

847006

120203

BRIERE

JOSEPH ANDRE

**I.D. number**  
**No. d'identification**

**Surname**  
**Nom de famille**

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

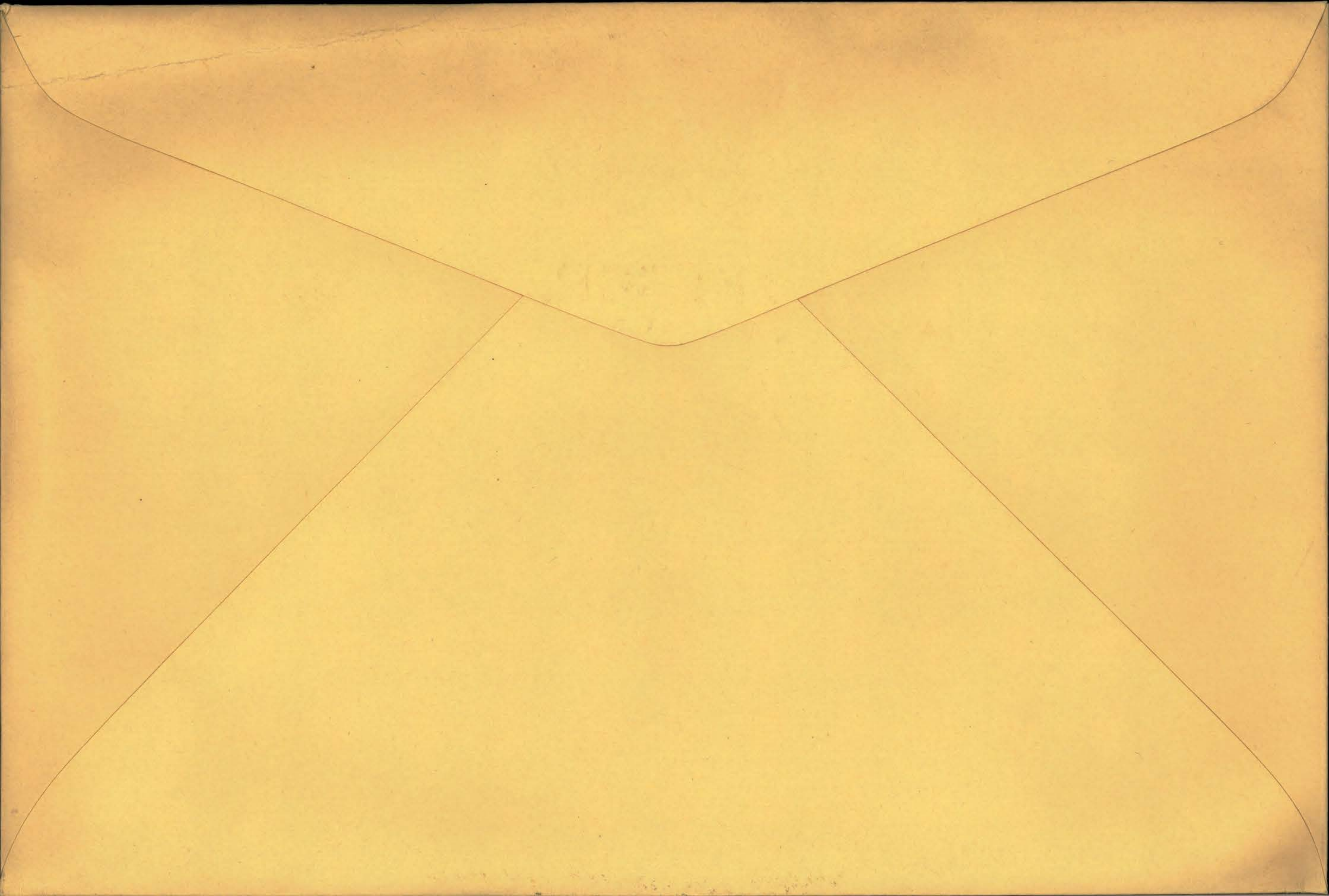
**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu**

1061

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**







REGIMENTAL DOCUMENTS

83-9-11  
B.M.C.

NAME

*Brière Joseph Andre*

REGT. NO. <sup>(2)</sup> 847006 UNIT <sup>(1)</sup> 120203

H. Q. FILE NO. 69 d 137



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

39194

DEATH

Category

*K in A*

DISCHARGE

Category

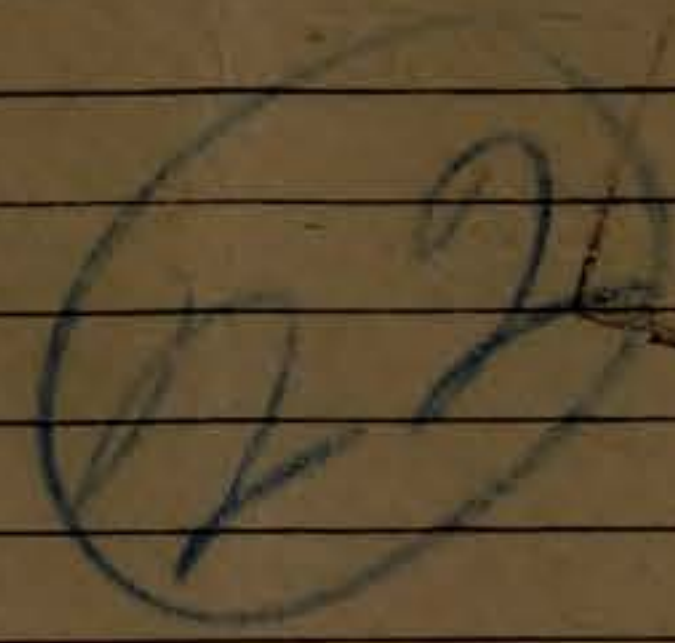
DESERTION

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*P-85*

*1 Pay card*

*B. 149*



*Boj # 1061*

*871  
10-12-20*



150<sup>TH</sup>

CANADIENS MONT-ROYAL

OVERSEAS BATTALION C.E.F.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 847006

