7-10-18

Deceased

~~DISCHARGE~~ DOCUMENTS

R. O. No.

H. Q. No.

Name COTE JOSEPH VALERE

Regt. No. 673043 Rank Pte

Corps 5th Bn C.G.R.

SOS. 9-10-18
MDS

87981

38393

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
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	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	1
Inventory of Kit	
Last Pay Certificate	

DOC S.F. # 10 — 1
A FB 122 — 1
M F W 113 — 1
M F B 465 — 1

2
1 - 24
1 - 24

M. F. W. 62.
5031.—9-16.
H. Q. 1773—39—935.

258ieme Batt. d'infanterie

ORIGINAL

PIÈCE D'ATTESTATION.

No. 67.3043

Folio

QUEBEC RECRUITING DEPOT

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? ..... Coté
1a. Quels sont vos noms de baptême ? ..... Joseph Valere
1b. Quelle est votre présente adresse ? ..... Cap St Ignace
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? ..... Cap St Ignace, Canada.
3. Quel est le nom de votre plus proche parent ? ..... Joseph Valere Coté
4. Quelle est l'adresse de votre plus proche parent ? ..... La Grosse Isle (été) Cap St Ignace (Hiver)
4a. Quel est votre dégré de parenté avec icelui ? ..... Père
5. Quelle est la date de votre naissance ? ..... 19 Nov. 1895
6. Quel est votre métier ou profession ? ..... Voyageur du Commerce
7. Êtes-vous marié ? ..... Non
8. Consentez-vous à être vacciné ou revacciné et inoculé ? ..... Oui
9. Faites-vous déjà partie de la Milice active ? ..... ~~Oui 4-mois~~ Non
10. Avez-vous déjà fait du service militaire ? ..... Oui 4 mois
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ? ..... Oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? ..... Oui

13. Avez-vous été réformé du service militaire pour incapacité physique ? .....
14. Si oui, quel était la nature de cette incapacité ? .....
15. Avez-vous déjà offert vos services dans une des branches du service militaire de Sa Majesté, et avez-vous été refusé ? .....
16. Si refusé, quelle en était la raison ? .....

DÉCLARATION REQUISE DU SUJET

Je, Joseph Valere Coté déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Valere Coté (Signature de la Recrue)

Date 30 Mai 1917. W H Sarroche (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Joseph Valere Coté prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Valere Coté (Signature de la Recrue)

Date ~~30~~ 1er Juin 1917. W H Sarroche (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Quebec ce 6 jour de Juin 1917.

(Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

N.B.—Les personnes faisant des réponses erronées aux questions posées ci-dessus sont passibles d'un emprisonnement de six mois.

Signalement de Joseph V. Côté à l'Enrolement

Age apparent 22 ans ..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille 5 pieds 5¼ pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 35 pouces
Marge d'expansion 4 pouces

Teint Brun

Yeux Bleus

Chevelure brun

Confession religieuse:
- Anglican .....
- Presbytérien .....
- Méthodiste .....
- Baptiste ou Congregationaliste .....
- Catholique Romain oui
- Juif .....
- Autres dénominations ..... (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Vision { R. - 20
L. - 40

Hearing { R. - good.
L. - do

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* fit pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date 7 Juin 191 7. J. B. Lefrançois
Lieu Valcartier Camp Capt
Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

CERTIFICAT DE L'OFFICIER COMMANDANT

Joseph Valère Côté ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

J. Joseph Guay LT. COL. (Signature de l'officier.)
O/C. QUEBEC RECRUITING DEPOT.

Date 8-6-17 191 .

CASE HISTORY SHEET.

Military Hospital. Quebec Station.

No. 6710043 Rank Pte Name Côté J. Valère Age 24

Unit 5th C.G.R. Completed years of service (Where and how long) 18 months

Date of admission 3.9.18 Date of discharge 10/10/18 Died

Diagnosis Lobar Pneumonia & Scabies Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient admitted this afternoon

Examination shows head full of yellow crusts of favus.
Body covered with typical rash of scabies

23/9/18. Head better. Scabies not improved.
30/9/18 Improved

On 3/10/18 Had rise of temperature and all symptoms of Influenza. no Resp complications
5/10/18 Temp 104
6/10/18 Severe nose bleed. Temp higher breathing quickened. Bronchio Pneumonia.
9/10/18 Had very bad night, pulse moving at times. Cyanosed. Slightly better this A.M.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Sulphur Ointment

(Especially any specific or special form.)

