LP
29.8.18

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name CHARRON, OLIVIER

Regt, No 847788 Rank, Pte.

Corps 150th O.S. Battn. C.E.F.

Accidentally killed 1-12-16

Newton

10C51

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	3
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	2
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	

Verdict of Inquiry 1
A 2B 122 — 1
R. 149. — 1
M. F. W. 67 — 1
P. 85. — 1

Index Card	
Casualty Card	1
Non-Effective Card	
Part II Orders (Gen)	1
Change of Address	
Honour & Award	

1
2-6
2-6
12-6

M. F. W. 52.
50m.—9-16.
H. Q. 1772—30—935.

Has Card Appeal 2

Copy 1 Dr 4-Will

150th Battalion Overseas C.E.F.

APR 10 1916

842788

ORIGINAL

PIÈCE D'ATTESTATION.

No.

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? ..... Charron
1a. Quels sont vos noms de baptême ? ..... Olivier
1b. Quelle est votre présente adresse ? ..... 68 Berard St Henry Montréal
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? ..... Westport Ont
3. Quel est le nom de votre plus proche parent ? ..... Noe Charron
4. Quelle est l'adresse de votre plus proche parent ? ..... 68 Berard St Montréal P.Q.
4a. Quel est votre dégré de parenté avec icelui ? ..... Père
5. Quelle est la date de votre naissance ? ..... 19 Février 1885
6. Quel est votre métier ou profession ? ..... Tisserand
7. Êtes-vous marié ? ..... non
8. Consentez-vous à être vacciné ou revacciné et inoculé ? ..... oui
9. Faites-vous déjà partie de la Milice active ? ..... non
10. Avez-vous déjà fait du service militaire ? ..... non
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ? ..... oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? ..... oui

DÉCLARATION REQUISE DU SUJET

Je, Olivier Charron déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

..... (Signature de la Recrue)

Date Avril 10 1916 ..... (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Olivier Charron prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V,** ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

..... (Signature de la Recrue)

Date Avril 10 1916 ..... (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montréal ce 10 jour de Avril 191 6.

..... (Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Signalement de Olivier Charron à l'Enrolement

Age apparent 31 ans 1½ mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille 5 pieds 2 pouces

Mesure de la poitrine
- Tour de poitrine, à pleine expansion 33 pouces
- Marge d'expansion 3½ pouces

Teint Clair

Yeux Noir

Chevelure Noir

Confession religieuse
- Anglican.
- Presbytérien
- Méthodiste
- Baptiste ou Congregationaliste
- Catholique Romain R. C.
- Juif
- Autres dénominations (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* apte pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date April 10 1916 A. Macdonald

Lieu Montreal Lt. Colonel

Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

CERTIFICAT DE L'OFFICIER COMMANDANT

Olivier Charron ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

H. Barry (Signature de l'officier.)
Lieut. Col.
O.C. 150th Overseas Bn. C.E.F.

Date April 10 1916.

L. L. Job 4503.—M. & D. 6834.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

136

E

To Whom Noe Charron
Address 68 Berard St.
Montreal

Rate $10-

By Whom Assigned Charron, Olivier
Regtl. No. 847788
Rank Pte
Corps 150th Btn

OCT 1- 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualties
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Killed (Run over Mortar Waggon Dec 17/15
Feb.				C R (13) 2/12/16 JAA
March				
April				3 M. Dec. 15/16
May				"Accidently Killed"
June				Stop Jan. 1/17
July				J F 7/12/16
Aug.				a/c. adj. by Pens. Bd.
Sept.				J H 13/7
Oct.				
Nov.				Pension Notified 7th Nov 1917
Dec.				W A Fawcett 7-11-17
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819

137

Sheet No. 2. Noe Charron
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Charron, Olivier

PAYMENTS. 847788-Pte. 150th Btn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				#10— OCT 1- 1916
April	1916			
May				
June				
July				Casualties
Aug.				
Sept.				
Oct.				
Nov.		P264 15	20—	A/c Closed car
Dec.				
Jan.	1917			~~F. X. Rend. Date~~ Total By $20.00
Feb.				E.F.X. " Date 3/10/17 By
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
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.					

