

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.....

msw 60 - 1
Army Form B 122-1

M. F. W. 62.
100ml-6-17.
H. Q. 1779-39-985.

DISCHARGE DOCUMENTS

Name

Bourque Aime.

Regt. No.

1087293

Rank

Pte.

Corps

S.S. Bn. (from 252nd. Bn.)

Med. Unfit.

R. O. No.

H. Q. No.

31702

31702



Kelos

24-1-20

20

1924-1-20

*11/7
24-7
31-7*

1

A.H.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Bourque
- 1a. What are your Christian names?..... Aime
- 1b. What is your present address?..... 792 Rue Letourneux Maisonneuve.P.Q.
2. In what Town, Township or Parish, and in what Country were you born?..... St-Hyacinthe P.Q.
3. What is the name of your next-of kin?..... Herminie Bourque
4. What is the address of your next-of-kin?..... Louvoire Institution St-Hyacinthe.P.Q
- 4a. What is the relationship of your next-of-kin?..... Mere
5. What is the date of your birth?..... 1. 21 de Juin En 1877
6. What is your Trade or Calling?..... Journalier
7. Are you married?..... Non
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Oui
9. Do you now belong to the Active Militia?..... Non
10. Have you ever served in any Military Force?..... Oui 85 em ambulancier Active Milice
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Oui
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Oui

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Aime Bourque, 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.

Date Avril 1e 28 1916 Aime Bourque (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Aime Bourque, 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 Avril 1e 28 1916 Aime Bourque (Signature of Recruit)
[Signature] (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 .P.Q. this 28 day of Avril 1916.

[Signature] (Signature of Justice)

Description of Aime Bourque on Enlistment.

Apparent Age 39 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 ft. ins.

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

Complexion

Eyes Blous

Hair Bruns

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

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* for the Canadian Over-Seas Expeditionary Force.

Date Avril 1e 28 191 6

Place Montreal .P.Q.

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.

Aime Bourque

..... 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.

..... (Signature of Officer)

Date Avril 1e 28 191 6

z-H

al-S-t

x. m

Duty -

211

Proceedings of Medical Board at Discharge Depot,
QUEBEC, Que.

649-B-18588

No. 1087293 Rank pte

Name and Corps of disabled Soldier:—

Bourque Aime

252nd Path

Previous civilian occupation:— motorman

Cause of Disability:— none.

SEP 13 1917

H.Q. CANADA

Condition, in detail, which prevents the soldier earning a full livelihood:—

Soldier enlisted in March /17 Went to
England in May /17. Complaints of pains in
his chest. On examination nothing
abnormal is heard in chest. He has
done very little drill since enlistment
Original h. S. notes - Sight R D 60 LV D 120
Fit - under H.Q. 600-10-41
Heart and lungs normal.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) none

Probable duration of incapacity:—

Does it render him permanently unfit for Military Service? no

Would operation, Special treatment, or use of appliances, etc., lessen incapacity? no

Signature:—

McCann Capt
President.

Station:— Quebec

W. H. G. Capt
R. H. G. Capt
Members

Date 6/9/17

APPROVED.

Date 6⁹/17

W. H. G. Capt
Asst. Director Medical Services.

Date 15/9/17

W. H. G. Capt
Director General Medical Service.

3
20-9-17
111

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes

11. Yes

12. Yes

15. Yes

16. Yes

17. Yes

18. Is he unfit for Military Service. Yes

Recommendations : That as #1087293 Pte. A. Bourque has open active bilateral pulmonary tuberculosis of moderately advanced grade refuses treatment under P.C.508 that he be allowed to pass under his own control with a disability of 100% for the next six months.

Signatures :—

W. J. P. Capt. au President.

Station. Ste. Agathe des Monts

Date. October 29th 1917.

Date.

Approved.

Date.

Lieut. C.A.M.C.

Members.