Ung Hydrarg Ammon & Ung Zinci Oxid
Phenacetin & Aspirin āā gr x q. 4 h.
Sponging. Strych 1/60 hyp q 4 h. Codeia at bedtime

CONDITION ON DISCHARGE, Died at 7.15 AM 10/10/18

(and disposal made of case.)

Date 10/10/18

E A Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

26484

CLINICAL CHART.

CLINICAL CHART.

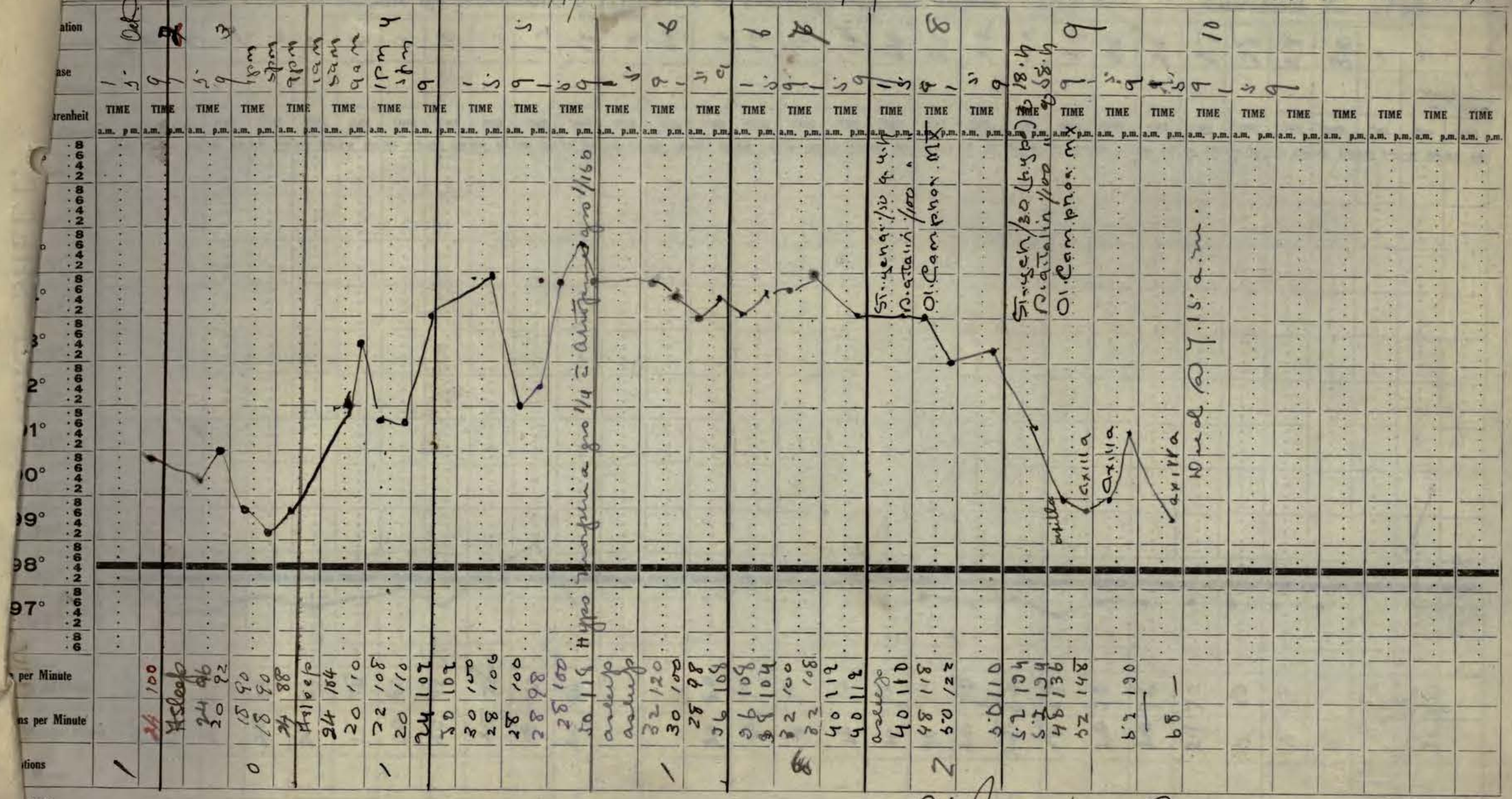
(To be pasted into Case Book opposite Patient's Case.)

