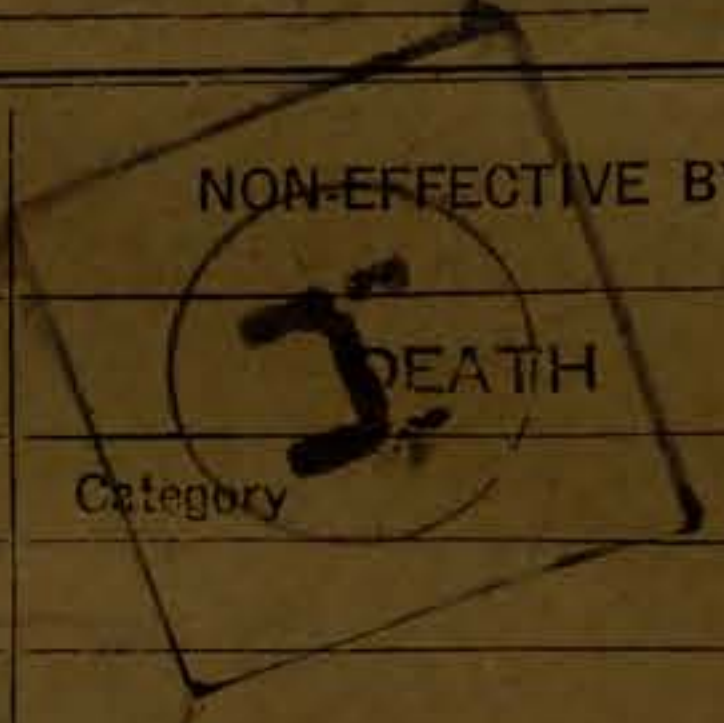


REGIMENTAL DOCUMENTS

NAME *CHAREST, JOSEPH EUSEBE* REGT. NO. *2158523* UNIT *1st/2nd B.* H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 INVESTIGATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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A.F.W. 3226

M.F.C. 565

M.F.W. 567

Category

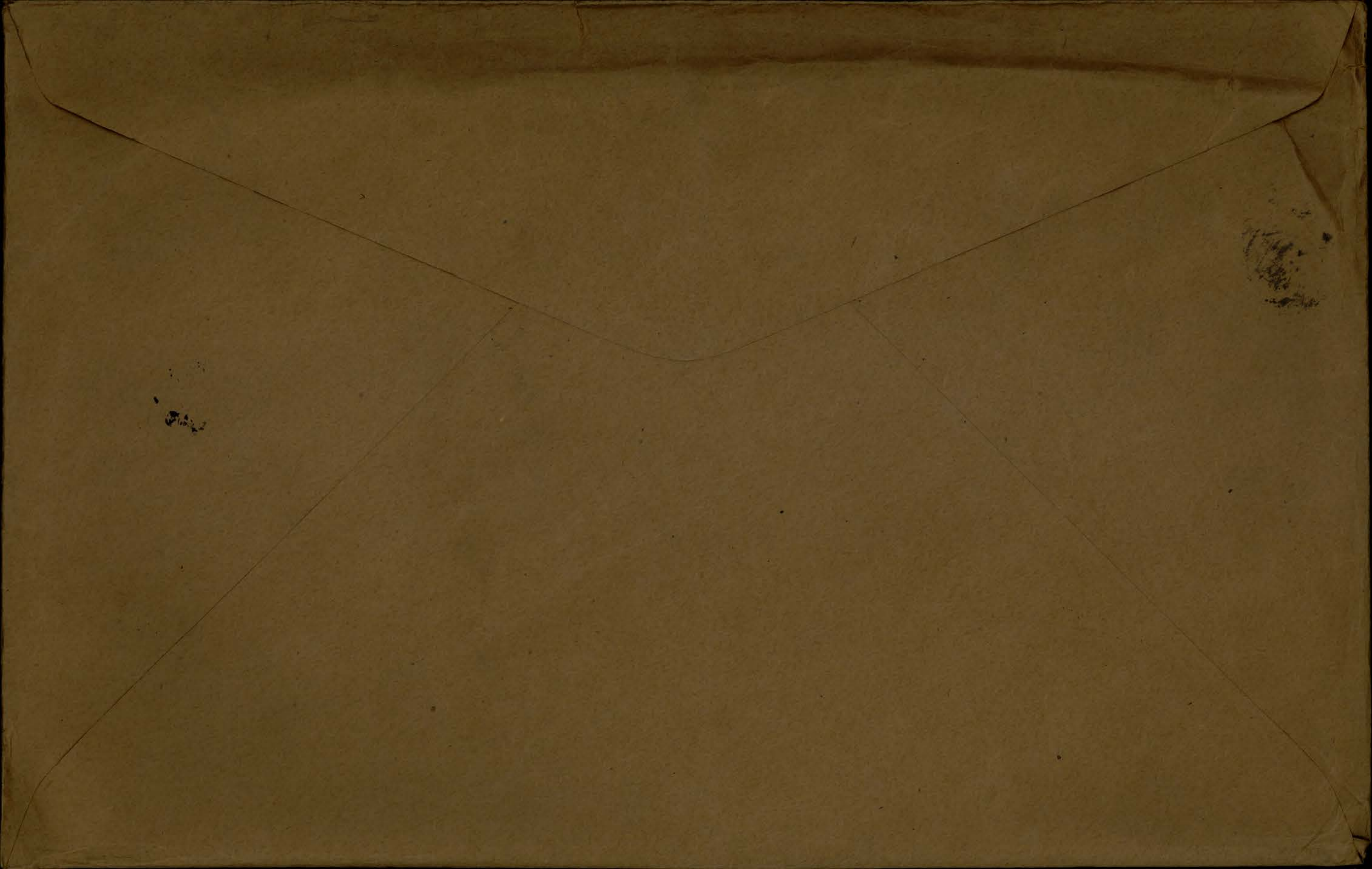
DISCHARGE

Category

Med Unfit

DESERTION

*2
2-23
1-24*



Original.

ATTESTATION PAPER.

No. 2158523.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|--|--------------------------------------|
| 1. What is your surname?..... | Charest, |
| 1a. What are your Christian names?..... | Joseph Eusebe. |
| 1b. What is your present address?..... | Royal Hotel, Kingston, Ont. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Montreal, Que. |
| 3. What is the name of your next-of-kin?..... | Mrs. J. E. Charest. |
| 4. What is the address of your next-of-kin?..... | 2653 St. Lawrence St, Montreal, Que. |
| 4a. What is the relationship of your next-of-kin?..... | wife. |
| 5. What is the date of your birth?..... | August 16th, 1883. |
| 6. What is your Trade or Calling?..... | Book keeper. |
| 7. Are you married?..... | Yes. |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes. |
| 9. Do you now belong to the Active Militia?..... | No. |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | No. |
| 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?..... | None. |
| 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?..... | None. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date May 14th, 1917. J. E. Charest (Signature of Recruit)
A. C. Buchanan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Eusebe Charest, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date May 14th, 1917. J. E. Charest (Signature of Recruit)
A. C. Buchanan (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 Kingston, Ont., this 14th day of May, 1917.

A. C. Buchanan (Signature of Justice)

Description of Joseph Eusebe Charest. on Enlistment.