Asst. Director of Medical Services.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

Militia Form B. 227.
200m. 8.16.
H. Q. 1772-89-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station	Corps	Regimental No.	Rank
Name	Disability	Date	Hospital or Station transferred to for final disposal.
			Date of final disposal
			How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Ste. Agathe des Monts**

8. General remarks on his:—

2. Regiment or Corps. **252nd. Bn.**

(a) Conduct. **Good**

3. Regimental No. and Rank. **1087293 Pte.**

(b) Habits. **Good**

Permanent Address 68 St. Antwin Street St. Hyacinthe P.Q.

4. Name. **A. Bourque**

(c) Temperance. **Yes**

5. Age last Birthday. **38 yrs.**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **March 26th. 1917**

at **Lindsay Ont.**

7. Former trade or occupation. **Gardner**

Date. **October 29th. 1917**

9. Service.

Years.

Days.

PERIODS

	FROM	To
252nd. Bn. Canada nad England	March 26th/17	July 7th/17
Treatment England and Canada	July 7th/17	October 30th/17

10. (a) Disease or disability. **Pulmonary Tuberculosis**

(b) Date of origin. **Unknown**

(c) Place of origin. **Unknown**

(d) Cause. **infection with tubercle bacilli**

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.)

Symptoms:- Anaemia Asthenia, Cough, expectoration pisitive for tubercle bacilli Emaciation.

Physical Examination :- Right Lung:- Shows an impaired percussion resonance with apical narrowing from the 3rd. rib in front to the 4th dorsal spine behind. Fine and medium moist rales over entire upper lobe shading to a coarser grade about the hilus. Vocal transmission and whispering pectoriloquy ± 2.

Left Lung:- Shows a similar condition extending from the 4th. rib in front to the 3rd. dorsal spine behind with adventitious sounds of medium moist grade.

12. (a) Is the disability the result of service or climate? **Service and climate**

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

No.

MEDICAL HISTORY OF AN INVALID

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Cross on left fore arm

(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 applicable

(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 otherwise.

Not exceptional

14. Treatment.

Canada Only. GreyNuns Convalescent Home October 1st. to #26
Laurentide Inn Military Sanatorium 27/10/17
to 30/10/17

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Yes 100%

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Indefinitely

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.

100%

18. State if for discharge on account of unfitness for Service.

Yes.

Lieut. C.A.M.C.

Medical Officer by whom the case is brought forward.

230th Battalion (C.E.F.)
FORM OF WILL

I, Bourque, Aim (Name in full)

Regimental Number 1087.293 serving in 230th Forestry Battalion C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

✓

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mde Hermenegide
Bourassa dit Bourque
St. Hyacinthe
Que

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT
NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 13th day of April A.D. 1917

Aim Bourque

Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness

J. J. McNeill
Vancouver B.C.

Address of Witness

THE TWO
WITNESSES

Occupation of Witness

Salmon

MUST
SIGN HERE

Signature of Second Witness

C. P. Blais

Address of Witness

166 Beechwood Ave Victoria B.C.

Occupation of Witness

Journalist

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1087293 Rank Pvt Name Bourque, A.Corps S.S. Bn who was* DischargedOn 30th Nov 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 16th Oct 1917, to 30th Nov 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances } No. <u>10465</u>	<u>5</u>	<u>00</u>	Reg'tl Pay <u>46</u> days at \$ <u>1.00</u>	<u>46</u>	<u>00</u>
Cheques } No.			Field Allow. <u>46</u> days at \$ <u>c.10</u>	<u>4</u>	<u>60</u>
Assigned Pay No. <u>10467 11039 Oct 8 Nov</u>	<u>15</u>	<u>00</u>	Other Allowances* <u>Subs 30 days @ 60</u>	<u>18</u>	<u>00</u>
Other Charges* <u>bus. bl. on Discharge + 12297</u>	<u>13</u>	<u>00</u>	Other Credits* <u>bus. bl. on Discharge</u>	<u>13</u>	<u>00</u>
Payment on transfer or discharge No. <u>11754</u>	<u>33</u>	<u>60</u>	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	<u>\$81</u>	<u>60</u>	Total	<u>\$81</u>	<u>60</u>

*Give Particulars.

