

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *2/3*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *2*

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *1*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

A. G. B 122

M. F. W. 62

10/1/01

DISCHARGE DOCUMENTS

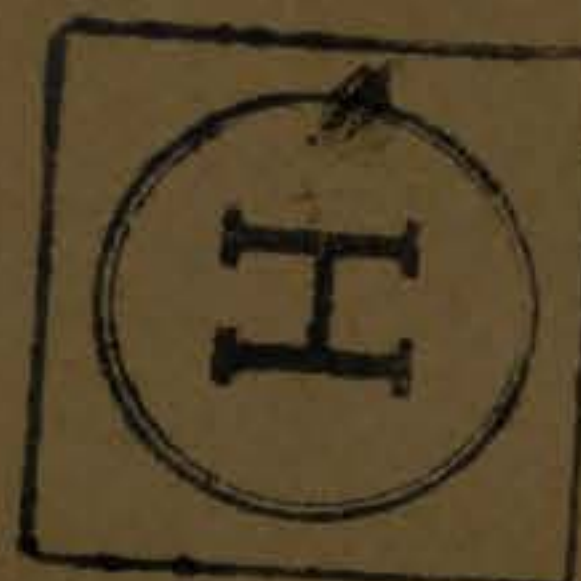
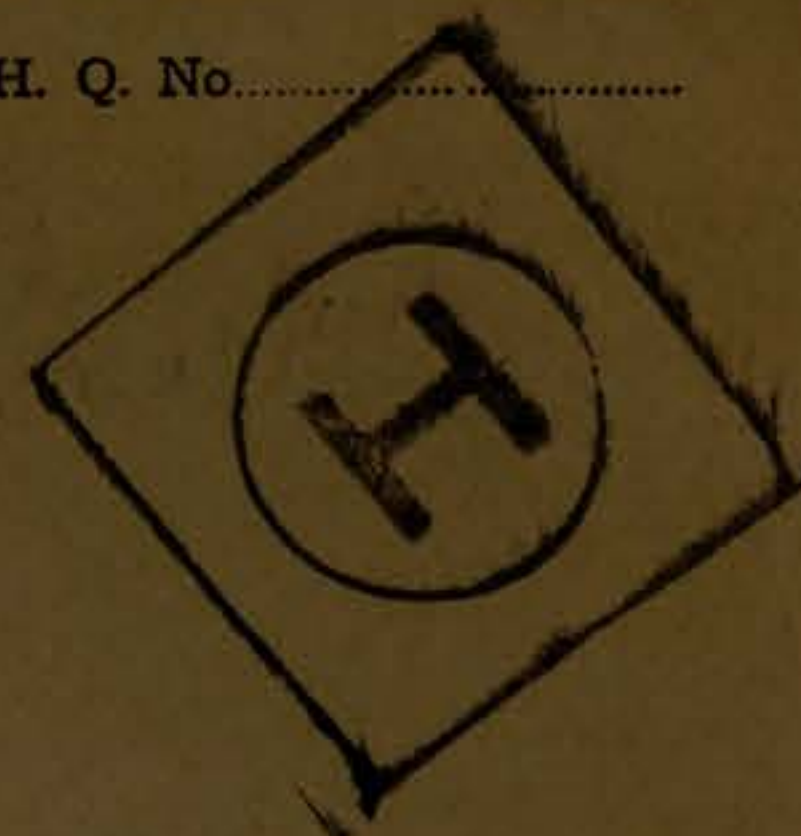
Name *Caron, Marie*

Regt. No. *661055* Rank *Pte*

Corps *C.F.C. form 16 3rd. Bn.*
'Med Unfit'

