

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attached Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *2*
- 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.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

a.t. B. 122 - 1
R. 149 - 1
Form of Will - 1

M. F. W. 62.
 50m.-9-15.
 H. Q. 1772-30-985.

68 NX23220

DISCHARGE DOCUMENTS

M

R. O. No.....
 H. Q. No.....

Name, **C. HOLLINARD**
 Regt. No., **121730** Rank, **pte.**
 Corps, **69th B. Att. Co. C. F.**

WILFRED.
19318

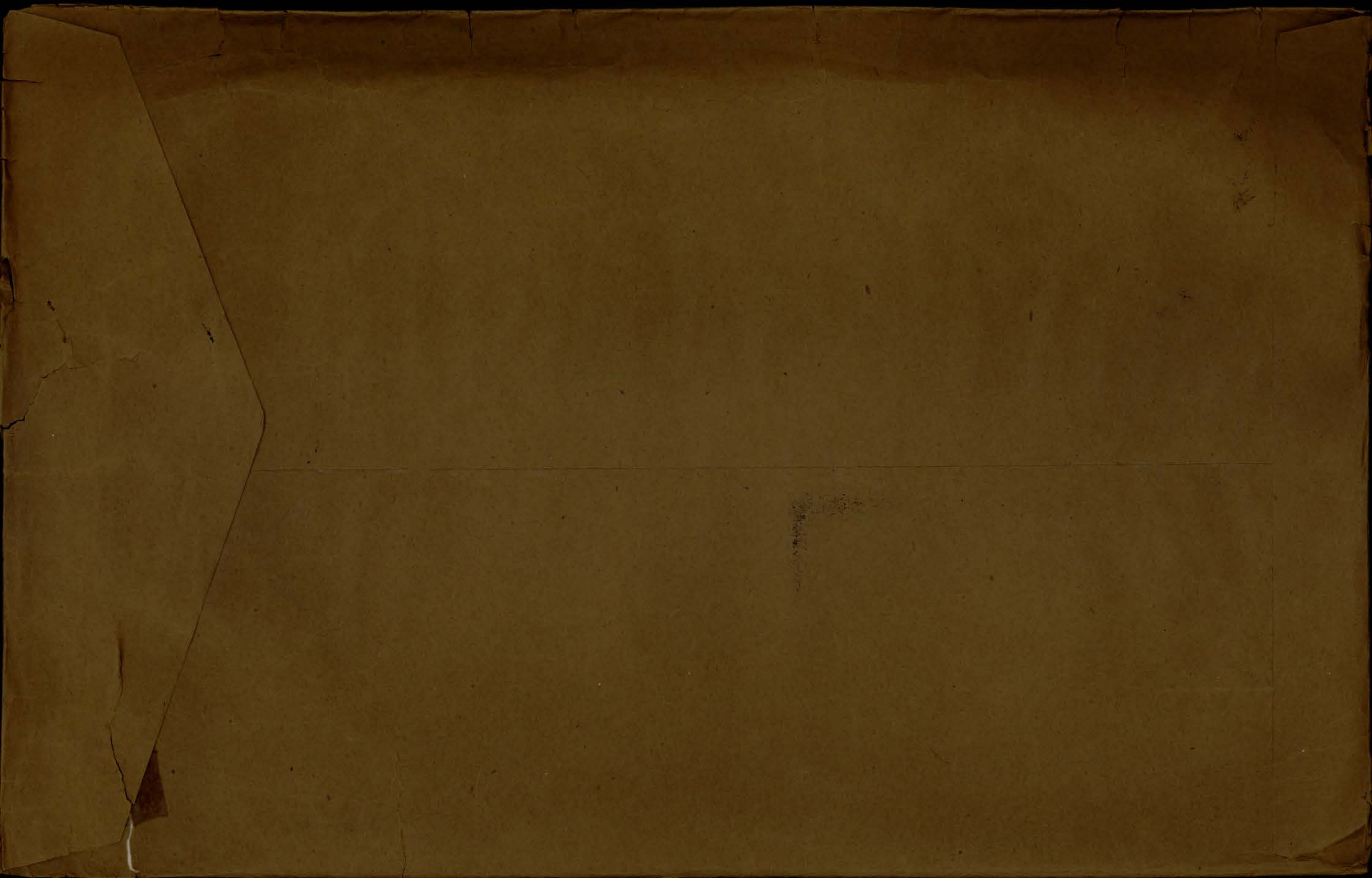
- Index Card.....
- Casualty Card *1*.....
- Non-Effective Card.....
- Part II Order Card.....
- Change of Address Card.....
- Honour & Award Card.....