A monthly stoppage of \$ 1.50 (†) has been (‡) been paid on account of Assigned Pay for the month of November 1917 to (Assignee) Mr H. Bourque(Address) 68 St. Antoine St
St Hyacinthe, P. Q.

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 26th March 1917(2) if married and if a Separation Allowance Card has been submitted Nil(3) cause of discharge and authority H.D. 22-B-1556

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date

Place

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

30M.—10-17.
H. Q. 1772-39-903.

Bourque Anne Pt. # 1084293
252nd Bn. from 230th Bn.
Proceedings of

Medical Board
Particulars of a soldier

held at

date 6-9-17.

sent to G R

date 19-12-17.

W.D.
Rev. Jackson

In any further
correspondence on
this subject please
quote Number and
Date of this Com-
munication.

No. _____

_____ 191 _____

From _____

To _____

DOCUMENTS.

Sir,

I have the honour to acknowledge receipt of your letter of the _____ together with the Attestation Paper for the marginally noted recruit, enlisted in the Canadian Forces in England.

I have the honour to be,

Sir,

Your obedient servant,

i/c Record Office,
for a/Adjutant-General.

MEDICAL HISTORY SHEET.

Surname Bourque Christian Name Aime

Examined { on 28 day of Avril 191 6
at Montreal .P.Q.

Approved by _____

Birthplace { City or Town St-Hyacinthe
County P.Q.

Rank _____ M.O.

Apparent age 39 ans

Trade or occupation Journalier

Height _____ Feet _____ Inches.

Weight _____ Lbs.

Chest measurement { Minimum _____ inches.

Maximum expansion _____ inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or
previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Date.	Result.	VACCINATIONS.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 28 day of Avril 191 6 at Montreal .P.Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>206 em Bataillon</u>			<u>Avril 1e 28 1916</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.

Christian Name..

Jack

[illegible]

MEDICAL HISTORY SHEET

ORIGINAL

Surname *Bourque* Christian Name *Aimé*

Examined	on <i>26th</i> day of <i>March</i> 191 <i>7</i> .	Approved by	<i>G. Chabreau</i>
	at <i>Lindsay Ont Canada</i>	Rank	<i>Capt. amb.</i> M.O.
Birthplace	City or Town <i>St. Hyacinthe</i>		
	County <i>Que. Canada</i>		
Apparent age	<i>37 - 9 months.</i>	Date	Fit or Unfit
Trade or occupation	<i>Gardener</i>	EXAMINED FOR RE-ENGAGEMENT	
Height	<i>5</i> feet <i>7 1/2</i> Inches		M.O.
Weight	<i>134</i> lbs.		M.O.
Chest measurement	Minimum <i>32 1/2</i> inches		M.O.
	Maximum expansion <i>2 1/2</i> inches		M.O.
Physical development	<i>Good</i>		M.O.
Small-pox Marks	<i>none</i>		M.O.
Vaccination Marks	Arm Right Left		
	Number <i>1</i>	Date	Result
When Vaccinated last	<i>Childhood</i>	<i>5/4/17</i>	<i>OK</i>
(a) Marks indicating congenital peculiarities or previous disease	<i>none.</i>		<i>W. R. Chabreau</i> M.O.
			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection		Date	Result
<i>Sight R.D. 60 - L.D. 120</i>		<i>23/4/17</i>	<i>OK</i>
<i>FIT UNDER H. 2-600-10-41</i>			<i>W. R. Chabreau</i> M.O.
			M.O.
			M.O.

Enlisted on *26th* day of *March* 191*7* at *Lindsay Ont Canada*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>252nd Bn</i>	<i>1087293</i>	<i>Good</i>	<i>26/3/17.</i>
Transferred to	<i>230th Bn</i>	<i>1087293</i>		<i>4/4/17.</i>
	<i>And:- Recd 2 M.B. 3rd 20/6/17/9.</i>			
	<i>dated 21/3/17</i>			

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.

