REGIMENTAL DOCUMENTS

NAME Chouinard, Victor REGT. NO. 317 1685 UNIT 2nd Depot Bn 2nd Div H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
23	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				19317	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					Died.
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	R. 122.					
4	Casualty Card					
1	a Form 1237					
1	a 7B 181.					
2	m 9 W 82.					

M

H

MH

14-1-21

W. 2589
100M-11-19
1772-39-1377

2nd DEPOT BN. 2nd QUEBEC REGT. DUPLICATE

4 M. D. Depot Battalion Regiment

Regtl. No. D-3171685

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: CHOUINARD
2. Christian name: Victor
3. Present address: 704 Panet St., Montreal P. .Canada.
4. Military Service Act letter and number: 43208 DR
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: April 25th 1890
6. Place of birth (town, township or county and country): Montreal P.Q.Canada.
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Carpenter
10. Name of next-of-kin: Louisa SIMPSON
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 704 Panet St., Montreal P.Q.Can.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act :—

    (a) Place Montreal P.Q.Can. (b) Date 10-8-18 (c) Category A2

DECLARATION OF RECRUIT

I, CHOUINARD Victor, do solemnly declare that the above particulars refer to me, and are true.

Victor Chouinard (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. 4 mths.

Height 5 ft. 2¾ ins.

Chest measurement: fully expanded 36 ins.; range of expansion 3 ins.

Complexion: Brown

Eyes: Brown

Hair: Brown

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

J. MacKay Spencer
Commanding 2nd Depot Bn. 2nd Quebec Regt.
O. C. Depot Btln.

Regt.

Place Montreal P.Q. Canada. Date 10-8-18

M. F. W. 133.
500M.—5-18.
1772—39—1158

M.S.A.-15.

ORIGINAL

3171685

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Chouinard. Christian name ~~Arthur~~ Victor.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 43208DR

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) St. Vincent de Paul Penitentiary. P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of December, 1917, by the undersigned medical board sitting at St. Vincent de Paul, P.Q.

5. Age as stated 29 Years 8 Months. 6. Apparent age 29 Years 8 Months

7. Height 5 Feet 3 1/2 Inches. 8. Weight 137 Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 36 1/2 Ins. 10. Complexion Fresh. { Eyes Brown. Hair Dark.

11. Physical development. Good. { Good Fair Poor 12. Smallpox marks Nil.

13. Number of vaccination marks { Right arm Nil. Left arm 2 14. When vaccinated last Child.

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.) We find no evidence of past { Rheumatism Tuberculosis Syphilis

R. D. =	
L. D. =	40
R. EAR	60
L. EAR	OK. OK.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A

EXAMINING MEDICAL BOARD M.D. 4. FIT Class A DEC 12 1917 MONTREAL, P.Q.

Signature of Man Victor Chouinard

McGreggie, Major President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
14/8/18		Ernest Chabot H. M.O.	14/8/18		Ernest Chabot H. M.O.
		M.O.	17/8/18		Ernest Chabot H. M.O.
		M.O.	20/8/18		Ernest Chabot H. M.O.

Joined day of 191 at

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3171685		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

Surname Christian Name

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
No 12 CAN. GENERAL HOSPITAL.											
		25	10	18	29	10	18	Influenza	5	Developed Pneumonia Died 29th	D. Kennedy Capt

E.C

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, CHOUINARD Victor

3171685

D-

Regimental number ..... Rank Private ..... serving in the

..... Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint .....

whose address is .....

to be the executor of this my last will.

General gift I give to My Mother Mrs. Louisa SIMPSON

whose address is 704 Panet St., Montreal P.Q.Can.

all my property not disposed of above.

Date Dated at Montreal P.Q. Canada. this August 20th 191 8

Signature Victor Chouinard

Signature of Soldier.