Apparent Age 32 years 10 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. 3 ins.

Eye sight good.

Chest measurement { Girth when fully expanded 32 ins.
 Range of expansion 3 ins.

Complexion Fair.

Eyes Blue.

Hair Brown.

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic R. C......
 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 May 14th 1917

Place Kingston, Ont.

H. Foley
Capl Chms
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Eusebe Charest.

.....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.

Date May 14th, 1917

H. Freeman Capt (Signature of Officer)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY OFFICE
1/2 QUEBEC REGT.

APR 5 1919

This is to Certify that No. 2158523 (Rank) Corporal.

1/2 Q. R. / C-166

Name (in full) CHAREST Joseph Eusebe, enlisted in
the 1st DEPOT BATTALION SECOND QUEBEC REGIMENT.

CANADIAN EXPEDITIONARY FORCE at Kingston on the 14th
day of May 1917

HE served in 230th Bn in France 1 years 5 months.

and is now discharged from the service by reason of Medical Unfit Treatment
with S.C.R.

R.O. 1420 H.Q. 868-1-6 D.O. 2513 of 19-11-18 D.O. Part II No 95

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 36 years 4 months.

Marks or Scars

Height 5 feet 3 inches.

Complexion Fair

Eyes Blue

Index Finger Left Hand.

Hair Brown

J. Charest
Signature of Soldier

[Signature] Lt-Col.
Issuing Officer
O.C. 1st Depot Bn 2nd Que Regiment
Rank

Date of Discharge 4-4-19

Appointment

Signed at Drill Hall Quebec. this 4th day of April 1919

in Military District No. 5

File Reference No. 1-C-166

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

CASE HISTORY SHEET.

Name Kenner Hospital. Quebec Station.
 No. 215523 Rank 1st Lt Name Charles J. B. Age 37
 Unit 1st Regt Completed years of service 13 mos. F. E. 2 mos, G. 4 mos
 Date of admission 9-4-19 & 22-3-19 Date of discharge 22-2-19 (with furlough)
 Diagnosis T. B. Pulmonary Place of origin Quebec - 4-19
Bronchitis

CONDITION ON ADMISSION AND PROGRESS OF CASE

admitted from second Part Convalescent
 examination of lungs: expansion sub-normal
 Respiration diminished Rales subnormal + crepitous
 at the apex of R lung, apex left 2 1/2 inches nipple line
 expectorates. Coughs and sweat during
 night. This patient has been jaundiced Nov. 1917
has been under treatment for three months
expectorated blood. He recovered and was jaundiced
again April 1918. He has been expectorating blood
now and again. Nov. 1918 had an eruptive
hemorrhage while at Part second Hosp. and another
around October 1918.

26-1-19. Patient sweats during night, coughs
expectorated this morning a sputum stained
with blood

3-1-19. Patient same

8-2-19 Patient same, feels stronger

11-2-19. Been recommended to be examined
by a board as to his chest

15-2-19 sent to Regt. Hosp. and kept 2 days
under observation

15-2-19. Patient's back of the neck. Hoop
with diagnosis T.B.

19-2-19 Recommended by medical
Board for a month furlough

22-3-19. Retained in hospital
26-3-19. Med consultant recommended Boarding for transfer
28-3-19 - Boarded by S M S at his house -

TREATMENT
 (Especially any specific or special form) Had one month special furlough granted
by Board - nourishing diet & open air

CONDITION ON DISCHARGE
 (and disposal made of case) Returned to unit pending result of
Board. Cat. C III

Date 1-4-19
Medical Officer i/c case.

Handwritten text, possibly a signature or name, located in the top right corner of the page. The text is faint and partially obscured by a dark ink blot.

CR Rank **CHAREST. Joseph Eusebe.** Name Reg'l No. **2158523.**
 Unit **Kingston Forest Det. to Base Depot** If in perm. Corps, }
 What Unit? } Married or Single **Married.**

Place and Date of Enlistment **Kingston, Ont. May 14th, 1917.** Place of Birth **Montreal, Que.**

Name and Address, Next-of-Kin **Mrs. J.E.Charest.**
2923 CLARK ST
~~**2653 St. Lawrence St., Montreal, Que., Canada.**~~ Relationship **Wife.**
 Authy p 10.191 BDCFC
 a 12.8.18

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason

H. W. & V., Ltd.—9546-16.

N/E. R.B. No **2,684**
 File R.L.
 Category **...**
 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.				
	C	ARRIVED IN ENGLAND	7 17	S/S JUSTIC'A.	
9.7.17	C.F.C. B.D.	20. on arrival	Summitdale	4.7.17	P.A. 50.62.
22.9.17	" "	S.O.S. (Proc. M.) to Coy 76. France	Pto.	21.9.17	P.A. 50.127.
18.10.17	" 76 Coy.	Disembarked - Havre.	Field.	23.9.17	" " 1.
26.10.17	" "	App'd a/bpl. with pay	" "	23.9.17	" " 2.
19.12.17	" H.Q. Int. 10.	T.O.S. from 76 Coy C.F.C.	a/cpl.	7.11.17	" " 7. 76 Coy. S.O.S. P.A. 7 of 7 of 17
14.1.18	" "	" 10. confirmed in Rank. Cpl.	a/cpl.	7.11.17	" " 1.
11/6/18	" "	S.O.S. to 31 Coy C.F.C.	Cpl	26/18	" " 16. 31 Coy C.F.C. P.A. 21. 11. 6. 18 31 Coy C.F.C.
9.8.18	BDCFC	S.O.S. on packing from 31 Coy C.F.C. France	"	Scale 9.8.18	" " 189 P.A. 30/31/18.

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.				
17.8.18	PAC.F.C.	On Com C.D.D. Buxton pending embarkation to Canada as French speaking instructor Cpl. Sdale 10 ⁸ /18 No 196.			
5.10.18	"	Com on Com V.S.O. on embarkation to Canada. (Mil Cate 4565 of 21.7.18) Cpl	"	22.9.18	" 238.

Temporary

Casualty Form - Active Service.

Rank *Pte* Regiment or Corps *6. F. 6*
 Surname *Chaves* Christian Name *Josef*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... Disembarked ...		
<i>12 Aug 1918</i>	TAKEN ON STRENGTH C.D.D. BUXTON Pt. 11 ORDER No. 189				
		EMBARKED FOR CANADA FROM LIVERPOOL			Lieut.-Col. Canadian Discharge
<i>22.9.18</i>	Sailed from England for Canada		<i>J. Lock</i> Commanding		
			<i>H. Winton</i> Adj., Conducting Staff		Major. Staff

17/3/19

Capt. May - Lieut. Paulin.

Physical Charact shows an exaggerated depression of both supra-clavicular fossae. Its expansion is sub-normal. The resonance is impaired over both apices. - Respiration is diminished and prolonged, with slightly prolonged expiration. Fine Rales are heard over both apices, with slight crepitation. - During his 2 1/2 days stay in hospital he has shown a temperature up to 100°/5 -

Bacteriological Exam. sputum. Negative TB
(Apex Beak 2 1/2 in. inside nipple-line under Myphi-therm -

Diagnosis - TB.

H. J. Christopher, Capt.

Quebec Mil. Hosp.

M. F. B. 207.
1 million - 9-16.
H. Q. 1772-39-282.

CASE HISTORY SHEET.

