

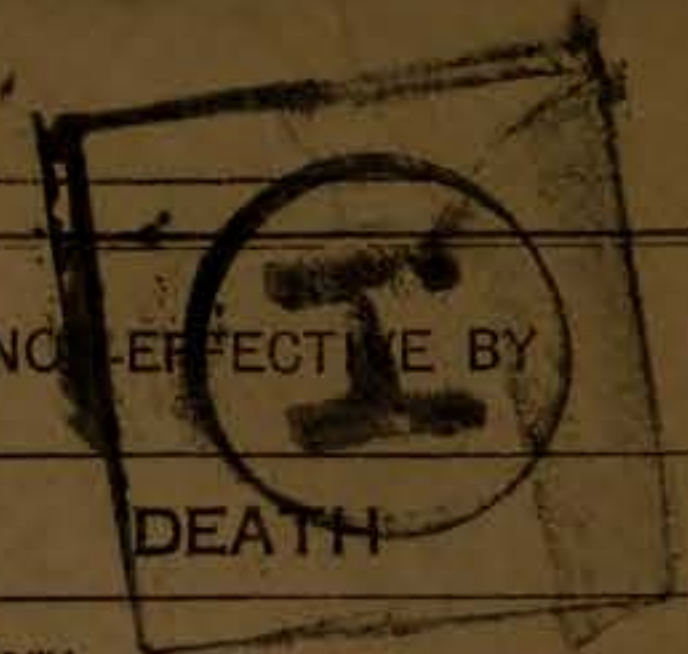
REGIMENTAL DOCUMENTS

NAME *Cayser O Delon*

REGT. NO. *448488*

UNIT *69th R*

H. Q. FILE NO.



S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NOT EFFECTIVE BY
DEATH

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22

M

12898

Category

DISCHARGE

Category

H

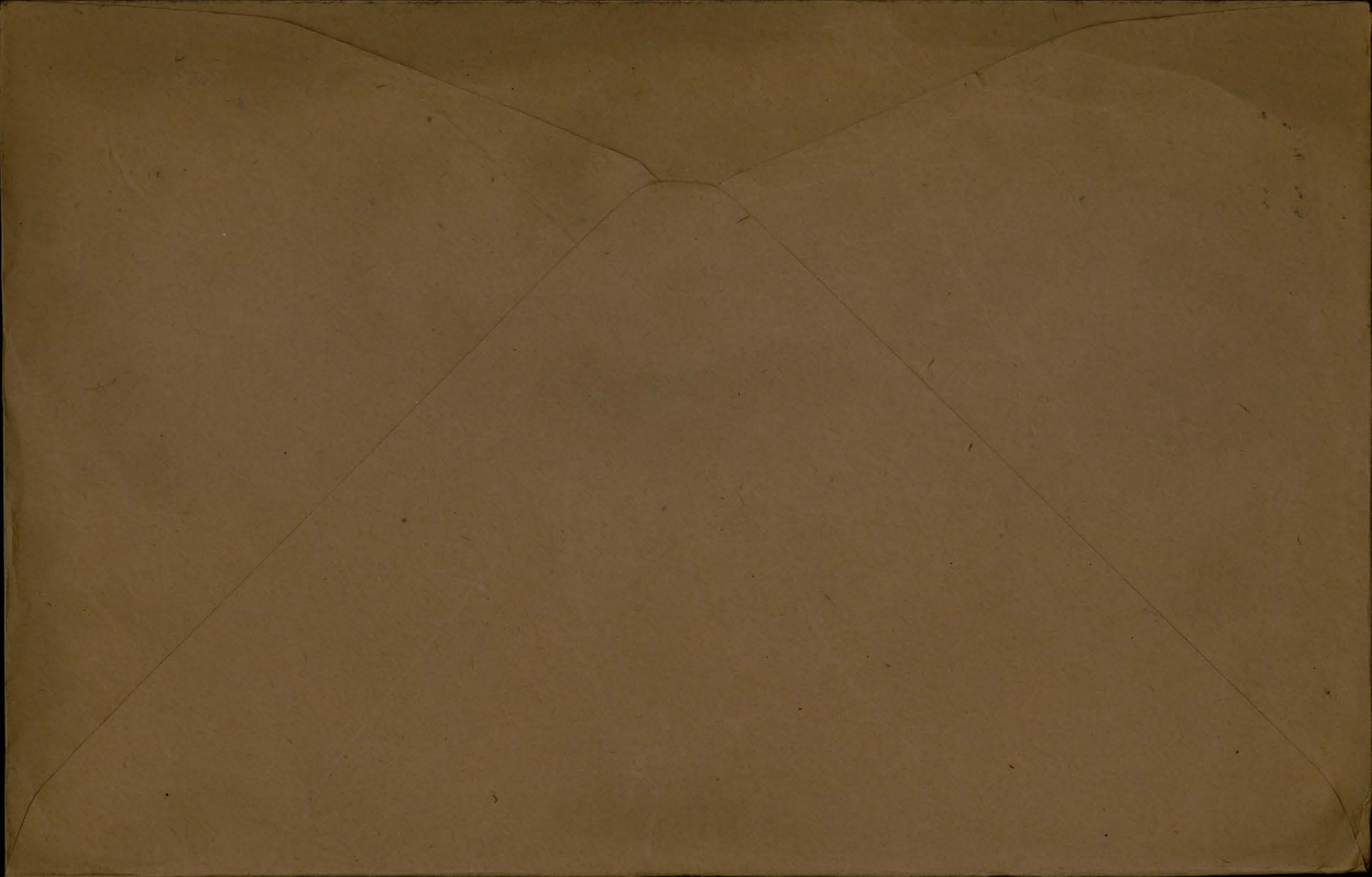
DESERTION

1
21-31
16-31
3-31

1

1 B. 149
1 [unclear]
1 original & copy
1 A.F.B. 1237
1 A.F.B. 181
1 [unclear]
1 [unclear]

M.H.
19-1-21
R.R.



448488

Duplicate

19-7-16
Canada

ATTESTATION PAPER.

No. *6*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your name? **Cayer Odilon.**
2. In what Town, Township or Parish, and in what Country were you born? **St. Flavien Co. Lotbiniere.**
3. What is the name of your next-of-kin? **Samuel Cayer (father)**
4. What is the address of your next-of-kin? **St. Octave d'Asquet**
5. What is the date of your birth? **6th Sept. 1893**
6. What is your Trade or Calling? **Laborer**
7. Are you married? **No**
8. Are you willing to be vaccinated or re-vaccinated? **Yes**
or inoculated
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**

Odilon Cayer (Signature of Man.)
Sergt. Martel (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Odilon Cayer**, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Odilon Cayer (Signature of Recruit)

Date **December 4th** 191 **5** **Sergt. Fred Martel** (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Odilon Cayer**, 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.

Odilon Cayer (Signature of Recruit)

Date **December 4th** 191 **5** **Sergt. Fred Martel** (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 *St. Flavien* this *4th* day of *Dec* 191 *5*.

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of **Odilon Cayer** on Enlistment.