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

	1st WITNESS	2nd WITNESS
Witnesses Signature	[illegible]	Geo. E. Hamelin
Address	Reel Pt. 3 Rs	Pw Ar Parks
Occupation	Soldier	Grocer

M. F. W. 82
120m-4-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
9461	3191685	Pte.	Chouinard	Victor
Year	**Unit.**		**Age.**	**Service.**
1918.	6 E.		30	4/12.

Station and Date. Bramshott Military Hospital

Disease Influenza

25-10-18 Compit: Headache cough, chills, sore all over little sputum.

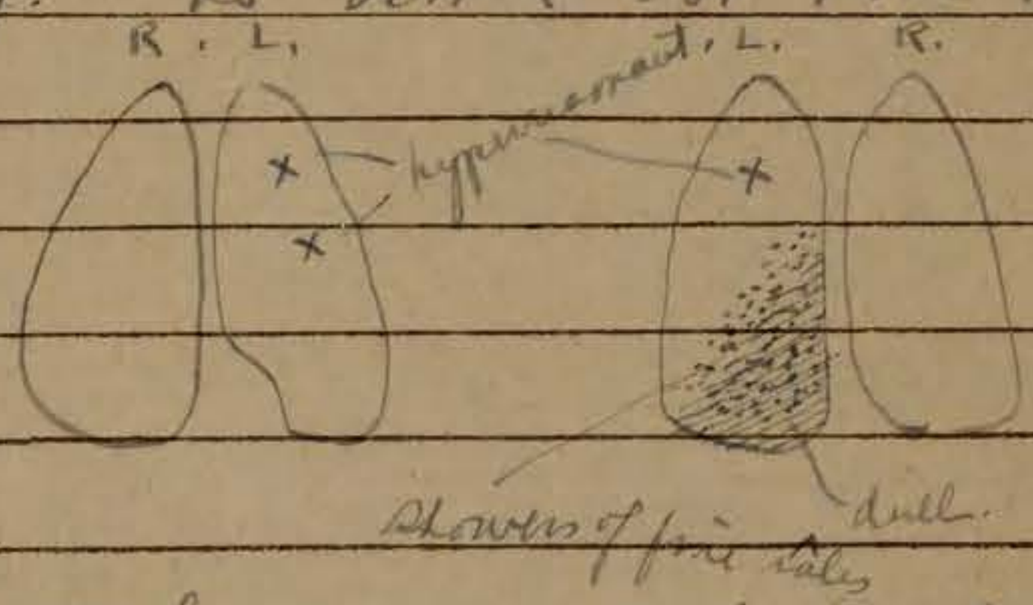
Past Illnesses: None.

Present Illnesses: took sick 22/10/18 freezing pond headache chills, fever sore all over, Reported that afternoon and put in Hosp. there, He became no better and developed severe cough, and was brought here 23/10/18 Temp. 103°

22/10/18 - Temp - 103.
23/10/18 - " 104
24/10/18 - " 104
25/10/18 - " 102
} Patients Urination a burning

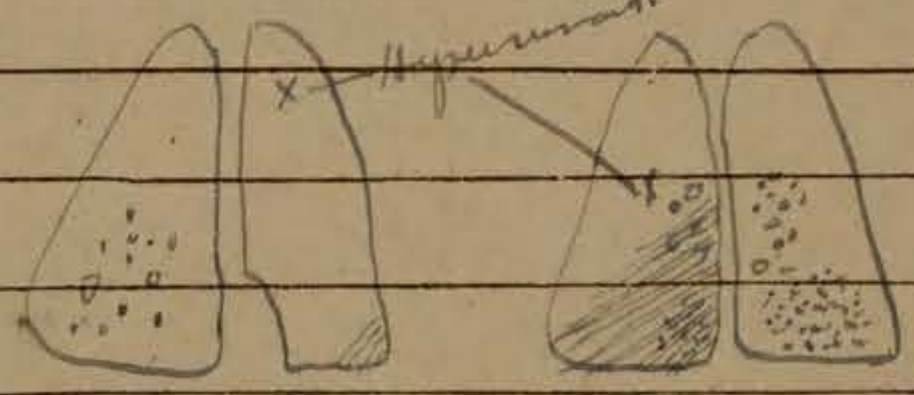
Present Condition: Forks'll, coryza and shortness cough, purulent sputum, tongue dry and coated lips dry. No Acute bronchitis nose bleed.

