

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F.B. 122 — 1, index card

A.F.B. 178 — 1

R. 149 — 1

1 Cas Card

Name
Regt
Co

Name, *CHOLETTE ARMARD.*

Regt, No. *417624*. Rank. *pte.*

att. 6.E.7.

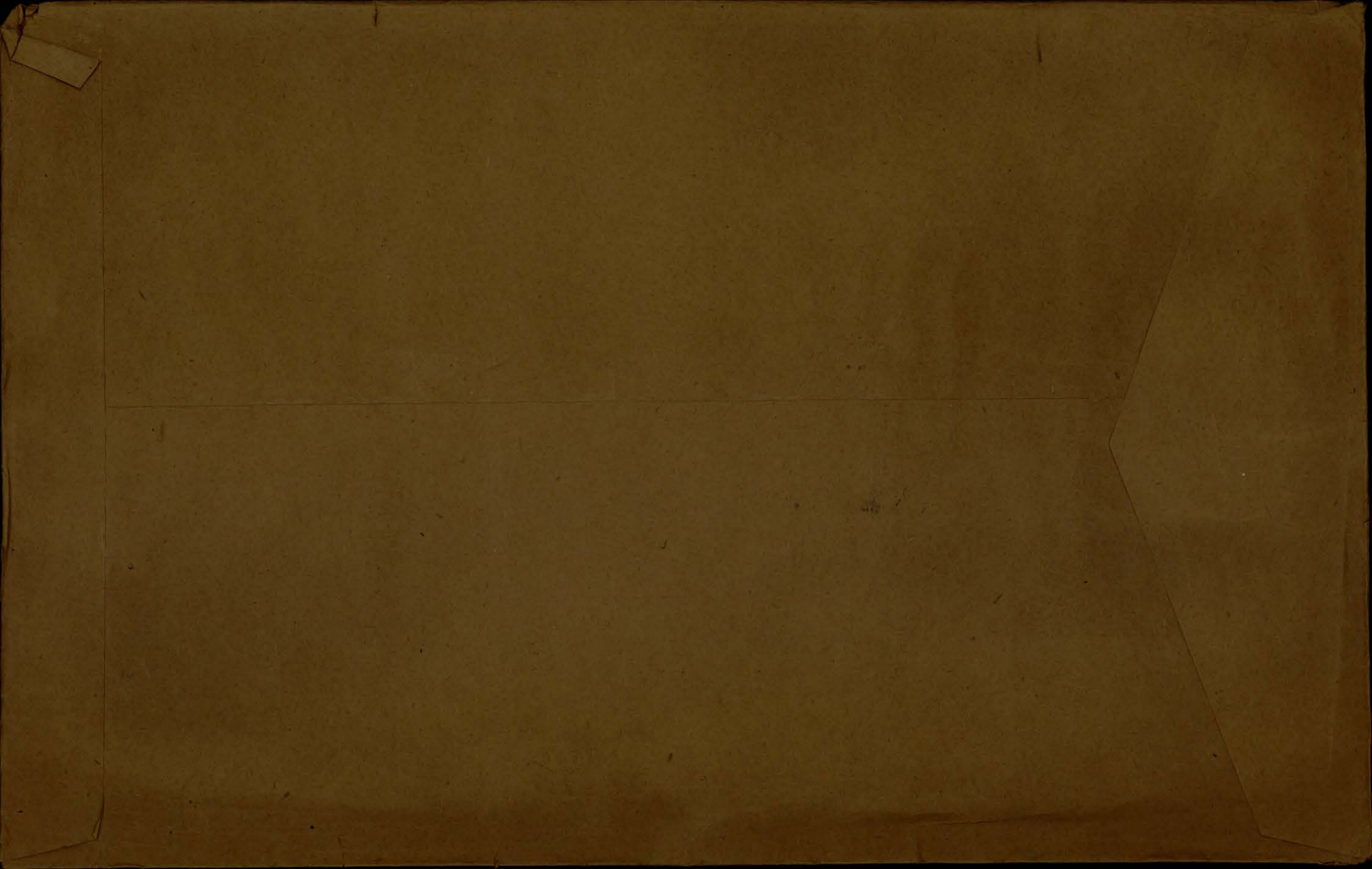
Killed in Action 11-6-16.