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? ..... B R I E R E
- 1a. What are your Christian names? ..... J O S E P H     A N D R E
- 1b. What is your present address? ..... 36 St. Zotique St. Montreal
- 2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal P. Que.
- 3. What is the name of your next-of-kin? ..... Mrs Claire Ida Briere
- 4. What is the address of your next-of-kin? ..... 36 St. Zotique Montreal P. Q. Ban
- 4a. What is the relationship of your next-of-kin? ..... Wife
- 5. What is the date of your birth? ..... 19th. March 1887
- 6. What is your Trade or Calling? ..... Tailor
- 7. Are you married? ..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
- 9. Do you now belong to the Active Militia? ..... No
- 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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph A. Briere, 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 Dec 4/15 1915 Joseph A. Briere (Signature of Recruit) Ruedore Louvier (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph A. Briere, 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 Dec 4/15 1915 Joseph A. Briere (Signature of Recruit) Ruedore Louvier (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 9th day of December 1915 H. Bane (Signature of Justice)



Description of Joseph Briere on Enlistment.

Apparent Age 24 years 9 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. 1 1/2 ins.

Chest measurement { Girth when fully expanded 31 ins.  
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Blue

Hair Black

Religious denominations { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Roman Catholic   
 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 declares that he is not subject to fits of any description.

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

Date Dec. 7th 1910

Place Montreal

L. Collins  
 Capt. and  
 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.

Joseph Briere 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.

H. Barre (Signature of Officer)

Date December 7th 1910

O.C. 150th Overseas Bn. C.E.F.  
 Lieut. Col.



150<sup>th</sup> Batt. C.E.F.

#847006

# MEDICAL HISTORY SHEET.

Surname Brière BRIERE Christian Name Joseph A.

Examined { on 6th day of December 1916  
at Montreal

Approved by L. Collin

Birthplace { City or Town Montreal  
County \_\_\_\_\_

Rank Capt. Amc. M.O.

Apparent age 28 years 9 months

Trade or occupation Tailor

Height 5 Feet 1 1/2 Inches.

Weight 112 Lbs.

Chest measurement { Minimum 31 inches.

Maximum expansion 34 1/2 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left  
Number 2

When Vaccinated last as a boy

(a) Marks indicating congenital peculiarities or previous disease none

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

Date.	Result.	VACCINATIONS.
<u>2/8/16</u>		<u>E. Cooke Capt</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20/3/16</u>	<u>good</u>	<u>F. Boudreau</u>
<u>20/4/16</u>	<u>"</u>	<u>F. Boudreau</u>
<u>11/7/16</u>	<u>"</u>	<u>F. Boudreau</u>
		M.O.
		M.O.
		M.O.

Enlisted on 6th day of December 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>150<sup>th</sup> Batt</u>	<u>847006</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.



*Joseph R.*

Christian Name

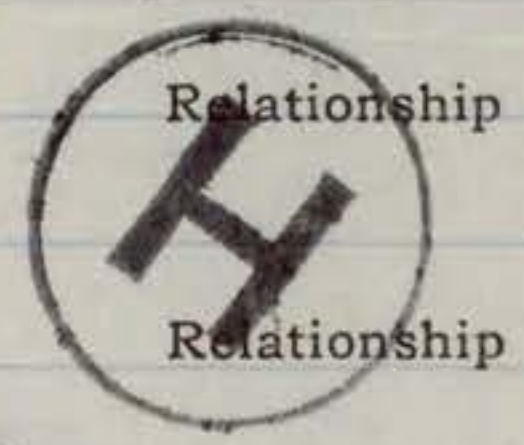
Surname *Bair*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	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.	Signature of Medical Officer.
		Admission into Ho-pital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Valcartier Camp Hospital</i>		<i>Jul.</i>	<i>4th</i>	<i>1916</i>	<i>Jul.</i>	<i>8</i>	<i>1916</i>	<i>Rheumatism</i>	<i>5</i>	<i>cured</i>	<i>F. R. Nicolle</i> <i>Capt.</i>
<i>"</i>	<i>"</i>	<i>Jul.</i>	<i>19th</i>	<i>1916</i>	<i>Jul.</i>	<i>22nd</i>	<i>1916</i>	<i>Rheumatism</i>	<i>4</i>	<i>recovery</i>	<i>R. H. Bonycastle</i> <i>Capt</i>



TLH. Rank *1st Lt* Name **BRIERE, Joseph Andre, (** Reg'l No. **847006.**  
 Unit **150th. Bn.** If in perm. Corps, } Married or Single **Married.**  
 What Unit? }  
 Place and Date of Enlistment **Montreal, Decr. 9th. 1915.** Place of Birth **Montreal, P.Q.**  
 Name and Address, Next-of-Kin **Mrs. Claire Ida Briere,**  
**36, St. Zotique Montreal, P.Q. Can.** Relationship **Wife.**