H

**CANADIAN FORCES
 RECORDS CENTRE
 PERS. JACKET
 ROOM**

Have Died on or Since 4-10-16,





69TH O-BATTALION C.E.F.
ATTESTATION PAPER.

69 Duplicate

No. 121730

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Chouinard*
- 1a. What are your Christian names?..... *Wilfred*
- 1b. What is your present address?..... *139 Workman Montreal*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St Bezaire*
- 3. What is the name of your next-of-kin?..... *Eva Chouinard*
- 4. What is the address of your next-of-kin?..... *613 Casgrain*
- 4a. What is the relationship of your next-of-kin?..... *Eva Chouinard*
- 5. What is the date of your birth?..... *26 July 1889*
- 6. What is your Trade or Calling?..... *Cartier*
- 7. Are you married?..... *No*
- 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?..... *No*
If so, state particulars of former Service.
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Wilfred Chouinard*, 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.

W. Chouinard (Signature of Recruit)

Date *January 27* 1916. *Abondius Clermont* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

W. Chouinard (Signature of Recruit)

Date *January 27* 1916. *Abondius Clermont* (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 *Montreal* this *27th* day of *January* 1916.

W. J. [Signature] (Signature of Justice)

W. J. [Signature] LT. COL.
69th O/S BATTALION, C. E. F.

Description of *Wilfred Chouinard* on Enlistment.

Apparent Age *27* years *8* 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 1/2* ins.

Chest measurement { Girth when fully expanded *38 1/2* ins.
 Range of expansion *3 1/2* ins.

Complexion *Brown*

Eyes *Blue*

Hair *Brown*

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic *yes*
 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 *January 27th* 191*6*

Place *Montreal*

L. Collier
Capt. AmC
 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.

Wilfred Chouinard 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.

J. J. D. [Signature] LT. COL.
 O. C. 69th O/S BATTALION, C. E. F. (Signature of Officer)

Date *January 27th* 191*6*

out
23.7.17.

64967139

✓ 14828

35678

NO. 121730 RANK. Pte
NAME Chouinard W.
UNIT 69th Batt'n

✓

- 20 -

Perforated sheet for Will from Pay Book of Reg.
No. 121730
Name Wilfrid Chouinard
Unit 69th Batt A. Coy

Military Will.

In the event of my death
I give the whole of my
property and effects
to my mother

Mrs Desire Chouinard
St Cesaire P.Q.
(Bonville)
(County) Canada

Signature Wilfrid Chouinard
Rank and Regt. PTE 69th Batt
Date July 19/1916
Regt No 121730

ESTATES BRANCH
SEP 21 1917
MILITIA DEPT.

ESTATES BRANCH
SEP 21 1917
MILITIA DEPT.

For Officer I/O Estates.
Event

Your obedient servant

I have the honor to

The Estates Branch in England has informed this office that a period of four months from the date of the death of a soldier has occasionally elapsed before his effects have been received in that office. In the event of any effects of this deceased soldier being recovered I will attend to their despatch on their arrival here.

There is no record here of this deceased soldier having made a Will. He may have left one with the military authorities in England or have carried one with him. A final report regarding a Will, therefore, cannot be given until a letter is received here advising as to the recovery of his personal effects.

With regard to the assets of the deceased soldier named in the message, I have the honor by direction, to acknowledge receipt of your letter of the 10th day. You that the day Office in England requires six months for the audit of a deceased soldier's account and that some further time must be allowed for its transfer to this office and re-audit here. As soon as a statement of this deceased soldier's pay is received by me, my credit balance shown will be paid to those entitled to it.

Yours faithfully,
The Officer I/O Estates,
War Office, Headquarters,
Ottawa, Ontario.

DEPARTMENT OF MILITARY AND AIR FORCE SERVICES

Approved: _____
Director, Department of Military and Air Force Services

ORIGINAL

69TH C-BATTALION C E F

#121730

MEDICAL HISTORY SHEET.