- Index Card.....
- Casualty Card *2*.....
- Non-Effective Card.....
- Part II Order Card *1*.....
- Change of Address Card.....
- Honour & Award Card.....



19139

*M.X.
11/21/20
made*



Description of Cholette Armand on Enlistment.

Apparent Age 26 years 5 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. 6 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 39 ins.

Complexion Medium

Eyes Brown

Hair Dark

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

None

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 7 Sept. 1915. Robert Mouni

Place Valcartier Capt.
 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.

Cholette Armand.....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.

W. G. [Signature].....(Signature of Officer)

Date 7 Sept 1915.

411624

ORIGINAL

84

MEDICAL HISTORY SHEET.

Surname Cholek Christian Name Armand

Examined { on 7th day of Sept 1915
at Montreal

Approved by Robert Morin

Birthplace { City or Town Montreal
County _____

Rank Capt M.O.

Apparent age 27 years

Trade or occupation agent

Height 5 Feet 4 Inches

Weight 127 Lbs.

Chest measurement { Minimum _____ inches

{ Maximum expansion _____ inches

Physical development normal

Small-Pox Marks no

Vaccination Marks { Arm Right 1 Left 0
Number 1

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

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

Date	Result	VACCINATIONS,
<u>1914</u>	<u>1914</u>	M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22-1-16</u>	<u>good</u>	<u>H. Morin Capt</u> M.O.
		M.O.
		M.O.

Enlisted on 7 day of Sept 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>41st Batt</u>	<u>417624</u>		<u>7-9-15</u>
Transferred to.. ..	<u>Co. B</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

to aw

Register No. *DL188*

WAR SERVICE GRATUITY

A.P. File No. *3161-a*

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *417624* Name *Armand* *Cholette*
(Christian Name) (Surname)
Unit *41/32* Rank *plé* Date of enlistment.....
Date of casualty *11/6/16* B.P.C. File No. *5738*
Was service performed overseas? *yes*

DEPENDENT

Name *Madame Amanda Cholette* Relationship *widow*
Address *1129 Rue Messier*
Montreal
Que.

Amount of Special Pension Bonus \$ *64.00* Abstracted by *Mrs M. Colman*

Eligible for Gratuity \$ *180.00*
Less amount of Special Pension Bonus paid..... \$ *64.00*
Less Debit Balance of S. A. or A.P..... \$
Total deductions \$ *64.00*
Balance due \$ *116.00*

Cheque No. *9.1891898* Date issued *17-7-20*

REMARKS :
.....
.....
.....

Clerk *at home*

Audited by
W. S. Taylor
Date *16/9/20* \$ *116.00*

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

D 2/18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 305M-1-19
 1722-30-1140

Rank *pte.* Name *Cholette, Armand* Reg'l No. *417624*
 Unit *41st Bn. Dpt 23rd* If in perm. Corps, What Unit? Married or Single *Married*

Place and Date of Enlistment *Montreal, Sept. 7th 1915.* Place of Birth *Montreal.*

Name and Address, Next-of-Kin *Amanda Cholette.*
512 Maisonneuve, Montreal P.Q. Canada. Relationship *Wife.*

Assigned Pay Monthly \$ *15.00* Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *11/6/16* Reason *Kein A.* Character *B.O. 26*
30/6/16



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From 1915.	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>Nov 1</i>	<i>30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3.10</i>	<i>42</i>	<i>65</i>	<i>8</i>	<i>487</i>			<i>2960</i>	<i>1340</i>	<i>10.00 bal adv 3/15.</i>	
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3.10</i>	<i>34</i>	<i>10</i>	<i>122</i>	<i>973</i>	<i>15</i>		<i>4420</i>	<i>330</i>		
<i>Jan 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3.10</i>	<i>34</i>	<i>10</i>	<i>176</i>	<i>487</i>	<i>15</i>		<i>3204</i>	<i>536</i>		
<i>Feb 1</i>	<i>29</i>	<i>29</i>	<i>1.00</i>	<i>29</i>	<i>29</i>	<i>10</i>	<i>2.90</i>	<i>31</i>	<i>90</i>	<i>222</i>	<i>487</i>	<i>15</i>		<i>3024</i>	<i>702</i>	<i>50 - 2d. 7p. 3d. pay adv.</i>	
<i>23rd Mch</i>	<i>1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3.10</i>	<i>702</i>	<i>4112</i>	<i>306</i>	<i>487</i>	<i>15</i>	<i>550</i>	<i>3024</i>	<i>702</i>	<i>Transferred to 53.</i>	
										<i>353</i>	<i>730</i>	<i>15</i>	<i>224</i>	<i>3427</i>	<i>685</i>	<i>Clotting chgs 29-2-16</i>	