Assigned Pay Monthly \$ Payable to  
 Separation Allowance \$ Payable to



N/E. R.B. No. **1682**  
 File R.L. **25 0.3555**  
 Category **KA.**

*AM X 14-12-17*

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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	S.S. Lapland	6-10-16	
26.10.16	150 <sup>th</sup>	Appointed <i>Lt. Col.</i>	Witley	18.10.16	P. H. N. O. 287
29.11.16	150 <sup>th</sup> Bn	Reverts to permanent grade <i>To provide surplus</i>	Bramshott	28.11.16	P. H. N. O. 233
28.11.16	"	Transferred to 22 <sup>nd</sup> Bn	"	28.11.16	232
23.12.16	22 <sup>nd</sup> Bn.	D.O.S. from 150 <sup>th</sup> Bn.	Field	29.11.16	" 60
9.5.17	---	Killed in Action	---	27.4.17	62A 502.



A.F.B. ICC. CHECKED  
 7 DEC. 1918 *mm*

*and D.O. 54-4-8-17*







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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-420.

Unit, Regiment or Corps 150th Overseas Bn. C.E.F.  
 Regimental No. 847006 Rank Private Name Joseph Briere Joseph André  
 Enlisted (a) X<sup>9</sup> 12-16 Terms of Service (a) D of W. Service reckons from (a) X<sup>9</sup> 12-16  
 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) Bugler, Taylor

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				
		Embarked Canada	Halifax	23-9-16	
		Disembarked England	Liverpool	6-10-16	
	150 <sup>th</sup>	Appointed aff-corp'l	Witley camp	18-10-16	Part II order <del>207</del> 26-10-16
	150 <sup>th</sup> Btlg	For service Overseas with 22 <sup>nd</sup>	Bramshott	28/11/16	P.O. Part II no. <del>232</del> 28/11/16
	150 <sup>th</sup>	Reverted to permanent grade	Bramshott	28-11-16	for O.C. 150th Overseas Bn. C.E.F. Part II <del>233</del> 29/11/16
29 <sup>11</sup> / <sub>16</sub>	CBW	Reinf from 150 <sup>th</sup> Bn		29 <sup>11</sup> / <sub>16</sub>	nr. O.C. 150 - 8/23 <sup>12</sup> / <sub>16</sub>
1 <sup>12</sup> / <sub>16</sub>	"	Left CBW		1 <sup>12</sup> / <sub>16</sub>	"
8 <sup>12</sup> / <sub>16</sub>	Old Bn	Joined Unit		4 <sup>12</sup> / <sub>16</sub>	B213. 206-8/23 <sup>12</sup> / <sub>16</sub>
30 <sup>4</sup> / <sub>17</sub>	50	Killed in action	Field	27 <sup>4</sup> / <sub>17</sub>	Letter B. 21 5730-4-17 Ref. File K. 9. 16-4402- Part II. 0.57 74 <sup>5</sup> / <sub>17</sub> , SW. 254 74 <sup>5</sup> / <sub>17</sub>

(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.







*no cash*

16568 ✓

FORM OF WILL.

92673

I, Joseph Andre Briere (Name in full)  
Regimental Number 847006 serving in 150th Overseas 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 bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs Claire Ida Guay Briere } Name & Address  
#36 St. Zotique } of person or  
Montreal } persons to receive  
(wife) } personal estate\*  
 } (see note).

In Witness whereof I have hereunto set my hand  
this 26<sup>th</sup> day of November A.D. 1916.

Joseph A. Briere Signature.

\* 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.

Name of Witness Albert Provenst Lieut.

Address of Witness 150th Overseas Battalion C. E. F.

Occupation of Witness .....

