

C.E.F. REGIMENTAL DOCUMENTS

NAME.....CHENIER, GERAZINE

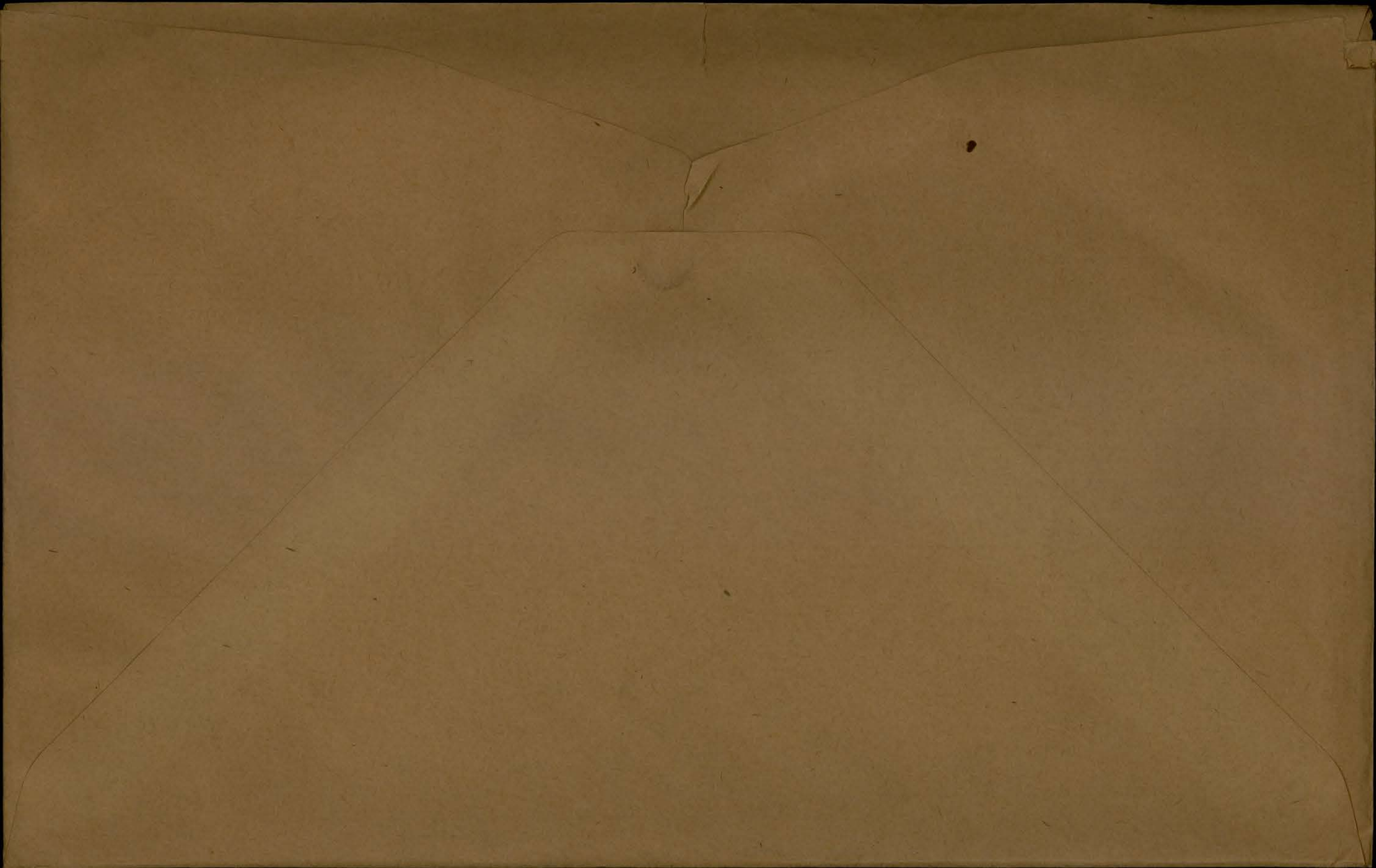
REGT. No. 417025

UNIT 41 BN

...H. Q. FILE No. 17610

H

[illegible]



ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 291

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of-kin?
4. What is the address of your next-of-kin?
5. What is the date of your birth?
6. What is your Trade or Calling?
7. Are you married?
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?
10. Have you ever served in any Military Force?
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?
12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?