BALANCE TRANSFERRED TO NEW LEDGER

Cash found in effects *no Rep*

Carroll Jones to New Ledger

152 1520 10 17720 8761 75 774 170 35 685

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. *A. Cholette*

(wife)

Name of Soldier

Cholette P. A.

L. L. Job 89062.—Req. 6213.

#411624.

41¹⁹ Batt A Co.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	
April	1916	1322	15	<i>\$120.00 f.x/8-12-16/AC</i> <i>Account closed Cas.</i> <i>Pension granted June 12/16 A.K.</i>
May		03822	15	
June		P7254	15	
July		E6699	15	
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

2/25

Cancelled

Casualties

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

1/9/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

335

Name *Mrs. Amanda Cholette,*

Name of Soldier *Cholette, Armand,*

Address ~~*512 Maisonneuve,*~~

Regtl. No. *411624*

1129 Messier *Montreal, Que.*

Rank *Pts.*

Corps *41st Batt.*

Relation to Soldier

wife, child or mother

} *Wife*

To what Corps belonging

when called out

PAYMENTS

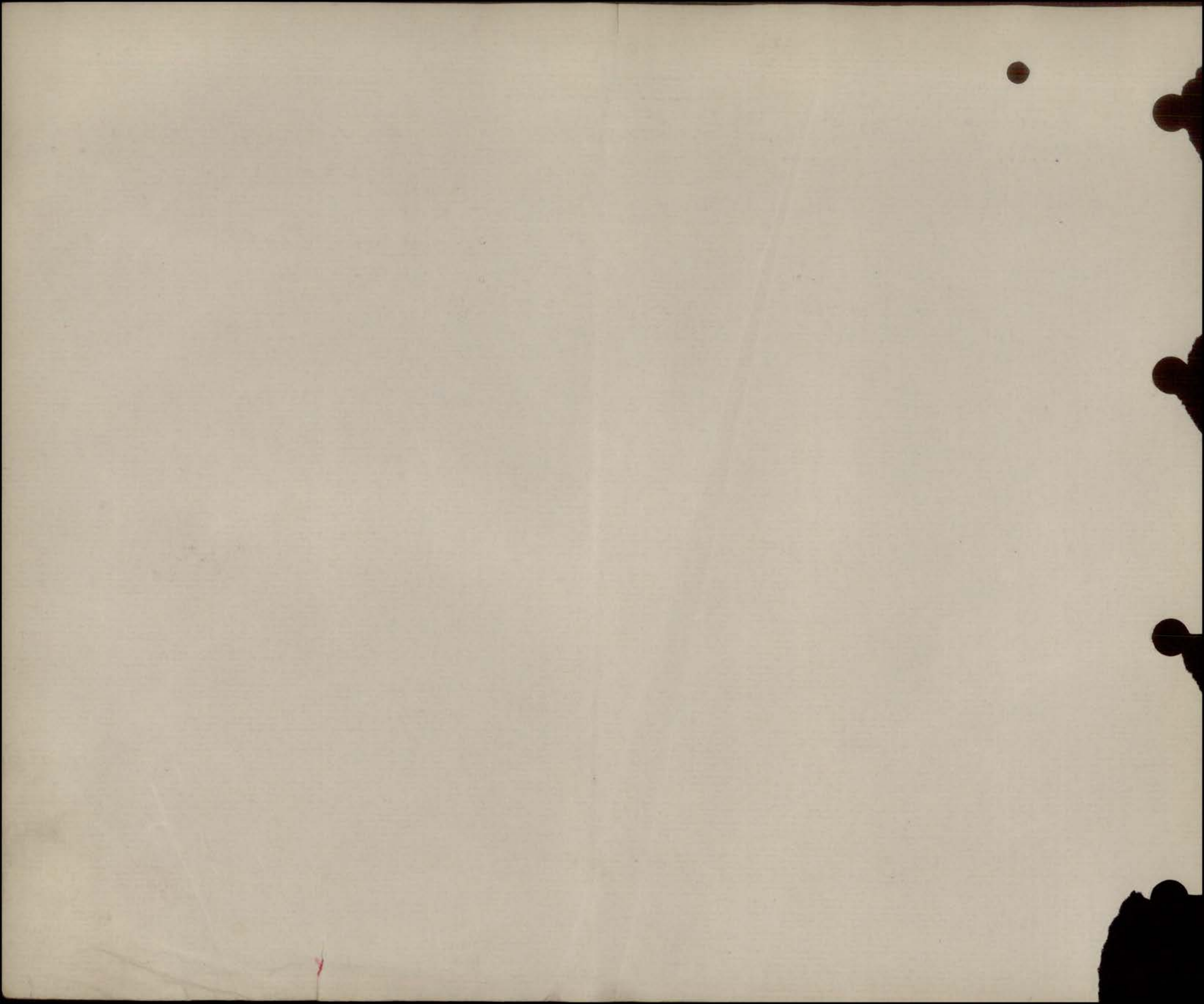
E

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L 7359</i>	<i>36</i>	<i>36</i>
Nov.		<i>E 21213</i>	<i>20</i>	<i>20</i>
Dec.		<i>J 18187</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>N 17140</i>	<i>20</i>	<i>20</i>
Feb.		<i>E 28312</i>	<i>20</i>	<i>20</i>
March		<i>J 31167</i>	<i>20</i>	<i>20</i>

OK

ACCOUNT CLOSED
DATE.....PER.....

act closed



2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

418

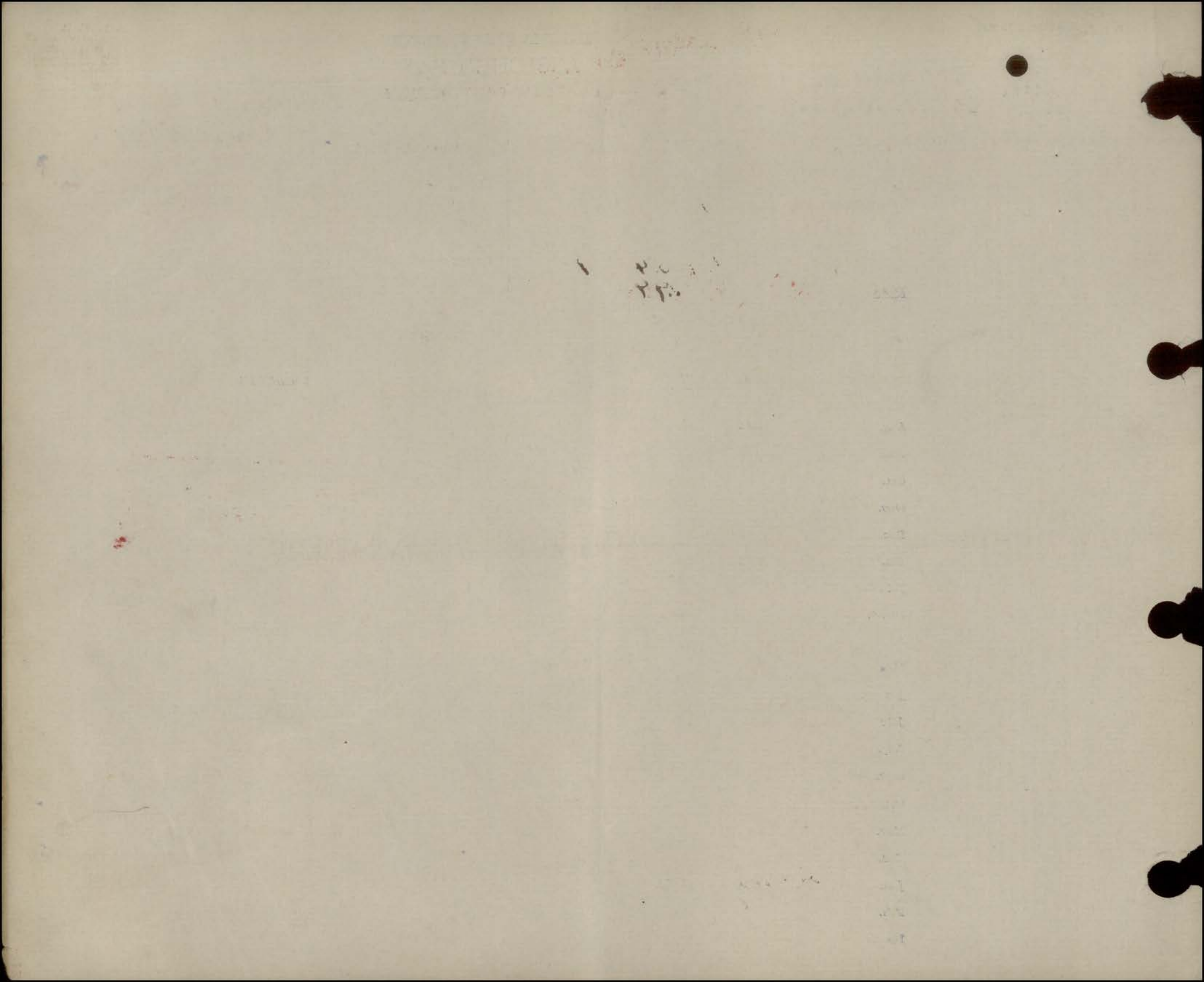
To Whom *Mme A. Cholette*
Address *512 ~~Maisonnette~~*
1129 Messier *Montreal*