No. 21545 23 Rank Cpl Name Charles J. France Age 37
 Unit 1st Div Ryf Completed years of service 14 months Where and how long France Canada
 Date of admission 22-11-18 Date of discharge 19-12-18
 Diagnosis Bronchitis Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE no temp. Starts of chest

21/11/18 Improving
2/12/18 = No temperature
Bronchitis = Roughness of the respiration in both lungs
Sibilances = Rales and crepitations in the apex of the right lung
Expectoration = mucous-purulent - Cough especially during the night
12/7/18 - chest bronchitis
practically on both sides, low moist rales both sides.
no change in vital capacity, or consolidation. Pale sputa
9-12-18 - cond. here the same
16-12-18 - Rales and crepitation on the apex of the right lung, expectoration mucous purulent with little blood, not improved.
19-12-18 Recovered very slowly still weak

FAMILY HISTORY - Nil
 (Tuberculosis, mental or nervous diseases.)

TREATMENT - Syrup of Iodine and Codine - against cough
Stychnin 5/30 T.D.
 (Especially any specific or special form.)

CONDITION ON DISCHARGE Discharged
 (and disposal made of case.) Discharged
For Convalescent Home.

Date 19-12-18 D.R. Bessery
 Medical Officer i/c case.

THE FIRST OF THE SHEET

Library
1912

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19-12-12

MEDICAL CASE-HISTORY SHEET.

HOSPITAL M. Delany STATION Quincy
No. 2158523 Rank Cpl Name Chambers JE Age 37
Unit 1/2 Ave Regt Service 19/2
Date of Admission 14-2-19 Date of Discharge 17/2/19
Diagnosis T.B. Infection
Date of Origin _____ Place of Origin _____

CAUSE OF ILLNESS OR INJURY:

HISTORY OF PRESENT ILLNESS OR INJURY. *at the inspection: Depression of the sub-*
(Is Illness or Injury result of Service?) *scapular region. Expansion is diminished.*

CONDITION ON ADMISSION. *Per. fine rales - both sides - right and left apices.
Crepitations both apices. Percussion dullness
marked. Slightly roughened. Expiratory
slightly fulcrum. Apex flat about 2 1/2
inches inside nipple line on under-riphic
chest.*

TREATMENT.

CONDITION ON DISCHARGE FROM HOSPITAL.
Returned
 *Transferred to Convalescent Home
Kent House*
D

Date 17/2/19
Joseph Desjardins Stano
Medical Officer i/c Case.

PHYSICAL CASE-HISTORY SHEET



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PHYSICAL EXAMINATION

HEENT

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PHYSICAL EXAMINATION

HEENT

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No. *4369*.....

M.D.No. LABORATORY. QUEBEC. P.Q.

U R I N E R E P O R T.

No. *2158523*
RANK. *Capt.*
NAME. *Lehrest*
CORPS. *12th*
WARD. *10*

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS. BILE.
APPEARANCE. *clear* ACETONE.
COLOR. *amber* DIACETIC ACID.
REACTION. *acid* DIAZO.
SPECIFIC GRAVITY. *1.025* UREA.
ALBUMEN. *Nil*
GLUCOSE. *Nil*

MICROSCOPICAL EXAMINATION.

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REMARKS.

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A. M. C.

Capt. A.M.C.
Officer i/c Laboratory, Que.



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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. 2158323 RANK... 6pc

NAME... Charles J. E.

CORPS... 12. 2. R.

WARD... 9

R E S U L T .

CELLS.....

BACTERIA.....

[NEGATIVE]

TUBERCLE BACILLI.....

.....

.....

R E M A R K S .

.....

.....

.....

Handwritten signature

Capt. A. M. O.
Officer in Charge Laboratory, Que.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS 101

PHYSICS 101

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D. No. 5. LABORATORY QUEBEC, P.Q.

URINE REPORT.

No. *2/58323* PATIENT *Love*
NAME *Charest*
COFPS. *12:2 P.*
WARD *9*

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS.	BILE
APPEARANCE <i>clear</i>	ACETONE
COLOR <i>clear</i>	DIACETIC ACID
REACTION <i>acid</i>	DIAZO
SPECIFIC GRAVITY <i>1.015</i>	UREA
ALBUMEN <i>Nil</i>	
GLUCOSE <i>Nil</i>	

MICROSCOPICAL EXAMINATION.

.....
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REMARKS.

.....
.....

Stammy
Capt. A. M. C.
Officer i/o Laboratory, Que.



11

[Faint, illegible handwriting covering the majority of the page, likely bleed-through from the reverse side.]



ORIGINAL

2158523

MEDICAL HISTORY SHEET.

QUEBEC REGIMENT

Surname Charest Christian Name Joseph Eusebe

Examined { on 14 day of May 1917
at Kingdon Ont
Birthplace { City or Town Monreal
County Rocheleaga

Approved by [Signature]
Rank Capt Caug M.O.

Apparent age 32
Trade or occupation Bookkeeper
Height 5 Feet 3 Inches.
Weight 130 Lbs.
Chest measurement { Minimum 32.5 inches.
Maximum expansion 3 inches.
Physical development Good
Small-Pox Marks None

Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.
		<u>13 AUG 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left 1
Number 1
When Vaccinated last 1914 17.6.17

Date.	Result.	VACCINATIONS.
		<u>A. Rosalguem</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
First phalanx of forefinger
of left hand missing

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7.6.17</u>		<u>A. Rosalguem</u> M.O.
<u>26/6/17</u>		<u>J.H. Blynd Capt</u> M.O.
		M.O.

Enlisted on 14th day of May, 1917 at Kington, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Forestry Reinforcing Draft,</u>	<u>2158523</u>		<u>14 May 17</u>
Transferred to	<u>CFC</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
		<u>MEDICAL BOARD, M. D. No. 3</u>	
		<u>Passed as Medically Fit. Date <u>17.6.17</u></u>	
		<u>[Signature]</u> <u>President</u>	
		<u>[Signature]</u>	

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

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 1/2nd Quebec Regiment

Regimental No. 2158523 Rank Pte Name Joseph Eusebe Charest
C. E. F.

Enlisted (a) May 14th Terms of Service (a) Per of War Service reckons from (a) May 14th 1917

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) FARMER

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				

Transferred to dist depot
no 5 under R.O. 1702
D.O. 372 of 7-3-19
D.O. Part 11 67-6
Quebec 11-3-19

1st DEPOT BATTALION 2nd QUEBEC REGIMENT.

.....Adjutant.

Joseph Eusebe Charest
.....Officier i/c R. & S.

Discharge under R.O. 1420
H.Q. 868-1-6 D.O. 2513 of 19-11-18
D.O. Part II No 95 Quebec 4-4-19

DEMOBILIZATION
Medically unfit

Amus. App. 00104-3
Joseph Eusebe Charest
.....OFFICER i/c R. & S.
1st. DEPOT BATTALION 2nd. QUEBEC REGIMENT

(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.]