Gervase Chénier
Bourette Apt
Celine Sauv
St Scholastique Que
10 April 1882
Blacksmith
Single
Yes
10th Regt Hull & Co
no
Yes
Yes
G. Chénier (Signature of Man).
A. J. Rouette (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *23rd March* 191*5* *G. Chénier* (Signature of Recruit)
A. J. Rouette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gervase Chénier*, 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 *23rd March* 191*5* *G. Chénier* (Signature of Recruit)
A. J. Rouette (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 *Hull Que* this *23rd* day of *March* 191*5* -

Major J. O. Deslauriers (Signature of Justice)

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

A. J. Rouette (Approving Officer)

Mrs. Celine Sauv
St Scholastique
Quebec
10 April 1882
Blacksmith
Single
Yes
10th Regt Hull & Co
no
Yes
Yes
G. Chénier
A. J. Rouette

Description of *Cherier Gerazine* on Enlistment.

Apparent Age *35* years.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....*5* ft. *7* ins.

Chest measurement { Girth when fully expanded.....*37* ins.
Range of expansion.....*2* ins.

Complexion.....*Brown*

Eyes.....*Blue*

Hair.....*Brown*

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

scarred mark on left arm

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.....*March 23rd* 191*5*

Place.....*Stull Surf*

D. R. Cherier
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.

Gerazine Cherier.....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.

D. R. Cherier (Signature of Officer)

Date.....*28 May* 191*5*

D.M.

Rank **Pte.** Name **CHARRIER, Gerasime.** Reg'l No. **417025.**
Unit **41st Bn. 22nd Psn.** If in perm. Corps, **0**
What Unit? **0** Married or Single **Single.**
Place and Date of Enlistment **Hull Que. 23rd March. 1915.** Place of Birth **Bourgette, Ont.**
Name and Address, Next-of-Kin **Miss Celina Sauve.** Relationship
St Scholastique Two Mountains Co. P.Q.
Assigned Pay Monthly \$ Payable to Relationship
Separation Allowance \$ Payable to Relationship
Discharge, Date and Place **14th / 16** Reason **H.W.A.** Character **56 30 - 31 1/2**



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Nov. 1. 1915.	30	30	1.00	30	30	10	3 -		33								
Dec. 1916	31	31	1.00	31	31	10	3 10		34 10 157			38 93			750	750 2550	54.7 P. 2 nd line 00209.
Jan. 1916	31	31	1.00	31	31	10	3 10		34 10 176			19 47			50	5890	70 underdebited - aug. 08. 6.
Feb. 1	29	29	1.00	29	29	10	2 90		34 10 222			7 30			17 03	1777	
March 1	31	31	1.00	31	31	10	3 10		31 90 306			9 73			19 47	3020	
									31 90 353			12 17			14 60	4970	
									24 10 401			7 30					
									24 10 434			7 30					
<div>NOV 15 1916 Account rendered</div> <div>No Rep.</div> <div>BALANCE TRANSFERRED TO NEW LEDGER.</div>																	
152 -				1520				16720				10950				11750	

Checked 50 br. May.
Checked.....
Settled.

[illegible]

D.M.

Rank Pte.

Name CHENIER Gerazine.

Reg'l No. 417025.

Unit 41st Bn.

If in perm. Corps, }
What Unit?

Married or Single Single.

Place and Date of Enlistment Hull Que. 23rd March. 1915.

Place of Birth Bourgette, Ont.

Name and Address, Next-of-Kin Miss Celina Sauve.