PARTICULARS OF DISCHARGE.

1. Name *Bourque, Aime*

2. Regimental Number *1087293.*

3. Rank *Pte.*

4. Corps *252nd. Bn. Form. 230th. Bn.*

5. Date of Discharge *30 - 11 - 17.*

6. Place of Discharge *Montreal.*

7. Place to which transport given. (Give street address where possible.)

68 St. Gudone St. St. Hyacinthe P.Q.

65 St. Etourneau, Maisonneuve, Montreal.

Enlisted at Lindsay, 26 - 3 - 17.

8. Description at time of Discharge:—

Age *38* years *5* months. Descriptive marks

Height *5* feet *7½* inches.

Complexion *Dark*

None.

Eyes *Blue*

Hair *Brown*

Trade *Gardener*

9. The above named man is discharged in consequence of

Med. Unfit.

Path. H. I 4 R. 22-B-1556. Dated. Nov. 29th. 1917.

Pulmonary

(If medically unfit, state nature of disease or disability.)

Tuberculosis.

10. To what extent will it prevent his earning a full livelihood?

None.

11. Character

"Good"

Date

19 - 12 - 17

D.V.

i/c Records.

PARTICULARS OF DISCHARGE.

1. Name

2. Regimental Number

3. Rank

4. Corps

5. Date of Discharge

6. Place of Discharge

7. Place to which transport given. (Give street address where possible.)

8. Description at time of Discharge:—

Age years months Descriptive marks

Height feet inches

Complexion

Eyes

Hair

Trade

9. The above named man is discharged in consequence of

(If medically unfit, state nature of disease or disability.)

10. To what extent will it prevent his earning a full livelihood?

11. Character

Date

File Records.

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.....

280th. Forestry Battalion C.E.F.

(2) Regimental Number.....

1087293

(3) Full Name of Soldier.....

Bourque

Aime

(4) Place of Birth.....

St. Hyacinthe

Quebec Canada

(5) Are you married, or not?.....

M

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *W*

If so, state name and address *—*

(10) Is your Mother alive? *Mde Hermenegilde Bourque*

If so, state name and address *St. Hyacinthe*

Quebec
Canada

(11) If your Mother is a widow *Yes*

Are you her sole support, or not? *W*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *W*

If so, in what Company? *—*

Have you made arrangements for payment of your Insurance premium? *—*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *14/1/17*

A. J. Howard
O. C. 230th B'n. Officer Commanding.
C. E. F.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 1087293 Rank Pte Name Aimé Bourque
C. E. F.

Enlisted (a) 23/3/17 Terms of Service (a) War 6 months Service reckons from (a) 23/3/17

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

Extended. Re-engaged. Qualification (b) Gardener

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				

*Trans to Bohn on 14/4/17
Auth: Advt 2 M. 3 and 26/6/17/9
dated 3/3/17*

Embarked Halifax 3-5-17
DesEmbarked Liverpool 14-5-17

26-5-17 D. of T.O. T.O.S. Base Depot, CFC. Sunningdale 14-5-17 Part 11 O. 24.

Lieut. A/ADJT. CFC.

7 JUL 1917

TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 100

Commanding

Canadian Discharge Depot

EMBARKED FOR CANADA FROM LIVERPOOL

14 AUG 1917

Commanding

Canadian Discharge Depot

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

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				

LTR

Rank

Name BOURQUE, Aime

Reg'l No. 1087293

Unit

If in perm. Corps, }
What Unit?

Married or Single Single.

Dfts to Can. Forestry Corps to Base Depot, Sunningdale

Place and Date of Enlistment X Lindsay. 26th March 1917.

Place of Birth St Hyacinthe Que.
Canada.

Name and Address, Next-of-Kin Hemenie Bourque.

