

150TH ✓

CARABINIERS MOUNT-ROYAL
ATTESTATION PAPER.
OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

FEB 2 Ent'd
No.
Folio. 847210
ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... Desjardins
- 1a. What are your Christian names?..... Melussepe
- 1b. What is your present address?..... 946 St Christophe
2. In what Town, Township or Parish, and in what Country were you born?..... St Monique
3. What is the name of your next-of-kin?..... Claude Desjardins
4. What is the address of your next-of-kin?..... 946 St Christophe
- 4a. What is the relationship of your next-of-kin?..... Brother
5. What is the date of your birth?..... April 9th 1878
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... Yes
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, Melussepe Desjardins, 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.

Date Feb 2nd 1916.
Melussepe Desjardins (Signature of Recruit)
J. Lalumière (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Melussepe Desjardins, 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 Feb 2nd 1916.
Melussepe Desjardins (Signature of Recruit)
J. Lalumière (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 3rd day of February 1916.
J. Lalumière (Signature of Justice)

Description of Melosppe Desjardins on Enlistment.

Apparent Age 36 years 10 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. 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Gray

Scar right knee
 Scar left groin

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 Feb 2nd 1916

Place Montreal

Jachabot Captaine
 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.

Melosppe Desjardins.....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. Barry.....(Signature of Officer)

Date FEB 3- 1916 1916

150th Regt. R'n C.E.F.

ATTESTATION PAPER.

No. 847310
Folio. *Triplicate*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Desjardins*
- 1a. What are your Christian names?..... *Melassippe*
- 1b. What is your present address?..... *112^a Henri Julest / Montreal Que*
2. In what Town, Township or Parish, and in what Country were you born?..... *St. Marys Co Des Minnicipia*
3. What is the name of your next-of-kin?..... *Clara Blais Desjardins*
4. What is the address of your next-of-kin?..... *612^a Henri Julest / Montreal Q*
- 4a. What is the relationship of your next-of-kin?..... *The Wife*
5. What is the date of your birth?..... *1st Dec 1888*
6. What is your Trade or Calling?..... *Labour*
7. Are you married?..... *Yes*
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, *Melassippe Desjardins*, 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.

Date..... *Feb. 3rd* 1916..... *Clara M Desjardins* (Signature of Recruit)
J. Langlois (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Melassippe Desjardins*, 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..... *Feb. 3rd* 1916..... *M. Desjardins* (Signature of Recruit)
J. Langlois (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..... *3rd* day of..... *Feb.*..... 1916.
R. Barnett col (Signature of Justice)

Description of M. Dupond on Enlistment.

Apparent Age.....yearsmonths.
 (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).

Heightft.....ins.

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

Complexion

Eyes

Hair

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 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 Feb. 3rd 1916

Place Montreal

E. Cooke 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.

Miles Dupond 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.

H. Bannister (Signature of Officer)

Date Feb. 3rd 1916

C.E.F.

DESJARDINS MALOSEPPE

847310

150 BN.

13254

MED. UNFIT





J.M.

Rank _____ Name DESJARDIN\$ Melasippi. Reg'l No. 847310
 Unit 150th Bn. If in perm. Corps, }
 What Unit? } Married or Single Married.
 Place and Date of Enlistment Montreal. 3rd Feb 1916. Place of Birth St Mongue, Co.,
 Des Minilapia.
 Name and Address, Next-of-Kin Clara Blais Desjardins.
112A Henri Julien, Montreal, Quebec, Canada Relationship Wife.