R. O. No.....

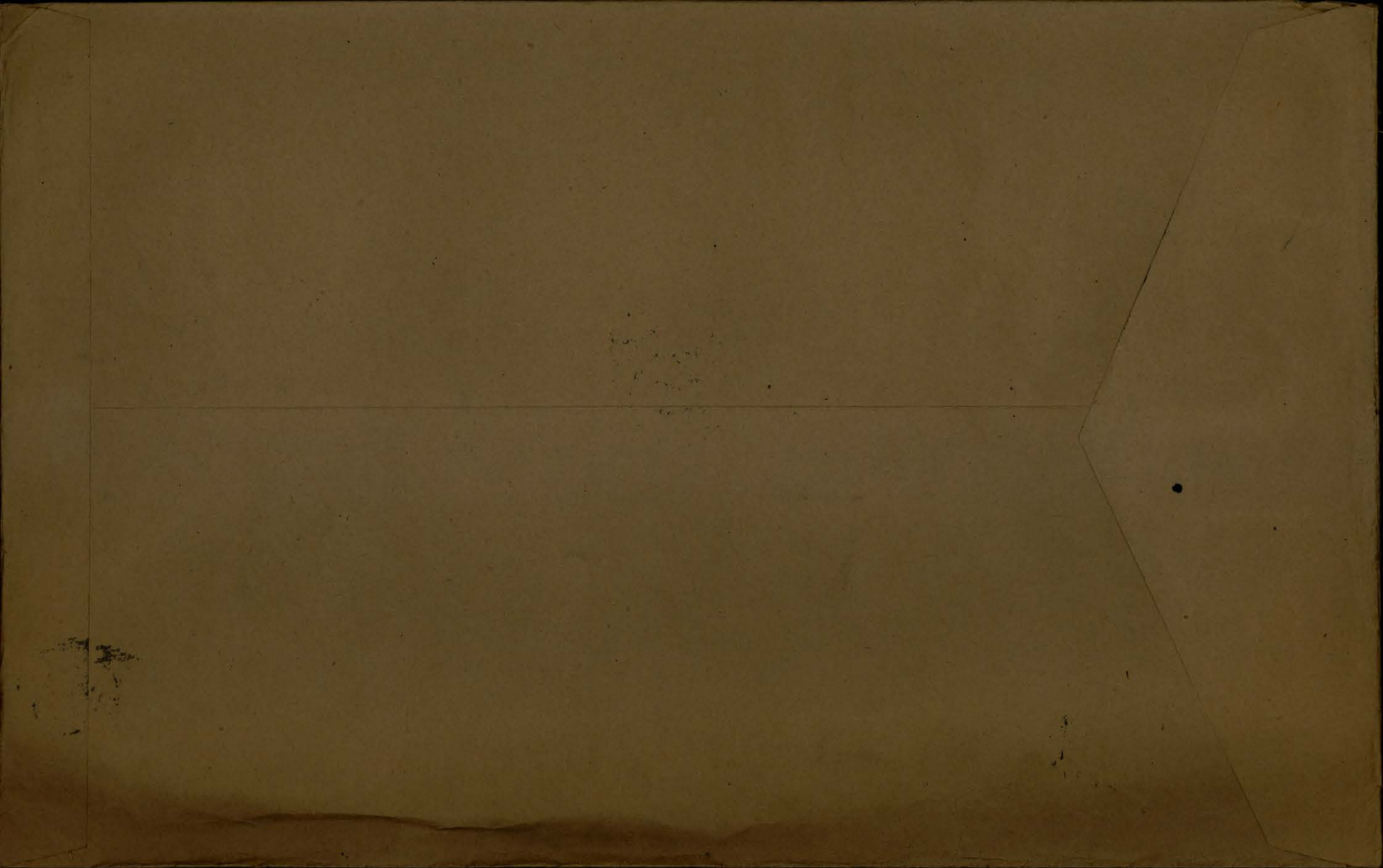
H. Q. No.....



07978

10/1/01

RS.



163rd B'n. (F.C.) C.E.F.

ATTESTATION PAPER.

ORIGINAL

No. *661055*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Caron*
- 1a. What are your Christian names?..... *Herrey Marie PTB*
- 1b. What is your present address?..... *58 S.T. Henri Sherbrooke Que Canada*
2. In what Town, Township or Parish, and in what Country were you born?..... *S.T. Robert Sherbrooke P.Q. Canada*
3. What is the name of your next-of-kin?..... *Leonie Frappier*
4. What is the address of your next-of-kin?..... *58 S.T. Henri Sherbrooke Que Canada*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
5. What is the date of your birth?..... *10 June 1876*
6. What is your Trade or Calling?..... *Laborer*
7. Are you married?..... *No*
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?..... *Yes 2 Years Regt 54 Ill.*
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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Marie PTB*
Herrey Caron, 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.

Marie Caron

(Signature of Recruit)

Date..... *17 APRIL*

191

Ed Lord

(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Marie PTB*
Herrey Caron, 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.

Marie Caron

(Signature of Recruit)

Date..... *17 APRIL*

191

Ed Lord

(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..... *Sherbrooke Que*

this..... *17* day of *APRIL*

191

Ed Lord (Signature of Justice)

Description of ^{name 1913} *George Leason* on Enlistment.

Apparent Age *40* 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 *5 ft. 8* ins.

Chest measurement { Girth when fully expanded *36* ins.
 Range of expansion *3* ins.

Complexion *Brown*

Eyes *Brown*

Hair *Brown*

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic *RC*
 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* *fit* for the **Canadian Over-Seas Expeditionary Force**.

Date *17 April* 191*6*.

Place *Leeds*

P. Pignatelli
 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.

Caron ^{name 1913} 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. Desrosiers Lt Col. (Signature of Officer)

Date *April 17* 191*6*

O. C.
163rd B'n. (F.C.) C.E.F.

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 163rd B'n. (F.C.) C.E.F.

(2) Regimental Number 661055

(3) Full Name of Soldier Baron Hore

(4) Place of Birth St. Robert, Province of Que. Canada.

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

(6) If married, state,
 (a) Full name of your wife Nil

(b) Present Postal Address 58 St. Kenny St.
East Sherbrooke

(7) Are you a widower? Nil

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages Nil

(9) Is your Father alive? Deceased
If so, state name and address _____

(10) Is your Mother alive? Alive
If so, state name and address Delaine Rouillard
Rock Forest P. I. Canada

(11) If your Mother is a widow Nil
Are you her sole support, or not? Nil

(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.
Nil

(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.
Nil

(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? Nil

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.