Apparent Age **22** 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. **5** ins.

Chest measurement. { Girth when fully expanded..... **36** ins.
 { Range of expansion..... **38** ins.

Complexion **Fair**

Eyes **Blue Grey**

Hair **Fair**

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date **December 4th** 191**5**.

A. Galoury Capt
MD

Place **Quebec**

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.

Odilon Cayer having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date **Dec 4th** 191**5**.

J.O.C.
R.O.O.

G. S. W. L. buttock

Fract. (compound) of ilium ~~xt.~~

Pelvic abscess (left) following
on Comp^d fracture of ilium &
empyema of rt. side

Died November 12th, 1916.

C. Ewbank Lausdown

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. O.C.F.T. 83 Year 1916.	Regimental No. <u>448488.</u> Rank. <u>Pte</u> Surname. <u>Cayer.</u> Christian Name. <u>Oulton.</u>
	Unit. <u>57 at 22 Canadians.</u> Age. <u>24.</u> Service. <u>11/12.</u>
Station and Date. A. NEW COURT, CHELTENHAM. B.	Disease or wound. <u>Fract. ilium. XI.</u>
24-10-16 C. 16.	Date and place of onset. <u>France about 3 weeks before admission.</u>
12-11-16 D.	If wound, size and structures involved.
D.	Was wound or injury received in execution of his duty or sickness caused by military service? <u>Yes.</u>
E.	Condition on admission, signed by M.O. <u>C. Hobank London</u> Key. <u>Complains of great pain in left pelvic region</u>
F.	Treatment. <u>Incision in left iliac region. large tube in abscess (with drainage).</u> Operation (if any). <u>Resection of eighth rib (with) for Empyema. Laverick 9th.</u>
G.	Progress. <u>Not satisfactory.</u>
H.	Description of condition on discharge, signed by M.O. <u>Disch. 12th</u> <u>C. Hobank London</u>
I.	Date to, sick furlough. light duty. <u>Disch. 12. Nov. 1916.</u> duty. Transfer. pending final discharge.