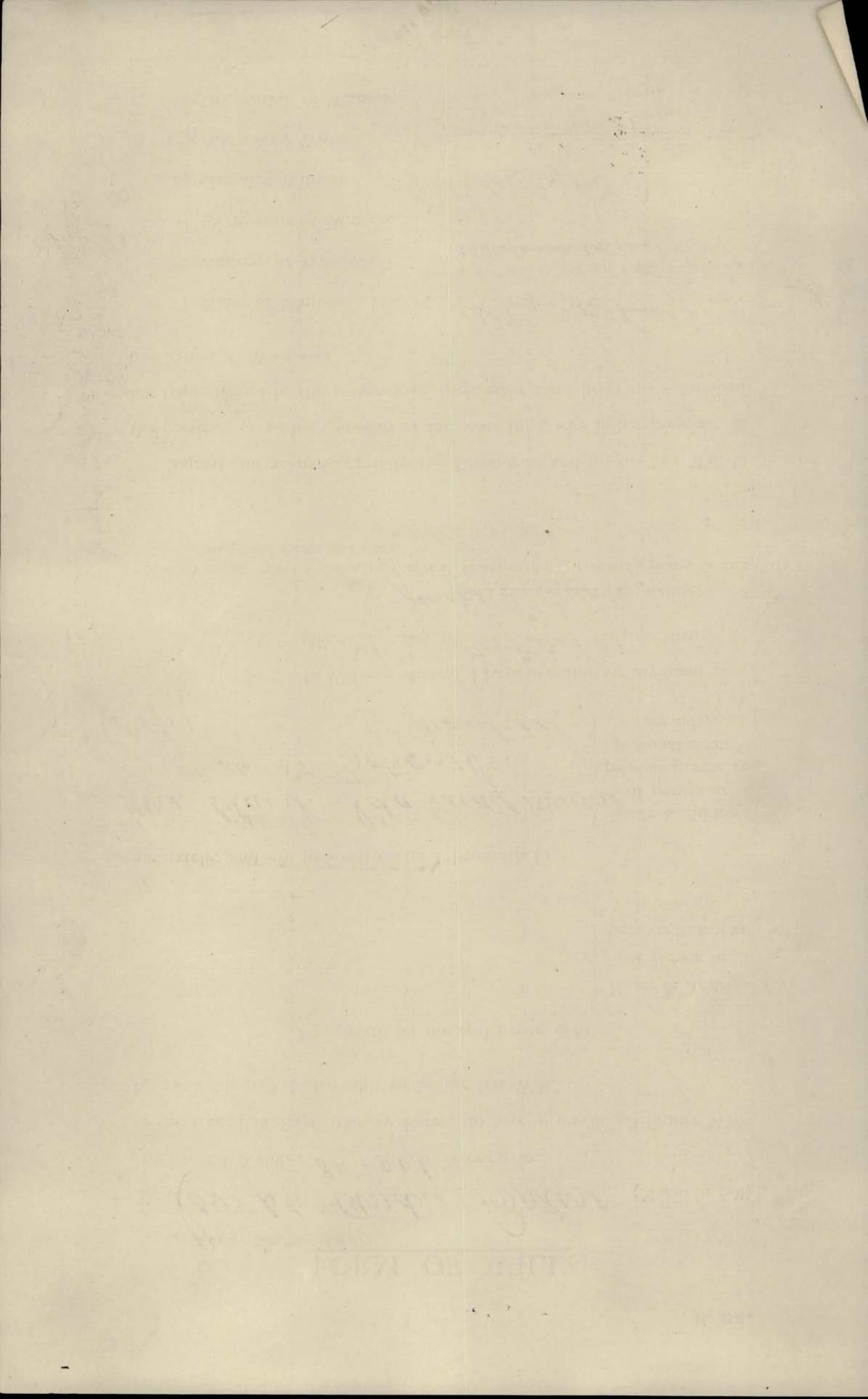
Name of Witness J. Guindon Sgt

Address of Witness 150th Overseas Battalion C. E. F.

Occupation of Witness .....

ESTATES BRANCH  
OCT 19 1917  
MILITIA DEPT.







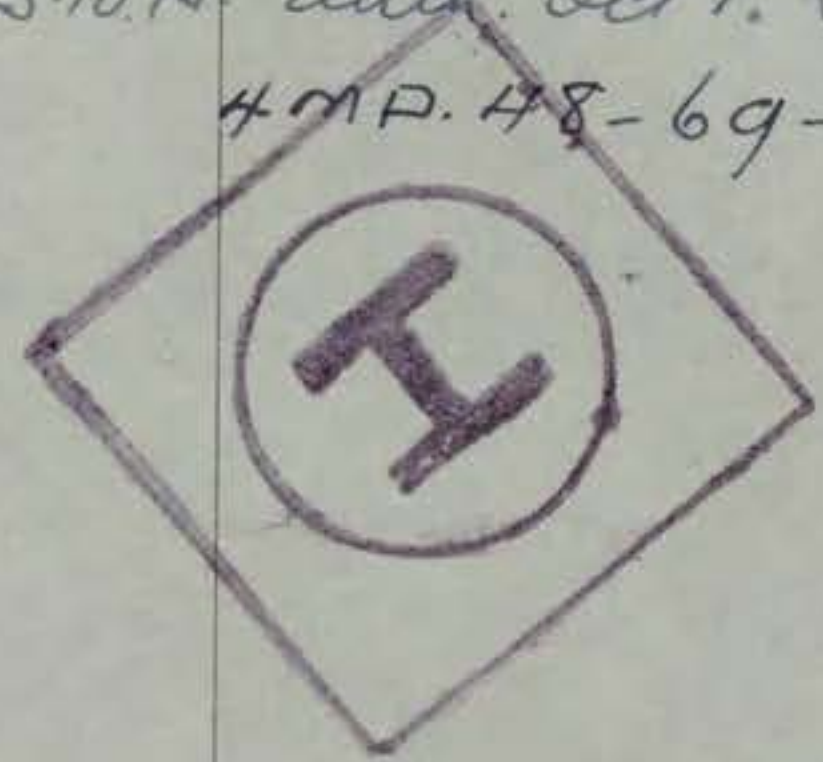
Original not available  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)  
 350M.—5-16  
 H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 69<sup>th</sup> Bn C&F.  
 Regimental No. 120203. Rank Pte. Name Briere Joseph  
 Enlisted (a) 11-8-15. Terms of Service (a) C.E.F. 18<sup>th</sup> MoF War + 6 mos Service reckons from (a) 11-8-15.  
 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) "Tailor"

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				
10.15	69 Bn.	SOs discharged.	Valcartier	25.10.15	auth. Oct P.L.
29.11.15.		"deserted" abroad. 25.10.15.			4MP. 48-69-11



*[Handwritten signature]*

*[Handwritten signature]*

(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. [P.T.O.]







150<sup>th</sup>

CARABINIERS MONT - ROYAL

OVERSEAS BATTALION C.E.F. MEDICAL HISTORY SHEET.

847006

Surname Brière Christian Name Joseph A.

Examined on 6<sup>th</sup> day of December 1915 at Montreal

Approved by L. Collins

Birthplace City or Town Montreal Rank Capt. Amc M.O.

Apparent age 28 - 9 months

Trade or occupation Tailor M.O.

Height 5 Feet 1 1/2 Inches M.O.

Weight 112 Lbs. M.O.