R—122

TLH. Rank Name CHARRON, Olivier, - Reg'l No. 847788. -

Unit 150th. Bn. If in perm. Corps, What Unit? Married or Single Single. -

Place and Date of Enlistment Montreal, April 10th. 1916.- Place of Birth Weston, Ont. -

Name and Address, Next-of-Kin Noe Charron, -

68, Berard St., Montreal, P.Q. - Relationship Father. -

Assigned Pay Monthly $ Payable to

Relationship

File RL25-C-2329
R2-B3 6.12.16

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	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.
		Arrived in England S.S. Lapland 6-10-16.-			
H.12.16	C.L. 150.	Killed, Run over by Motor Truck, Bramshott 1.12.16 C.L. #7. (Military Hosp). File RL25-C-2329. R2-B3.6.12.16			
6.12.16	2Lt. 150th	S.O.S. Accidently killed Bramshott. 1.12.16 Part II No. 289.			

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.				

150TH CANADIAN HIGHLANDERS OVERSEAS BATTALION C.E.F.

847788

MEDICAL HISTORY SHEET.

Surname Charron *Christian Name* Oliver

Charron,

Examined { on 10 day of April 1916
at Montreal

Approved by [illegible]

Rank Lieut M.O.

Birthplace { City or Town
County Weston Ont

Apparent age 21 yrs 1½ mos

Trade or occupation Weaver

Height 5 Feet 2 Inches.

Weight 127 Lbs.

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

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Refer to dental con

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.
21/8/16		E Cooke Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
28/4/16	good	J E Bourdreau M.O.
12/5/16	good	J E Bourdreau M.O.
12/7/16	good	J E Bourdreau M.O.

Enlisted on 10 *day of* April 1916 *at* St Henry

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	150th Bn Can. Inf.	847788		10-4-16.
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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Chapman Christian Name Alfred

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

FORM OF WILL.

I, Olivier Charron (Name in full)

Regimental Number 847708 serving in 150th Battalion C E F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

H. Noe Charron
68 Berard St.
(father) Montreal, P.Q.

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

absolutely, and my personal estate I bequeath to

H. Noe Charron
68 Berard St.
(father) Montreal, P.Q.

Name & Address of person or persons to receive personal estate* *(see note)*.

In Witness whereof I have hereunto set my hand

this 29th day of November A.D. 191 6.

his
Olivier X Charron Signature.
mark

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

E. Desmarais
Witness.

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

Name of Witness J. O. Samorton, Capt

Address of Witness P. Symonton

Occupation of Witness 150th Overseas Bn. C.E.F.

Name of Witness O. Prevost Lt.

Address of Witness 150th Bn. C.E.F.

Occupation of Witness

FORM OF WILL.

I, Olivier Charron. (Name in full)

Regimental Number 847788 serving in 150th Battalion C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

M. Noe Charron.
68 Berard St.
(father) Montreal, P.Q.

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

absolutely, and my personal estate I bequeath to

M. Noe Charron.
68 Berard St.
(father) Montreal. P.Q.

Name & Address of person or persons to receive personal estate* *(see note).*

In Witness whereof I have hereunto set my hand

this 29th day of November. A.D. 1916.

Olivier his x mark Charron Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

E. Desmarais
Witness.

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

Name of Witness K. Saunders Cpl

Address of Witness Paymaster 150th Overseas Bn. C.E.F.

Occupation of Witness

Name of Witness A. Provost Lt.

Address of Witness 150th Bn. C.E.F.

Occupation of Witness

P. 85. 10,000. 23-9-16.

FORM OF WILL.

I, Olivier Charron. (Name in full)

Regimental Number 847788 serving in 150th Battalion C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

M. Noe Charron.
68 Berard St.
(father) Montreal, P.Q.

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

absolutely, and my personal estate I bequeath to

M. Noe Charron.
68 Berard St.
(father) Montreal. P.Q.

Name and Address of person or persons to receive personal estate* *(See note).*

In Witness whereof I have hereunto set my hand this 29th day of November. A. D. 191 6.