St Scholastique Two Mountains Co. P.Q.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report.

Date.

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**per S. S. Saxonia*

28 OCT 1915

9.11.15	O/c 41 st	5 d/s. F.P. NO. 1 V. fined \$2.00. drunkenness. Bramshott	9-11-15	Pr. DO. 209.
25.4.16	" 23 rd	Taken on Str.	W. Sandling 20.4.16	" - 95
5.5.16	"	" On Command at 15 th CTB MG Base	" 3.5.16	" 105
15.5.16	"	Returned from Do.	Dibgate 14.5.16	" 113 103 - 29.5.16
17.5.16	"	Trans. to 22nd Bn	Overseas 16.5.16	" 115
31.5.16	22 nd Bn.	Taken on Str. from 23 rd Bn.	" 17.5.16	" 22
28.7.16	"	Killed in action (from Base)	14.7.16	C.L.A. 284: ON:
31.7.16	"	"	In the Field	Pt. II - 30

ORIGINAL.

MEDICAL HISTORY SHEET.

Surname *Chenier*Christian Name *Gerazine*Examined { on *23* day of *March* 191*5*
at *Hull*Birthplace { City or Town *Bourgette*
County *Canada*Apparent age *33 ans*Trade or occupation *Blacksmith*Height *5* Feet *7* Inches.Weight *140* Lbs.Chest measurement { Minimum *35* inches.
Maximum expansion *37* inchesPhysical development *Normal*Small-Pox Marks *none*Vaccination Marks { Arm Right Left *X*
Number *2*When Vaccinated last *1898*

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

R. Chenier

Rank _____ M.O.

Date Fit or Unit EXAMINED FOR RE-ENGAGEMENT,

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result VACCINATIONS.

M.O.

M.O.

M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

3/7/15 *inj* *J. R. Gauthier* M.O.*12/7/15* *"* *J. R. Gauthier* M.O.

M.O.

Enlisted on *23* day of *March* 191*5* at *Hull*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>M. A. S.</i> <i>41st Batt.</i>	<i>417025</i>		<i>23/3/15</i>
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.

Admiral

Name James

[illegible]

If page 20 with Military Will is removed state
on this page to whom it has been forwarded and date:-

I, the undersigned, Gerasime
Chemier, so hereby assign,
will and bequeath all I shall
die possessed of, to my mo
ther, Dame Celina Laure,
Widow of Stanislas Chemier
in his lifetime of Bourget
in the Province of Ontario.

Witness Gerasime Chemier

Pte. 23rd Bn C. .F.
John H Roy
Lieut. May 4th 1916

R.L. Adder
Major

Extracted from Pay-book, Page 22.

Holograph.

No. 417025. Pte. G. Chemier.

22nd Battn.

Casualty Form—Active Service.

CERTIFIED CORRECT.
 Army Form B. 103.
 Canadian Record Office,
 Westminster House,
 7, Millbank, S.W.

Regimental No. 417025 Rank Plt Name Therence Germaine
 Enlisted (a) 23/3/15 Terms of Service (a) 2. 17 11 Service reckons from (a) 23/3/15
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) Blacksmith

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				
		Drafted to 22nd, Batt'n overseas from 23rd, Batt'n. effect 17-5-16 Authority, Pt, 2 Bn. O. 115			R. de. Jervoud Capt & Adjt.
17-5-16	C.B.D.	Reinf. from 23rd Res. Bn & taken on strength 22nd Bn.			17-5-16 Nom. Roll
4-6-16	"	Left Can. Base Dep.			4-6-16 Nom. roll
9 ⁶ / ₁₆	O.C. Bn	Joined Unit	Field	6 ⁶ / ₁₆	B 213.
23 ⁷ / ₁₆	OCBn	Killed in action	Field	14 ⁷ / ₁₆	B4 Del. P.M. 182- 136-15 ⁶ / ₁₆ 159-24 ⁷ / ₁₆
					Pt. O. 30 d/31-7-16
					<i>E. B. Wright</i> Lieutenant for Lt. Col. A.A.G.

