

448160  
SIN/NAS

COMTE  
Surname/Nom

GUSTAVE  
Given names/Prénoms

deceased. 3-7-17.

OPEN  
ATIP

This File has been Microfiched  
see: Chief, Records Services

**CANADIAN FORCES  
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

PERSONNEL  
CENTRE  
DOSSIERS DU PERSONNEL

GUSTAVE

"CONTENTS CONFIDENTIAL" Box 1903  
"CONTENU CONFIDENTIEL"

COMPONENT  
ÉLÉMENT C.E.F.







REGIMENT DOCUMENTS

NAME **COMTE. GUSTAVE.**

REGT. NO. **448150** UNIT

U. S. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M.F.W. 67

R. 149

original copy

*Handwritten circled '32'*

*Stamp: H*

*Stamp: MEDICAL RECORDS*

*Stamp: 31040*

*Stamp: BOX # 1903*

DEATH  
Category

DISCHARGE  
Category

DESERTION

12-24  
12-24  
3-26



448160  
ATTESTATION PAPER

No. 448160

Folio.

B CANADIAN OVER-SEAS EXPEDITIONARY FORCE Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS)



1. What is your name? Gustave Comte
2. In what Town, Township, or Parish, and in what Country were you born? Montreal
3. What is the name of your next-of-kin? Joseph Comte
4. What is the address of your next-of-kin? 621 St Catherine Road Outremont
5. What is the date of your birth? 24 Feb. 1895 Montreal
6. What is your trade or calling? Printer
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? no
10. Have you ever served in any Military Force?  
If so, state particulars of former Service. no
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

Gustave Comte (Signature of Man.)  
Sgt. F. Martel (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gustave Comte, 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 Sept. 13<sup>th</sup> 1915 Gustave Comte (Signature of Recruit.)  
Sgt. F. Martel (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gustave Comte, 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 Sept 13<sup>th</sup> 1915 Gustave Comte (Signature of Recruit.)  
Sgt. F. Martel (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 Valcartier Camp this 13<sup>th</sup> day of Sept. 1915

J. J. Marier (Signature of Justice.)

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

N. J. Marier (Approving Officer.)

St. Cath.  
Co. 57th Bn.



DESCRIPTION OF Gustave Comte ON ENLISTMENT.

Apparent Age 20 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. 3 1/4 ins.

Chest measurement { Girth when fully expanded 38 ins.  
 Range of expansion 4 ins.

Complexion fair

Eyes Dark Blue

Hair Black



Religious Denominations { Church of England \_\_\_\_\_  
 Presbyterian \_\_\_\_\_  
 Methodist \_\_\_\_\_  
 Baptist or Congregationalist \_\_\_\_\_  
 Other Protestants \_\_\_\_\_  
(Denomination to be stated.)  
 Roman Catholic yes  
 Jewish \_\_\_\_\_

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 Sept 15<sup>th</sup> 1915

A. Gaboury Capt

Place Valcartier Camp.

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

Gustave Comte

\_\_\_\_\_ 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.

S. J. [Signature] (Signature of Officer.)

Date 21 Sept 1915

St. Paul  
Co. 57th Bn.





Perforated sheet for Will from Pay Book of Reg.

No. 448160.....

Name Pte Gustave Comte.....

Unit 69th Reserve Battalion.....

MILITARY WILL.

Je sousigne, par les presentes  
laissant tout mes biens  
a ma soeur Jeanne Comte  
demeurant en ce moment  
a l'adresse ci dessous  
Mde Alphonse Bernier  
119 Desfosses  
Que.  
Canada

Signature Gustave Comte.....

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

Date Juillet 21 - 1916.....

Certified a true copy.