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..... *Forestry Reinforcing Draft*
No 23

(2) Regimental Number..... *2158573* *Kingston*

(3) Full Name of Soldier..... *Joseph Eusbe*
Charest

(4) Place of Birth..... *Montreal Canada*

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

(6) If married, state,
 (a) Full name of your wife..... *Rosie Charest*

(b) Present Postal Address..... *2653 St Lawrence Street*
Montreal Quebec

(7) Are you a widower?..... *No*

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

If so, give number of boys and girls..... *1 Boy 1 Girl*

Also their names and ages..... *Arene 7 years*
Gaston 5 years

(9) Is your Father alive?..... *Yes*

If so, state name and address *3117 S. Lawrence Monrovia*

(10) Is your Mother alive?..... *No*

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

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

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

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

Yes. Card sent in

(15) Are you insured?..... *Yes*

If so, in what Company?..... *Sun Life Ins Co*

Have you made arrangements for payment of your Insurance premium..... *Yes*

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

Date.....



A. C. Duffman
Officer Commanding.
For

CAPTAIN
COMMANDING FORESTRY REINFORCING DRAFT
KINGSTON

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs Rosia Charest*
 Address *2253 St Lawrence St*
Montreal Que

By Whom Assigned *J.E. Charest*

Regtl. No. # *2158523*

Rank *Pte*

Corps *Forestry Reinforcing Draft*

Rate *\$15⁰⁰*

JUL 1 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.-4-17.
1772-39-819.

Sheet No. 2 *Mrs Rosia Charest*
(Assignee)

wife
PAYMENTS *#2158523 Pte Fousty Reinforcing Draft*
Name of Soldier *Charest J. E.*

L. L. Job 19227-M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$15.00</i>	<i>JUL 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>F27984</i>	<i>15</i>	
Aug.		<i>D 30703</i>	<i>15</i>	<i>lu</i>
Sept.		<i>X 25566</i>	<i>15</i>	<i>09</i>
Oct.		<i>L 47203</i>	<i>15</i>	
Nov.		<i>V 53245</i>	<i>15</i>	
Dec.		<i>S 55090</i>	<i>15</i>	<i>90⁰⁰ 4/11/17</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

D/E 14-5-17

MILITIA AND DEFENCE

47
✓

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name *Rosia Charest*

Name of Soldier *Charest, Jos. E.*

Address *2653 St. Lawrence St.
Montreal
P. Q.*

Regtl. No. *2158523*

Rank *Pte*

Corps *Forestry Reinforces Kingston*

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

To what Corps belonging }
when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1000

1000

1000

1000

D/C 14-5-17
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-813.

SEPARATION ALLOWANCE

Sheet No. 2.

Rosia Charest

OVERSEAS CONTINGENTS

Wife
PAYMENTS. *Pte*

Name of Soldier

Charest, Jos. E.

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>2158523</i>
				<i>Forestry Reinforced Kingston</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>E. 9567</i>	<i>31</i>	<i>31 R</i>
July		<i>X 10035</i>	<i>20</i>	<i>20</i>
Aug.		<i>C 14331</i>	<i>20</i>	<i>20</i>
Sept.		<i>C 17734</i>	<i>20</i>	<i>T</i>
Oct.		<i>D 22249</i>	<i>20</i>	<i>no</i>
Nov.		<i>W 25026</i>	<i>20</i>	<i>B</i>
Dec.		<i>H 26759</i>	<i>20</i>	<i>Br</i>
Jan.	1918			<i>151⁰⁰ J.W.</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

S.A.

Name Cpl. Charest. J. F.

M. F. W. 41
100M-1-18.
1772-39-339.



Regimental No. 2158523

Name and address of next-of-kin

Unit C. F. C. France.

Mrs. Rosie Charest.

Date of enlistment ✓

2653 St Lawrence St.

Place of ✓

Montreal. P.Q.

Married (yes or no) Yes. paid to 31-10-18

Date and place discharged ✓ Quebec.

Amount of pay assigned monthly \$ 15.00

Reason for discharge ✓

To whom payable Mrs. Rosie Charest.

Character on discharge T.O. 2281 of 21-10-18.

H.P. & S.A. being paid by Ottawa

Date	Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
<u>1918</u>															<u>St. 22-9-18</u>
<u>Oct.</u>	<u>1-9-18</u>	<u>26-10-18</u>	<u>56</u>	<u>1.00</u>	<u>61.60</u>	<u>56</u>	<u>10</u>	<u>5.60</u>	<u>11.20</u>	<u>78.40</u>	<u>1907</u>	<u>50.00</u>	<u>Eng. I.P.C.</u> <u>25.38</u>	<u>75.38</u>	<u>C.F. 3.02</u>
					<u>61.60</u>			<u>5.60</u>	<u>11.20</u>	<u>78.40</u>	<u>→</u>	<u>50.00</u>	<u>25.38</u>	<u>75.38</u>	<u>Transf to 1st Dep. Bn</u> <u>2nd Que. Reg.</u>
													<u>C.F. 3.02</u>		
													<u>78.40</u>	<u>→</u>	<u>26-10-18</u>

50.00



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

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

503M.—9-16
H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps. Forstry Reinforcing Draft. M. V. S.

Regimental No. 2158523 ✓ Rank Pte. ✓ Name Joseph Eusebe Charest.

Enlisted (a) May 14th 1917 ✓ Terms of Service (a) C. E. F. 309 W. Service reckons from (a) May 14th 1917.

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) Bookkeeper

Report		Rec rd 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				

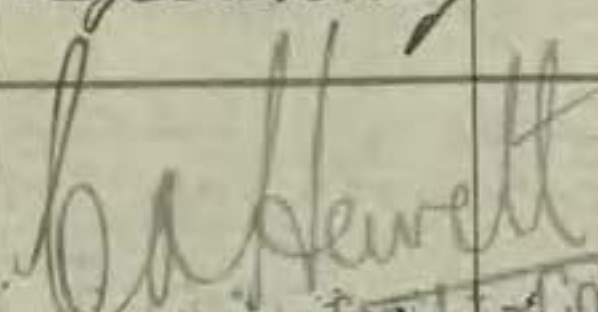
EMBARKED HALX 22.6.17
DISEMBARKED L-POOL, 4.7.17

CERTIFIED CORRECT, 1-OCT-1917, UNIT RECORDS, MUN.

9-7-17	OC, OFC. T.O.S. Base Depot, CFC.		Sunningdale	4-7-17	Pt. II, D.O. No. 62, Lt. & Adj. CFC.
22-9-17	oc, cfc on posting to 76 Coy cfc, France.	S.O.S. BASE DEPOT C.F.C. SUNNINGDALE		21-9-17	PT. II. DO. NO 124 LT. & A, ADJ. C.F.C.
76 th Company C.F.C.	Disembarked		Nairol	23-9-1917	LR# 9019, P50201, 18-10-1917
24-9-1917	76 th Coy C.F.C.	Appointed A/cpl. with pay.	Field	23-9-1917	B213 PTO no 2 26-10-1917
10/11/17	76 Coy	Struck off on transfer to HQ no 10 Dist CFC.		1/11/17	B213 Pt # 0 7 20-12-1917
10/11/17	HQ no 10 Dist CFC.	Taken on sm transfer from 76 Coy CFC		2/11/17	B213 Pt # 0 2 19/12/17
24-12-1917	HQ no 10 Dist	Confused in the rank of corporal	Field	2-11-1917	B213 PTO no 1, 7-1-1918
2-2-1918	HQ no 10 Dist	Not stated Admitted French Hosp HQ no 37		31-1-1918	B213