File # 7
3

Surname Chouinard Christian Name Wilfred

Examined { on 27th day of Janvier 1916
at Montreal

Approved by D. Collin

Birthplace { City or Town Montreal
County Que

Rank Capt. Amc. M.O.

Apparent age 27

Trade or occupation Carter

Height 5 Feet 2 1/2 Inches.

Weight 134 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 3 years ago.

(a) Marks indicating congenital peculiarities or previous disease Slight enlargement of right testicle from (old) orchitis

(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>12-16/16</u>	<u>prob</u>	<u>Wmorrin</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9-2-16</u>	<u>Good</u>	<u>RR</u>
<u>22-1-16</u>	<u>Good</u>	<u>RR</u>
<u>15/7/16</u>		<u>MM.</u>
		M.O.
		M.O.
		M.O.

Enlisted on 27 day of January 1916 at Montreal

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>22nd Bata</u>	<u>121730</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.

Perforated sheet for Will from Pay Book of Reg.

No.....121730
Name.....Wilfrid Choniard,
Unit.....69th Batt. A. Coy

Military Will

In the event of my death
I give the whole of my
property and effects
to my mother

Mrs. Desire Chouinard,

St. Cesaire,

P.Q.

(Rouville
County)

Signature.....Wilfrid Chouinard

Rank and Regt....Pte. 69th Batt.

Date.....July 19/1916

Regt. No. 121730

Certified a true copy



Lieut.
for Officer i/c Estates.

MISSING MAN.

(Acceptance of Death for Official Purposes.)

War Office Reference No. ~~XXXXXX~~ 25-6-2340

THE DEPUTY ADJUTANT-GENERAL,
G.H.Q., 3RD ECHELON.

No. 121730 Rank Pte. Name Chouinard, Wilfred

Regiment 22nd. Batt. has been missing since
4-10-16. Reference has been made to the Unit, the Record Office and
the Base, on the printed missing list, but no evidence of material value has
been received which would indicate that he is not dead.

In accordance with the decision of the Army Council, this soldier is to
be regarded for official purposes as having died on or since the above date.

You are requested to state whether
the soldier leaves a will or not—

Reply.

- (a) In Pay Book ;
- (b) In Small Book ;
- (c) As a separate document ;

and to forward it, if found, to this Office.

The Pay Book and the duplicate
copy of this form should be forwarded
to the Regimental Paymaster.

O.S.B.

JKA
Capt for Lt-Col, A.A.G.

Records,
3rd Echelon.

WAR OFFICE,

~~XXXXXX~~
Date 25-2-18

بسم الله الرحمن الرحيم

Rank _____ Name CHOUINARD, Wilfrid Reg'l No. 121730
 Unit 69th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.

Place and Date of Enlistment Montreal, 27th, January, 1916 Place of Birth St, Cesaire,

Name and Address, Next-of-Kin Désiré Chouinard
St Cesaire Co Rouville, P. Quebec, Canada. Relationship Sister.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

R.L. 25 C. 2289

Discharge, Date and Place _____ Reason _____ 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.				
<i>29-4-16</i>	<i>H.Q.</i>	<i>Arrived in England.</i>	<i>Bramshott</i>	<i>28-4-16</i>	<i>D.Q. 1586.</i>
<i>10.5.16</i>	<i>69th</i>	<i>3 days C.B. A.W.L</i>	<i>Otterpool</i>	<i>9.5.16.</i>	<i>U.K. II 111</i>
<i>27.8.16</i>	<i>"</i>	<i>Trans. to 22nd Bn.</i>	<i>O'beas</i>	<i>27.8.16</i>	<i>205</i>
<i>2-9.16</i>	<i>22nd Bn.</i>	<i>I.O.S. from 69th</i>	<i>"</i>	<i>28.8.16</i>	<i>" 36</i>
<i>21. 11. 16</i>	<i>"</i>	<i>Rep. from Base missing</i>	<i>Field</i>	<i>4.10.16</i>	<i>A.376 ON</i>
<i>14. 11. 16</i>	<i>"</i>	<i>Missing, and I.O.S.</i>	<i>"</i>	<i>"</i>	<i>Pt. II - 53</i>
<i>22. 2 18</i>	<i>"</i>	<i>Prev Reported missing, now for official purposes presumed to have died on or since</i>	<i>Field</i>	<i>4.10.16</i>	<i>L.R. A 137 about 10.25- 21.3-18</i>