Station
and Date.

New Court

448488

ORIGINAL

O.C.F.T. 83
Deceased

MEDICAL HISTORY SHEET.

Surname Bayer Christian Name Odilon 448488

Examined { on 4th day of Dec 1915
at Quebec
Birthplace { City or Town St Flavien
County P. N.

Approved by [Signature]
Rank Quel M.O.

Apparent age 22
Trade or occupation Laborer
Height 5 Feet 3 Inches
Weight 135 Lbs.
Chest measurement { Minimum 38 inches.
Maximum expansion 36 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		30 OCT 1916 M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number 1

Date	Result	VACCINATIONS.
<u>4/6/16</u>	<u>good</u>	<u>Rouletassi</u> M.O.
		M.O.
		M.O.

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

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 4th 1915</u>	<u>good</u>	<u>[Signature]</u> M.O.
<u>7/16</u>	<u>"</u>	<u>Rang</u> M.O.
<u>8/5/16</u>	<u>"</u>	<u>[Signature]</u> M.O.

Enlisted on 4th day of December 1915 at Quebec

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>57/ Regt</u>			<u>4/12/15</u>
Transferred to..	<u>C.E.F.</u>			
	<u>22nd Batta</u>	<u>448488</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.

CANADIAN

CERTIFIED CORRECT.

5 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 105.)

250M.—1-16.
H. Q. 1773-39-920.

Unit, Regiment or Corps 57th Battalion, C.O.E.F.

Regimental No. 448488 Rank Pt Name C. E. F. Gayer, Gordon

Enlisted (a) 4/12/15 Terms of Service (a) Duration of War Service reckons from (a) 4/12/15

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) 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				

8-6-16	57 Battrn	Embarked Arrived Attached to 69 Battrn Transferred to 22nd Battrn C.O.F.	Canada England Otterpool Dilgate	2-6-16 8-6-16 8-6-16 29-5-16	Part II orders 136 O. E. Scott Cpt
28-8-16	G B D	Reinf. from 69th Bn. Taken on strength 22nd Bn		28-8-16	N. Roll Pt II O. 36/2-9-16
18 ⁹ / ₁₆	"	Left G B D		18 ⁹ / ₁₆	
	2nd Can Ent Bn	Joined 2nd Can. Ent. Bn			
	"	Left do			
22 ⁹ / ₁₆	OC. Bn	Joined Unit	Field	20 ⁹ / ₁₆	D-313
23 ¹⁰ / ₁₆	Hs. Lyloster Castle	Lyloster Linstock to England		23 ¹⁰ / ₁₆	W3083/9+05-

17 NOV. REC^d

(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				
					PA 40. 51-31 ¹⁰ / ₁₄
			<i>Whogau</i> Canadian		Capt. for Lt.-Col., A. A. G. Section, G. H. Q. 3rd Echelon. R. E. F.
<i>Harting</i> 8/2/17		Taken on Strength G.C.A.C. Pt. II D.O. No. 477-31/10/16, Durd SOS 18/11/16			37-5e 2/2/15 <i>Smay</i> Lt for Ob bbab
		ATTACHED TRANSFERRED FROM G.C.A.C. TO			PART II D.O. No.

Perforated sheet for Will from Pay Book of

Reg. No. 448488
Name Odilon Cayer
Unit 69^{ieme} Bat. Reserve.

MILITARY WILL.

Je sousigne en cas de
mort legue tous mes
biens et effets a mon
pere Samuel Cayer,
St. Octave D'osquet
Comte Lotbiniere
Province quebec,
Canada.

Signature Odilon Cayer.
Rank and Regt. soldat - 69^{ieme} Bataillon.
Date 19-7-1916.

For further details see page 10-10-10

Page 10

Date

Time

MILITARY UNIT

1. Name of the unit

2. Address of the unit

3. Telephone number of the unit

4. Name of the commanding officer

5. Name of the adjutant

6. Name of the quartermaster

7. Name of the sergeant major

8. Name of the chaplain

9. Name of the medical officer

10. Name of the dental officer

11. Name of the pharmacist

12. Name of the veterinarian

13. Name of the commissary

14. Name of the postmaster

15. Name of the recreation officer

16. Name of the physical fitness officer

Surname: Cayer
 Christian Name or Names: O.
 Reg. No.: 448488
 Rank: Pte.
 Unit: 22nd Bn.
 Co.:
 Troop:
 Batty.:
 Hospital: Cheltenham V.A.D.
 Date of Admission: 27.10.16

Transferred
 Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis: G.S.W. L. Buttock
 (1) Septic Pneumonia
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

Died of Wounds 12-11-16

DISPOSITION Date

C.L. 28.10.16 B197

REMARKS

10. 11. 16 # B208

Dang. Ill 27.10.16

C.L. 14-11-16 B211

Still sev. ill 8.11.16.