(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.

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				

[illegible]

Surname

Christian Name or Names

Reg. No.

Chenier

G.

417025

Rank

Unit

Co.

Troop

Batty.

Pte.

22nd. Bn.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action.
14-7-16

DISPOSITION

Date

C.L. 28-7-16 a 284

REMARKS

Rep'd from Base.

A.M.D. 2 DEPT.

B.M.S. O.M.F.C. London.

R.

EPITOME OF HOSPITAL TREATMENT.

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

NAME *Chenier Gerazime*RANK AND CORPS *Pte.**22nd Bn. (Form, 41st Bn.)*

CABLE

NATURE OF CASUALTY

NO.

DATE

*C.**m. 10388 27-7-16**B2090a Rouen 31-7-16**Killed in Action July 14th. 1916 ✓*
" " " 14-7-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 284.

Rep from Base

14-7-16.

Killed in action

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Blacksmith

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33 YEARS

MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

37 INCHES

EXPANSION

2 INCHES

COMPLEXION

Brown

EYES

Blue

HAIR

Brown.

DISTINGUISHING MARKS

vacc. on left arm.

MEDICAL EXAMINATION.

PLACE

Hull. p. Q.

DATE

Mar. 23rd. 1915

SURNAME. *Chenier* (649.C-4129)

CHRISTIAN NAMES *Gérard*

REGL. No. *417025.* RANK *Pte.*

UNIT *41st.*

FORMER CORPS *70th. Regt. Hull.*

CARD No.

FOLL.

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Chenier, Mrs. Stanislas*

RELATIONSHIP TO SOLDIER *R.N.S.*

X ADDRESS *Bourget, Russell Co. Ont.*

Auth. C.P.R. Tel. 199. July 28th. 1916

COUNTRY OF BIRTH *Canada* *Bourget. Ont.* DATE *Apr. 10th. 1882*

PLACE OF ATTESTATION *Hull. P. Q.* DATE *Mar. 23rd. 1915*

0/8 18-10-15 239/4

[illegible]

Name ~~XCHENX~~ CHENIER Rank Pte.

Reg. No. 417025

Unit Gerazine
22nd. Battalion

Next of Kin Canada

Ref. 25. C. 1493

[illegible]

Scroll Desp. JAN 14 1821 No.

710057

Plague Desp. Oct 26 1922 Reqn. No.

P13589

W

✓
CHENIER. Pte. G. ^{Gravine}
Not elig. for 1914-15 Star
#417025

22 Bn. ✓

649. C. 4129

Name & Address of Legatee

M
Dame Belina Sauve (m) ✓

Bourget, Russell Ave. D
Ont.

Medals
&
Decorations

4975

Name & Address of Next of Kin

As above

(Serial no. 765 456)

Plaque
&
Scroll

D

Name & Address of Female Next of Kin

As above

Memorial
Cross
C.O.F.S.