*Now killed in Action.
 Body recovered in 1954
 F.B. being
 W.S.L.*

A.F.B. 103 CHECKED
31 AUG. 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

428

C

To Whom Mrs Desery Chouinard By Whom Assigned Chouinard N.
 Address St. Basaire Regtl. No. 121730
Comte Rouville Rank Pte
 Rate 15.00 Corps "D" 69 Ptn. C.C.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p>Casualties</p> </div> <p>COPIED FOR CASUALTIES.</p> <p>Missing 4th Oct/16 C.L.(11) 2nd 14/16 900</p> <p>APR 1916</p> <p>Stop payment 1st 12/16</p> <p>Missing 21 16</p> <p>3rd Nov 23/16 2nd 18/17</p> <p>A.V. 28-11-16</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April		9875	15	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

王國維
手稿

王國維

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-33-819.

Sheet No. 2.

Désery Lehouinard

Name of Soldier

Lehouinard, H. 429
69 Batt. D. Co.

L. L. Job 310.—Req. 6574.

PAYMENTS.

121730 Pte

69 Batt.

D. Co.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	9875	15	
May		45110	15	
June		9377	15	
July		9287	15	
Aug.		H10262	15	
Sept.		16604	15	
Oct.		20341	15	
Nov.		25250	15	
Dec.		32273	15	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1500

Casualties

acc closed acc as per 3M 1¹²/₁₆ 18/1/17

HS

Casual

12000

Total By *12000*
 P. H. Rend. Date *15/10* By *S.P.*
 E.F.X. " Date *15/10* By *S.P.*

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.				

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Chouinard. W.

121730.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

20me (22).

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1

2

3

*P.R. missing: now for official
purposes pres. & have died on or since
4.10.16*

DISPOSITION

DATE

Ch. 22. 2. 18. A137.

REMARKS & DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 121730 RANK

pte

NAME

Chouinard W.