A.M.D. 2 DEPT.
 Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

448488

Number, Rank, *Pte*

Surname, *CAYER*

Christian Name, *Edilon*

Units, *22 Bn. Inf.* Theatre of War, *France*

Date of Service, *27-8-16*

Remarks, *D*

Latest Address, *Mr. Samuel Bayer (M)*

. *Dosquet, Co Lothbiniere*

Roll No. *B. Page 6912* *Que.*

Handwritten marks in blue and red ink, possibly initials or a signature.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks

*—Name will be given in full; surname first.

OCT 14 1921

4785-6-4feop

REGT'L NO 448488

H. Q. FILE NO. 649-

N/ Cayer Odilon

RANK AND CORPS Pte. 22nd Bn. (form. 57th Bn)

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

C

NATURE OF CASUALTY

Q 3804

27-10-16

Dang. ill at Voluntary Aid Detachment
Cheltenham Oct-27th 1916 Cause
not stated. ✓

Q 4482

9-11-16

Still Dang. ill at Cheltenham V. A.
D. hospital Nov. 8th 1916.
(Cause not stated)

Q 4693

13-11-16

Died of wounds Cheltenham
Voluntary Aid Hospital Nov. 12th
Gun. Shot wound. Buttock, hepatic pneumonia

B 2090

London E. L.

17-11-16

Died of Wds. M.W.L. Buttock Pneumonia
Cheltenham V. A. Hosp. Cheltenham 12/11/16

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

B197

Cheltenham VA, Cheltenham

27-10-16

Dang ill

B208.

" " "

8-11-16

still " " Not stated.

B211.

" " " "

12-11-16

G.W. L. Buttock, Septic
Pneumonia; Died of wds.

No 448488 RANK *Plt.*

NAME *Layer Adilon*

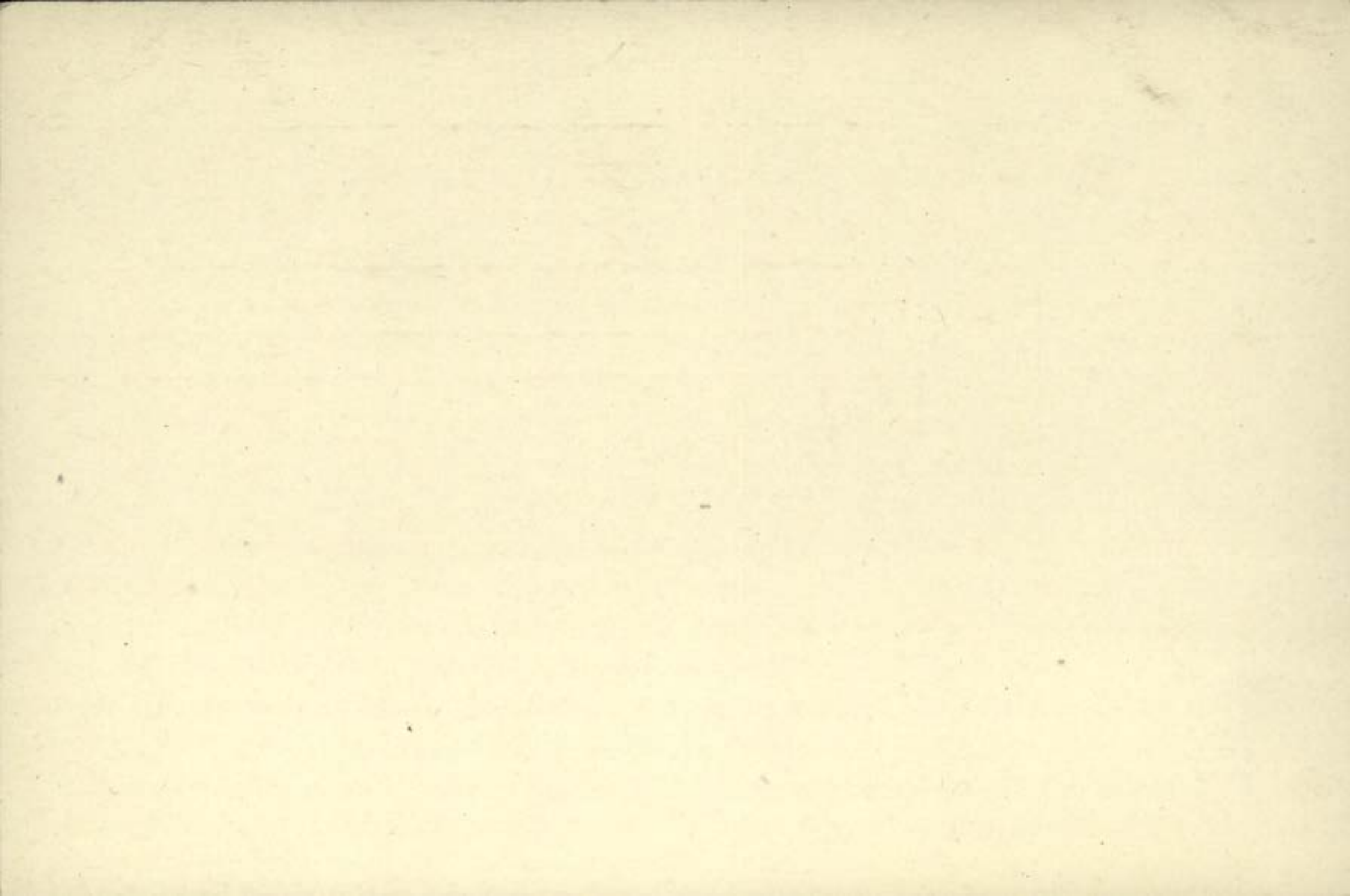
T.O.S. *4/12/15*
Dec. payroll.