5th C.G.-B.

Hospital Station Juhu

No. 6710043 Rank and Name Coli J. Value Age 24 Service 15 mos

Eczema & Pneumonia Date of Admission 3/9/18 Date of Discharge 10/10/18 Result Died Case Book C. Folio 387



288.
16.
9-513.

Signature E A Robertson Capt In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

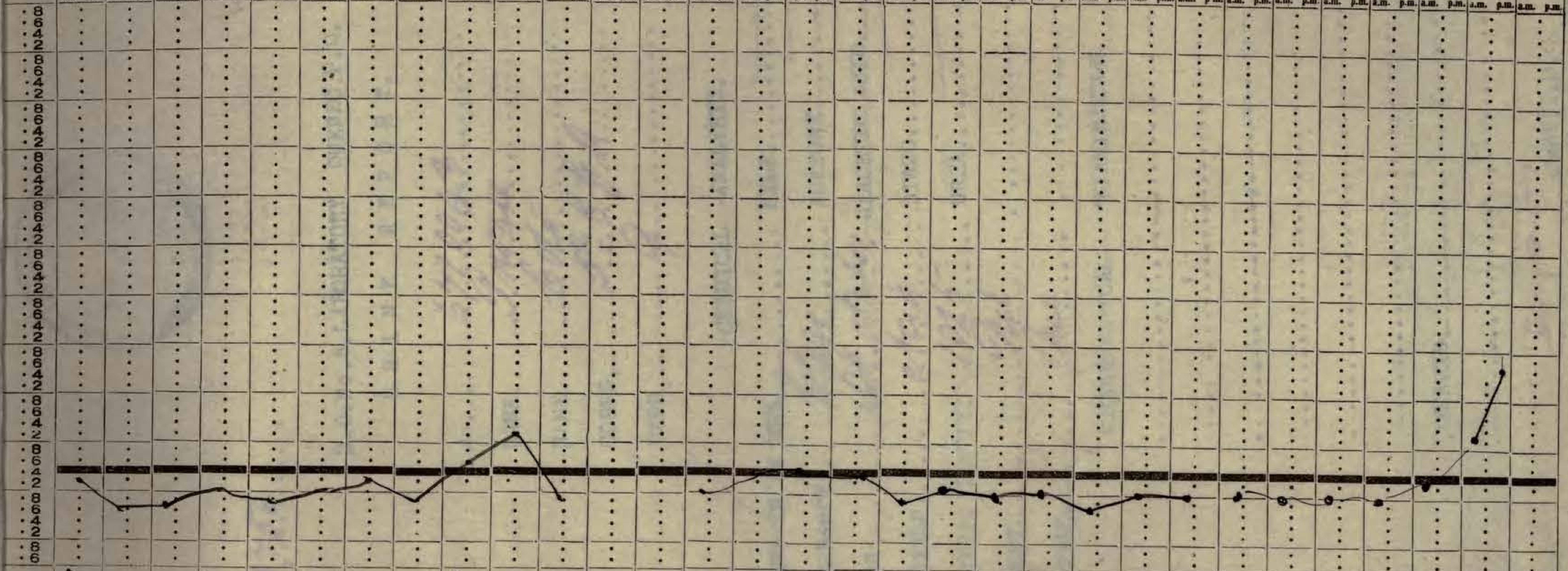
5th C. G. R.

Hospital Station Quebec

No. 67100 43 Rank and Name Côté J. Valère Age 24 Service 18 mois

Eczema & Pneumonia Date of Admission 3.9.18 Date of Discharge 10/10/18 ~~3/9/18~~ Result Died Case Book C 8 Folio 3F3

ervation	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	
sease																															
ahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.



inute	88	84	84	88	78	84	80	78	78	72	84			80	76	70	70	72	74	70	68	64	72	76	72	70	68	70	72	70 96	
Minute	20	20	20	20	20	18	20	20	20	18	20			20	20	20	20	20	20	20	20	18	20	20	24	22	18	18	18	18 20	
																												—	—	—	

88.

13.

Signature E A Robertson Capt In charge of case.

District Laboratory of Hygiene
SEP 4 1918
Mil. Dist. No. 5, Quebec, P.Q.

No. 3756

M.D.No.5.LABORATORY QUEBEC.P.Q.

URINE REPORT.