(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, Shoering 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				
23-3-1918	HQ no 10 Dist	Still in hospital	Hospital	23-3-1918	K.S. 17/267
22-3-1918	Canadian 8 Gen Hoop	Gen. Debility.	adm 8 Gen Hoop	22-3-1918	W 5589. D 9142
22-3-1918	8 Gen Hoop	" "	To no 8 Gen Hoop	22-3-1918	W 5589. D 9142
23-3-1918	8 Gen Hoop	N.Y.D.	adm 8 Gen Hoop	23-3-1918	W 5589
25-3-1918	8 Gen Hoop	Debility	To #72 Gen Hoop	25-3-1918	W 5796 D 9635
25-3-1918	72 Gen "	"	adm 72 Gen Hoop	25-3-1918	X 2153 68 D 7W 3391
26-3-1918	no 15 Con. Depot	"	adm no 15 con Depot	26-3-1918	W 6132.
13-4-1918	C.S.B.D.	from no 15 con. Depot.	C.S.B.D.	12-4-1918	MR. 784.
10-4-1918	15 con/Dep		To Base Hospital	10-4-18	W 7482
15-4-1918	C.S.B.D.	Debility classified "B1"	C.S.B.D.	15-4-18	W 3339-RTOR 454 PTO no 13 of 14-5/18
19-5-1918	C.S.B.D.	Proceeded to rejoin Unit	Unit	19-5-18	RTOR 1228 of 21-5-18
1-6-1918	H.Q. 60 Dist	Rejoined Unit from Hoop	Field	26-5-18	B 213
1-6-1918	H.Q. no 10 Dist	S.O.S on transfer to 31 Coy, 676	Field	26-5-18	B 213. PTO no 16 of 11-6/18
1-6-1918	31 Coy	T.O.S no 31 Coy 676 on transfer from HQ no 10 Dist	Field	27-5-18	B 213 PTO no 21 of 11-6-18
10-8-1918	no 275 31 Coy 676	Proceeded to C.S.B.D with view to being returned to Canada as French Speaking instructor		7-8-1918	B 213 file K 2 30101
	A.A.S.	Transferred to England and posted to Canadian Forestry Depot Summingdale Engling with view of being returned to Canada as French Speaking Instructor		8-8-1918	File K 2 30101 PTO no 30 of 31-8-1918
9. 8. 18	BDCAC	T.O.S on posting from 31 Coy CFC France	St. dale	9.8.18	File 169 Kamee Lieut. FORLT. Col. 1/o Records, C.E.F.


 Lieut. for Lt. Col., A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

LEDGER No. 1363.

SERIAL No. E 38506

REG. No. 2158523 NAME Chares - Jos E

RANK Pte CORPS 1 Que Regt AGE 31 SERVICE C 4/12 E 2/12 F 13/12

HOSPITALS

DATE OF ADMISSION

1 Military Jubee

22-11-18

2 " "

14-2-19

3 Kent House

22-3-19

DIAGNOSIS Bronchitis TB susp

TRANSFERRED TO Kent House

DISPOSITION 19-12-18 17-2-19-2-4-19 CATEGORY C3

M.F.W. 2558.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

No. 2158523. RANK *Otc.*

NAME

Charest Joseph Eusebe

T. O. S.

14.5.17.

UNIT

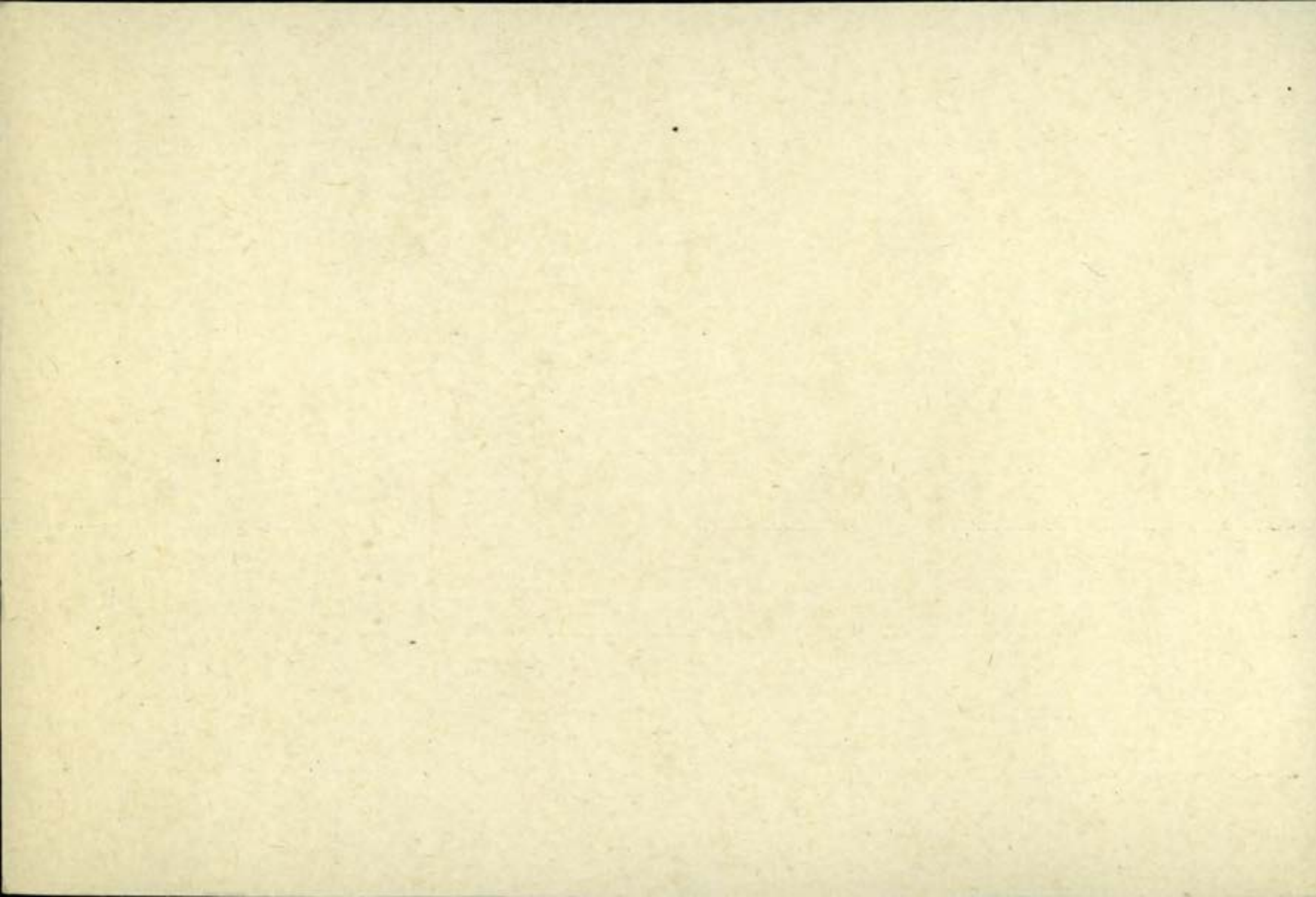
Forestry Reinforcing Draft

Do. 13 of 14.5.17.