W. Desjardins, Lt Col.
Officer Commanding.

Date _____



-11- D.

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

No. 66105-5 Rank Plé. Name and Corps of disabled Soldier: Carou Noz 163rd Batta

Previous civilian occupation:— Lumberman.

Cause of Disability:— Debility.

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

This soldier complains of pains in all parts of the body. He states that he drinks a pail of water in the evenings is always hungry and urinates frequently. He is not well nourished. He has not been in hospital so his statements are not verified as yet.
Heart and lungs are normal.

OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions) 25⁰/₁₀

Probable duration of incapacity:— impossible to say

Does it render him permanently unfit for Military Service? Yes.

Would operation, Special treatment, or use of appliances, etc., lessen incapacity?

Convalescent home

Signature:—

McLaurin Capt
President.

Station:— Quebec

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

Date:— 12/11/17.

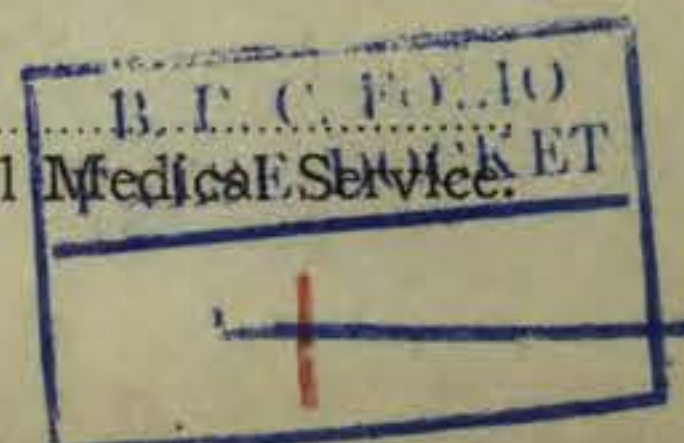
APPROVED.

Date:— 12¹¹/₁₇

W. W. Caruch Major
Asst. Director Medical Services.

Date:—

Director General Medical Services.



Proceedings of Medical Board at Discharge Depot
QUEBEC Que.

No. 10100
Rank
Name and Corps of disabled Soldier
Previous civilian occupation
Cause of Disability

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

The soldier complains of pain in all
parts of the body. He states that he has
a great deal of trouble in the evening in
turning and moving frequently. He
will sometimes feel that he has not been
in hospital in his statements on
his feet in
his hands and arms.

OPINION OF THE BOARD

Direct of incapacity. (Please state in fractions) 2/3

Probable duration of incapacity - indefinite

Does it render him permanently unfit for military service?

Would special treatment or use of appliances etc. be of benefit?

Signature

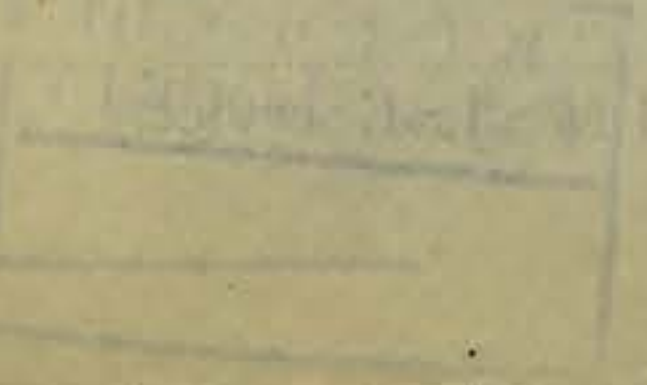
Signature

Signature

APPROVED

Signature

Signature



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. 661055 Rank Pvt Name Baron J.

Corps 163rd Bn who was* Discharged

On 21st Jan 1918, to 1st Jan 1918,
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Jan 1918, to 21st Jan 1918, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month				Bal. Cr. from prev. month			
Advances by Cheques	No.			Regt'l Pay	<u>21</u> days at \$ <u>1.00</u>	<u>21</u>	<u>00</u>
	No.			Field Allow.	<u>21</u> days at \$ <u>.10</u>	<u>2</u>	<u>10</u>
Assigned Pay and Sep'n Allce. No.				Separation Allowances* (Monthly)			
Other charges <u>L. b. on Discharge #14969</u>		<u>13</u>	<u>00</u>	Other Allowances* <u>Subs 14 days @ 80</u>		<u>11</u>	<u>20</u>
Payment on transfer or discharge No. <u>14968</u>		<u>34</u>	<u>30</u>	Other Credits* <u>L. b. on Discharge</u>		<u>13</u>	<u>00</u>
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)			
Total		<u>\$47</u>	<u>30</u>	Total		<u>\$47</u>	<u>30</u>

*Give particulars.