T. O. S. 27-1-16

UNIT

69th Battalion

138-29-1-16

M. D. *Val*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

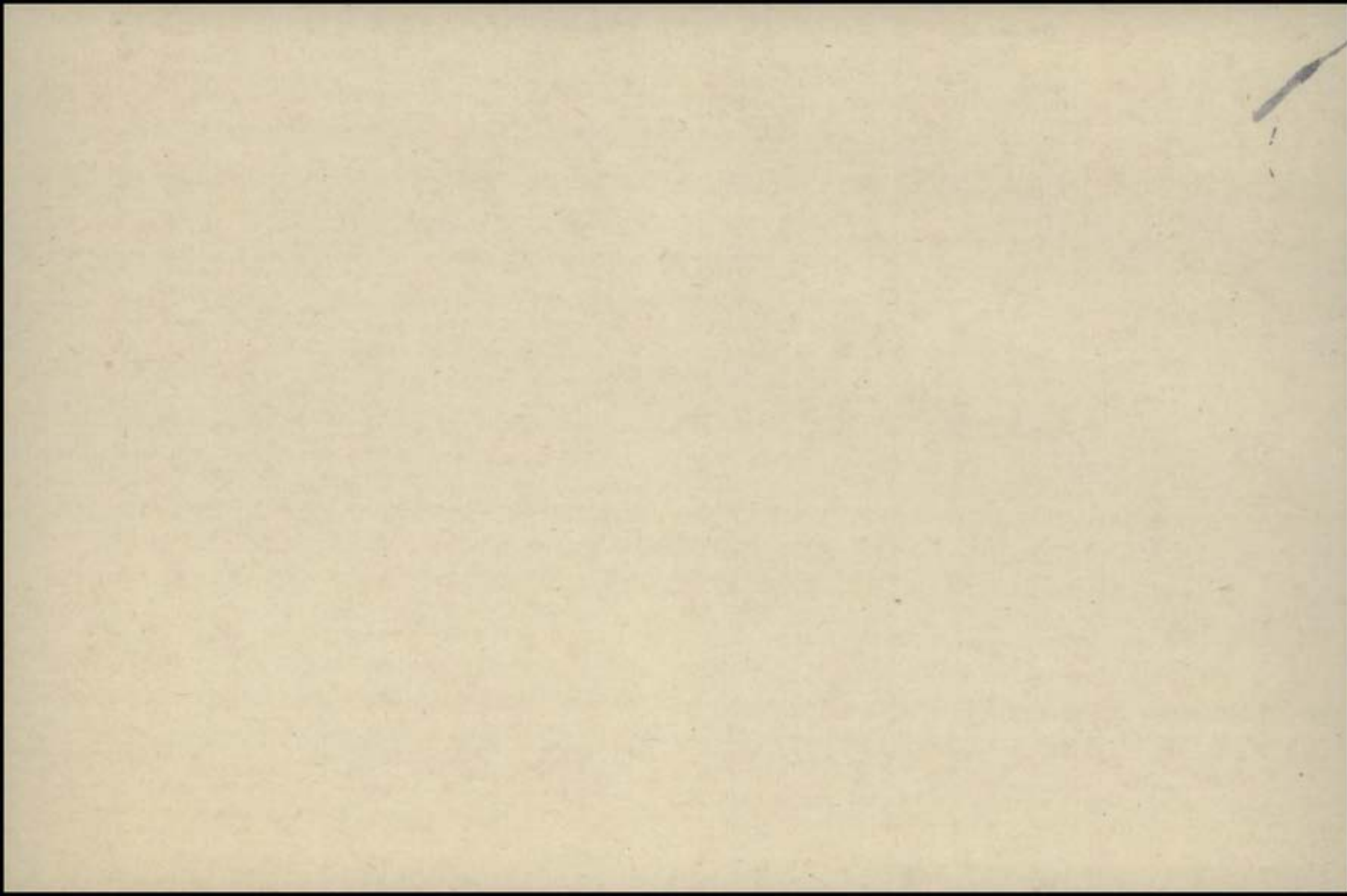
SIG.
OR
REC'T

PARTICULARS

AUTHORITY

<i>1916</i>	<i>1916</i>	
<i>Jan. 27</i>	<i>Jan. 31</i>	<i>✓</i>
<i>Feb.</i>		<i>✓</i>
<i>Mar.</i>		<i>✓</i>
<i>Apr.</i>		<i>n.</i>

UNIT SAILED
APR 17 1916



SURNAME. *Chouinard* (649-C-7139)

CARD NO.

CHRISTIAN NAMES *Wilfred*

D
FO

REGL. No. *121730* RANK *Pte*

UNIT *69th* *Bn*

FORMER CORPS *mil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Chouinard Eva*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS ~~*613 Casgrain St.*~~

2262 Jeanne Mance St., Montreal.

(649-E-7139 28-6-17.) P.O. "Over"

COUNTRY OF BIRTH *Canada* St. Cesaire P.Q. DATE *July 26, 1889*

PLACE OF ATTESTATION *Montreal, P.Q.* DATE *Jan. 27, 1916*

Sailed from St John per. S.S. Scandinavian 17/4/16

also notify - Desire Chouinard, (P.M.S.)
auth. letter. 10/12/16 St. Casaire, P.Q.

MARRIED SINGLE *yes.* WIDOWER

TRADE OR CALLING *barber* RELIGION

DESCRIPTION.

APPARENT AGE *27* YEARS *8* MONTHS

HEIGHT *5* FEET *2 1/2* INCHES

CHEST MEASUREMENT *38 1/2* INCHES EXPANSION *3 1/2* INCHES

COMPLEXION *Brown* EYES *Blue* HAIR *Brown*

DISTINGUISHING MARKS
nil

MEDICAL EXAMINATION. PLACE *Montreal, P.Q.* DATE *Jan. 27th 1916*

Present address: 139 Yorkman St., Montreal, P.Q.

REGT'L NO 121730

H. Q. FILE NO. 649-

NAME *Chouinard, Wilfred.*

RANK AND CORPS *Plt. 22nd. Bn. (form. 69th. Bn.)*

FOLLOWS

NO.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

b.

O.S. 713 21-11-16

Reported missing Oct. 4th. 1916. ✓

Cas. B. Ref. 11-5-17.

Prev. rept missing now for offic purpose presumed to have died on or since 4-10-16

Rec'd. 5-6-17

A.F.B. 2090 b.

Rec'd.