M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>May 14</i>	<i>May 31.</i>	<i>n.</i>		



NAME

Charest J E.

REGT'L. No.

2158523

RANK AND CORPS

Cpl. (H.Q. I.O.D.)

H. Q. FILE No 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a169-1	No. 8 Camp Gen. St. Cloud	22-3-18	General Disability
a171	No. 8 Gen. Koenig	23-3-18	General Disability
a173-1	No. 72 Gen. Lippell	25-3-18	Gen. Disability
a174-2	No. 15 Camp of Lenoirville	26-3-18	Gen. Disability
a184-1	Dist. to base details	April 10-4-18	Gen. Disability

CASUALTIES: Extracts from Part II Orders

Nature of Casualty	D. O. Part II Number:	Nature of Casualty:	D. O. Part II Number:
S.I. 21-10-18	302		
I.C.T 10-11-,18	2155		
A 12 18-11-18	323		
R from A 12 22-11-18	326		
HA 22-11-18	327		
A 12 (Canc) 18-11-18	358		
R F A 12 (Canc) 22-11-18	358		
Sick Leave 19-219	51-2		
S.D. 1.3.19	67		
S.D. can. 1.3.19	38		
DEMOBILIZATION			
S.D. 4.4.19	95.		
X 14.4.19	app. 50, 104-3		

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: **Charest Jos** Rank: **Cpl** No. **2158523**

Enlisted at: **Kingston Ont** Date: **14th May 1917**

Married, Widower or Single: **Married** Previous Unit: **31st Coy C F C**

(Wife) **Mrs J E Charest**
Next-of-Kin and Address: **2653 StLawrence St Montreal Que**

Religion: **R.C.** Category: **A-2** Company: **"A"**

Occupation: **Bookkeeper**

Remarks:

57m ✓

Number

2158523 ✓

Rank

Cpl ✓

[Handwritten signature]

Surname

CHAREST ✓

Christian Name

Joseph Kusebé ✓

Units

C.F.C. ✓

Theatre of War

France ✓

Date of Service

23.9.17. ✓

Remarks

573 Plessis

Latest Address

~~2923 Clark St.~~
Montreal

✓

Roll No.

P.O.

200m.-6-21. ✓

Blay 21815

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

DEPT. REG. NO. 90 1922
[Handwritten signature]

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

14-5-17

Separation and Assigned Pay Branch

C

4518
4533 July 1, 1914

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30 ⁰⁰	1-9-18
----	----	------------------	--------

RATE OF ASSIGNMENT

15			
----	--	--	--

1-5-655.
P.B. 3257

1-12-17
P.B. 3257

S.E. 2753
M.O. 43214

4657

PARTICULARS OF SEPARATION ALLOWANCE

No. **2158523**
 Rank **Pte** Promoted Reverted Discharge
 Soldier's Name **J. E. Charest**
 Battalion **For Reif Dfl**
 Beneficiary **Rosia Charest**
 Relationship **wife**
 Address

PARTICULARS OF ASSIGNMENT

Name **Mr Rosia Charest** (wife)
 Address **2653 St. Lawrence St**
 Change of Address **Montreal Que**
 2923 Clarke Street
 NOV 28 Rec'd
 M.F.W. 2554-30²
 15

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					File 3056-g-31
Dec-31		151	90	241	
Jan	W 65085	30	15	45	M
Feb	D 73205	25	15	40	
Mar	A 111079	25	15	40	
Apr	Z 8641	25	15	40	
May	X 17363	25	15	40	
June	G 21404	25	15	40	
July	Y 31381	25	15	40	
Aug	G 34477	25	15	40	
Sept	G 42760	25	15	40	
Oct	J 51957	25	15	40	
Nov	D 51774	25 ⁶	15	40	
Dec	D 63888	45	15	60	
JAN 1918	J 72344	30	15	45	
		476	270	746	

A/c closed open
 Ret'd per dlandstephen castle
 Date 10-10-18 F.X. 12-10-18
 12-10-18 Clerk A. Hunt

S.A. & P. open closed 31¹²/₁₈ - Auth. H.G. 593. J. 82. 23-11.
 M.R.O. # 57478.
 M.F.W. to M.D. # 5-13¹/₁₉.

6-0 # 5781. g 72341 bar. 21¹/₁₉

M. F. W. 123.
40m. 6-7-17-2-35-1141
L. L. 2230-M. & D. 1932



DENTAL HISTORY SHEET

DATE: _____

TOOTH	EXAMINATION	RESTORATION	PERIAPICAL	PERI-IMPLANT	PERI-PROSTHETIC	PERI-ROOT	PERI-APICAL	PERI-IMPLANT	PERI-PROSTHETIC	PERI-ROOT
18										
17										
16										
15										
14										
13										
12										
11										
10										
9										
8										
7										
6										
5										
4										
3										
2										
1										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

EXAMINATION: _____

RESTORATION: _____

PERIAPICAL: _____

PERI-IMPLANT: _____

PERI-PROSTHETIC: _____

PERI-ROOT: _____

DATE: _____

DR. _____

CLINICAL NOTES: _____

RECOMMENDATIONS: _____

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136.
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any). (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120.)
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178.)
13. Medical report on invalid (if any). (Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103.)
20. Employment sheet. (Army Form B. 2066.)

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

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178.)

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

4



Proceedings on Discharge.

Army Form B. 268.
REGISTRY OFFICE
1/2 QUEBEC REGT.
APR 22 1919
1/2 Q. R.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>2158523</u>	Army Rank <u>Corps^e</u>
Name <u>St. Charrest, Josef</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>6.2.6.2</u>	
Battalion, Battery, Company, Depot, &c. <u>6.2.6.</u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>36</u> years <u>1</u> months	Descriptive marks. <u>Index finger left hand</u>
Height <u>5</u> feet <u>3 1/2</u> inches	
Chest measurement (girth when fully expanded _____ ins.) (range of expansion _____ ins.)	
Complexion _____	
Eyes _____	
Hair _____	
Trade <u>Bookkeeper</u>	
Intended place of residence (To be given as fully as practicable) <u>Montreal</u>	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is <u>Retained</u> in consequence of <u>Authority</u> : <u>Militia Cable 4565 dated 21.7.18.</u> <u>French speaking Instructor</u> (The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have, been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

France 10 mos

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.)

22.11.18

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.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
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.	(c) Medical History Sheet (in the event of such having been prepared.)

*Only if discharged "Medically unfit."

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

This space to be for numbers

Proceedings on Discharge.

REGISTRY OFFICE
1/2 QUEBEC REGT.
APR 15 1919
1/2 Q. R. *H-6-166*

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page). *BBB 140649*

No.	<i>2158523</i>	
Rank	<i>Corporal</i>	
Surname	<i>CHAREST</i>	
Christian Name	<i>Joseph Eusebe.</i>	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	<i>1st/2nd Quebec Regiment.</i>	
Date of Discharge	<i>4-4-19</i>	
Place of Discharge	<i>Drill Hall Quebec.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... <i>36</i> years..... <i>4</i> months.	Descriptive Marks	
Height..... <i>5</i> feet..... <i>3</i> inches.		
Complexion <i>Fair</i>	<i>N^o 1</i> Index finger Left Hand.	
Eyes <i>Blue</i>		
Hair <i>Brown</i>		
Trade <i>Book keeper</i>		
Intended place of residence } <i>Clark street</i> <i>2923 St. James Street</i>		
(To be given as fully as practicable.) } <i>Montreal</i>		
2. The above-named man is discharged in consequence of <i>medically unfit</i> <i>R.O. 1420 H.Q. 868-1-6 D.O. 2513 of 19-11-18. D.O. Part Ist No 95</i> <i>Further treatment with S.C.R. Am. App. 50104-0.</i>		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc. <i>Not applicable.</i>		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <i>Bookkeeper</i> <i>JLB</i>		
<table border="1"> <tr> <td>Medical Documents forwarded to S. C. R. <i>24-4-19</i></td> </tr> </table>		Medical Documents forwarded to S. C. R. <i>24-4-19</i>
Medical Documents forwarded to S. C. R. <i>24-4-19</i>		

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Not applicable.

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

6. Medals and Decorations.....

Not applicable.

To be copied by the Commanding Officer on the 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..... Lt-Col.

(Date).....4-4-19..... Commanding 1st./2nd. Que. Regiment

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..... (Signature of Soldier.)

(Date).....4-4-19..... (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.

.....Not applicable..... (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...325...days.

11. Confirmation of Discharge.

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

(Place).....Quebec.....

(Date).....4-4-19..... (Signature) Lt-Col. 1st Depot Bn 2nd Que Regiment.

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. J. Charest

Witness J. Gagnon S.M.

OPINION OF THE MEDICAL BOARD

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

We Concur.

19. Is the invalid 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.) |

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(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.)

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

Discharge

Recommend I.S.C. for Treatment.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Quebec,

DATE March 29th 1919.

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 invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE _____

DATE _____

APPROVED BY _____

APPROVED BY _____

H. H. Clouston Major C.M.C.
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 31/3/19

DATE _____

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Quebec. DATE 28-3-19

1. 1 (a) Unit D.D.5. (b) Regimental No. 2158523 (c) Rank Cpl.

(d) Surname CHAREST. (e) Christian name Joseph

(f) Home address 2923 Rue Clark, Montreal.

(g) Next of Kin Mme. Joseph Charest. (h) Relationship Epouse

(i) Address of Next of Kin Same.

2. Age last birthday 36 Date of birth 14 Aout 1883

3. Enlistment, or Appointment (if an Officer) (a) Place Kingston (b) Date 14 mai 1917

4. Personal description:

(a) Height 5ft. 3" (b) Weight 118 (c) Complexion Brun
(stripped)

(d) Colour of hair Brun (e) Colour of eyes Bleus (f) Identification marks, Scars, etc.

Nil

5. Former trade or occupation Teneur de Livres.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	PERIODS	
	Years	Days
	1	318

	PERIODS	
	From	To
Canada <u>230ieme Battn.</u>	<u>14-5-17</u>	<u>1-7-17</u>
England <u>76ieme Battn.</u>	<u>1-7-17</u>	<u>15-8-17</u>
France or other theatres of War <u>76ieme Battn.</u>	<u>9-10-18</u>	<u>Date.</u>

7. Original disease, or injury TUBERCULOSE PULMONAIRE.

(a) Date of origin NOVEMBRE 1917 (b) Place of origin Nayon

(c) Cause Gaz asphyxiants.

M. F. B. 227.

4001.-11-18.
1779-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Faiblesse generale marquee et toux.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

SYMPTOMES OBJECTIFS. Respiration diminuee avec expiration et silencieuse aux deux sommets. Rales aux deux sommets et en avant. Vibrations vocales exagerees au sommet droit. Petits craquements dans la region interne susépineuse droite. Examen B de crachats - Negatif.

SYMPTOMES OBJECTIFS.

Le mala de se plaint de faiblesse generale, de toux intermittente et surtout le matin, crache surtout le matin. Amaigrissement marquee transpirations profuses la nuit. Perte d'appetit. Essoufflement a la course limite de la marche 3 milles.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—If the answer to any part is Yes, give a brief description of the present condition.)

Nervous System Non Cardio-Vascular System Non Genito-Urinary System Non
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses Non Respiratory System Non Integumentary System Non

Disturbances of Mentality Non Digestive System Non Muscular System Non

Osseous and Joint Systems Non Any other general condition Non.

10. (a) History (of the condition referred to in Section 9 (a).)

A. ete atteint par le gaz asphyxiants en novembre 1917, a ete traite quelques jours a Noyon, a repris son devoir au commencement de decembre. A la fin de Janvier il eut 2 hemorragies pulmonaires qui le retienne a l'Hopital jusqu'au 15 de mars 1918. Il reprit alors son devoir, et fut de nouveau atteint par le gaz asphyxiants a la fin d'avril- Fut admis a l'Hopital ou il demeura jusqu'au fin d'avril mois de mai 1918. Il eut encore une hemorragie pulmonaire a l'hopital du Park Savard. Le malade depuis se temps s'est toujours plaint de toux et de faiblesse.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

NA.

(c) (Here give a description of wounds, scars and deformities.)

Faite de la phalange de l'index gauche.

11.—(a) Did the disabling condition have its origin before enlistment? Non

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

NA.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? Non.

The regimental documents will be referred to. (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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Je ne le crois pas.

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

Noyon Hospital en novembre 1917.

Campiegie Hospital. a la fin de janvier.

Sieme Hospital General du mois de Janvier Fevrier au 15 mars 1918.

Hopital Militaire de Quebec - 22-11-18 au 23-12-18

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Oui
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Non.
(If not, briefly state why)

17. Recommendations.

Soit decharge de l'armee et recommande a l'I.S.C. pour traitement.

J. D. Heudebert
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.

J. E. Charist Rank.
Signature of invalid examined.

CP

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

M. OR S. *Married*

REGT. No. *2158523* RANK *Corp.* NAME (IN FULL) *Charest, Jos. Eusebe*
(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN <i>Mrs. Rosia Charest</i> RELATIONSHIP <i>Wife.</i>	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>230th. Bn.</i>	IF IN P. F. WHAT UNIT?	DATE	AUTHORITY
ADDRESS <i>2923 Clarke Str. Montreal.</i>				PLACE OF ATTESTATION <i>✓</i>	TRANSFERRED TO <i>76th Coy</i>	<i>1-7-17.</i>	
IS SEPARATION ALLOWANCE PAID? <i>Yes.</i>		DATE EFFECTIVE		DATE OF ATTESTATION <i>14-5-17.</i>	TRANSFERRED TO <i>H.Q. C.F.C.</i>	<i>1-2-18.</i>	
TO WHOM PAID <i>Mrs. Rosia Charest</i> RELATIONSHIP <i>Wife.</i>				ASSIGNED PAY, \$ <i>15.00.</i>			
ADDRESS <i>Same as above.</i>				PAYABLE TO <i>Mrs. Rosia Charest</i> RELATIONSHIP <i>Wife.</i>			
				ADDRESS <i>3015 St. Laurent Str.</i> <i>Montreal. P.Q.</i>			
				STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE			
				DISCHARGED <i>Quebec, 4-4-19.</i>	REASON <i>Demob.</i>		AUTHORITY <i>B.O. 95.</i>