A monthly stoppage of \$ Nil (†) has (‡) been paid on account of Assigned Pay for the month of 191..... } (to) Assignee Nil
 and Sep'n Allce. for month of 191..... }
 (Address)

(†) 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:—

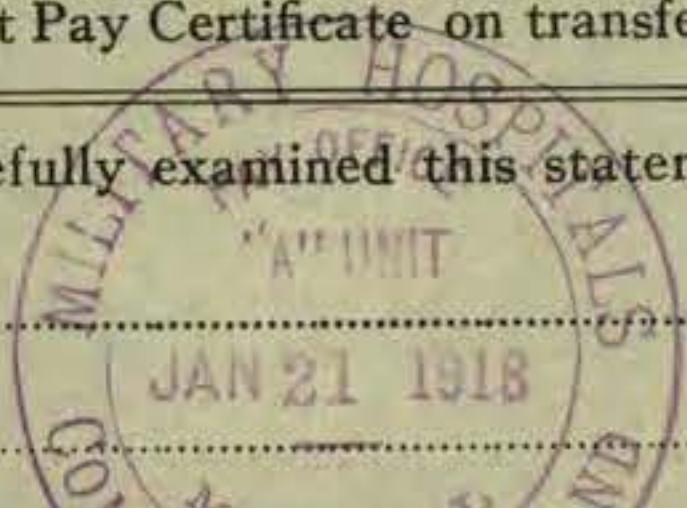
- State (1) date of enlistment 17/4/16
- (2) if married and if a Separation Allowance Card has been submitted Nil
- (3) cause of discharge..... authority M.D. 22-C-1408
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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.....



[Signature]
 CAPTAIN
 PAYMASTER "A" UNIT
 MILITARY HOSPITALS
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

[Handwritten notes]
 15.2.18

ORIGINAL MEDICAL HISTORY SHEET.

DUPLICATE

Surname CARON Christian Name MORREY

Examined { on 17 day of April 1916
at Sherbrooke

Approved by Deaumeant
Rank Capt - A.M.C. M.O.

Birthplace { City or Town St. Norbert
County Arthabaska

Apparent age 40

Trade or occupation Labourer

Height 5 Feet 8 Inches.

Weight 135 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Normal

Small-Pox Marks No

Vaccination Marks { Arm Right Left
Number one

When Vaccinated last When young

(a) Marks indicating congenital peculiarities or previous disease none

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

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

Date.	Result.	VACCINATIONS.
<u>16¹⁰/₁₆</u>	<u>Failed</u>	
<u>6¹¹/₁₆</u>	<u>Failed</u>	<u>R.D.W. Parker C.M.D.</u>
<u>14¹¹/₁₆</u>		<u>R.D.W. Parker C.M.D.</u>

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
<u>6¹¹/₁₆</u>	<u>T.A.B. 2</u>	<u>Pres. Kelly</u>
		<u>Genl. Suggs</u>

Enlisted on 17 day of April 1916 at Sherbrooke

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		661055		
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.

661055

Christian Name

Surname

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 Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Bermuda</i> <i>Montreal</i>	<i>Examined and found fit for active service 7-10-16</i> <i>170026/17</i> <i>G.N.C.H.</i>	<i>26</i>	<i>10</i>	<i>17</i>			<i>Debility</i> <i>Montreal</i>		<i>- Wasserman negative - Sine artenas seronis. Apical systolic murmur Waxilla. - Urine negative. - W.F.B. 227 for discharge.</i>	<i>R. O. Parker B.M.P.</i>	
<i>G.N.C.H. Montreal Que.</i>		<i>26</i>	<i>11</i>	<i>17</i>	<i>5</i>	<i>1</i>	<i>18</i>	<i>Debility Bronchitis</i>	<i>38 Discharged to O.C. "A" Unit through the C.A. & D.O. Class "E" H.Q. 1601-25 of 5-12-17.</i>	<i>Chabot Captaine</i>	

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 163rd Bn. C. E. F.

Regimental No. 661055 Rank Pte Name Carson Gave

C. E. F.

Enlisted (a) 17-4-16 Terms of Service (a) D of W Service reckons from (a) 17-4-16

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) Labourer

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	Bermuda	18-11-16	
		Disembarked	England	6-12-16	
7.1.17	O. 163	Moved to 10th Bn.	Shawham	7.1.17	WO Part 2 5
7.1.17	O. 10	Taken on strength	Shawham	7.1.17	WO Part 2 1
5.2.17	O. 10	Transferred to 10th Bn.	Shawham	5.2.17	WO Part 2 26
16-2-17	D of T.O.	T.O.S. CaniForestry Corps.	London.	5-2-17.	D.O. Pt II No. 41. Lieut & Asst-Adjt. C.F.C.

(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.]