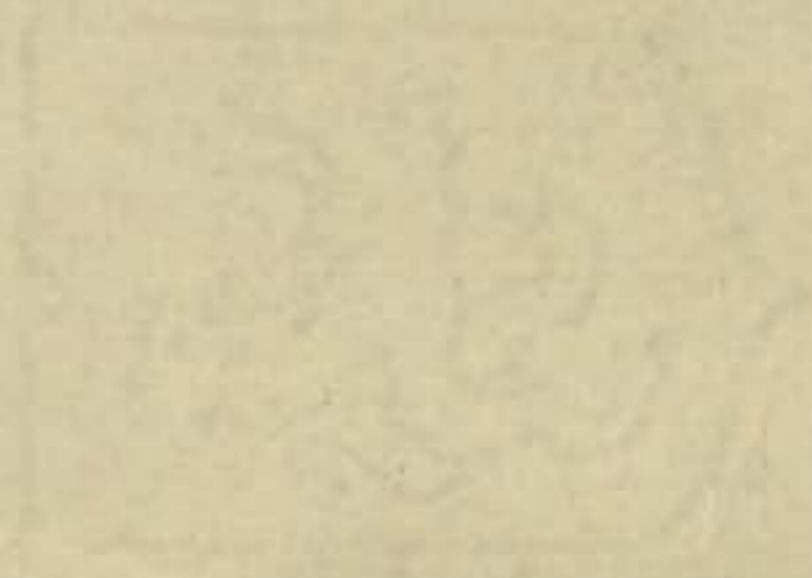
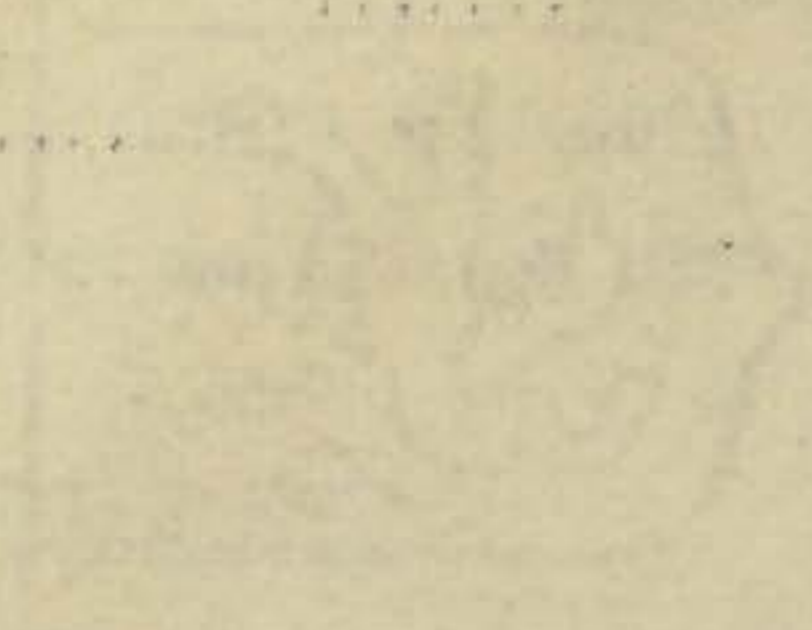
Shorby Lieut.  
for officer i-c estates.





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Handwritten text, possibly a name or address, written vertically on the right side of the page.





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 57<sup>th</sup> Bn C.O.C.F.

(2) Regimental Number 448160

(3) Full Name of Soldier Comte, Gustave

(4) Place of Birth Montreal

(5) Are you married, or not? no

(6) If married, state,  
 (a) Full name of your wife nil

(b) Present Postal Address 621 St. Catherine Rd. Outremont

(7) Are you a widower? nil

(8) Have you any children? nil

If so, give number of boys and girls nil

Also their names and ages nil



(9) Is your Father alive? *Yes.*  
If so, state name and address *Joseph Comte 621 St. Catherine Rd Montreal*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Ada Marcotte*  
*621 St. Catherine Rd Montreal.*

(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? *No.*  
If so, in what Company? *Nil*  
Have you made arrangements for payment of your Insurance premium? *Nil*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *3/5/16*

*C. W. Hussey*  
Officer Commanding.



~~ORIGINAL~~  
448160  
**MEDICAL HISTORY SHEET.**

Surname Bovite Christian Name Gustave 448-160

Examined { on 15 day of Sept 1915  
at Valentier Camp  
Birthplace { City or Town Montreal  
County P. Q.

Approved by A. Gabouy Capt  
Rank \_\_\_\_\_ M.O.

Apparent age 20  
Trade or occupation Grinder  
Height 5 Feet 3 1/4 Inches.  
Weight 142 Lbs.  
Chest measurement { Minimum 34 inches.  
Maximum expansion 4 inches.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Physical development \_\_\_\_\_  
Small-Pox Marks \_\_\_\_\_  
Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left   
Number 2

Date	Result	VACCINATIONS.
<u>9/5/16</u>	<u>good</u>	<u>Roual Tuni</u>

When Vaccinated last as a boy  
(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>out 9/9</u>	<u>good</u>	<u>A. Gabouy Capt</u>
<u>25/11/16</u>	<u>"</u>	<u>Roual Tuni</u>

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Enlisted on 13<sup>th</sup> day of Sept 1915 at Valentier Camp

	CORPS.	REG'T'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>57<sup>th</sup> Regt</u>			<u>13/9/15</u>
Transferred to.. ..	<u>C.E.F.</u>			
	<u>22nd Bn</u>	<u>448160</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.







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

*Cher Nom* M. P. W. 12  
 50th. 116.  
 H. Q. 1772-39-818.