26/10/18. Chest:



Increased vocal resonance and fremitus over dull area and showers of fine râles

27/10/18



— feels better, coughed up little dry purulent sputum

28-10-18 Both Bases dull and full of Crepitations

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.

29-10-18 Died H.P.M.C.

Station and Date.	

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps C.E. Military Hospital 12

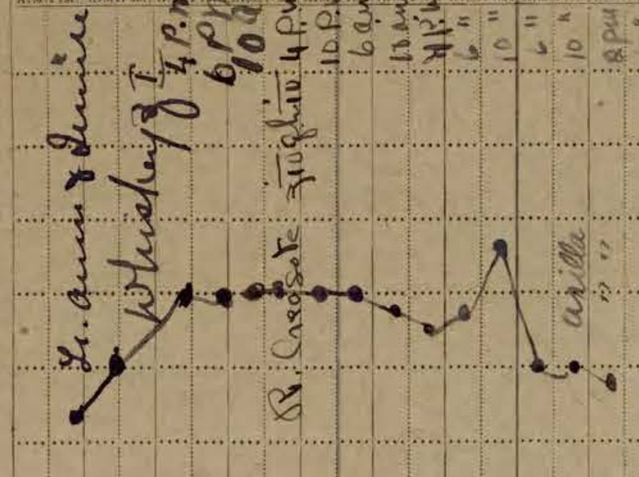
No. 3141685. Rank and Name Pte Chouinard V Age 30 Service 4/12

Disease Influenza Date of admission 25-10-18 Date of ~~discharge~~ 29-10-18 Death ~~Result~~

Dates of Observation

Days of Disease: 25, 26, 27, 28, 29, 30, 31

Temperature Fahrenheit (Time A.M. P.M.): 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°



Pulse per Minute: 80, 100, 100, 100, 88, 100, 96, 92, 100, 112, 112, 116, 124, 128, 128, 150

Respirations per Minute: 24, 26, 40, 32, 38, 36, 32, 36, 36, 40, 52, 60, 52, 54

Motions, per 24 hours: III, III

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name _____ Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

Dates of Observation

Days of Disease

Temperature Fahrenheit — Time A.M. P.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute

Respirations per Minute

Motions per 24 hours

(6378) Wt. W4612/P566 2,000,000 2/18 McA & W Ltd A.F.B. 181/5 (E. 2565)

Signature _____ In charge of case.

M.F.B. 465.
200M.—6-18.
1772-39-950.