Casualty Form - Active Service

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				
22 SEP 1917		TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 225			<p><i>Bluel</i> Lt. Col. Canadian Discharge Depot</p> <p>Commanding</p>
18 OCT 1917		EMBARKED FOR CANADA FROM LIVERPOOL			<p><i>Bluel</i> Lt. Col. Canadian Discharge Depot</p> <p>Commanding</p>

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

E. M.

2818-N-1

Name **Caron, N.**
Surname

Christian Name

Regimental Number **661055** Rank **Pte.**

Address (in full) **563 Beaudre St.,
Montreal, Que.**

Unit **163rd Bn.**

Original Unit

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

Date of Discharge **21-1-18.**

P. D. P. Filing Number **12-97-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ 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		
100 10	1934	5-2-18	33 00	1904	5-3-18	33 00	1886	5-4-18	34 10		100 10

M. F. W. 127.
50M - 6 17.
1772 39-1140.

Remarks:

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No.

Dependent

Name

Address

Address

Dec'n No. W.S.G. File No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$

Less P, D. P. Credited

Less further debit balance

Net due paid as below

\$

\$

\$

\$

Pay Soldier \$ Pay Dependent \$

TO SOLDIER

(1)	Ag. No	Ch No	ou
1			
2			
3			
4			
5			
6			

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Léonie Frappier,*
 Address *58 St. Henry St.,*
Sherbrooke,
P. Q.

By Whom Assigned *Caron* *Naré*
 Regtl. No. *661055.*
 Rank *Pte.*
 Corps *D. Co., 163rd Bn.*

Rate *\$90.00* JUN 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				



Handwritten marks and a small symbol resembling a cross or a stylized 'H'.

Handwritten text, possibly a date or a number, including the characters "1900" and "1901".

A small handwritten mark or symbol.

A small handwritten mark or symbol.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Leonie Trappier

Name of Soldier

Caron

Nare
~~*Boet*~~

L. L. Job 310.—Req. 6374.

PAYMENTS.

661055

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 20.00	
April	1916			<i>\$20.00 overpaid for Oct. 1917 recovered by C.P. Surfile 3/14/17</i>
May				
June		916659	20.	
July		11681	20 -	
Aug.		99992	20	
Sept.		15578	20	
Oct.		620002	20	
Nov.		25431	20	
Dec.		31071	20	
Jan.	1917	38926	20	
Feb.		43991	20	
March		50171	20	
April		951	20	
May		7453	20	
June		14051	20	
July		20977	20	
Aug.		77662	20	
Sept.		34713	20	
Oct.		46906	20	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

JUN 1 1916

20-L-

20-R E 50171 cancelled
20-R 851, cancelled. p. 7, 13.

20-Lu

20-Lu

C

D

Lu

A/c Closed

Ret'd per *J. S. Massanabie*

Date *18-10-17* F. X. *4-11-17*

Clerk *A. S. Green*

pro.

W.K.E.

overpaid

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.				

AGR Rank Name CARON, Norrey *Mare* Reg'l No. 661055
 Unit 163rd Bn. If in perm. Corps, Married or Single Single.
 What Unit? }
 Place and Date of Enlistment Sherbrooke, Que., 17th April, 1916 Place of Birth P.Q., Canada.
 Name and Address, Next-of-Kin Leonie Frappier,
 58 S.T. Henri, Sherbrooke, Que Canada. Relationship Sister.

M.X.
15/12/21 mg

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. N. *666*
 File R.L.
 Category *ORCAU*

Discharge, Date and Place Reason *PKS* Character

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.				
<i>ARRIVED IN ENGLAND Per S S Metagama 6-12-16</i>					
<i>7.1.17</i>	<i>163RD. BN. S-O-3</i>	<i>to 10th RES. BN. Brams't</i>		<i>7-1-17</i>	<i>PT. 1107</i>
<i>7-1-17</i>	<i>10th R. BN. TO</i>	<i>of 10th RES BN Shore'm</i>		<i>7-1-17</i>	<i>PT. 2 D.O.1</i>
<i>5. 2. 17</i>	<i>10th Res B: S.O.S. transfer to Freshy Bn</i>		<i>D.</i>	<i>5. 2. 17</i>	<i>26</i>
<i>16-2-17</i>	<i>CFC</i>	<i>T.O.S. from 10th Res Bn</i>	<i>London</i>	<i>5-2-17</i>	<i>41</i>
<i>7 5 17</i>	<i>Dist. 3 CFC</i>	<i>On Strength</i>	<i>2 Coy* London</i>	<i>15 17</i>	<i>Pt 2 e</i>
<i>22. 8. 17</i>	<i>CFC. B.D.</i>	<i>T.O.S. from Dist. 3.</i>	<i>S. Sole.</i>	<i>21. 8. 17</i>	<i>P.F.S.O. 100. } Unit-3. Pt. II. } 99. d/24/8/17</i>
<i>22 9. 17</i>	<i>" "</i>	<i>on hon. C.P.D. pending</i>			
		<i>Emb to Canada. Pre</i>	<i>"</i>	<i>21. 9. 17</i>	<i>P.F.S.O. 127</i>

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.				
23.10.17	C.F.C. B.D.	leaves to be for Am. C.S.D. Boston via P.S. on sub to Comand. Para. 392. Sec 25. K.W.H.O. Pro. Lda 6 ¹⁸ 10/17.			P.H.A.O. 153.
	Dis Depot.	To Convoalescent Home	M.D. 4 Montreal	28/10/17	N.R. 394.