Chest measurement Minimum 31 inches M.O.

Maximum expansion 34 1/2 inches M.O.

Physical development good M.O.

Small-Pox Marks none M.O.

Vaccination Marks Arm Right Left Number 2

When Vaccinated last As a boy

(a) Marks indicating congenital peculiarities or previous disease None M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>20 3/16</u>	<u>good</u>	<u>J. Bondreau</u>	M.O.
<u>20 4/16</u>	<u>good</u>	<u>J. Bondreau</u>	M.O.
<u>11 7/16</u>	<u>good</u>	<u>J. Bondreau</u>	M.O.

Enlisted on 6<sup>th</sup> day of December 1915 at Montreal

Corps.	REG'T NUMBER.	RANKS.	DATE.
<u>150<sup>th</sup> Bn.</u>	<u>847006</u>		
<u>8<sup>th</sup> Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

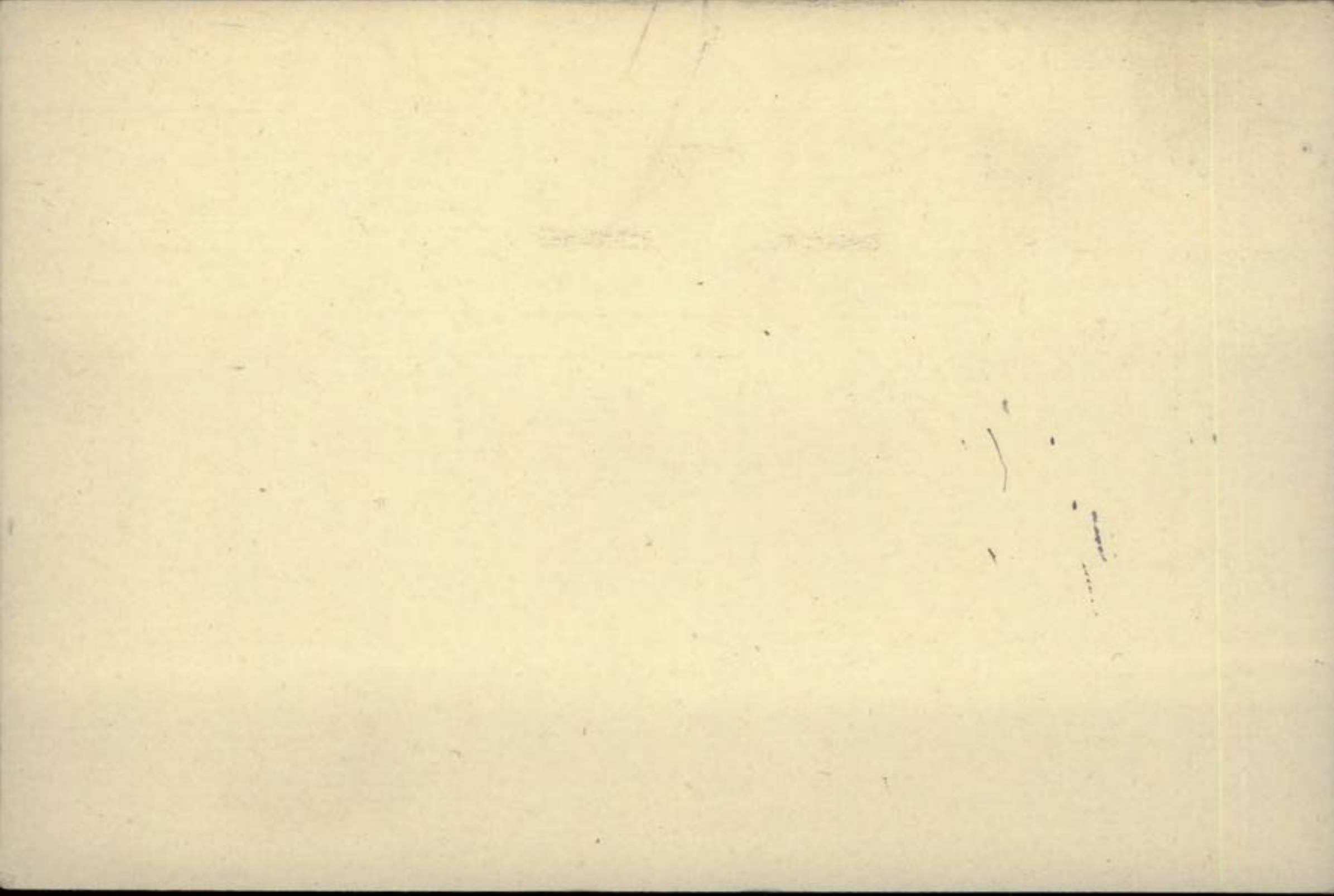
STATION.	DATE.	DISEASE.	RESULT.

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.











No. 847006

RANK Pte.

NAME Briere Jas. A.

T. O. S. 9-12-15 - UNIT 150<sup>th</sup> Battalion

D. O. S. 9-12-15.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec. 9	1915 Dec. 31	✓		
1916 Jan.	1916	✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓	Sept Paylist only.	Sept Paylist.



LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

9502

Rep from Base

27-4-47

Killed in action



REGT'L. No. 847006

H. Q. FILE No. 649

NAME Briere Joseph Andre

RANK AND CORPS

Pte. 22<sup>nd</sup> Bn. (Tonn 150<sup>th</sup> Bn)

FOLLOWS  
No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

M.4003.	8-5-17.	Killed in action April - 27 <sup>th</sup> 1917. ✓
A. B. 2090a		Killed in action Apr. 27 <sup>th</sup> 1917
Rauen	4-5-17	Killed 30-8-17



211

61



No. 120203 RANK *Plt.*

NAME *Quinn J. S.*

T. O. S. 11-8-15  
D.O. 15-8-15

UNIT *69<sup>th</sup> Battalion*

M. D. *Val*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Aug 11</i>	<i>Aug 31</i>	<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>	<i>no pay</i>	<i>n</i>	<i>absent.</i>	<i>no pay list.</i>

UNIT SAILED  
APR 17 1916



From Halifax Per. S.S. Lapland 23-9-16

MARRIED *yes.*

SINGLE

WIDOWER

TRADE OR CALLING *Tailor*

RELIGION *Roman Catholic*

DESCRIPTION.

APPARENT AGE

*28*

YEARS

*9*

MONTHS

HEIGHT

*not stated*

FEET

*not stated*

INCHES

CHEST MEASUREMENT

*—*

INCHES

EXPANSION

*—*

INCHES

COMPLEXION

*Dark*

EYES

*Blue*

HAIR

*Black*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Montreal, P.Q.*

DATE

*Dec. 17<sup>th</sup> 1915*

*Present Address - 36 St. Zotique St. Montreal, P.Q.*



649-B-16276

CARD NO.

D

SUPNAME.

Briere

CHRISTIAN NAMES

Joseph André

REGL. No.

847006

RANK

Pte.

FOLL.

UNIT

150th.

Batt.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Briere, Mrs. Claire Ida

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

36 St. Jotique St., Montreal, P. Q.

COUNTRY OF BIRTH

Canada. Montreal, P. Q.

DATE

Mar 19<sup>th</sup> 1887

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Dec. 9<sup>th</sup>, 1910.

0/823 9-16 <sup>548</sup>/<sub>3</sub>



DESP. JAN 25 1923

REGN. NO. 34191



26  
48  
Number 847006

Rank

Private 10

Surname BRIERE

Christian Name

Joseph Andre

Units

22 Battalion

Theatre of War

France

Date of Service

28-11-16

Remarks

(W) Mrs. C. J. Briere

Latest Address

720 St. Gaspere St.,  
Montreal, P.Q.

Roll No.

200m.-6-21.M.

Page 21553











W/Ar

643

W. 638357 DEC 24 1920

M. 638357 DEC 24 1920

7

scroll Desp. Reqn. No.

Plague Desp. 19.8.21 Reqn. No. P 3167

W  
M X<sup>s</sup> ret'd 2 2 21 some away



649-B-16276

Re J. 24-3-21

B. 137

Scroll Desp. ~~JAN 13 1921~~ Regn. No. 2

Scroll redesp.

Plaque Desp. Regn. No.

✓ ✓ ✓  
BRIERE, Pte. J. A. # 847006 - 22nd Bn

M

Med & D (Widow)

720 De Gaspé St

Mrs. C.I. Briere  
~~2075 St. Andre St.~~  
Montreal, P.Q.

DESPATCHED

1 NOV 2016 APR 23 1921

B & S (Widow)

(Serial no. 765054)

Address as above

Mem Cross (Widow)

Address as above

Mem Cross (Also Mother)  
36 St. Zotique Street,

Mrs. Celina Briere  
~~2196 St. Andre St.,~~  
Montreal, P.Q.

not Elig. for 14-15 Star

8... .. U M

8... .. B W M

39725

DESPATCHED

X 1577 9/30

ar







11-8-15

MILITIA AND DEFENCE

270

SEPARATION ALLOWANCE

Name *Ms Clarida S. Breere*  
Address *2223 St Andre St  
Montreal  
P. 2.*

Name of Soldier *Breere Joseph*  
Regtl. No. *120203*  
Rank *Pte*  
Corps *69th Batta.*  
To what Corps belonging }  
when called out }

Relation to Soldier }  
wife, child or mother } *wife*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Returned <math>\frac{43}{63.00}</math> unpaid request</i>
Sept.				
Oct.				<i>15/1/16</i>
Nov.				<i>2/2</i>
Dec.				<i>Refunded 43 Lwi Acct 150 Pm</i>
Jan.	1915			
Feb.				
March				<i>Overpaid 20 above amt shown above</i>
Apl.				<i>owing to Cheque 924582 not being cancelled</i>
May				<i>Refund asked for 19/10/16</i>
June				
July				
Aug.				
Sept.				
Oct.		<i>911622</i>	<i>50</i>	<i>50</i>
Nov.		<i>789633</i>	<i>20</i>	<i>20</i>
Dec.		<i>L 11836</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>924582</i>	<i>20</i>	<i>not</i>
Feb.		<del><i>924582</i></del>	<del><i>20</i></del>	<i>(924582 cancelled)</i>
March				<i>Discharged 25/10/15 (amt 16-1-25)</i>



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

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

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:



Register No. DB569

WAR SERVICE GRATUITY

A.P. File No. 2,3625

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 847006 Name Joseph Andre Briere  
(Christian Name) (Surname)  
 Unit 22-Batt. Rank Pte. Date of enlistment.....  
 Date of casualty 27-4-17 B.P.C. File No. 12077  
 Was service performed overseas? yes

*gpx*

DEPENDENT

Name Mrs Ida Briere Relationship widow  
 Address 535-A. Alua St.  
Montreal

M.F.W. 2652  
25M-6-20,  
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ 00.- Abstracted by (Mrs) E. de Ross

Eligible for Gratuity ..... \$ 180.00-  
 Less amount of Special Pension Bonus paid ..... \$ 80.00-  
 Less Debit Balance of S. A. or A.P. .... \$ .....

*86*

Total deductions \$ 80.00-

Balance due \$ 100.00-

Cheque No. 9.1793793 ✓ Date issued 22-7-20

REMARKS :  
 .....  
 .....  
 .....

Clerk R. J. Perrier

Audited by  
 .....  
 Date 4/17/20



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

*wife*  
PAYMENTS.

Sheet No. 2.

*Clair J. Briere*

Name of Soldier

*Briere Joseph, A  
Pte*

L. L. Job 89002.-Req. 6213.

#847006

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>X558</i>	20	20
May		<i>L5261</i>	20	20
June		-	-	-
July		-	-	-
Aug.		<i>Z14517</i>	17	17 due in Aug
Sept.		<i>A15399</i>	20	20
Oct.		<i>E18167</i>	20	20
Nov.		<i>Posted Error <del>Z21409</del></i>		
Dec.		<i>Z27336</i>	20	20
Jan.	1917	<i>E28258</i>	20	20
Feb.		<i>F31271</i>	20	20
March		<i>E34558</i>	20	20
April		<i>Z344</i>	20	20
May		<i>Z13962</i>	20	20
June		<i>H6657</i>	20	20
July		<del><i>F10828</i></del>	<del>20</del>	<del>20</del>
Aug.			20	20
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Compaid 43<sup>00</sup> owing to discharge in 64<sup>th</sup> Batta*

*Compaid 20<sup>00</sup> owing to Cheque 424582 Not having been cancelled in discharge ledger*

Pensions Notified Date *23-5-17* ✓  
 Killed in Action }  
 Died of Wounds } Date *27-4-17*  
 Missing }  
 C. L. *19-9-5-17* Clerk *C. McKinley*  
 Date Noted *23-5-17* 1917 ✓

*F10828 cancelled*

Pension Granted *1-7-17* ✓  
 B.P.C. to Recover \$ .....  
 Clerk *[Signature]* Date *16/7/17*

ACCOUNT CLOSED  
 DATE ..... PER *W*



1121.

1122.

1123.



~~9.12.15~~  
9.12.15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Clair J. G. Briere*

Name of Soldier *Briere Joseph A.*

Address *36 St. Zotique  
Montreal  
P. Q.*

Regtl. No. *847006*

Rank *PLC*

Corps *150th Batta. C. E. F.*

Relation to Soldier } *Wife*  
wife, child or mother }

To what Corps belonging }  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>J 216 23</i>	<i>14</i>	<i>14</i>
Jan.	1916	<i>827070</i>	<i>20</i>	<i>20</i>
Feb.		<i>L 19798</i>	<i>20</i>	<i>20</i>
March		<i>M 25604</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED  
DATE.....PER.....  
*W*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 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.				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. (Assignee)

*Mrs. Claire Ida Briere*

Name of Soldier

*Briere, Jos. Andre*

PAYMENTS.

*847006 - Pte. - 150<sup>th</sup> Btn -*

L. L. Job 5470—Req. 6888.

*\$20<sup>th</sup>*

Remarks

*OCT 1 - 1916*

Month. Year. Cheque No. Amt.

April 1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

Feb.

March

April

May

June

July

1916

1917

1918

*P26391 40*

*035189 20*

*F36890 20*

*F42098 20*

*G48998 20*

*S115 20*

*E7164 20*

*L13626 20*

~~*G20061 20*~~

*20 (Jul)*

*20 (Jan)*

*20 (Feb)*

*180<sup>00</sup> C.F.X. 30-6-17 payment 29-5-17  
20. Assignee dependent acct  
to continue until Pension granted  
payment 29-5-17*

Pension Granted *1-7-17*  
B.P.C. to Recover \$ .....  
Clerk *SAW* Date *11-7-17*