230

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT			
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									\$	C.
April	4.	1.20	4.80	✓	4.00	✓	35.00	✓	3.62	✓	47.42	✓	4.00	✓	43.42	✓	47.42	✓	35.00	✓	Org. Z. P. C. Cloth. All. Sep All.	
WAR SERVICE GRATUITY																						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>122 days minimum. 280.00 ✓ 120.00 ✓ 400.00 ✓</i></p> <p><i>W.S.G. S.A. Total</i></p> <p><i>280 - 120 = 400 ✓</i></p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>W.S.G. S.A.</i></p> <p><i>70.00 ✓ 30.00 ✓ 100.00 ✓ 240.00 ✓ 90.00 ✓ 5-4-19-52005 ✓ 70.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 140 = 60 ✓ 5-5-19-53718-53719 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 70 = 130 ✓ 5-6-19-55794-55795 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 400 - - - - 3-7-19-58220-58221 ✓ 30.-</i></p> <p><i>280 - 120 = 400 ✓</i></p> </td> </tr> </table>																					<p><i>122 days minimum. 280.00 ✓ 120.00 ✓ 400.00 ✓</i></p> <p><i>W.S.G. S.A. Total</i></p> <p><i>280 - 120 = 400 ✓</i></p>	<p><i>W.S.G. S.A.</i></p> <p><i>70.00 ✓ 30.00 ✓ 100.00 ✓ 240.00 ✓ 90.00 ✓ 5-4-19-52005 ✓ 70.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 140 = 60 ✓ 5-5-19-53718-53719 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 70 = 130 ✓ 5-6-19-55794-55795 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 400 - - - - 3-7-19-58220-58221 ✓ 30.-</i></p> <p><i>280 - 120 = 400 ✓</i></p>
<p><i>122 days minimum. 280.00 ✓ 120.00 ✓ 400.00 ✓</i></p> <p><i>W.S.G. S.A. Total</i></p> <p><i>280 - 120 = 400 ✓</i></p>	<p><i>W.S.G. S.A.</i></p> <p><i>70.00 ✓ 30.00 ✓ 100.00 ✓ 240.00 ✓ 90.00 ✓ 5-4-19-52005 ✓ 70.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 140 = 60 ✓ 5-5-19-53718-53719 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 200 - 70 = 130 ✓ 5-6-19-55794-55795 ✓ 30.-</i></p> <p><i>70 - 30 = 40 ✓ 400 - - - - 3-7-19-58220-58221 ✓ 30.-</i></p> <p><i>280 - 120 = 400 ✓</i></p>																					

2158523 ^{a/corp.} Pte Charest. Joseph. Eusebe.

AP \$15.00 ban.

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY		SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS.	
FROM	TO	NO. OF DAYS	RATE	\$	C.	NO. OF DAYS	RATE	\$	C.	\$	C.	1	2	3	4	\$	C.	\$	C.	CREDIT	DEBIT	1	2	ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH	PAR.	ULARS	CR. 1	CR. 2	PARTICULARS						DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALLGE. ENG.							
Oct	Sept	Balance	34	21											34	21								
Oct	PP		34	10	AP ban.									15										
					3307, 15/9/17, B.D.						2	43												
					3144, 7/8/17, B.D.						4	87			46	01								
			34	10							7	30		15										
Nov	PP		67	10	AP ban									15										
					79, 14/10/17, 676 France Appley						8	92												
					119, 31/10/17, 76 Co.						5	35												
					AP ban see									15										
			67	10	159, 6/11/17, 676 #2 #10 Dist.						13	38			55	46								
											27	65		30										
1918	Janv.	Op's Pay	37	20	b.a. Pay									15										
		upserted 1000 days @ 10¢ from 23/9/17 to 31/12/17	10	00	AR 163 1/2 days but H 10 27 1/2						8	92												
					AR 203 1/2 days 14 1/2						5	35			43	39								
			47	20							14	27		15	00									
July		Cpl Pay	33	60	Can Pay									15	00									
					AR 247. 1/2 days 1/2						3	57												
					AR 254. 1/2 days 1/2						5	35												
					AR 284. 1/2 days 1/2						5	35												
					AR 330. 1/2 days 1/2						5	35												
			33	60	AR 344. 1/2 days 1/2						3	57			15	00								
Mich		G. Pay	37	20	Can Pay									15	00									
					AR 2042. 76 Co. 1/2 days 1/2						1	78												
					AR. 4121. 76 Co. 1/2 days 1/2						3	57												
					AR 4158. 76 Co. 1/2 days 1/2						3	57			82	08								
			37	20							8	92		15										

Carried forward to large ledger sheet

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- CHAREST Joseph. Eusebe
EFFECTIVE DATE:- 1/7/17		EFFECTIVE DATE:-		NUMBER:- 2158523.
AMOUNT:- 1500		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		001-1478 ^{10 Dist}	2/11/17	W/Cpl

UNIT AND TRANSFERS NOV 26 1918

ORIGINAL UNIT - Kingston Forestry Draft

DATE ACCOUNT FIRST OPENED - 1/7/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 57 D	UNIT TRANSFERRED TO
LPC	1.9.18	21.9.18	C.F. Eusebe N.E.H.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
2/7/18	1085	C.F.C. 20 ft.	8.57				
4/9/18	1196	50	6.92				
4/8/18	B210	C.F.C. B.P. 1/2	9.73				
			22.22				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS-C E ALLCE
001-1478 ^{10 Dist}	1 10	-10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can^{3/8} bank. C.F.C. NR 112 10/8/18

Month	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Banc to								8208	900	
April	Sept's Pay	36		Can a Pay				15			
				AR 1112 21-4-18 C.F.C. Base Depot	5.35						
				" 1500 30-4-18 " "	5.35				92.38		
		36			10.70			15			
May	" "	37.20		Can a Pay				15			
				AR 2112 12/5/18 " "	5.35						
				" 30.80 26/5/18 " "	5.35						
				" 542 28/5/18 " "	3.57						
				" 577 30/5/18 " "	11.60				88.71		
		37.20			25.87			15			
June	" "	36		Can a Pay				15			
				AR 648 14/6/18 " "	3.57						
				" 764 24/6/18 " "	3.57						
				AR 1100 5/4/18 " "	7.14				95.43		
		36			14.28			15			
July	" "	37.20		Can a Pay				15			
				AR 938 10-7-18 " "	4.46				113.17		
		37.20			4.46			15			
Aug	" "	37.20		G.A.P.				15	135.37		
				AR 1196 6/8/18 10 Dist C.F.C. 70	8.92						
				AR 1085 29-7-18 " "	3.57						
				AR 7582 21-8-18 " "	9.73						
				AR B210 10-8-18 " "	9.73						
				AR 8112 22-8-18 " "	29.20						
		37.20			61.15			15	74.22		
Sept				A 3 M. FORM 1127 1/9/18							
				DISCHG TO BAN DATE 3/8/18							
				PAY BOOK VERIFIED 12-8-18							
				Gr. BAL \$113.15 L.P.C. REN 12/8/18							
				AUTHY. C.F.C. NR 112 10/8/18							
	Banc. Ford			Checked by H.V. Williams							

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SUPARATION
				Bal. Forward					711 52		
				Ch. 10085. b.p.d. 6/9/14	9 73						
Oct				Bal to Canada	9 73				644 49	Bw	
					644 49						
					644 49						