St Hyacinthe, Quebec. Canada.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No. 509

Separation Allowance \$

Payable to

Relationship

File R.L.
Category OR Can.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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.				
		ARRIVED IN ENGLAND 14 5 17			
23.5.17	B.D.C.F.C T.O.S			14.5.17	PTIO 25
18.8.17	C.F.C.B.D. S.I.S to Canada for duty.			14.8.17	NR 97.
	Dis Depot	Found for duty.	In Dno 4 Monheal	28-8-17	NR No 338

[illegible]

Name *Bourque M. Aimé*

Regimental No. *1087293*

Unit *230 Bn*

Date of enlistment *26/3/17*

Place of " *Lindsay*

Married (yes or no) *no*

Date and place discharged

Amount of pay assigned monthly \$ *15⁰⁰ 4600. Can*

Reason for discharge

To whom payable *Mde H. Bourque*

Character on discharge

Megantic 28/8/17 St Hyacinthe Que. Duty H. 649. B- 18588



Job 5351-M. & D. (880)

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
	<i>16⁷/₁₇</i>								<i>1870</i>							<i>ELPL</i>
<i>17⁷/₁₇</i>	<i>31⁸/₁₇</i>	<i>46</i>	<i>1⁰⁰</i>	<i>4600</i>	<i>46</i>	<i>100</i>	<i>4600</i>		<i>6930</i>							<i>+ under six months</i>
								<i>Dr. Bal.</i>	<i>2004</i>					<i>1487</i>		<i>14396</i>
														<i>487</i>		<i>5301</i>
														<i>973</i>		<i>6855</i>
														<i>487</i>		<i>Boat</i>
														<i>4000</i>		<i>DD Fee</i>
														<i>1000</i>		<i>under six months</i>
												<i>1500</i>				<i>Aug 1917</i>
									<i>8934</i>					<i>8934</i>		<i>Advised La at the</i>
																<i>a Paris 4/10/17</i>
																Pensioned
																<i>fr. 30/12/17</i>

Calculated to 31-7-17 45,

M. F. W 41
1 0M—.16
1772-39 889

Name and address of next-of-kin

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

[illegible]

Enit

Register No. DB1728

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1911 - A - 28.

Reg't No. 1087293. Name Aime Bourque
(Christian Name) (Surname)
Unit 25-2-230 Bn. Rank Pte. Date of enlistment 26/3/17
Date of casualty 16-2-20. B.P.C. File No. 18934.
Was service performed overseas? No

DEPENDENT
Name Mrs. Hermine Bourque Relationship W. Mother
Address 22 Bourdage St.,
St. Hyacinthe,
P.Q.

M.F.W. 2652
25M-6-30.
H.Q. 1772-89-1473

~~Enit~~
Amount of Special Pension Bonus \$ Nil. Abstracted by M. Ross.

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 : Discharged 30-11-17.
WSS?
Not eligible under D.C. 1486.
Casualty date subs 1/10/19.

Clerk W. Mitchell

Audited by
Date

Noted 18/8/20
26

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

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~~

[illegible]

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
25m-4-17.
H. Q. 1772-39-819.

To Whom

Address

Mde. H. Bourque
St. Hyacinthe
68, St Antoine St. Lm

(N. G.)
30-8-17

Rate

\$ 15^{xx}

By Whom Assigned

Bourque, A
1087293

Regtl. No.

Rank

Pl
230th Forestry Battalion C.E.F.

Corps

MAY 1 1917

May 1st 1917

PAYMENTS

Month

Year

Cheque
No.

Amt.

REMARKS

Aug.

1914

Sept.

Oct.

Nov.

Dec.

Jan.

1915

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1916

Feb.

March



1111
1111
1111
1111

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mde. H. Bourque mother

PAYMENTS.