*Mrs. Alph Bernier*  
 To Whom *119 Rue des Passes*  
 Address *Quebec*  
 Rate *200.00 from*  
*May 1/16*

By Whom Assigned *Comte Gustave*  
 Regtl. No. *448160*  
 Rank *Pte*  
 Corps *57 Bata B.C.*  
 JUN 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Acct closed. Soldier died*  
*3/7/17. File 649-b. 8254,*  
*N.2.*  
*BK.*





1000  
1000  
1000

1000

1000

1000



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-4-16.  
 1772-80-819.

Sheet No. 2.

L. L. Job 310.-Req. 6374.

PAYMENTS.

Name of Soldier

*Comte*  
~~Comte~~ *Des.*  
*448160 57 Bath*

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June		<i>D 6035</i>	<i>20</i>
July		<i>N 12029</i>	<i>20</i>
Aug.		<i>H 11507</i>	<i>20</i>
Sept.		<i>P 17739</i>	<i>20</i>
Oct.		<i>P 22402</i>	<i>20</i>
Nov.		<i>Q 25380</i>	<i>20</i>
Dec.		<i>K 32111</i>	<i>20</i>
Jan. <i>ch</i>	1917	<i>P 37430</i>	<i>20</i>
Feb.		<i>P. 43526</i>	<i>20</i>
March		<i>S 49898</i>	<i>20</i>
April		<i>U 1181</i>	<i>20</i>
May		<i>N 7327</i>	<i>20</i>
June		<i>D 13808</i>	<i>20</i>
July		<i>R 20836</i> <del><i>R 20835</i></del>	<i>20</i> <del><i>20</i></del>
Aug.		<i>V 27642</i>	<i>20</i>
Sept.			<i>20</i>
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

*20.00 June* Remarks. ~~MAY 1 1916~~  
**JUN 1 1916**

F. X. Rend. Date *total* By *280.00*  
 E.F.X. " Date *10/1/18* By *at*

*Acct closed soldier died*  
*3/8/17. Fin 649-6-8254.*  
*BK.*

*20.8*  
*20.8*  
*20.8*  
*20.8*

*F.F.X. 10-1-18*  
*S.Y.*

*R 20835 can*  
*V 27642 Cancelled*  
*in acct suspended pending*  
*insts -*  
*280.00*

*Mr J. A. Burns*

*159*

*286*



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.				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

June 1 1916

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. 448160  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *Gustave Comte*  
 Battalion *57 Battrn. B. Co.*  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs. J. Alph. Bernier*  
 Address *119 Rue Des fosses, Quebec Que.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>			<i>280</i>	<i>280</i>	
<i>Dec 31</i>			<i>x</i>		
					<i>Account closed Soldier died 3-7-14 H.Q. File 649-C. 8254</i>
					<i>Last A.P. cheque issued July 1914 D.P. 30<sup>th</sup> 14</i>

*2791 3/12/16*  
*[Signature]*



Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-6-17-1772-89-141  
 L. L. 22320-M. & D. 1183.



**D**<sup>3</sup>/<sub>7</sub>

649-C-8254

CARD NO.

SURNAME. *Comte*

CHRISTIAN NAMES *Gustave*

FOLL.

REGL. No. *448160*

RANK *Pte*

UNIT *54th*

*Bn*

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Comte, Joseph.*

RELATIONSHIP TO SOLDIER *R.M.S.*

ADDRESS *621 St Catherine Road.*

*Dulacmount, P.Q.  
Montreal*

COUNTRY OF BIRTH *Canada Montreal P.Q.*

DATE *Feb 24th 1895*

PLACE OF ATTESTATION *Valcartier Camp P.Q.*

DATE *Sept 13th 1915*

*0/82-6-16 445A*

L. L. 94504. M. & D. 6512

M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.



MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Grinder

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5'

FEET

3 1/4

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Dark Blue

HAIR

Black

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Valcarlier Camp

P.O.