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

Olivier his x mark Charron Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

E. Desmarais
Witness.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J O. Bainartson. Capt
Address of Witness Paymaster
Occupation of Witness 150th Overseas Bn. C.E.F.
Signature of Second Witness A Provost Lt.
Address of Witness 150th Bn. C.E.F.
Occupation of Witness

M. F. W. 82
300M-5-16.
1772-39-983.

To be made out in duplicate. H.Q. 54-21-23-53

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.....

150th Overseas Bn. C.E.F.

(2) Regimental Number 84788

(3) Full Name of Soldier Charron Olivier

(4) Place of Birth Weston

Ontario - Canada

(5) Are you married, or not? No

(6) If married, state,

(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? No

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

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67

200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Joé Charron. 68 Bérard St. St-Henri Montreal

(10) Is your Mother alive? Yes

If so, state name and address Mary Charron.
#68 Berard St. St-Henri Montreal. P.Q.

(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.

(15) Are you insured? Yes.

If so, in what Company? Metropolitain Insurance Limited

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.

H. Bain Wood
Officer Commanding.

Date August 24, 1916

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 150th Overseas Bn. C.E.F.

Regimental No. 847788 Rank Private Name Charron. Olivier

Enlisted (a) 10-4-16 Terms of Service (a) 2 yr of W. C.E.F. Service reckons from (a) 10-4-16

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) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax	23-9-16	
		Disembarked England	Liverpool	6-10-16	
2-12-16	150th Bn cem. Inf.	Accidentally killed on Lyphook Road.	Lyphook.	4-12-16	Bn orders P II A 239-16.

Capt. and Adjutant,
150th Battalion, Canadian Infantry.

(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				

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Charron	O	847788

Rank	Unit	Co.	Troop	Batty.
Pte.	150 Batt.			

Hospital: Mil Hosp Bramshott.

Date of Admission

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis: Run over by Motor Truck

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed 1-12-16.

Date

DISPOSITION

C L 4-12-16 7

REMARKS

FR

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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. OF NATIONAL DEFENCE
SEP 24 1923
27.38

868—D.P.—40M-1-12-19.

Number 847788 Rank Pte

Surname CHARRON

Christian Name Olivier

Units 18th Bn Can Inf Theatre of War England

Date of Service 6-10-16

Remarks (L) Noe Charron.

Latest Address 38 D. Ste-Marie St.,
St. Henri, Montreal.
P.Q.

Roll No. A Page 4863

200m.-6-21.

1025

Mt 42718 JAN 26 1921

H.Q. 649-C-7380.

Charron, Pte. Oliver, #847788, 150th Bn.

M

M. & D. (Father) Noe Charron,
38D Ste.Marie St., St. Henri,
Montreal, P.Q.

P. & S. " Ditto.
(Ser # 765446.)

Mem. C. (Mother) Mrs. Noe Charron,
(address as above)

a

not elig. for star
not " " V.M.
Elig. BWM
M.P.

Scroll D JUN 1 3 1921 Regn. No. 246860

MAY 3 1922

Plaque Dem. Regn. No. P36834

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Weaver RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 31 YEARS 1½ MONTHS

HEIGHT 5 FEET 2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Clear EYES Black HAIR Black

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE April 10th 1916

Present Address: 68 Berard St. Henri. Montreal, P.Q

SURNAME. leharron, (649-C.-7380) CARD NO.

CHRISTIAN NAMES Olivier FOLL.

REGL. No. 847788 RANK Pte

UNIT 150th Bn.

FORMER CORPS Nil

NEXT OF KIN. CHANGE OF ADDRESS

NAMES IN FULL leharron, Noe.

RELATIONSHIP TO SOLDIER Father

ADDRESS 68 Berard St. Montreal, P.Q.

COUNTRY OF BIRTH Canada, Weston Ont. DATE Feby. 19th. 1885.