*C.F.X. Total \$180.00  
4-1-18 M.A.G.*

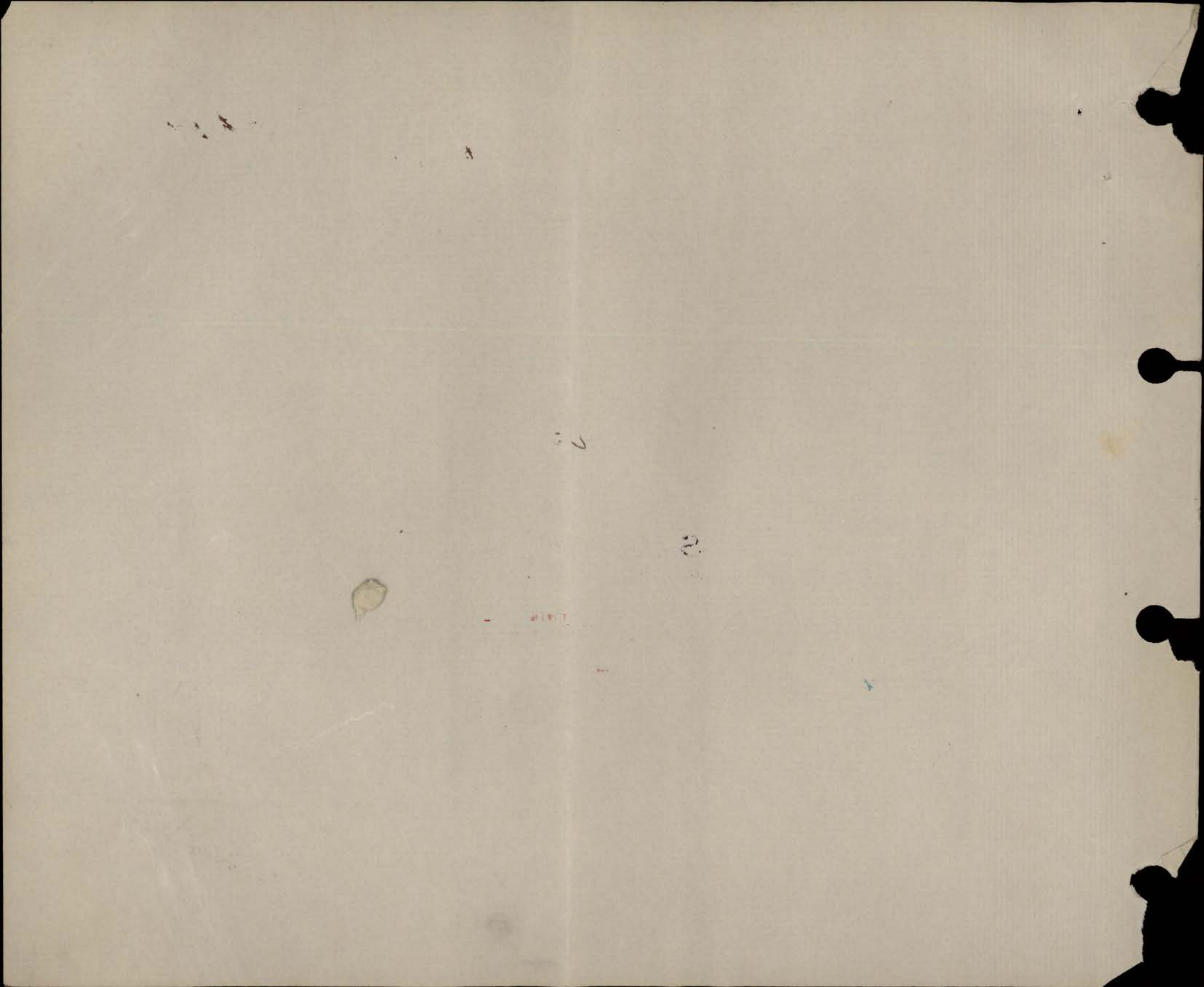
*Ac*

*be*

*G 20061 cancelled*

*Sept*







*Cus*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—6-16.  
 H. Q. 1772-33-819.

To Whom *Mrs. Claire Ida Briere* By Whom Assigned *Briere. Jos Andre*  
 Address *36 St Zotique St.,* Regtl. No. *847006*  
*Montreal,* Rank *Pte*  
*P.Q.* Corps *150<sup>th</sup> Btn.*  
 Rate *\$20.-*

OCT 1- 1916

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				

Pensions Notified Date *29-5-17*  
 Killed in Action }  
 Died of Wounds } Date *27-4-17*  
 Missing }  
 C. L. *(19) 9-5-17* Clerk *Regent*  
 Date Noted *29-5-17* 191



MEDICAL HISTORY OF AN INVALID.

1.—Station. Valcartier.

2.—Regiment of Corps. 69th. Battn. C.E.F.

3.—Regimental No. and Rank. } 120203  
Pte.

4.—Name. Joseph Briere.

5.—Age last Birthday. 28.

6.—Enlisted { on 10th. Aug. 1915.  
at Montreal.

7.—Former Trade or Occupation. } Tailor.

Date Oct. 20th. 1915.

8.—General remarks on his :—

(a) Conduct.

Good.

(b) Habits.

Good.

(c) Temperance.

Temperate.

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

9.—Service.	Years.		Days.
	PERIODS.		
	From	To	
69th. Battn. C.E.F.	10th. Aug. 1915.	20th. Oct. 1915.	

10.—Disease or Disability. Chronic Synovitis left ankle joint.

11.—<sup>1</sup>Date of origin, <sup>2</sup>cause, <sup>3</sup>present condition and whether the same is the result of <sup>4</sup>service or climate.

1. June 1915.  
2. Fall into hold of ship.  
3. Swelling, stiffness, impaired mobility of left ankle joint.

<sup>5</sup> Has it been aggravated by intemperance, vice or misconduct?

4. No.  
5. No.

(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.  
20 m-5-15.  
H. Q. 1772-39-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

Date	Disability	Name	Regimental No.	Rank	Station	Corps	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

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

13.—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 applicable

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Not aggravated by service.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

1. Yes.  
2. 5% in general labor market.

16.—Full particulars of medical treatment of case up to date of invaliding.

None.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

Not previously proposed.

18.—State if for discharge on account of unfitness for service.

Yes.

E. H. V. Simler Capt. A.M.C.  
Medical Officer by whom the case is brought forward.

**OPINION OF THE MEDICAL BOARD.**

(In which it should be stated how far the Board concurs in the above Report.)

The Board having examined No. 120203, Pte. J. Briere, 69th. Battn. C.E.F., concurs in the above and recommends that he be discharged as unfit for service.

Signatures :—

J. P. Lyons Capt. A.M.C. President.

Station

Valcartier.

A. E. Gaudin Capt. A.M.C. Members.

Date

Oct. 20th. 1915.

J. P. Lyons Capt. A.M.C.

Date

Oct. 22/15

G. A. Winter Major  
Assistant Director of Medical Services.

Approved.

Date

Nov 6 - 15

J. P. Lyons Director of Medical Services.

[OVER]