DATE

Sept 15<sup>th</sup> 1915

Present Address

not stated



No. 448160

RANK *Plt.*

NAME *Comte Gus.*

T. O. S.

UNIT

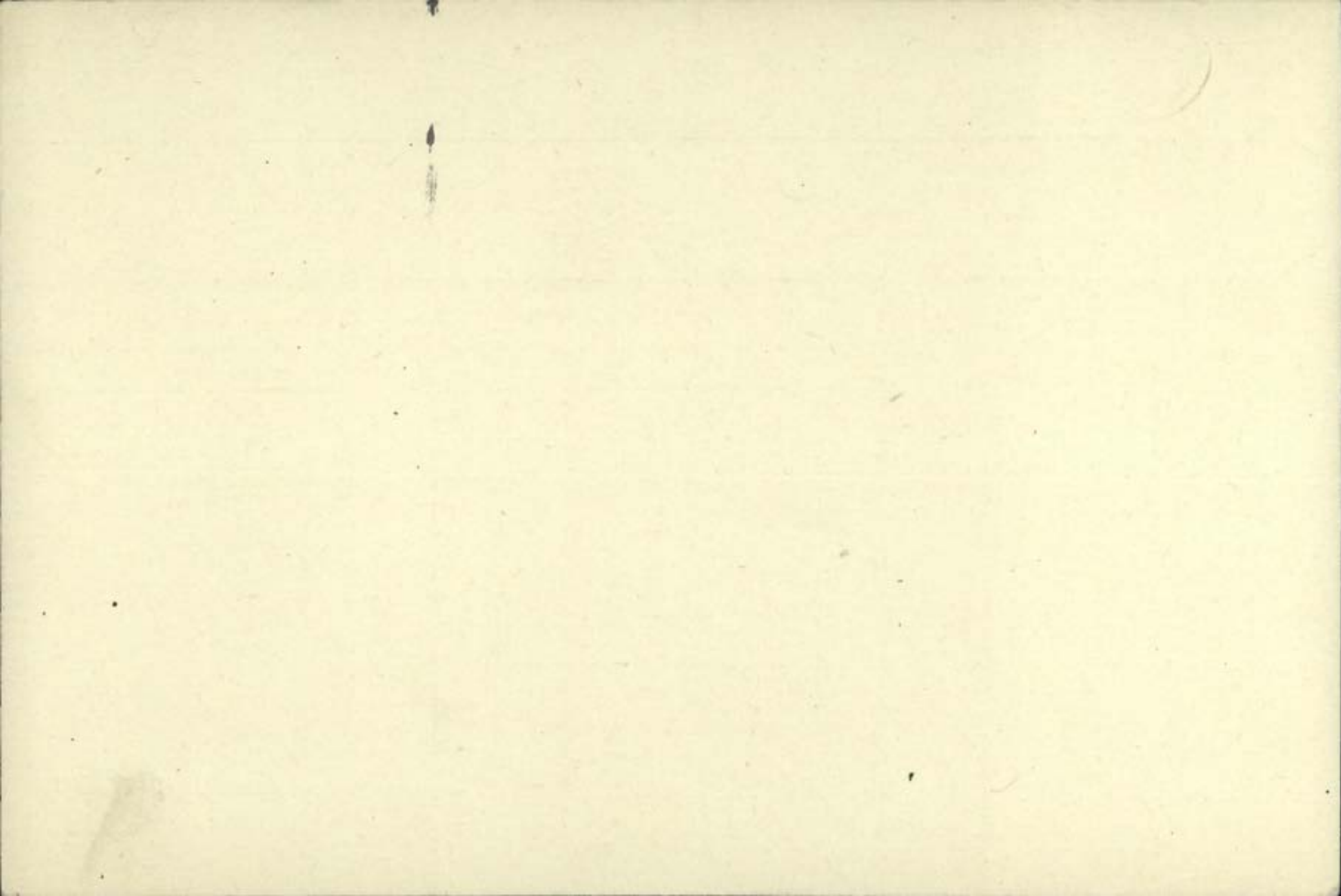
*57th Battalion E. F.*

M. D. *5-Val*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Sept. 12</i>	<i>Sept. 30</i>	<input checked="" type="checkbox"/>		
	<i>Oct.</i>	<input checked="" type="checkbox"/>		
	<i>Nov.</i>	<input checked="" type="checkbox"/>		
	<i>Dec.</i>	<input checked="" type="checkbox"/>	<i>96 hrs. Det for breaking barracks</i>	<i>Dec. payroll</i>
<i>1916</i>	<i>1916</i>			
	<i>Jan.</i>	<input checked="" type="checkbox"/>		
	<i>Feb.</i>	<input checked="" type="checkbox"/>	<i>2 dys pay. abt. 2 dys det.</i>	<i>Feb. payroll</i>
	<i>Mar.</i>	<input checked="" type="checkbox"/>	<i>10 dys det - 2 dys pay</i>	
	<i>Apr.</i>	<input checked="" type="checkbox"/>		
	<i>May</i>	<input checked="" type="checkbox"/>		
<i>June payroll not available</i>				

**UNIT SAILED**  
*D. 2 5486*  
**JUN 2 1916**







*Ind*

Number *448160*

Rank *Ote*

*How*

Surname *COMTE*

Christian Name *Gustave*

Units *22<sup>nd</sup> Bu Cav* Theatre of War *France*

Date of Service *27-8-16*

Remarks

Latest Address

Roll No. *B Page 19732*

*no card*



## 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