E.C

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 4

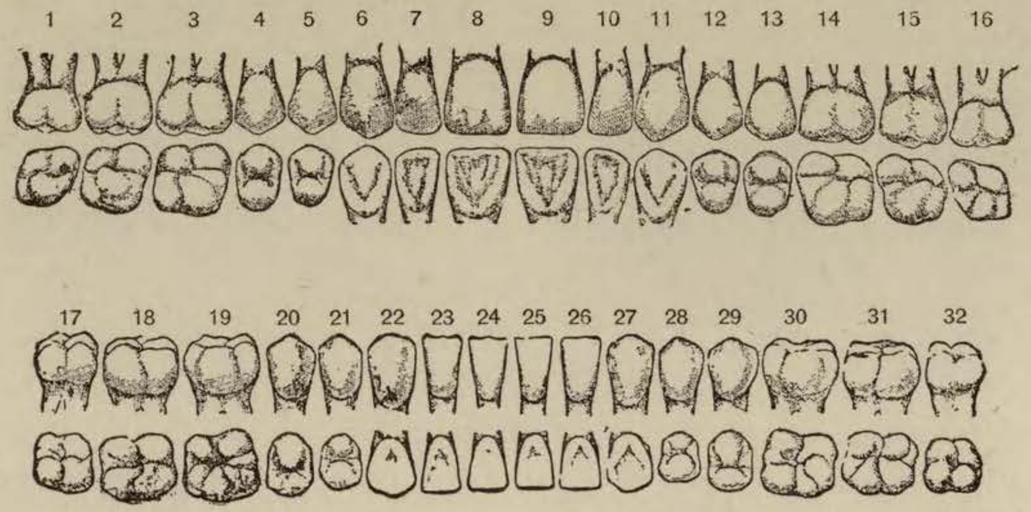
3171685

No. D

Name of Soldier CHOUINARD Victor

Rank Private

Regiment



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

H.C. 317168

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920

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

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REGT.

Regimental No. D- Rank Private Name CHOUINARD Victor

C. E. F.

Enlisted (a) 10-8-18 Terms of Service (a) ~~[illegible]~~ Dofw Service reckons from (a) 10-8-18

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) Carpenter

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 HMT SATURNIA.	Montreal		
		Disembarked	England Liverpool	AUG 30 1918	
30.9.18.	O.C. 10th	Can. Res. Bn. T.O.S. on ~~transfer from~~ arriving from Canada	Bshott	17.9.18	D. O. 231
4.11.18	To 10th Res Bn.	S.O.S having died at the Can. Gen. Hosp. Bshott (Influenza) Auth Casualty List O.C. 258 d/1-11-18	Bshott	30.10.18	D.O. P II 261 Lieut Asst Adj 10th Res Bn.

(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				

Form R 122.
2353—100M—9-12-16.

Rank | Name CHOUINARD, Victor. | Reg'l No. 3171685

Unit | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal, Que. Aug. 10. 1918 | Place of Birth Montreal, Que.

Name and Address, Next-of-Kin Louisa Simpson

704 Panet St. Montreal. Que. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No 14998
File R.L. 25.(P.3549)
Category O.A.C.

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

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.
20 9 18	IORES	T.O.C. FROM CANADA	BRSHOTT	7.9.18	DO #223
1-11-18	Que	DIED No. 12 E.&H. Belett	— " —	30.10.18	CL P 358. Influenza
4-11-18	10th Reserve	SIL Leaving Quid	"	30-10-18	Pet II O. 261.

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.					

Surname	Christian Name or Names	Reg. No.
Chouinard	V	3171685

Rank: pte

Unit: Qué. 10R.

Cas. List.	
30-10-18 C356	12 Cl Bramshott (Sec ill) 27-10-18
	Influenza Qu.
1-11-18 C358	Prev Sessionally ill
	now DIED 30 10 18 R

A.M.D. 9 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

Cas. List.

30/10/18 D

H. Q. .....

M. D. No. H

Surname Chouinard

T. O. S. ~~Aug 10th~~ 19 ~~18~~

Christian names Victor

D. O. Pt. II 225 of ~~14-8-18~~ cancelled 225 of 14-8-18/294

Regtl. No. 3171685 Rank Pte.

S. O. S. ..... 19 .....

Unit 2nd Que Regt. 2nd Dep Bn

Reason .....

Auth. .....

Next of kin Simpson, Mrs. Louisa Relationship Mother

Address 704 Planet st.
Montreal P.Q.

Also notify: .....

BORN—Place Canada, Montreal P.Q. Date Apr. 25th 1890

ATTESTED—Place Montreal P.Q. Date Aug. 10th 1918

O/S .....

R/C .....

W. 22—100M 7-18. 1772-39-839.

NAME Chouinard Victor

REGT'L. No. 3171685

H. Q. FILE No 549

RANK AND CORPS Pte 10th Res Bn for

FOLLOWS No. 3/10 R

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
mopr.		Mrs Louisa Simpson (Mother)
		914 Panet Street Montreal P.Q
H 444 1 3 20-8	11-21-18	d. at Mil H. Bramshott,
		Oct 30th 1918
H 441	2-11-18	Del ill Mil H. Bramshott Oct
		27th/18 Influenza.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
	Ser. Gen.		
6356	126 Gen. Bramshott	27-10-18	Influenza
6358	Prev. Ser. Nov. Died	30-10-18	" "

Form DMS 1401.

