m 7
11-12-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CARON CHARLES

Regt. No. 128460 Rank Pte

Corps #56016 Service Co. CEF.

07831

Med Unfit

Pro's on Disc. to BPC
m FW 2000
Ref. BPC Spec 359 d/14 6 19

~~Comp. to BPC.~~
~~m FW 2000~~
~~Ref. BPC — Spec 416~~
~~d/27/6/19~~

Rect 13 7 19

~~Pro's on Disc to BPC~~
~~m FW 2000~~
Ref. BPC Spec 502 d/21 7 19

Returned 15-8-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	3
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	2
Inventory of Kit	
Last Pay Certificate	/

mFW113 — 1
mFW177 — 1
mFB466 — 1
Original — 1
Duplicate — 1

mt.
14-1-21
ac

2
3-6
2-6

M. F. W. 62.
50m.—9-18.
H. Q. 1772—30—935.

Triplicate

ATTESTATION PAPER.

No. 1284660

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Carson
1a. What are your Christian names? ..... Charles
1b. What is your present address? ..... 15 Plessis St., Quebec, P.Q.
2. In what Town, Township or Parish, and in what Country were you born? ..... Isle Verte, Temiscouata Co., Quebec
3. What is the name of your next-of kin? ..... Mrs. C. Carson (Wife)
4. What is the address of your next-of-kin? ..... 15 Plessis St., Quebec, P.Q.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... 22nd Jan. 1895
6. What is your Trade or Calling? ..... Labourer
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? ..... Yes (C.P.R. S.C.) P. Force
10. Have you ever served in any Military Force? ..... 12 months 8th R. Rifles, C.P.R.S.C. (2 years 1 month)
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..... No
14. If so, what was the nature of the disability? ..... "
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No
16. If so, what was the reason? ..... "

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Carson, 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.

C. Carson (Signature of Recruit)

Date ..... 191 . J. H. Sutton Capt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Carson, 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.

C. Carson (Signature of Recruit)

Date Nov. 27th 1918. J. H. Sutton Capt. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Quebec P.Q. this 27th day of November 191 8.

W. B. Lawrence Major (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

G.O. Part II No 152 d/20-11-18
No. 5. Cab. Sq. No. 2 Ot

Description of Charles Baron on Enlistment.

Apparent Age 25 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 2 ins.

Complexion Dark.

Eyes Brown

Hair Black

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

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).

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* unfit for the Canadian Over-Seas Expeditionary Force.

Date Nov 27 1918. D. R. Brown MD
Place Quebec 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.

Charles Baron 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.

J. H. Sutton Lieut (Signature of Officer)

Date 27th Nov 1918.

Credited in accordance with Act. 195 (1918)

M. F. W. 71—500M.—5-18.
1772—39—961.

NAME Baron Charles.

REGIMENTAL NO. 1284660. RANK Driver

ENLISTED AT Quebec. P.Q. PROMOTIONS, &c. AND DATE

DATE 16-5-16

IF SERVED PREVIOUSLY, STATE UNIT, &c. 2 Months. 8th Royal Rifles

MARRIED, WIDOWER, OR SINGLE Married

NEXT OF KIN Mrs C. Baron. RELATIONSHIP Wife

ADDRESS OF 69 artillery St. Quebec. P.Q.

ASSIGNMENT OF PAY $ 50.00 TO Mrs A Baron (wife)

ADDRESS 16 - Plessis St. Quebec P.Q.

SEPARATION ALLOWANCE, ENTITLED OR NOT -

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER -

IN WHOSE FAVOUR -

CASUALTIES, &c.

NATURE (E.G. ABSENCE, PROMOTION, &c.)	PART II. D. O. No.	PART II. D. O. Date	REMARKS (IF IN HOSPITAL, NOTE NAME, &c.)
Absorbed from C.O.D. & b. into b.a.l. (Service bo	152	20-11-18	R.O. 795 (1918)
Discharged			Instruct order. M.J.5
Medically Unfit.	159	27-11-18.	No. 2533 d/21/11/18

S.
A.

Separation Allowance and Assigned Pay

CANADIAN EXPEDITIONARY FORCE

A.
P. $50 00/00

1. Name in full (Surname first) Caron, Charles
2. Rank and Regimental Number ~~F/642~~ 1284660
3. No. of Battalion or Corps ~~C.P.A.S.C.~~ No 5 S.C. C.A.S.C. C.E.F.
4. Date of Enlistment 16-5-16
5. Full name of Wife Alexina Caron or

   Widowed Mother ✓ or

   Children's Guardian ✓
6. Address 15 Plessis St Quebec P.Q.
7. State ages of Children: Girls under 17 ✓ Boys under 16 ✓
8. With whom do your Children reside? –
9. Amount of Assigned Pay $50 00/00 10. Name of Assignee Mrs A Caron
11. Address 15 Plessis St Quebec P.Q.

12. From what date is Assigned Pay effective? 16-5-18

13. Date of Marriage? 17-10-16

14. Date Marriage Certificate examined by Paymaster 17-10-16

15. Have you made a previous Claim for Separation Allowance? Give particulars no

16. Is Separation Allowance being paid on your Account to any person? no

17. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place? no

18. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? ✓

19. Name of Corps prior to enlistment in the C.E.F.

I hereby certify that the above is a true statement.

C. Carson

Name of Soldier.

Signature of officer forwarding this application, J. H. Sutton Lt.

Unit No 5 L.C. C.A.S.C. C.E.F.

Date 26-11-18.

S. A. Paid by ..... From ..... To .....

Paid by ..... From ..... To .....

M.F.W. 130.—200M.—4-18. 1772-39-1147

D 27/5/19

H. Q. .....

M. D. No. 5

Surname Caron

T. O. S. June 22 1918

Christian names Charles

D. O. Pt. II 152 of 20-11-18

Regtl. No. 1218466 Rank Pte.

S. O. S. ..... 19 .....

Unit C.A.S.C. (Ser. Co.)

Reason .....

Auth. .....

Next of kin Caron, Mrs. C.

Relationship Wife

Address 15 Plessis St.
Quebec
P.Q.

Also notify: .....

BORN—Place Canada, Isle Verte, P.Q. Date Jan. 22nd, 1895.

ATTESTED—Place Quebec, P.Q. Date Nov. 27th, 1918.

O/S .....

R/C .....

W. 22—100M 7-18. 1772-39-839.

H.Q. 649-C-26396.

CARON, [redacted] Pte.C., #1884660. Ma. S. A. S. C. Service Co.

M. & D. (Widow) Mrs. Alexina Caron,
15 Plessis St., Quebec, P.Q.

P. & S. " Ditto.

(Ser. # 985-131.)

Mem. C. " Ditto.

" " (Mother) Mrs. Eloi Caron,
Ile Verte, Co. Temiscouata, P.Q.

Canada Only

45945

1012

W/M

No. Rank Pte Name Caron C

T. O. S. Unit 8th Regiment Royal Rifles

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
May 31	May 31	✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
Jan. 1916		✓		
Feb		OS.		
Mar		✓		
Apr		✓	awR. 6-4-16 to 7-4-16.	DO 82 9 83
			Aft 2 days pay for awR.	
May 1.	May 16	✓	Trans to A. S. C. 16-5-16.	DO 116 of 16-5-16.

Created in error - dated R.O 795 and R.O 1231 d/12.7.18 } 1918

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 5. C.A.S.C. Service Co. b E F

Regimental No. 1284660 Rank Driver Name CARON, CHARLES.

Enlisted (a) 16 5/16 Terms of Service (a) C.E.F. R F + b E F (b-2 a & b.) Service reckons from (a) 16th May. 1916.

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) Teamster

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				
27/11/18		Discharged Having been found medically unfit for further service & for treatment with S. C. T.	Quebec O S	27/11/18	(Daily order. O.R. 159 d/27/11/18) (District order. 2533 d/2-11-18) (M.D. 5 District order. 2587 (M.D. 5-17-6-1047) d/26-11-18) H. H. Sutton Lt. O.C. No. 5 C.A.S.C. Service Co. B.E.F.

Cancelled 14-1-21 AC

(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.

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				

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. 1284660 Rank Driver Name Caren, Charles

Corps ..... who was* Discharged Medically Unfit (For further treatment with C.C.C.)

On 1st. November 191.., to 27th. November 1918

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st. November 191.., to 27th. November 191.., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		15
			Deferred Pay	26	05
Advances by Cheques No 655	20	00	Regt'l Pay 27 days at $ c 50	13	50
Advances by Cheques No.			Field Allow. 27 days at $ c 10	2	70
			Corps Pay 27 " 15	4	05
Assigned Pay No.			Other Allowances* (Lodging)		
Other Charges* Deferred Pay 708	26	05	27 days.... (Ration) $1.03 3/10	27	89
			Other Credits* (Fuel) (Light)		
Payment on transfer or discharge No 707	73	94			
		15	Active Service Pay 27 @ .40	10	80
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
			Clothing Allowance	35	00
Total	120	14	Total	120	14

*Give Particulars.

A monthly stoppage of $ 50.00 (†) has Not (‡) been paid on account of Assigned Pay for the month of November 191.. to (Assignee) Mrs. C. Caren

(Address) 15 Plessis St. Quebec. 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 16-2-16

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge and authority Medically Unfit: M.R. 5. 17-C-247

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 27th. November 1918.

Place Quebec P.Q. J H Sutton Lieut.

No. 5. S.C.. C.A.S.C.. C.E.F. *Paymaster*

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.

150M.—1-17.
H. Q. 1772-39-903.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 5

No. 1284660 ~~1/042~~

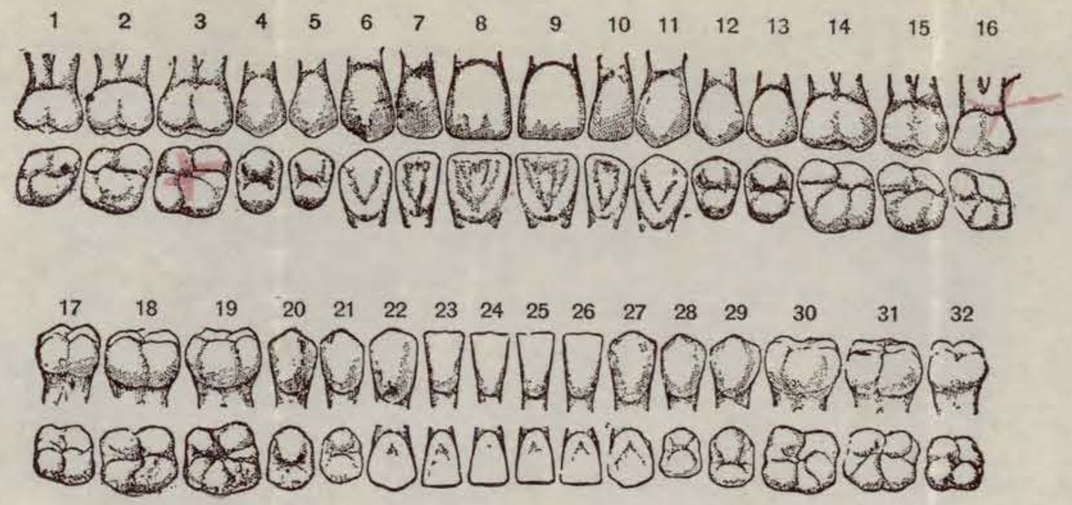
Driver

NAME OF SOLDIER Caron, Charles

REGIMENT No. 5 C.A.S.C. Service Co. C.E.F.

RANK ~~C.P.A.S.C.~~

M.E.B. 465
20M 1-17
1772-M 950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination		3									16 19 29 30									Jas. Forbes Capt	5	Can, 18
	Nov 26. 18.																					Refused Treat.

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, Charles Caron

Regimental number 128466 Rank Driver serving in the Pos. C. A. S. C. Servis Co. 685 Canadian Expeditionary Force, declare this to be my last will, revoking all previous wills, if any.

Executor I appoint my wife Alexina Caron whose address is 15 St plessis Quebec P.Q. to be the executor of this my last will.

Wherefore give and bequeath all my property to my wife Alexina Caron 15 plessis St Quebec P.Q.

General gift I give to / / / whose address is / / / all my property not disposed of above.

Date Dated at Quebec P.Q. this 26th November 1918.

Signature Charles Caron
Signature of Soldier.

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

Witnesses

1ST WITNESS	2ND WITNESS
Signature Jas Hancock	Signature E. J. Valley
Address Citadel, Quebec P.Q.	Address Citadel Quebec P.Q.
Occupation Soldier	Occupation Soldier

M. F. W. 82
100m-6-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

MEDICAL HISTORY SHEET.

Surname Larson *Christian Name* Charles

Examined { on 16 day of May 1916
at Quebec

Birthplace { City or Town Isle Verte
County Temiscouata

Apparent age 20

Trade or occupation Labourer

Height 5' Feet 9 Inches.