No. 671/0043

RANK. Gnrale

NAME. Coté

CORPS. 5th B.G.A.

WARD. 9

CHEMICAL ANALYSIS.

AMOUNT IN 24 HRS		BILE	
APPEARANCE	Clear	ACETONE	
COLOR	Dk. amber	DIACETIC ACID	
REACTION	acid	DIAZO	
SPECIFIC GRAVITY	1025	UREA	
ALBUMEN	Nil		
GLUCOSE	Nil		

MICROSCOPICAL EXAMINATION.

REMARKS

Harry Morley
Capt. A.M.C.
Officer i/c Laboratory. Que.

CLINICAL CHART.

1 and 4.

Examination of throat & nose for Diphtheria.

Result - NEGATIVE.

District Laboratory of Hygiene
SEP 15 1918
324
Mil. Dist. No. 5, Quebec, P.Q.

2nd Examination

Murphy Capt
O i/c LABORATORY

CLINICAL CHART.

Name Côté J. Valère Age 24

Rank 18 months

Date of discharge 10/10/18 Died

Place of origin Quebec

Diagnosis Admitted Influenza

head full of yellow

purpural rash & scabies

[illegible] - Scabies not

30/9/18 Improved

On 3/10/18 Had rise of temperature and all symptoms of Influenza - no resp complications

5/10/18 Temp 104

6/10/18 Severe nose bleed - temp high breathing quickened - Broncho Pneumonia -

9/10/18 Had very bad night, pulse moving at times. Cyanosed. Slightly better this A.M.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Sulphur Ointment

Ung Hydrarg Ammon & Ung Zinci Oxid

Phenacetin & Aspirin āā grs x q. 4 h.

Sponging - Strych 1/60 hyp po q 4 h - Codeia at bedtime

CONDITION ON DISCHARGE,

(and disposal made of case.) Died at 7.15 AM 10/10/18

Date 10/10/18

E A Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

26484

5th 6. & 7. March 9

Examination of Throat & Nose for Diphtheria

Result:— NEGATIVE.

3rd Examination

Throat Culture
O. i/c LABORATORY

CLINICAL CHART.

Name Côté J. Valère Age 24

Rank 18 months

Date of discharge 10/10/18 Died

Place of origin Quebec

Diagnosis Admitted Influenza

head full of yellow

fecal rash & scabies

ter - Scabies not

30/9/18 Improved

Oct 3/10/18 Had rise of temperature and all symptoms of Influenza - no resp complications

5/10/18 Temp 104

6/10/18 Severe nose bleed - temp high breathing quickened - Broncho Pneumonia -

9/10/18 Had very bad night, pulse moving at times. Cyanosed. Slightly better this Am

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Sulphur Ointment

Ung Hydrarg Ammon & Ung Zinci Oxid

Phenacetin & Aspirin āā gr x q. 4 h.

Sponging - Strych 1/60 hyp po q 4 h - Codeia at bedtime

CONDITION ON DISCHARGE,

(and disposal made of case.) Died at 7.15 Am 10/10/18

Date 10/10/18

E H Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

26484

Ward 9

Examination of throat-swab for Diphtheria

Result:— NEGATIVE.

District Laboratory of Hygiene
SEP 12 1918
295
Mil. Dist. No. 5, Quebec, P.Q.

Mary Macy Capt
O. i/c LABORATORY

CLINICAL CHART.

ne. Côté J. Valère Age 24

g} 18 months

of discharge 10/10/18 Died

of origin Quebec

lunds admitted this

head full of yellow

fical rash & scabies

ter. Scabies not

30/9/18 Improved

Oh 3/10/18 Had rise of temperature and all symptoms of Influenza - no Nose complications

5/10/18 Temp 104

6/10/18 Severe nose bleed - temp high breathing quickened - Broncho Pneumonia -

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FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Sulphur Ointment

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CONDITION ON DISCHARGE, Died at 7.15 Am 10/10/18

(and disposal made of case.)

Date 10/10/18

E A Robertson Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

26484

No. 673 443 RANK Pte NAME Cote, Joseph Valère

~~T.O.S.~~ Trans from UNIT Quebec Recruiting Depot,
258th Battalion
Sept Pay list

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Sept 28	1917, Sept 30	✓		

No. 673043 RANK Pte NAME Cole Jos Valie

T. O. S. 30. 5. 17. UNIT Quebec Recruiting Depot.
S. O. 128 of 7. 6. 17.

M. D. 5'

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
May. 30	June 30	n		
July.		n.		
Aug.		✓	T. W. L. 6 days Pt.	Aug. Pay bill.
Sept.		✓		
Oct 1	Oct. 8.	n.	Transfd to R.S.U. MD #5.	# DO 236 of 13-10-17.