A. & D. CARD

12. Gen HOSPITAL.

AT

A. & D. No. 9761 PL. OF ACTION

RANK Pte REG. No. 3171685 UNIT C.E. 124th Dr. SICK OR WOUNDED

NAME Chouinard V. AGE 30 RELIGION R.C.

PLACE IN HOSPITAL 13 I

DIAGNOSIS Influenza

ADMITTED 25 10 18 FROM

DISCHARGED TO

TRANSFERRED

SERVICE AT HOME 4/12 IN FIELD

RESULTS Dis 29-10-18

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form R. 149.

VICTOR

Name CHOUINARD Rank Pte. Reg. No. 3171685.

Unit 10th Res.

Next of Kin (MOTHER) Louisa Simpson 704 - PANET ST. MONTREAL. Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-10	SERIOUSLY ILL		Influenza	C356		
	12 Can. Gen. B'Shott.					
30-10	DIED		do	C358		4109.
	12 C.G.H. B'Shott.					
	Born APRIL 25th 1890					
	Religion R.C.					

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

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
37685		Chouinard		
		Christian Names (1) Victor		
		(2) (3)	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Montreal	10-8-18		R.C.		
Province: Que	Age on 28 yrs	Date		Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil)
	Carpenter
	Transferred or Posted to
Reason for Return:	Died Date 30/10/18

Married or Single Single	LEAVE.			
	No. of Pass Issued.	From.	To.	Free Transportation.
Address of Next of Kin Mother Louisa Chouinard 164 Cadieux St Montreal				
Country Canada				

A.G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
33	30.9.18	S.1.			
261	4.11.18	SD			
			Deed.		

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

240 C. 31

Number 3171685 Rank Pte.

Surname CHOUINARD

Christian Name Victor

Unit Q.R. Theatre of War England

Date of Service 16-9-18 D.

Remarks Brother

Mrs Louise Chouinard
204 Panet St
Montreal

Latest Address ~~Mrs. Louise Chouinard~~
~~204 Panet St~~
~~Montreal, P.Q.~~

Roll No.

97252 Deff

MAR 21 1939

Bapt. 12/1/30 Wilf Chominard
B 618 deep in river c
Poets Chominard n/k of Veilt
Chominard. A 550

240-C-31

CHOUINARD, Pte. V. # 3171685 - 10th Res Bn

Med & D (Mother) Mrs. Louise Chouinard
704 Panet Street
Montreal, P.Q.

P & S (Mother) Address as above
(Ser. # 765482.)

Mem Cross (Mother) Address as above

not elig. 14/15 star
not elig. U.m.
4 elig. B.W.m.

Payroll Desp. JUN 1 3 [illegible] Regn. No. [illegible] 46903

DEC 21 1921

Payroll Desp _____ Regn No P21626.

M 42016 JAN 21 1921

696

P 820
12474—375H—13-2-18.

FRENSHAM

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

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

NAME:– CHOUINARD Victor

NUMBER:– 3171685

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1.9.18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– Draft No 124 2/2 Dur Reg

DATE ACCOUNT FIRST OPENED:– 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			10th Res.
	1/11/18	26/11/18	No. E. D.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:–

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.8.18	Bal. from Canada								24 20		
Sept.	P.P.	33		AR 6420 Frensham 19/9/18.	4 87				52 33	15	
		33 –		1/11/18	4 87						
Oct	P.P.	34 10							86 43		
				AR 7432 Frensham 4/10/18	4 87				81 56	30	
		34 10			4 87					NE Stop'd 1/3/19	
Feb	Int on Def Pay	76							82 32	to Bal	82 32
		76									
				AR 35							
				Died 30/10/18							
				Missing							

NON EFFECTIVE. ACT.

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION