</i>	<i>" 170.</i>
17.12.15	<i>---</i>	<i>Struck off strength TD on Trans to Pool, cable</i>	<i>---</i>	<i>15.12.15</i>	<i>" 167 Ro #119.</i>
22.1.16	<i>o/c 1st Can Div Train</i>	<i>Attd for Duty from 6A 56 Pool</i>	<i>In the Field</i>	<i>30.12.15</i>	<i>PT II 4</i>

#54935

Boulé O

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				
29.1.16	Ofc A. Fr.	Att. to 1st Lt. Div. M. Gun Co. in Hqs		6.1.16	P.I.O. 5.
7.2.16	Ofc M.G. Coy	Returned to H.Q. Can Troops	France	14.1.16	- - 6
7.4.16	" "	Part II of 6.7.4.16 cancelled should read as follows Returned to b.a.s.6 Pool	"	14.1.16	- - 14
7-4-16	Ofc Pool	Returned to unit from M.G. Coy	Field	14-1-16	Part II 15
14.6.16	do	Trans to 2nd Div Train	"	13-4-16	P.I.O. 24
" "	2nd Div. T C.A.S.C	T.O.S as reinforcement from C.A.S.C Pool	"	14-4-16	P.I. 24
6-7-16	II Div.	Deed of Wounds Accident	"	18-6-16	Cast List A 152 WOOD
30.6.16	II Div. T aulty	Deed of Wounds Ofc - Ofc 17 Casualty clearing station H.F. 137-304 d/ 21-6-16	"	18-6-16	P.I.O. 26

Handwritten notes:
 K...
 acc...
 9/11

MEDICAL HISTORY SHEET.

name Bauer Christian Name Paul

Examined { on July 14th day of 1915
 at Montreal
 Birthplace { City or Town Fall River
 County Que.

Approved by H. L. Pavey
 Rank Major M.O.

Apparent age 23
 Trade or occupation Butcher
 Height 5 Feet 6 3/4 Inches.
 Weight 110 Lbs.
 Chest measurement { Minimum 42 1/2 inches.
 Maximum expansion 44 1/2 inches.
 Physical development
 Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left /
 Number

Date	Result	VACCINATIONS.

When Vaccinated last
 (a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/7/15</u>	<u>OK</u>	<u>H. L. Pavey</u> M.O.
<u>31/7/15</u>	<u>OK</u>	<u>H. L. Pavey</u> M.O.
<u>20/8/15</u>	<u>OK</u>	<u>H. L. Pavey</u> M.O.

Enlisted on 14th day of July 1915 at Montreal

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>60th Balm. C. E. O.</u>	<u>A57935</u>		<u>14th July 1915</u>
Transferred to..	<u>2nd Balm. C. E. O.</u>	<u>451435</u>		
	<u>Bath</u>			
	<u>Co 4</u>			

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.

Rank *C.A.S.C. 2d* Name *BOULE Gvila.*
 Unit *OFF. 60th BN to 23rd REG. BN.* If in perm. Corps, What Unit?

case 296 13/10
 Reg'l No. **457935.** P-56
 Married or Single **Married.**

Place and Date of Enlistment *Montreal, July 14th, 1915.* Place of Birth **Fall River.**

Name and Address, Next-of-Kin *Mrs. Boule, 142, Forfar St, Montreal.*

Assigned Pay Monthly \$ *15.00* Payable to *Next of Kin* Relationship **Wife.**

Separation Allowance \$ Payable to

Discharge, Date and Place *18-6-16.* Reason *D of W.* Relationship **Wife.** Character *P.C.A. 152.*



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							
<i>1915</i>																	
Sept 1	30	30	1.00	30.00	30	10	3.00	10.43			1217	15		2717	1583	<i>Balance from previous</i>	
Oct 1	31	31	1	31	31	10	3.10	15.83			2189	15	1.10	3799	1194	<i>1 Dyo. P.A. B.O. 253 Oct 25/15</i>	
Nov 1	30	30		30.00			3.00	11.94			1460	15	1.10	3180	13.14	<i>1 Dyo. P.A. B.O. 259</i>	
Dec 1	31	31	1.00	31.00	31	10	3.10	13.14				15.00	1.10	16.10	31.14	<i>From to C.A.S.C. 31/15 B.O. 296 10/15 P.A. B.O. 299 11/15</i>	
1916 Jan 1	31	31	1	31	31	10	3.10	31.14			872	15		2372	41.52		
Feb 1	29	29	"	29	29	"	2.90	41.52			1569	15		3069	42.73		
Mar 1	31	31	-	31	31	-	3.10	42.73			2092	15		3592	40.91		
				21300			2130	1000	24430			9399	10500	440	20339	4091	<i>Settled</i>

Statement of
 DEC 12 1916
 Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

Checked *[Signature]*

Chk No. 372
 Cash found in
 108

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

212

Cont
(Wife)
wife
 To Whom *Mrs Aurore Boule,*
 Address *89 Lorfar St,*
Pt St Charles,
Montreal, Que.
 Rate *15⁰⁰* SEP 1 1915

By Whom Assigned *Boule Ouilon,*
 Regtl. No. *A57935*
 Rank *Pte. 457935-*
 Corps *60th Battrn. C.E.F.*
Elo

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Casualties</i> <i>Died of wounds June 18/16</i> <i>C. L. 5-7-16 g.a.t.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<i>Close</i>
Sept.		<i>X408</i>	<i>15⁰⁰</i>	
Oct.		<i>41725</i>	<i>15-</i>	
Nov.		<i>X 4526</i>	<i>15-</i>	
Dec.		<i>L6840</i>	<i>15</i>	
Jan.	1916	<i>N 11845</i>	<i>15-</i>	
Feb.		<i>O 13965</i>	<i>15-</i>	
March		<i>T 14587</i>	<i>15-</i>	

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 Com.—12-15.
 1772—39—819.