Name of Soldier

Bourque, A
1087293 230th Bu

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15 ^{xx}	May 1 st 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		W 14140	15	
June		G 16023	15	la
July		Y 20186	15	W.
Aug.		C 27132	15	6 \$60 ⁰⁰ H.S.
Sept.		C 34082	15	la cancelled
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15⁰⁰ overpaid for Aug-17 has been recovered by C/P H.S. 649-B-18588
File 1077-M-1 & 15⁰⁰/17

..... A/c Closed 31-8-17
\$60. Ret'd per. Meguntie
Date 14.8.17 F. X. 7-8-17
..... Clerk J. S. [Signature]

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.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name **Bourque, Aime**
Surname Christian Name

1911-A-10

Regimental Number **1087293**

Rank

Pte.

Address (in full)

68 St. Antoine St.,

Unit **252nd Bn.**

St. Hyacinthe,

Original Unit

Que.

District where paid **M.D.4.**

Date of Discharge **30-11-17.**

P. D. P. Filing Number **6-59-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ **20.00** per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments 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		
160 10	1167	20-12-17	53 00	1148	17-1-18	53 00	1150	21-2-18	54 10		160 10

Remarks:

M. F. W. 127.
50M-617.
1772 39-1140.

Amm

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

May 1-1917

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 1084293

Rank Pte. Promoted

Reverted

Discharge

Soldier's Name

Battalion 230th Batt.

Beneficiary

Relationship

Address

A. Bourque

PARTICULARS OF ASSIGNMENT

Name

Address

Mde H. Bourque

St Hyacinthe Que.

Change of Address 68 St. Antoine St. Que.

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

REMARKS

Aug. 31/1917

60

60

acc closed 31-8-17, paid per Magnetic 14⁸/₁₇.
 7. K. rendered 7-9-17. H.D.

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

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	---------------	---------------	---------------	-------	---------