By Whom Assigned *Cholette V. And.*
Regtl. No. *417624*
Rank *Pte*
Corps *41st Bn A.C.*

Rate *\$15* **NOV 1-1915**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;">Casualties</div> <i>Killed in Action June 11/16 C.P. 24/16</i> <i>Also 3 M. June 30/16 J.H.</i> <i>Pension granted June 12/16 A.R.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>L7957</i>	<i>30</i>	
Jan.	1916	<i>W9801</i>	<i>15</i>	
Feb.		<i>K14365</i>	<i>15</i>	
March		<i>O16510</i>	<i>15</i>	



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Amanda Cholette

Wife
PAYMENTS.

Name of Soldier: Cholette, A.

411624

Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A1127	20	20
May		L 5444	20	20
June		O 8460	20	20
July		M 10412	20	20
Aug.		K 13553	20	20
Sept.				20
Oct.				20
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Acct closed Pension granted 12 ⁶/₁₆

ACCOUNT CLOSED
DATE..... PER *W*

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.				

CHOLETTE, Armand.

D.M.

Rank Pte. Name ~~ARMAND, Cholette.~~

Reg'l No. 417624.

Unit 41st Bn.

If in perm. Corps, }
What Unit? }

Married or Single Married.

Place and Date of Enlistment Montreal, Sept. 7th 1915.

Place of Birth Montreal.

Name and Address, Next-of-Kin Amanda Cholette.

512 Maisonneuve, Montreal P.Q. Canada.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

M

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>			<i>28 OCT 1915</i>
<i>23.2.16</i>	<i>O/c. H1st</i>	<i>2 d/3 F.P.N. 2. Qwd. 8 am to 8 pm 21/2.16 2 d/3 3 d/3 pay</i>	<i>Bramshott.</i>	<i>23.2.16</i>	<i>RE DO. 46.</i>
<i>2.3.16</i>	<i>"</i>	<i>Trans to 23rd Bn.</i>	<i>Thorncliffe</i>	<i>29.2.16</i>	<i>" 53. (Pt. II - 56-23rd)</i>
<i>15.4.16</i>	<i>O/c. 23</i>	<i>Trans. to 22nd Bn</i>	<i>Overseas</i>	<i>15.4.16</i>	<i>" 88 103 - 28.4.16</i>
<i>30.4.16</i>	<i>22nd Bn.</i>	<i>Taken on strength from 23rd Bn.</i>	<i>"</i>	<i>16.4.16.</i>	<i>" 18</i>
<i>27.6.16</i>	<i>22nd Bn.</i>	<i>Killed in Action</i>	<i>In the Field</i>	<i>11.6.16</i>	<i>C.L.A. 257: 01.</i>
<i>30.6.16</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>Pt. II - 26</i>

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

Casualty Form—Active Service.