UNIT

57th Battalion C.E.F.

M. D. S. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 4</i>	<i>Dec. 31</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June payroll not available</i>				
				UNIT SAILED
				JUN 2 1916



Name CAYER Odilon Rank Private

Reg. No. 448488

Unit 22nd Can. Battalion

Next of Kin Canada

Reg. C. 22100

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
27-10	Cheltenham V.A. Hospital <u>DANGEROUSLY ILL</u>	Cheltenham	Not Stated	B197	03804	
8-11	<u>Still Dangerously ill</u>		do	B208	04482	
12-11	<u>DIED OF WOUNDS</u>	Septic Pneumonia GSW.L. Buttock		B211	04693	14-11

2
1
8
P

LTR

Rank Name CAYER, Odilon Reg'l No 448488
Unit 57TH TO 69TH If in perm. Corps, }
What Unit? Married or Single

Place and Date of Enlistment Quebec, Dec. 4th 1915 Place of Birth St. Flavien, P.Q.

Name and Address, Next-of-Kin Samuel Cayer,
St. Octave d'Asquet, Que., Canada Relationship CCAC

Assigned Pay Monthly \$ Payable to Relationship
Relationship

Separation Allowance \$ Payable to Relationship
Relationship

M.I.X.
17-1-21
R.R.

13992

N/E. R.B. No 1284
File R.L.
Category B.W.