M. F. W. 128
400M-617-1772-39-111
L. L. 22320-N. & D. 1983.

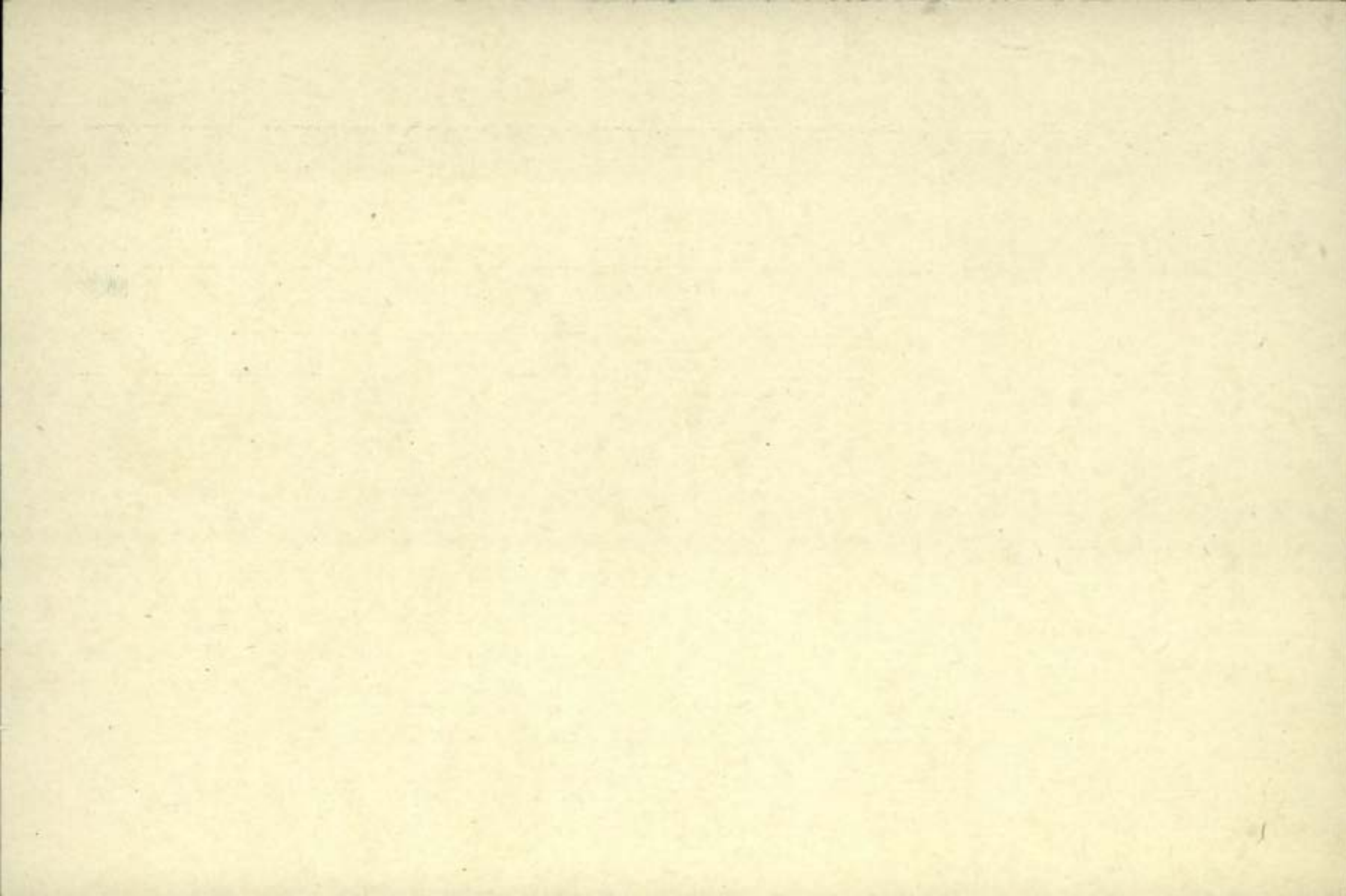
No. 1087293 RANK Pte

NAME Bourque, A.

T. O. S. 26-3-17
DD. 73 of 27-3-17UNIT 252nd Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Mar 26 Apr 1	1917, Mar 31 Apr 4	L. m	Transfd to 230th Bu	DD 80 of 4-4-17



G.M.
Number

1057293

Rank

Pt.

Surname

BOURQUE

Christian Name

Aime

Units

C.F.C.

Theatre of War

England

Date of Service

14-5-17

Don. Can.

Remarks

(Nephew) Hector Bourque, Esq.