(F R E N C H)

COTE, J.V. Pte. 673043 — 5th Bn C.G.R.

Medals & Decorations — Father, Mr. Jos. Cote,
Cap St.-Ignace,
Montmagny Co., Que.

P.& S. — Father as above.

Ser # 806835

Mem. Cross. — Mother, Mrs. Olympe Cote,
Above address.

MID. 3

not elig. for star
" " " V.M.
" " " B.W.M.
M.J.

Scroll Des. MAY 4 - 1921 Regn. No. 2 41763

JAN 27 1922

Plaque Desp. _____ Regn. No. 64 P 92004

LEDGER NO. 3 4.-203 - 286.- 425 SERIAL NO. 26484

REG. NUMBER 671043 NAME Cote J. Valere

RANK Pte CORPS 5 Bde R.

AGE 24 SERVICE 18 mo.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 3-9-18

DISEASE Eczema, Scabies & Pneumonia

TRANSFERRED TO OTHER HOSPITALS

Died 10-10-18 at 7.15 A.M.

OPERATION

DISCHARGED TO IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

~~Fill only. Unit, Number, Rank and Name.~~

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

QUEBEC RECRUITING DEPOT

Casualty Form—Active Service.

Unit, Regiment or Corps 258e Bataillon B.E.F.E.C.

Regimental No. 673043 Rank Pte. Name Joseph Valère Côté

Enlisted (a) 30-5-17 Terms of Service (a) C. E. F. 6 ef Service reckons from (a) 30-5-17

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) Infanterie de Commerce

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				
13.10.14.	Que. Rec. Dep.	Struck off to S. S. Unit w/e.	Quebec.	8.10.14.	D.O. 236
28.10.18	S. S. Unit.	S.O.S. Deceased w/e.	"	10.10.18	D.O. 188.

(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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

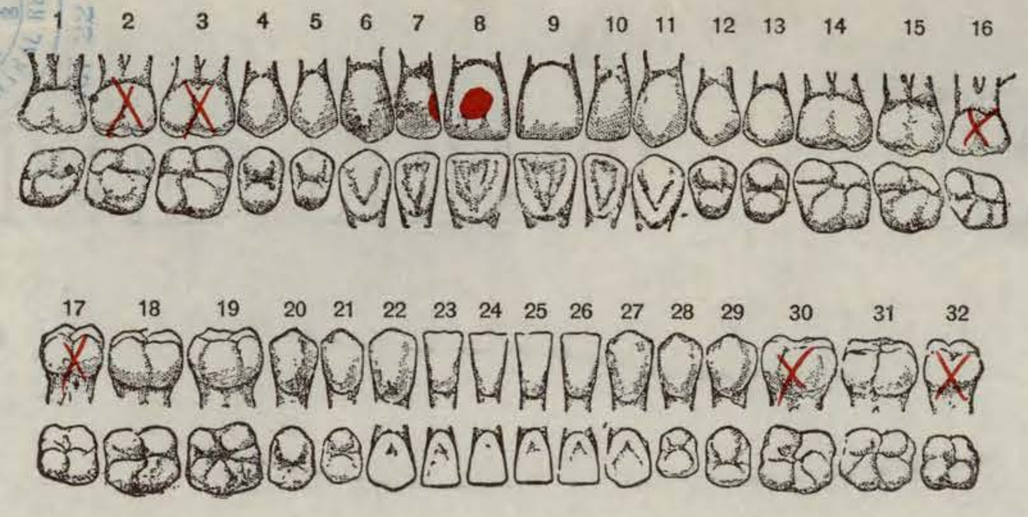
District: Mt. Ile

Name of Soldier: Malone Cate

Rank: Pte

Regiment: S. S. M.

No. 2 7 3 8 4 3



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 Dist.	REMARKS
Feb 26th	1918.																					
Condition on first Examination											6. 2-3 4 6 7. 30 32.									R. C. Crosby Capt.	5	Ex- Complete.