Discharge, Date and Place Reason Character 81

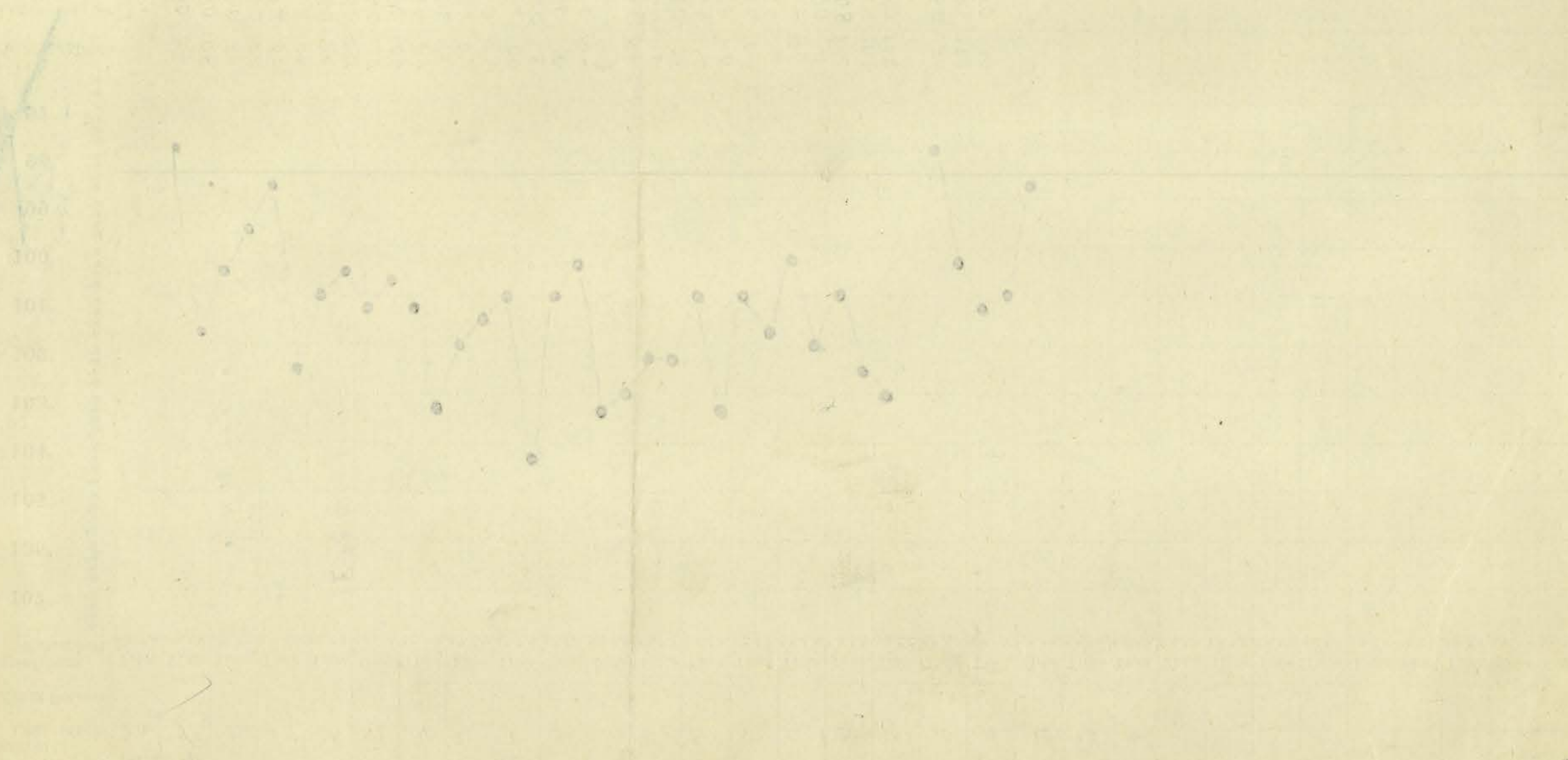
H. W. & V., Ltd.—7165-16.

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				
		<i>Assured in England.</i>			
9.6.16	CC 69 th	Taken on strength.	St. Olympie	8.6.16	
27.8.16	"	Trans. to 2nd Bn.	Oceas	27.8.16	Pt # 136 205
2.9.16	22 nd Bn.	I.O.S. from leg th	"	28.8.16	" 36
28.10.16	"	Adm Cheltenham V.A. Corp. } dangerously ill	England	27.10.16	B.197 (not stated) ON:
31.10.16	"	Trans'd to CCAC.	In the field	23.10.16	Pt. II - 51 W
31-10-16	C 69 th	Taken on strength.	Shoreham	27-10-16	Pt # 477
10-11-16	22 nd	Still dangerously ill	Cheltenham	8-11-16	C.L.B 208
14.11.16	" "	Died of Wounds.	do	12.11.16	G.L.B 211.



A.F.B. 103 CHECKED
31 AUG. 1916
W.S.

CHECKED. 5th Dec. 1913.



448488 BANK Pa-

35184

Bayer O.
69^e Bat.

Perforated sheet for Will from Pay Book of Reg.

No. 448488

Name Odilon Bayer

Unit 69^e Bat. Reserve

Military Will.

Je soussigné en cas de
mort- légué tous mes
biens et effets a mon
pere Samuel Bayer
St Octave D'osquet
Comté Lotbiniere
province Quebec
Canada

Signature Odilon Bayer

Rank and Regt. Soldat - 69^e Bataillon

Date 19-7-1916

MAR 16 1920

[Faint, illegible handwriting in red ink, possibly bleed-through from the reverse side of the page.]