773

HS

Desp MAY 7 1920 66 f 37.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

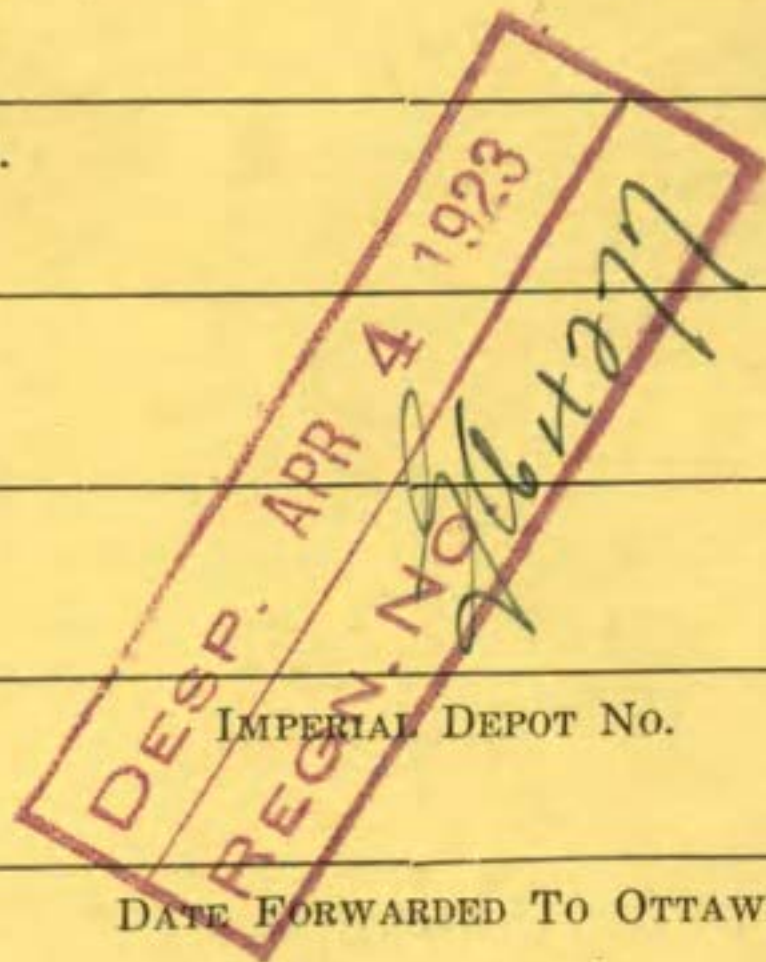
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA



Number 417025

Rank

Pte

Surname

CHENIER

Christian Name

Germaine

Units

22nd Bn Can Inf Theatre of War France

Date of Service

17-5-16.