SURNAME. *Caron*

CHRISTIAN NAMES *Nore*

REGL. No. *661055*

RANK *Pte.*

UNIT *163rd*

Bw,

FORMER CORPS *54th Regt. 2 yrs*

D 15/5/21

S.O. S. 21/1/18 Dis. 4

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Grappine Leonie,*

Mrs D. Romillard

RELATIONSHIP TO SOLDIER *Sister*

Rock Forest

ADDRESS *58 St. Henri, Sherbrooke, P. Q.*

Que.

COUNTRY OF BIRTH *Canada, St. Robert, Arthabaska P. Q.*

DATE *June 10th, 1876,*

PLACE OF ATTESTATION *Sherbrooke, P. Q.*

DATE *April 17th, 1916.*

O/S. 27-11-16-638 B

R/C. 18/10/17

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer,

RELIGION

Roman Catholic,

DESCRIPTION.

APPARENT AGE

40 YEARS

MONTHS

HEIGHT

5' FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Brown,

EYES

Brown,

HAIR

Brown,

DISTINGUISHING MARKS

Nil,

MEDICAL EXAMINATION.

PLACE

Sherbrooke, P.Q.

DATE

April 17th 1916

Present Address: 58 St. Henri, Sherbrooke, P.Q.

No. 661055- RANK *Pte*

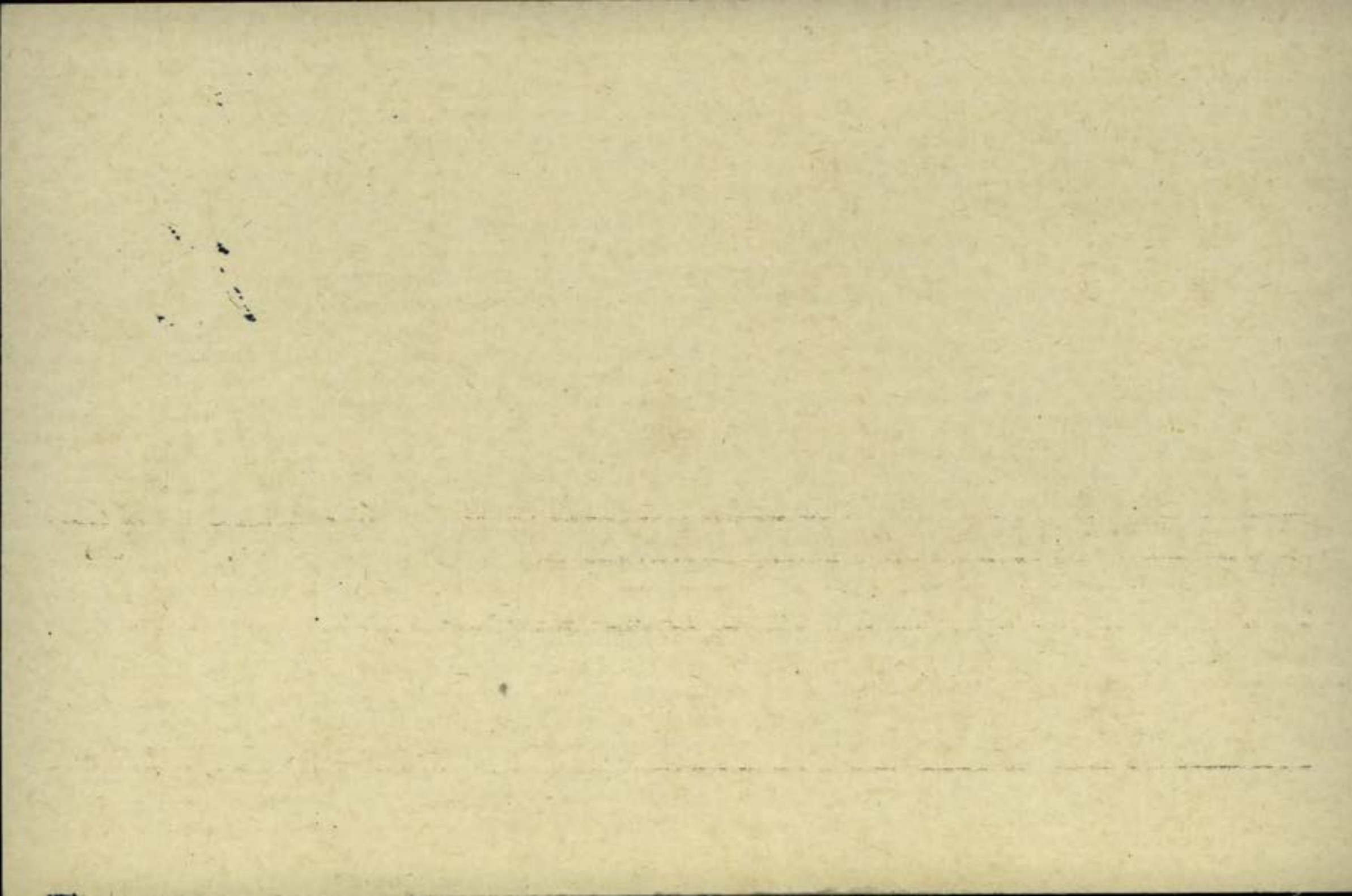
NAME *Caron Noe*

T. O. S. 17-4-16 UNIT *163rd Battalion, C. E. F.*
Do 109-28-4-16.

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1816</i>	<i>1916.</i>			
<i>Apr 17</i>	<i>May 31</i>	<i>-</i>		
<i>June</i>		<i>-</i>		
<i>July</i>		<i>-</i>		
<i>Aug.</i>		<i>-</i>		
<i>Sept</i>		<i>-</i>		
<i>Oct.</i>		<i>-</i>		
<i>Nov.</i>		<i>-</i>		
<i>Dec</i>		<i>n.</i>		

UNIT SAILED
NOV 27 1916



S.O.S. *M.N. 211/18 M.D.H.*

649-C-16245

CARON, Nore (Pte) No. 661055 C.E.F. *10th. Res. Bn.*

Medals and Decorations (Mother) Mrs. Marie Rouillard
Rock Forest,
Que.

Plaques and Scroll (Mother) same as above.

(Ser. # 985-132)

Memorial Cross (NIL) Died 15-5-21.

a

*England only.
Eligible for B.W.M.
M.J.*

57882

Scroll Desp. 235/23 Reqn. No. 56002
49263

Plaque Desp. 235/23 Reqn. No.

Plaque ret'd. 26-5-23. not stated.
Scroll ret'd. 26-5-23. " "

lt
Caron
Number 661055 Rank Pte

Surname CARON

Christian Name Nare

Units C.F.C. Theatre of war England

P Date of Service 6-12-16

Remarks _____

Latest Address 563 Beaudry St.
Montreal P.Q.

Roll No. A Page 3900

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

List of Discharge Documents.

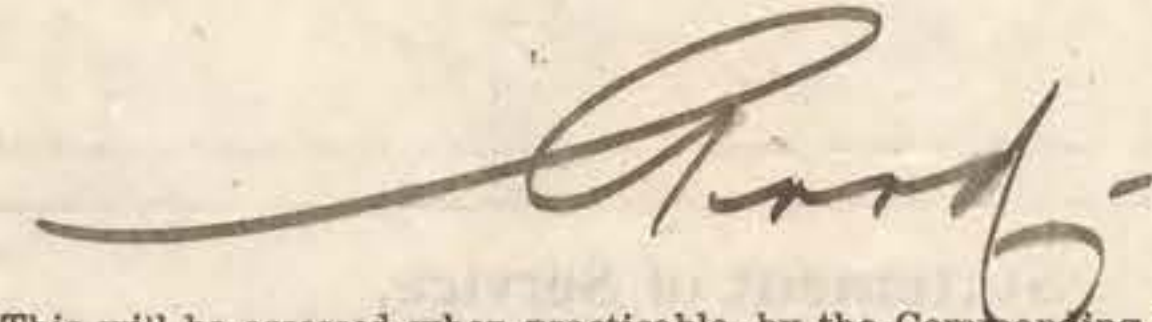

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron } Battery } Company }	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313	In the case of recruits who are rejected on final 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.	