Regiment or Corps 41st Bn C.O.F.

Regimental No. 417624 Rank Pte Name Cholette Armand

Enlisted (a) 7/9/15 Terms of Service (a) S. of W. Service reckons from (a) 7/9/15

Date of promotion } _____ Date of appointment } _____ Numerical position on }
 to present rank } to lance rank } 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				
		Transferred to 22nd Battalion, C.E.F. Authority.			Lieut. C.E.F. <i>R. Armand</i> A/Adj. for O.C. 41st Bn
15 APR 1918		<i>Drafted to 22nd Bn. Can overseas from the 23rd Bn. C.E.F.</i>			<i>R. Armand</i> LIEUT. & ADJ.
		EMBARKED FOR FRANCE.			
19-4-16	C.B.D.	Arrived from England as reinforcement from 23rd Res. Bn & taken on strength		15⁴/₁₆	<i>Troopers/924-a.g.2-a.</i>
6⁵/₁₆	"	22nd Can. Bn		16-4-16	101 BD/3/284
12⁵/₁₆	O.C. Bn	Left C.B.D. Joined Unit.	Field	4⁵/₁₆	<i>nr roll</i>
16⁶/₁₆	"	<i>Killed in action</i>	"	6⁵/₁₆	<i>B213</i>
				11⁶/₁₆	<i>Part 20rd.26 d/30-6-16</i>
					<i>119-22⁵/₁₆</i>
					<i>139-22⁶/₁₆</i>
					<i>Lieutenant for Lt. Col. A.A.G.</i>

(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.

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				

MARRIED OR SINGLE *M*
 PLACE OF BIRTH *Montreal*
 NAME AND ADDRESS OF NEXT OF KIN *Amanda Cholette*
512 Maisonneuve Montreal P.Q.
 RELATIONSHIP OF NEXT OF KIN *Wife*
 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.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action 11/16</i>	<i>6</i>	<i>P.O. 26-30/16</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *417624* RANK *Pte* NAME *Cholette Armand*
 IF IN PERM. CORPS WHAT UNIT UNIT *23rd*
 TRANSFERRED TO *22nd Pa* DATE *27.5.16* AUTHORITY *130.88*
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Montreal*
 DATE OF ATTESTATION *7 Sept 1915*
 ASSIGNED PAY MONTHLY ~~15.00~~ DATE EFFECTIVE *Nov. 1915*
 PAYABLE TO *Amanda Cholette, 512 Maisonneuve Montreal P.Q.* RELATIONSHIP *Wife*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *29 6/16* EFFECTIVE *1-7-16* RELATIONSHIP *ROW*
 REASON *Killed in action 11/16 - C.L.A. 257 27 6/16*
 DISCHARGE DATE AND PLACE *Killed in action 11.6.16* REASON AND AUTHORITY *P.O. 26-30.6.16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *12-6-16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



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.
<i>1916</i>															<i>177 20</i>																					
<i>April 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>		<i>30</i>	<i>.10</i>	<i>3</i>							<i>33</i>	<i>2020 1574</i>					<i>7 30</i>				<i>15</i>	<i>.23</i>	<i>22 53</i>	<i>17 32</i>							<i>Clk Chy 9/577</i>		
<i>1-31/5</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>.10</i>	<i>3 10</i>							<i>34 10</i>	<i>983 26/5 27/6/5</i>					<i>2 56</i>	<i>4 25</i>		<i>15</i>		<i>21 81</i>	<i>29 61</i>										
<i>4/4/6</i>	<i>11</i>	<i>1</i>	<i>11</i>		<i>11</i>	<i>.10</i>	<i>1 10</i>							<i>12 10</i>								<i>15</i>		<i>15</i>	<i>26 71</i>											
																										<i>26 71</i>	<i>26 71</i>							<i>Balance transferred to N.E. Branch</i>		
																										<i>26 71</i>								<i>26 71</i>	<i>26 71</i>	<i>26 71 / 10 Canada for 26th 11/7/16</i>

Checked *J. Rodgers*

W.C. Br. K. 1/16

Statement of
 1916

Cash found in effects *no Rob.*

11/17/16