PLACE OF ATTESTATION Montreal, P.Q. DATE April 10th. 1916

O/S · 23-9-18 $\frac{548}{3}$

R. 149.

Name Charron Olivier *Rank* Pte. *Reg. No.* 847788

Unit 150th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 1-121	Military Hosp B'shott					
	Killed - Run over by Motor Truck on Liphook Road			7	0 / 5806	

Date	Movement	Place	Casualty.	List No.	Notified N/K O.	W.O. List

No. 847576 RANK Pte. NAME Charron N.

T. O. S. UNIT Discharge Depot. Sulue

M. D. 25

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb. 10	1917 Apr 1.	✓	begin	

No. 847788 Rank Pte. Name Charron. O.

T. O. S. Unit 150th. Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
apr 10	apr 30	✓		
May		✓		
June		✓		
July		✓		
Aug.		✓		
Sept.		✓	O/S paylist only	

H. Q. FILE No. 649-

NAME Charron, Oliver

REGT'L No. 847788

RANK AND CORPS Pte. 150th. Bn.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
		C.
O.5806	2-12-16	Officer commanding reports run over and killed by mortar waggon on Lighook Road Dec. 1st. 1916.
London B20900	Dec 5/16.	Run over and killed by a Motor Wagon.

L. L. Job 87318—M. & D. 6106.

M. F. W. 42—25m.-10-15.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
7.	Mil Bramshott	1-12-16.	Killed run over by motor-bus

C O P Y D E P O S I T I O N S taken at an Inquest held on the body of ORIDE CHARRON at The Recreation Room Bramshott Hants on the 5th day of December 1916 before Leonard Warner one of H. M. Coroners for the said County.

THIS DEPONENT on Oath saith :- My name is Clement Thomas Horsfall. I am a Driver in the Military Transport Canadian Army Service Corps. I have been driving Motors 12 years. On Friday last I was driving a Motor Lorry from Bramshott Camp to Liphook - starting from the Camp about 9.p.m. with an empty Lorry -the tare weight of which is 5 tons and 1 cwt. My 2nd Driver A. C. McLeod was sitting by my side. As I was going down the Cold Ash Hill a little before the Bramshott Church Road I saw three or four soldiers talking on the right hand side of the road. As I got almost level with them one man with his back to the Lorry seemed to fall backwards under my front wheel. After the front wheel had gone over him I stopped the Lorry with the hind wheel on his fingers. My second Driver got down and told me to back. I backed 8 inches and then got down and helped to put the man in the Lorry and brought him to the Hospital. I saw three more men when I got down one lying on the left hand side of ~~the road~~ my Lorry in the water table . There is a footpath on the left hand side. He was lying in the ditch drunk. I saw two other men and a Sergt. The Sergt was alright - the others were not - apparently the worse for drink. I had got to the foot of the hill and was going no more than three miles an hour. I sounded my horn all the way down as it was foggy. I had four lights on the front of the Lorry. They were oil lanterns I had put on as it was so foggy. The injured man did'nt speak. I could'nt say if he was dead or not when picked up. The Sergt. and the two men came up to the Hospital in the Lorry. The man fell back - not staggered. I saw no one touch him.

(signed) "Dr. C.T.HORSFALL"

THIS DEPONENT on oath saith:- My name is Robert Franklin Slater Captain, Canadian A. M. C. I saw the deceased man on his being brought to the Hospital on Friday night about 10 o'clock. He

Stanford University

was dead. I examined the body. He had a compound fracture of the skull with depression - laceration of the brain. There was no injury except to the head. The injuries would cause immediate death. I saw the men who carried him in - none of those I saw were the worse for drink.

(signed) "R. F. SLATER"

THIS DEPONENT on oath saith:- My name is Archie Norman McLeod. I am a Military Transport Driver Canadian Army Service Corps. I accompanied Forsfall on Friday night - sitting by his side - on his right. I saw several men standing in the road at the bottom of the hill. We were going about 3 to 5 miles an hour. It was very misty. The man had his back turned to the Lorry. As we were passing the men this one seemed to fall right backwards . The Lorry pulled up very quickly and I got down. The man was standing close to two other men talking French loudly. I did'nt see either of them touch him. I saw one man in the ditch on the left hand side drunk. I believe the other two men were fairly well under the influence of drink. They came to the Hospital in the Lorry. The horn was sounded all the way down the hill. There was no other vehicle near at the time.

(Signed) "Archie Norman McLeod"

THIS DEPONENT on oath saith :- My name is Napoleon Lachapelle. I am a Private in the 150th Battn. Canadian Expeditionary Force. I and the deceased and Shoreham and Guy went to Liphook from the Camp on Friday. We had a few drinks and left about 9 o'clock - 4 of us. We were all right except Gagne who was drunk. He walked behind us and the Military Police got hold of him. We stopped twice talking and once towards the bottom of the Hill. We heard a truck coming down and the driver blew the horn and there was another coming from Liphook behind us. Charron was on the right of us and he made a step to the right in front of the truck and he was knocked down. We helped to put him in the truck afterwards. I saw the man in the ditch on the other side but he was'nt one of our party.

(signed)"NAPOLEON LACHAPELLE"

THIS DEPONENT on oath saith :- My name is Joseph L. Coutze. Captain 150 Battn. Canadian

Expeditionary Force. I identify the body viewed by the Jury as that of Oride Charron No: 847788 - a Private in the same Battalion - No: 3 Company - aged 31 years.

(signed) "J. L. COUTLE"

Capt. 150th Battn.

V E R D I C T

That the said Oride Charron on the 1st Decr. 1916 died from injuries accidentally received through being knocked down by a Motor Lorry.

Accidental death.

1916

re ORIDE CHARRON deceased

Copy

DEPOSITIONS

& Verdict at Inquest held on 5th December 1916.

Leonard Warner
Coroner for Hants.
Fareham.

P. 559.
MARRIED OR SINGLE Single -

PLACE OF BIRTH Weston, Ontario, Canada.

NAME AND ADDRESS OF NEXT OF KIN Joé Charron
68 Bernard St. Montréal.

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

COMPILED BY W.D.
CHECKED BY

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Accidentally Killed	1-12-16	Doa 239
		C.A.O. 4/12/16

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 447.188 RANK Private NAME Charron Olivier

IF IN PERMT. CORPS WHAT UNIT } 150th OVERSEAS BATTALION C.E.F. UNIT

TRANSFERRED TO Non Effective "Deceased" DATE 7-12-16 AUTHORITY Doa 239

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Montréal TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 10-4-16 TRANSFERRED TO DATE AUTHORITY P.C. 700

Entered on N.E. Card Index V.W.
Checked by H.F. Gillotson

PAY OFFICE, N.E. BRANCH, JUN 15 1917, CANADIAN CONTINGENT

ASSIGNED PAY MONTHLY $ ~~10.00~~ DATE EFFECTIVE ~~1-10-16~~

PAYABLE TO ~~Joé Charron, 68 Bernard St. Montréal.~~ RELATIONSHIP Father

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 10-12-16 EFFECTIVE 1-1-17 REASON Accidentally Killed. D

DISCHARGE DATE AND PLACE REASON AND AUTHORITY accidentally killed DOA 239

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 1-1-17.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay C	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	REMARKS
1916 Sept 30															43																13 00				Balance from Canada
Oct 31	31	1.00	31	00	31	10	3	10							34 10	6	14	61	31					38 93	9 73			10 00		58 66	18 44		15 50	2 94	
Nov 30	30	1.00	30	00	30	10	3	00							33 00	10	14	16	159	30	14			48 97	12 17			10 00		27 04	24 40		20 50	3 90	Transferred to Non Effective Branch Dec 1st Doa 239
Dec 1	1	1.00	1	00	1	10		10							1 10													10 00		10 00	15 50			15 50	
																													Balance transferred to N. E. Branch.		15 50				
67 N.E. March 1917.													10 00		10 00																25 50				10.00 A.P. Dec 16 recredited N. A 593-1-12 20/2/16. D 25.50 Ottawa for Settlement 20/8/17. V 180.
Sept 17.																								25 50.						25 50					

Less A.P. 20.00 Dr agreement with Ottawa Sec'y N A 593-1-12 20/12/16.

Statement of Account rendered JUN 23 1917

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												