Weight 145 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number marks

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

Approved by (Sgd) Lacroix Capt

Rank Canc. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
15-4-18	A II	G A Brown Capt M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 16th *day of* May 1916 *at* Quebec

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C.A.D.S.C.	1/6408.		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Quebec	26/8/18	Tic	Category C. I.
Quebec	16/11/18	Pulm. T.B.	E J R Ebbs Capt W P Brown Capt H G Christian Capt J Bahin Capt. S.M.O.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Barber Christian Name Charles

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Quebec		27	4	17	2	5	17	Compox	6	Cured	(Sgd) Jas Hubbard
"		5	10	18	7	10	18	Influenza	3	2 days lt. duty	Capt Comm.
"		13	11	18	21	11	18	TB	19	Cat E.	Dulcamara Capt.
											E W Lafleur

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps C.P.A.L.C. Hospital Station Fusine

No. 642 Rank and Name Pte Carm Chay Age 22 Service

Disease Influenza Date of Admission 13/11/18 Date of Discharge 26/11/18 Result Good Case Book Folio

Dates of Observation	Nov. 13	14	15	16	17	18	19	20	21	22	23	24
Days of Disease												
Temperature Fahrenheit (TIME a.m. p.m.)												
Pulse per Minute		72 96	84	86	88	84	108	96	76	84	80	78
Respirations per Minute		18 20	18	18	20	20	20	20	20	20	22	20
Motions	+	+	+	+	+	+	+	+	+	+	+	

Admitted

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature E. Wilkeith In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps C.P.A.S.C. Hospital Station Quebec

No. 642 Rank and Name Pte Caron Charles Age 22 Service 3 yrs 6 mths

Disease Influenza Date of Admission 21/10/18 Date of Discharge 26/11/18 Result Good Case Book C 623 Folio

Dates of Observation	Oct 21	22	23	24	25	26	27	28	29	30	31	Nov 1	2	3	4	5
Days of Disease																
Pulse per Minute	84	64 54	78 88	60 60	64 68	74 66	60 54	48 46	74 64	40 46	68 76	70 78	76 96	76 78	66 60	54 72
Respirations per Minute	20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	20 20	22 22
Motions	0	0	—	—	—	—	—	—	—	—	—	—	—	0	—	—

Dates of Observation	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Days of Disease															
Pulse per Minute	64 60	60 58	64 68	60 76	60 64	48 76	54 60	58							
Respirations per Minute	22 22	22 22	22 22	22 22	22 22	22 22	22 22	22							
Motions	—	—	—	—	—	—	—								

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature *In charge of case.*

CASE HISTORY SHEET.

Hospital. Quebec Station.

No. 642 Rank Pte Name Caron Charles Age 22

Unit C.P.A.S.C. Completed years of service (Where and how long) 3 yrs 6 mth

Date of admission 21/10/18 Date of discharge 26/11/18

Diagnosis ~~Influenza~~ T.B. Lungs Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

States that he was well until last spring he was in good health & worked as a navvy & at "every old job". He then began to have a cough with expectoration & began to lose weight. He says he had night sweats. 10 days ago he states that he spat blood.

Examination of chest shows loss of resonance in right infra-clavicular region, lessened expansion in same area. Increased vocal resonance in same area. Fine showers are heard at end of inspiration in right base anteriorly.

Temp rises each evening.

25/10/18 Began to expectorate dark, thick blood freely.

26/10/18 On examination physical signs as above & also large moist rales in left mammillary region and left lower lobe behind.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Sister died of T.B. ~~25~~ at 25 yrs. in 1908

Brought forward for discharge (227 attached)

15/11/15 Left Chest Strain

21/11/18 Condition satisfactory

TREATMENT (Especially any specific or special form.) Hypo ~~Morphia gr ¼~~ ~~Atropine gr 1/150~~ S.P.N

~~Ti. Gent. C. ℥ ss~~

~~Creasote m ½ q.d. increase ½ m till stomach becomes intolerant then decrease m ½ & continue.~~

~~Up to date m x in wine glass of milk~~

~~Eastons Syrup ℥ ss Tinct. A.C.~~ Full Diet.

CONDITION ON DISCHARGE (and disposal made of case.) Boarded Cat E and returned to unit for discharge

Date 26/11/18

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A II

C42829

No. 608

District Laboratory of Hygiene
OCT 23 1918
Mil. Dist. No. 5, Quebec, P.Q.

M.D.No.5. LABORATORY OF HYGIENE.

QUEBEC.P.Q.

S P U T U M E X A M I N A T I O N.