*Only if discharged "Medically unfit."		(c) Medical History Sheet (in the event of such having been prepared.)	

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

This space to be for numbers

Proceedings on Discharge.

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

No.	661055	
Rank	Pte.	
Surname	Caron	
Christian Name	Néré	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	163rd Battalion.	
Date of Discharge	21/1/18.	
Place of Discharge	Montreal.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
	Age..... 42 years..... 9 months. Height..... 5 feet..... 8 inches. Complexion Dark Eyes Grey Hair Black Trade Lumberman.	Descriptive Marks Scar oblique white 2" long lower subcutaneous surface tibia, right.
Intended place of residence	563 Baudry St., Montreal.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of Medical Unfitness due to Debility. Bronchitis. Authority H.Q.4D.22-C-1408 Dated Jan.22nd 1918 and in accordance with instructions in Circular Letter No. 285 H.Q. 16-1-25 December 14/17.		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
		
<small>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.</small>		
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.

(OVER)

See 15-2-18 C.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 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).....

(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. *M. Caron* (Signature of Soldier.)

(Date) 21/1/18. *R. Skipton* (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 1 years 274 days.

11. Confirmation of Discharge.

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

(Place) Montreal

(Date).....

(Signature) *A. G. Stan*



Military Hospitals Commissions 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. Caron

(OVER)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Montreal, Que. DATE 12th Dec. 1917

1. (a) Unit 163rd Battalion, (b) Regimental No. 661055 (c) Rank Private (d) Surname CARON, (e) Christian name NORE NORE

2. Age last birthday 41 Date of birth April 1876

3. Enlisted at Sherbrooke, Que. on 17th April 1916

4. Personal description: (a) Height 5 ft 8 ins, (b) Weight 126 lbs, (c) Complexion dark (d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks Scar oblique white 2" long lower subcutaneous surface tibia, right.