25-2-18

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | | | | |
|-------|---|----------|----------------------|
| A376. | Rep from Base | 4-10-16 | Missing after action |
| 6157. | Pres. rept missing now for offic
purposes presumed to have died on
the scene. | 4-10-16. | |

649-C-1109

R B

Number 121730 Rank Plt

Surname CHOUINARD

Christian Name Wilfred

Unit 22nd Bn Can Inf Theatre of War France

Date of Service 28.8.16

Remarks (Mother) Madame Desire Chouinard St Cesaire P.Q. TW

Latest Address Mrs Louise Chouinard

St Cesaire 27th 704 Parrot St.

Roll No. P.Q. Montreal

B. Page 4618

P.Q.

92744 892 047

1921

- Bet Wilkes Chouman (B4618)
DESP in error Mrs Chouman
Vito Chouman (A. 550)
wider above desp.

B & V returned - 24 ¹⁰/₂₂

DESP NOV 8 1922
REGN. NO. GV19594

Name **CHOUINARD, WILLIAM** Rank **Plt.** ✓ Reg. No. **121730**

Unit **22nd Battalion.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-10	reported from Base.	MISSING.		A376	O. 5113 21-11	
May 11	Cap. <u>Pres</u> X Hansa					
4-10-11	Presumed dead		A 137			22/2/18

Not Eligible for 14-15 Stars

649-C-7139

#121730, Pte. W. ^{ALFRED} Chouinard

22nd Bn. 138

Name & Address of Legatee

Medals &
DECORATIONS

Madame Desire Chouinard (m)

St. Beasire

Que

Name & Address of Next of Kin

P. & S.

Rosario Wilfred Chouinard (Ser # 765 483)

St. Beasire

Serial Desp. JUN 1 1921

Reqn. No. 2 46904

Co. Pointe St. Jacques

DEC 21 1921

Serial Desp.

Reqn. No. P 71627

Name & Address of Female Next of Kin

Memorial C.

Madame Desire Chouinard (m)

784

desp 23 3/10 C 3299

wd

3



Fill in Only.—Unit, Number, Rank and Name.
Casualty Form—Active Service.

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

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 69th BATTALION C.E.F.

Regimental No. 121730 Rank private Name CHOQUINARD WILFRID
C. E. F.

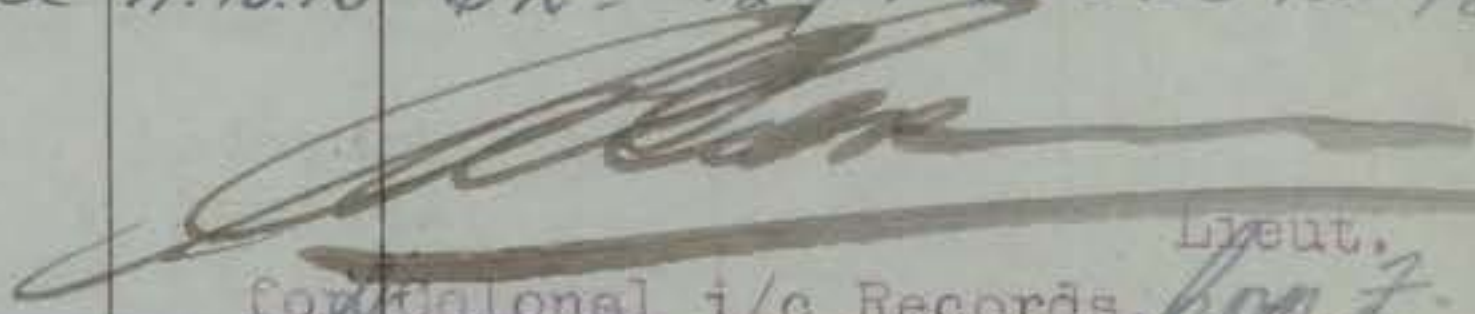
Enlisted (a) 27-1-16 Terms of Service (a) duration of war Service reckons from (a) 27-1-16