No. 642

RANK. Private

NAME. Charles Cason

CORPS. C.P.A.S.C.

WARD. T.B. Jeffrey Hall

R E S U L T.

CELLS.

BACTERIA. Diplococcus "G"

TUBERCLE BACILLI. —

R E M A R K S.

Ca pt.A.M.C.
Officer i/c Laboratory.Que.

Register No. DC 1251

A.P. File No. 0.28/12-C-3

1283660

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 1284660 Name Charles (Christian Name) Caron (Surname)

Unit C Pioneers Rank Pte Date of enlistment 16-5-16

Date of casualty 27/5/19 B.P.C. File No. 423973

Was service performed overseas ? No ?

DEPENDENT

Name Mrs Alesina Caron Relationship widow

Address 15 Rue Plessis
Quebec
Que.

Amount of Special Pension Bonus $ 80.00 Abstracted by McM. Colam

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

noted DB 18 18/8/20

Total deductions $

Balance due $

Cheque No. Date issued

Clerk W. Mitchell

REMARKS: Discharged 27.11.18.
Taken on strength S.C.R.
29.11.18.
Not eligible under P.C. 1486

Audited by

Date

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		

Remarks:

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

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		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(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.

Pend. Card made 11-12-18 A.K.

357

502

I

Proceedings on Discharge.

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

No. 1284660

Rank Gnr

Name Caron. Charles

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 5 Base Service Bn. B.E.F.

Date of Discharge November 27th 1918

Place of Discharge Quebec P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 10 months.
Height 5 feet 9 inches.
Complexion Dark
Eyes Brown
Hair Black
Trade Labourer.
Intended place of residence (To be given as fully as practicable.) 15 Plessis St Quebec - P.Q.

Descriptive Marks: Nil

2. The above-named man is discharged in consequence of. Having been found medically unfit for further service & for treatment under S.C.R. (authority R.O. B.E.F. 693 of 1918. N.D. 5. 17-6-1047.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Very Good -

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Teamster
accustomed to Care of Horses good groom

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113

(OVER)

Kle D 16/3/22

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

— Nil —

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

6. Medals and Decorations ..... Nil

To be copied by the Commanding Officer on to the parchment 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) Quebec P.Q. ..... J H Sutton Lt. C.E.O.B.F.

(Date) 27th Nov. 1918 ..... *Commanding* No. 5. C.E.O. Service Co. C.E.F.

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) Quebec P.Q. Charles Carson ..... (*Signature of Soldier.*)

(Date) Nov. 27. 1918 W A Morrow Sgt ..... (*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) 2 years 196 days.

Total 2 years 196 days.

11. **Confirmation of Discharge.**

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

(Place) Quebec P.Q.

(Date) Nov. 27 1918 ..... (*Signature*) J H Sutton Lt.

O.C. No. 5. C.E.O. Service Co. C.E.F.

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 Charles Carson

W A Morrow

Sgt

(OVER)

AUDITOR | PAYMASTER

M. OR S. M.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 1283660 RANK Driver NAME (IN FULL) CARON. CHARLES.

NEXT OF KIN Alexina Caron. RELATIONSHIP Wife.

ADDRESS 40 Laviguer Street. Quebec.P.Q.

IS SEPARATION ALLOWANCE PAID? Yes. DATE EFFECTIVE

TO WHOM PAID As Above. RELATIONSHIP

ADDRESS As Above.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Enlistments		Discharges
16. 5. 16		27. 11. 18
Form Rec.		

ORIGINAL UNIT C.E.F. C.A.S.C. IF IN P.F. WHAT UNIT? (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Quebec.P.Q. 8th R.R. 21-5-15 TRANSFERRED TO C.A.S.C. DATE 16-5-16 AUTHORITY

DATE OF ATTESTATION 16-5-16 21-5-15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED Quebec.P.Q. 27-11-18 Medically Unfit. AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS W.S.G. $	C.	L.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES N.D. Pay $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
March					140	00	60	00	200	00	3						70	00					30	00			Nil.				100	00			100	00	Cheque Nos 2083 + 2084
																							W.S.G.		S.A.						Total		Soldier Dept				
April					70	00	30	00	100	00													70	-	30	-					100		—		—		3-4-19 - 57805 57806
Paid 3 years					70	-	30	-	100	-													70		30						200	-					25-4-19 - 53569 53570
					210	-	90	-	300	-													210	-	90	-					300	-					

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	