D

Remarks

(M) Dame Celina Sauve,

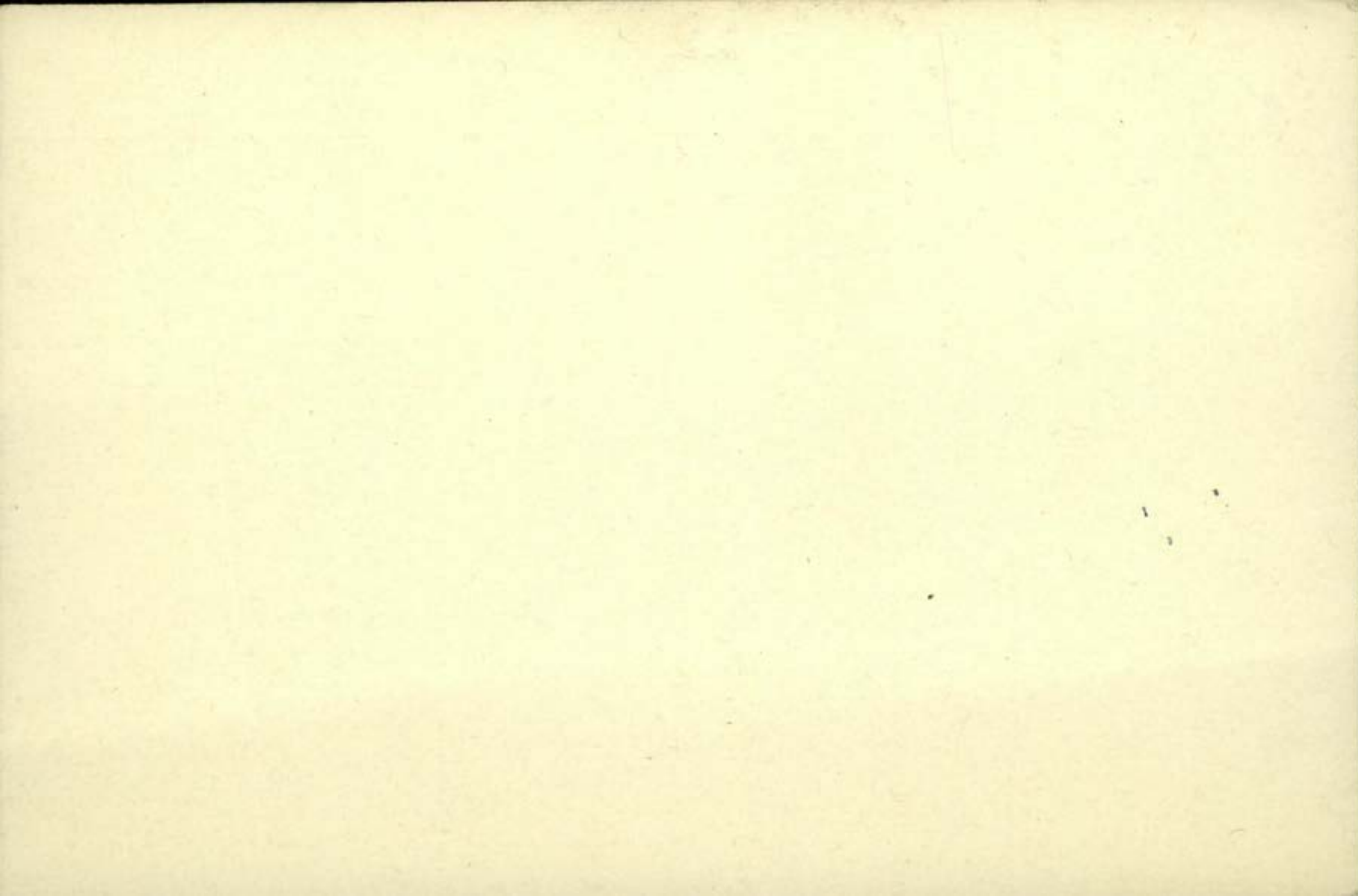
Latest Address

Bourget, Russell Co.,
Ont.

Roll No.

12 Page 21856

200m.-6-21...



No. 287 RANK Ote.
17022 April Paylist

NAME Chemier Germaine

T. O. S.

UNIT

41st Battalion
(Hull Det)

M. D.

5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1911- Mar. 23	1911- Mar. 31	✓		
April		✓		
May		✓	Forfeits 2 days Pay 18-5-15	May Paylist.
June		✓	" 2 " " 31-5-15	June. " "
July		✓	Reduced to rank & 3 days Pay	July. " "
Aug.		✓	5 Days Deta. & 6 Days Pay.	DO 148 of 30-8-15.
UNIT SAILED OCT 18 1915				

DEPT
MILITARY & DEFENCE
JAN 6 1917
649.C-H129
CANADA

417025 PC
Chenier Lr.
22nd Bn.
K: A.

If page 20 with Military Will is removed, state
on this page to whom it has been forwarded and
date:—

I, the undersigned, Lerasime
Chenier, do hereby assign,
will and bequeath all I shall
be possessed of, to my mo-
ther, Dame Celina Lauro,
Widow of Stanislas Chenier
in his lifetime of Bourget
in the Province of Ontario.

Witness, Lerasime Chenier
Pl. 23rd Bn. C.E.F.
John H. Roy Capt. May 4th 1916
R. L. Leduc Major

Jan 1 5-1-17
R. C. JAN - 6 1917

11/1/8
84270

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c

[illegible]

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No.

RANK

NAME _____

UNIT ~~4126~~ 600

TRANSFERRED TO 221 Coll

DATE 2/24/11

AUTHORITY: *19.2*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 728

DATE 7/8/19

22. 1

PLACE OF ATTESTATION

TRANSFERRED TO *N.E.B.*

Date 15.7.40.

30

DATE OF ATTESTATION

TRANSFERRED TO

DATE _____

76

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

[illegible]