5. Address after discharge (for the use of the Board of Pension Commissioners.) 19 St. Henry Street, Sherbrooke, Que.

6. Former trade or occupation Lumberman.

7. (a) Service 1 Years 240 Days

Table with 2 columns: From, To. Row 1: 163rd Battalion, 17th April 1916, 12th Dec. 1917.

(b) Has he been Overseas? Yes

8. Present disease or disability (use authorized nomenclature if possible). 1. Debility, 2. Bronchitis.

(a) Date of origin December 1916. (b) Place of origin England.

(c) Cause* Unknown. (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

An emaciated sad appearing male, skin dry and parchment-like and in-elastic. Pot-bellied. No ascites. Evidence by percussion of dilation of stomach. Spleen and liver normal in size. Some generalized abdominal tenderness. Cardio vascular system; - some arterial thickening. Heart normal size; an apical systolic murmur transmitted to axilla, (due to general debility); first & second sounds feeble. Lungs; - few crackles in apices at times and at others rales of bronchial origin. Skiagrams negative. Renal system negative. Wasserman negative. Nervous system negative. The disability consists in his being easily fatigued & becoming breathless on exertion. A walk of one mile causes much fatigue, and two stairs much breathlessness.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- 1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed. 2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. 3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. 4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page. 5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Enlisted April 1916. In England became ill with polyuria, emaciation
breathlessness on exertion etc. Returned to Canada Oct. 1917.
Has not been to France.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

1. 50% 2. 10% TOTAL, 60%

12. Did the disability arise on or off duty? 1. On duty, 2. Off duty.

13. Was a Court of Inquiry held?

No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No.....

Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

1 & 2. Six months.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed?

No.

20. Recommendations Discharge, unfit, Class "E"

A. Bouchard, Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, *Narcé Caron*, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

MG.

Narcé Caron
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

We concur.

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

UNFIT.

23. It is certified that the soldier

- (a) Does require treatment.
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category E.

A. G. K. ... President.
Y. J. ...
L. J. ... Major } Members.

STATION Montreal.

DATE December 19/1917.

APPROVED BY

DATE

Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.



661055 Baron, N.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT				Place of Payment.	Name of Paymaster.	Remarks.
		Francs	£	S.	¢			
20.7.17	3262	2	10	17	5	Sikaw		
31.8.17	3257	7	4	89	do	do		
28.8.17	3261	1	4	89	do	do		
13.9.17	3265	1	10	9	30	do		
19.9.17	3328	7	4	89	do	do		

Month	Day	Francs	£	S.	¢
Jan	31	16	10	160	
Feb	28	28	11	20	80
Mar	31	31			10
Apr	30	22			
May	31	34			10
June	30	33			
July	31	34			10
August	31	34			10
Sept	24	26			40

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 661055 RANK Private NAME Baron Nori

UNIT 163rd

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Sherbrooke

DATE OF ATTESTATION 17/4/16

ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE ^{November} December 1st 1916

PAYABLE TO Leonie Trappier, 58 St Henri St. Sherbrooke P.Q. Canada. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1.10.17 REASON Dis. to Canada

DISCHARGE DATE AND PLACE Canada 24.9.17 REASON AND AUTHORITY a.s. 2-1-29 20.9.17 for disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Transferred to 10 R. B. W. DATE 1/2/14 AUTHORITY R. B. W.

Transferred to For Corps DATE 31-4-17 AUTHORITY R. B. W.

Transferred to L.P.C. DATE 25/9/17 AUTHORITY L.P.C.

Assigned pay for month of Nov paid by ... Pay Branch, and recovered on ... Pay Sheets, Canada.

RELATIONSHIP Sister

SEP 11 1918

TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	1		2		3		4		1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT
	No.	DATE	No.	DATE	No.	DATE	No.	DATE												
21 45																		Bal f. Canada.		
17 60								14 60				20	04	34 64	441			24.6.17 Repayment.		
34 10												20		20	18 51					
30 80								2 43				20		24 86	24 45					
34 10												20	20	32 37	26 18			Arrows 26.3.2.17		
22 -												20		20	28 18			Trans For Corps 31-4-17. D.O. 32		
11 -														12 17	27 01					
34 10												20		37 16	28 95					
33												20		20	41 95					
34 10												20		20	66 05					
34 10												20		44 34	45 81					
26 40												20		20	52 21			10th Oct. P.C. 25/4/17 Authy a.s. 2-1-29. Discharge to Canada		

S/H. 48. 18/10/17. Cr. #353

FORM REND. 9. Sold. EFFED. 1/10/17

DISCHARGED TO Canada. DATE 24.9.17

PAYBOOK VERIFIED. Subject from

for. Bal. 19.13.19. 24.9.17

Authy. a.s. 2-1-29 20.9.17

for disposal

Checked H.V. Williams