213

Sheet No. 2. Aurora Beule

OVERSEAS CONTINGENTS

Name of Soldier Beule, Avilon

PAYMENTS.

A57935

E^{co}

Onto.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	
April	1916	1638	15	6 ⁰⁰ Overpaid.
May		113688	15	Pension granted June 19. 16 F.M.
June		113324	15	Account closed Cas.
July		66751	15	8/150 ⁰⁰ F.M. 11/1/17
Aug.				Stop Pay Aug 16 Cas.
Sept.				3M 20 ⁷ / ₁₆ Cas.
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

File

Cancelled

Casualties

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Aurot, Boule

Wife
PAYMENTS.

Name of Soldier

Boule Orla

Pte.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	8493	20	20
May		85081	20	- 20
June		868129	20	- 20
July		85630	20	- 20
Aug.		713556	20	20
Sept.				<i>Acct closed Pension granted 19⁶/₁₆</i>
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				<p>ACCOUNT CLOSED</p> <p>DATE..... PER <i>W</i></p>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

14-7-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

122

Name *Mrs. Aurore Boule*
Address *89 Forfard St.*
Pte St Charles
Montreal, Que.

Name of Soldier *Boule, Ovila*

Regtl. No.

Rank *Pte.*

Corps *60th Batten*

Relation to Soldier

wife, child or mother

} *Wife*

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.				
Sept.		<i>G.16554</i>	<i>51</i>	<i>51</i>
Oct.		<i>J.11261</i>	<i>20</i>	<i>20</i>
Nov.		<i>M.10281</i>	<i>20</i>	<i>20</i>
Dec.		<i>K.13247</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>G.24160</i>	<i>20</i>	<i>20</i>
Feb.		<i>K.20853</i>	<i>20</i>	<i>20</i>
March		<i>L.24589</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED
DATE.....PER.....

acct closed



R. 149. R. 4 25-B-1541

Name BOULEE Ovila Rank Pte.

Reg. No. 457935

U 2nd Divisional Train. CASC.

Next of Kin Canada.

DIED

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<u>E. 3. No. 17. CASUALTY CLEARING STATION. REPORTED; -18-6-16.</u>					
	<u>REPORTED FROM BASE.</u>					
	<u>DIED OF WOUNDS. ACCIDENTAL. June 18th 1916. D.O.L. 6-7-16.</u>					
	<u>CABLED OTTAWA. July 5th 1916.</u>					
				A152.M9338.		
				Frac. Base Skull. BCS. No. 89.		

REGT'L No 457935 ✓

NAME Boule. Ovilla

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 2nd Div. Train (Form. 60th (1st R.D.) Bn.)

FOLLOWS
No.
FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
M. 9338	5-7-16.	Died of wounds accidental No. 17. Casualty Clearing Station, June 18 th 1916.
A F B	2990a	Died of wounds #17 Casual Stat 18-6-16
Rouen	30-6-16	Accidental

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

9152

#17 C.S.C. that died
of wounds (accid.)

18-6-16

Died of wounds

649-73-4393

CARD NO. 10325 ✓

SURNAME. *Boulé*

CHRISTIAN NAMES *Orila*

FOLL. **D**

REGL. No. *457933*

RANK *Pte.*

UNIT *60th. (1st. R.D.)*

Bn

FORMER CORPS *65th. Regt.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Boulé, Mrs. A*

RELATIONSHIP TO SOLDIER *wife*

X ADDRESS *89 Forfar St, Point St. Charles,
Montreal, P. Q.*

COUNTRY OF BIRTH *Canada, Fall River, Ont.* DATE

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *July 14th. 1915.*

Sailed from Montreal Per. S.S. "Scandinavian" 27-8-15 ^{2.10}/₁

MARRIED *yes.*

SINGLE

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

3 m 24
Muel

10
✓

Number 457935 Rank Pvt

Surname BOULEE

Christian Name Orta

Units C.A.S.C. Theatre of War France

Date of Service 30/12/15

Remarks (w) Mrs. Aurora D. Boule,

Latest Address 89 Torlar St.,
Montreal, P.Q.

Roll No. Page 1944!

DESP.
REC'D. ~~2-11-23~~ JAN 17 1923
NO. 14468

14468

961

~~M~~
~~W~~
39736

JAN 5 1921

39735 JAN 5 1921

Scroll Desp. 25-1-21 Reqn. No. 2-13402

Plague Desp. **SEP 20 1922** Reqn. No. P46218

F R E N C H

649-B-4393

H.A.P.

M

✓ ✓ ✓
BOULE, Ovila, Pte. #457935, C.A.S.C. *2nd. Div Train*

Med. & Dec. (Widow)

Mrs. Aurore D. Boule,
89 Forfar Street,
Montreal. *P.Q.*

(P. & S. Serial no. 7715-89)

Mem. Cross "

"
"

Mem. Cross (Mother)

Mrs. Eugenie Boule,
Hemmingford,
P.Q.

Elig. for 14-15 Star 1st C.D. J. C.A.S.C. P.Q.

E.. .. n m

E.. .. B W m

41091

B

ac

Surname

Christian Name or Names

Reg. No.

Boulce.

O.

457935.

Rank

Unit

Co.

Troop

Batty.

Pte.

C.A.S.C. 2 Div.

Hospital

Date of Admission

Transferred

14 Cas Cl. Stn.

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Died of wounds. (Accident) 18.6.16

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

REMARKS

C.L. 6.7.16. A/52.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