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) Carter

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 Arrived <i>Transferred to 22nd Batta CEF</i>	Canada England <i>Hiligate</i>	17-4-16 27-4-16	<i>W. R. Scott Capt</i>
28-8-16 <i>18⁹/₁₆</i>	C B D " 2nd Can Ent. Bn	Reinf. from 69th Bn. Taken on strength 22nd Bn Left C B D Joined 2nd Can. Ent. Bn		28-8-16 <i>18⁹/₁₆</i>	N. Roll Pt II C. 36/2-9-16 "
<i>22⁹/₁₆</i>	" OC. Bn	Left do Joined Unit	Field	<i>20⁹/₁₆</i>	B 213
<i>2¹/₁₆</i>	" "	<i>Missing</i>		<i>4¹⁰/₁₆</i>	<i>B 213-6¹⁰/₁₆</i> <i>id 108/575</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, Shoing 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				
					PA-11 U. 53-14 ¹¹ / ₁₆ <i>Chas B. Stapwell, Lieut -</i> Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, D. E. F.
22.2.18	22 nd B ⁿ	Now for official purposes presumed to have died on or since 4.10.16			G. H. Q. 134 + Do 25 7/21 ³ / ₁₈  Lieut. Col. i/c Records, <i>Can. F.</i>
		Now Killed in Action 4/10/16. Body recovered in 1954. J. B. Kellogg WSR.			

Chowman

No. *121730* Name *Chowman W. J.* Sqn., Batty., or Company *69th Corps* Date of enlistment *21-1-16* G.C. Badges *nil* Service or Proficiency Pay *nil*
 Date of last entry in Company Conduct Sheet *nil* No. and date of last drunk *nil* Period not reckoning towards freedom from extra fine *nil* Sheet No. *One* Signature O.C. Company, etc. *C. Elderton* Character *good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				Transfer from 69th Batty. to 22nd Batty.				<i>C. Elderton</i>	

Missing H 10/16

ARMY FORM B. 129

Chowman W.A. 121730

[P.T.O.]

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *St. Cesaire.*

NAME AND ADDRESS OF NEXT OF KIN *Desery Chouinard St. Cesaire, Co. Rouville, Que.*

RELATIONSHIP OF NEXT OF KIN *Sister.*

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>Reported Missing</i>	<i>4.10.16</i>	<i>6-L. 4-310 2/11</i>
<i>P.R.M. mod JAD</i>	<i>4-10-16</i>	<i>A137 2.2.18 2.2nd Bu</i>

REG'L. NO. *121730* RANK *Private* NAME *Chouinard Wilfred*

IF IN PERM. CORPS WHAT UNIT *69th Batta.*

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION *Montreal*

DATE OF ATTESTATION *27-1-16*

ASSIGNED PAY MONTHLY \$ ~~75.00~~ DATE EFFECTIVE *May 1/16*

PAYABLE TO *Desery Chouinard, St. Cesaire, Que.* RELATIONSHIP *sister*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *22/1/16* EFFECTIVE *1.11.16* REASON *Missing 4/10/16*

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *29.1.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index. Checked by S. M. G. Leland.

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.
1916																																				
April 30												31 00															31 00								Balance from Canada.	
May 1 to 31	31	100	31 00		31	10	3 10					34 10								95 16	5 00	12 16		15 00	32 16	32 94								500 paid in Can. bus. on bond		
June 1 to 30	30		30 00		30		3 00					33 00	81	26/16		130	14/16	14 60				4 86		15 00	34 46	31 48										
July 1 to 31	31		31 00		31		3 10					34 10			169	11/7/16					4 87		15 00	19 87	45 71											
Aug 1 to 31	31		31		31		3 10					34 10		286	29/7						2 43		15 -	29 60	50 21										Transf. to 22nd Bu 1-9-16 B.D. 205	
Sept 1 to 30	30	1	30		30		3					33 00		227	2/7	352	16/8				4 87	7 30	15 -	11 60	60 91											
Oct 1 to 31	31	100	31 -		31	10	3 10					34 10		1289	26-9						87		15 -	20 23	44 48										Missing 4/10/16 6-L 4-310 2/11 27 days abroad. SR 24/11/16 11/2/16 4/10/16 B.D.	
																										44 70	30 08									
																										20 23	44 48									
																											30 08	0								Transf. to Dead by Paid 4/30/28 30 08 To Ottawa for settlement 05 20/5 2/10/17

Checked by J.G.P.

Checked by J. G. P.

Checked by W. Thompson

Statement of AUG 1 1917 Account rendered

April 1916 A.P. Chapman Pay list. In Agreement with Ottawa A.P. Slip Auth. Hk 593-1-12 20-10-16 J.G.P.