M.F.B. 465
2 9 0M-1-17
1772-39-950

QUEBEC RECRUITING DEPOT

FORM OF WILL

I, ~~258e Bataillon Bt-1-Eb~~ J. V. Côté (Name in full)

Regimental Number 673043 serving in 258e Bataillon Bt-1-Eb

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mr. Joseph Valère Côté (Père)
La Grosse Isle (été) Cap St Ignace (Hiver)

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mr. Joseph Valère Côté (Père)
La Grosse Isle (été) Cap St-Ignace (Hiver)

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 7 day of Juin A.D. 1917

Valère Côté Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness L. Bourguette

Address of Witness Valcartier Camp P.Q.

Occupation of Witness Orderly Room Clk

Signature of Second Witness Paul L. Pesidere

Address of Witness Valcartier Camp

Occupation of Witness Stenographer

M. F. W. 82.
300M.-12-16.
1772-39-983.

Classification C. H. No. 3
673043

MEDICAL HISTORY SHEET.

Surname Lote Christian Name Joseph Valere

Examined { on 7th day of June 1917
at Valcartier Camp

Birthplace { City or Town Coaticook Que.
County Missisquoi

Apparent age 22

Trade or occupation Trucking salesman

Height 5 Feet 6 1/4 Inches.

Weight 143 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 39 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Approved by [signature] Capt.

Rank J. B. Delorme Capt. A.M.C. Insp.

Date	Fit or Unfit	Examined for Re-engagement,	
21/8/15	A1	[signature] Inspector	M.O.
21/9/17	Cat	[signature] Capt	M.O.
28-3-18	B11	J. R. Fabre	M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
7/6/17		J. B. Delorme	M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
7/6/17		J. B. Delorme	M.O.
10/7/17		[signature] Capt	M.O.
30/7/17			M.O.

Enlisted on 30 day of May 1917 at Quebec P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	258e Battn C.E.F.	673043		30-5-17
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

10

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-139.

Surname Gale Christian Name Jos Valerie

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.
Valcartier CM		20	8	17	22	8	17	Bronchitis	3	Bungalow Rest Recovered	[illegible] Major, D.C. A.M.C. Training Depot No. 4.
Quebec		3	9	18	10	10	18	Scabies & Pneumonia	38	Pneumonia followed Influenza contracted while in hospital for Scabies - Died 10/10/18	E A Robertson Capt AMC

M. F. W. 41
100M-1-18.
1772-39-889.

C528

Name Pte. Cote. J.

Regimental No. 673 043

Unit S. S. U.

Date of enlistment 30-8-17

Place of " Nil.

Married (yes or no) Not Mentioned.

Amount of pay assigned monthly $ Nil.

To whom payable Nil.

Name and address of next-of-kin
Nil.
Nil.

Date and place discharged 26-4-18 Quebec.

Reason for discharge Transf. to 5th Bn.

Character on discharge No. Auth.

	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1917																	
									8 80			2293	19. 10				
Oct.	9	31	23	1.00	23. 00	23	10	2. 30	10. 00	44. 10		2052	15. 00			34. 10	C.F. 10.00
												2498	28. 00				
Nov.	1	30	30	1.00	30. 00	30	10	3. 00	10. 00	43. 00		2558	15. 00			43. 00	
												3531	19. 35				
Dec.	1	31	31	1.00	31. 00	31	10	3. 10	0. 25	34. 35		3212	15. 00			34. 35	
1918																	
												4861	19. 10				
Jan.	1	31	31	1.00	31. 00	31	10	3. 10		34. 10		3883	15. 00			34. 10	
												4554	15. 00				
Feb.	1	28	28	1.00	28. 00	28	10	2. 80	7. 20	38. 00		4930	15. 80			38. 00	
									4. 50	4. 50		4976	7. 20			22. 20	
Mar.	1	31	31	1.00	31. 00	31	10	3. 10	13. 60	47. 70		5102	20. 00			20. 00	Subs. 17-3-18
												5344	27. 70				
												5148	4. 50				
												118	5. 00				
April	1	26	26	1.00	26. 00	26	10	2. 60	13. 00	41. 60		76	15. 00			20. 00	C.F. 21.60
																	Transf. to 5th Btn. 26-4-18
					200. 00			20. 00	67. 35	287. 35 →			255. 75			255. 75	
															C.F	31. 60	
																287. 35 →	
																	Clothing

Cr. 21.60 on Transf.

C.F 21.60

Transf. to 5th Btn. (26-4-18)

255.75

Name .....

M. F. W. 41
100M-1-18.
1772-39-389.

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					