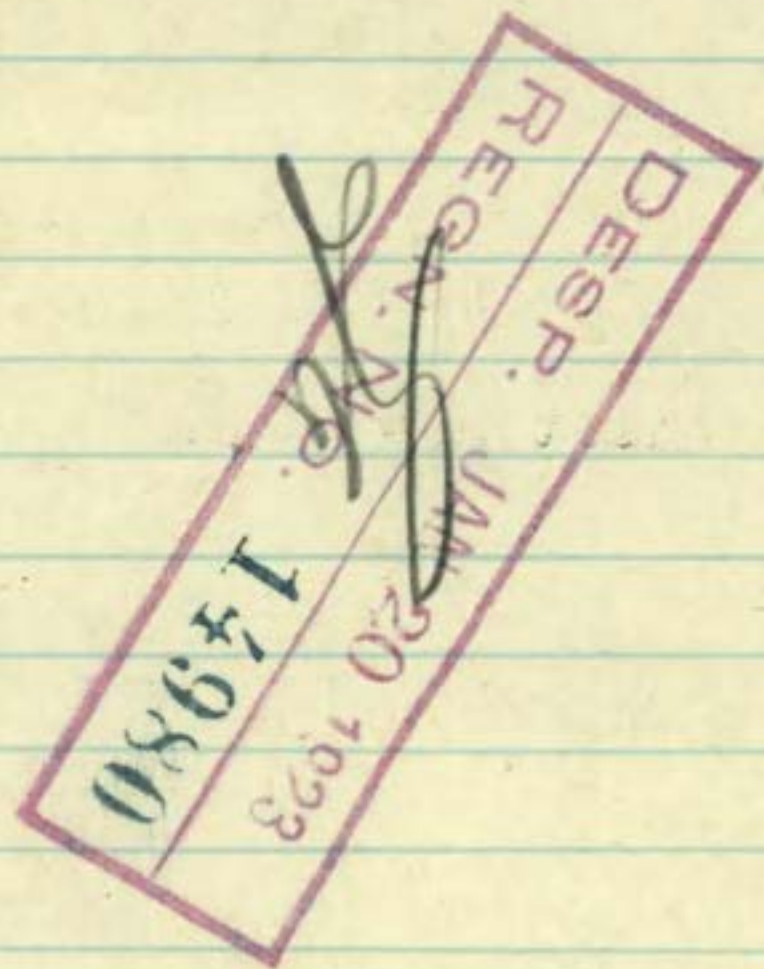
Latest Address

588 B. Curvillier
Montreal, P.Q.

Roll No

A Page 4117

200m.-6-21.



14

SURNAME.

Baungne

(649-73-18588)

CARD NO. 10, 1 - 1010

30/11/17 4

CHRISTIAN NAMES

Aimé

FOLL.

REGL. NO. 1687293

RANK Pte.

UNIT ~~252nd~~ 230th no. 3 Co. (4th R.D.)Died 16-2-20 4
Bon.

FORMER CORPS

Mil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Baungne, Mrs. Hemenie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

St. Hyacinthe, P. Q.

COUNTRY OF BIRTH

Canada St. Hyacinthe P. Q.

DATE

June 21st 1879

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

Mar. 26th 1917.

L. I. 10437. M. & D. 7253.

M. F. W. 22. 100M. -11-16. H. Q. 1772-89-339.

Transferred from 202nd to 230th no. 3 Co. (4th R.D.) auth. Draft R.R. 15-5-17.
Returned to Canada per S.S. Hegeantie 14-5-17 auth. 1346.

Sailed from Halifax per S.S. "Justicia" 3-5-17.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Gardener

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

37

YEARS

9

MONTHS

HEIGHT

5-

FEET

4 1/2

INCHES

CHEST MEASUREMENT

35-

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Lindsay. Ont.

DATE

Mar. 26th 1914

Present address

St. Hyacinthe P. Q.

Not Eligible for Star

BOURQUE, A. Pte. #1087293, 252nd Battn

M
Special Roll

Medals (Nephew)
&
Dec.

Hector Bourque, Esq.,
588 B. Cu villier,
Montreal, P.Q.

P. & S. Mother

Mrs. H. Bourque,
Ste. Hyacinthe, P.Q.

(Ser. #983070.)

Memorial
Cross

"

"

"

FRENCH

Desp JUN 4 1920 610129

U11

Scroll Desp. 22⁵/3 Reqn. No. 55963

Plague Desp. 225/23 Reqn. No. 49227
49227

364.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery Company	Conduct Sheet, " B. 263a.	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.
		(c)	Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

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

No.	1087293
Rank	Private
Surname	Bourque
Christian Name	Aime
Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	252nd Battalion
Date of Discharge	30/11/17.
Place of Discharge	Montreal.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....38..... years.....5..... months.	Descriptive Marks
Height.....5..... feet.....7 $\frac{1}{2}$ inches.	
Complexion Dark	
Eyes Blue	
Hair Brown	
Trade Gardener	None.
Intended place of residence	68, St. Antoine St. St. Hyacinthe Que.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Medical Unfitness due to Pulmonary Tuberculosis.	
Authority H.Q.4D. 22-B-1556 Dated Nov. 29th 1917.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

WDS comp. 19-9-19.

(OVER)

24th Dec. 1917
Kbs
D. P.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place).....*Montreal.*.....*A. Doucque*..... (Signature of Soldier.)

(Date).....*30/11/17.*.....*[Signature]*..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....²⁴⁴days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place).....*Montreal.*.....

(Date).....*DEC 11 1917*.....

(Signature).....*[Signature]*.....

O. C. "A" Unit

Military Hospital's Commission Command.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None.

A. Doucque

(OVER)