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E R.B. No. 15526
 File R.L. _____
 Category R CANADA

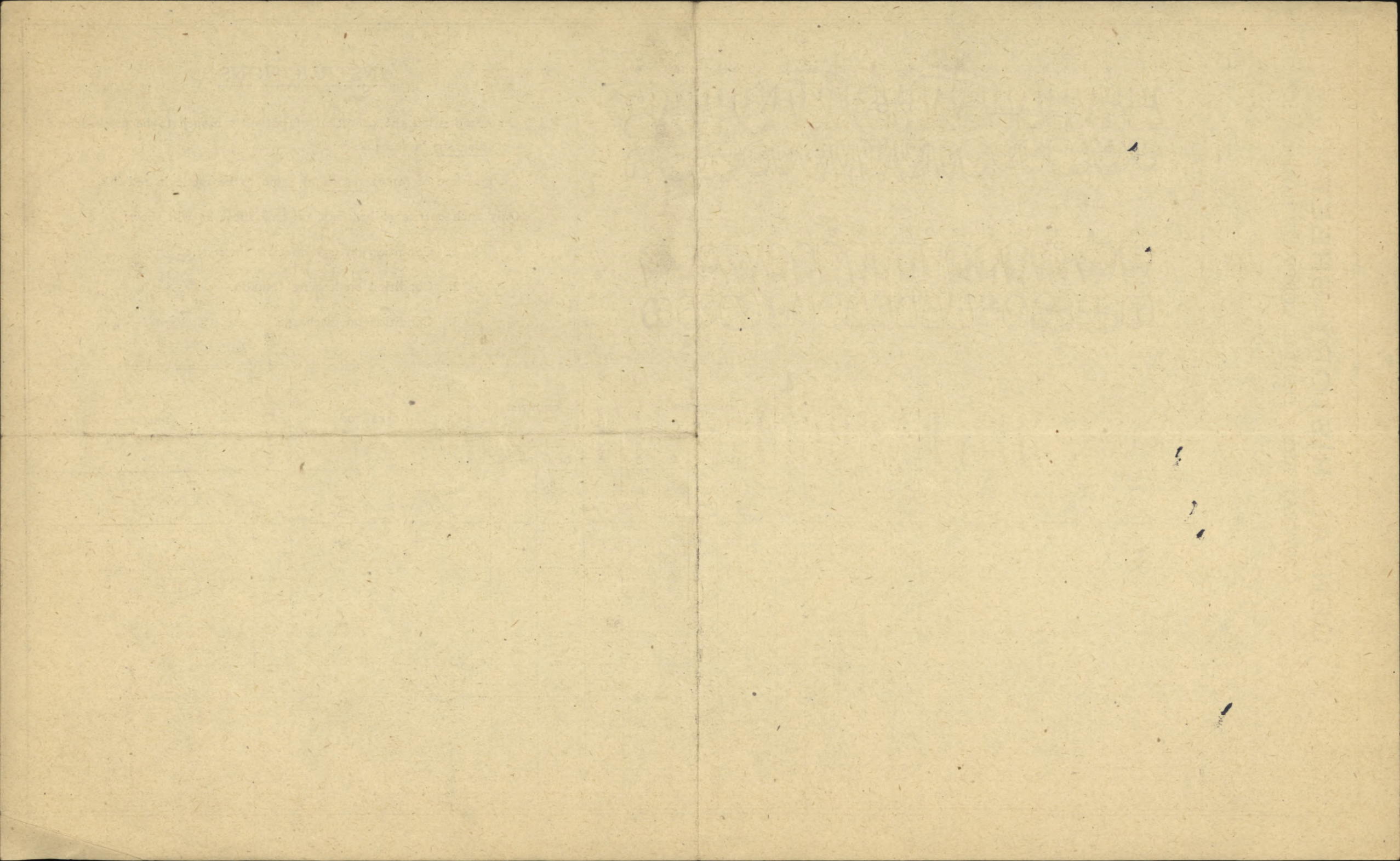
mf
28-4-22

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

| 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. | | | | |
| | | Arrived in England | S.S. Lapland | 6-10-16 | |
| | <i>C</i> | | | | |
| 13.10.16 | 150 th | <i>app</i> To be Acting Cpl. | Witley | 6.10.16 | Pt II. D.O. 203 |
| 30.6.17 | " | Reverted to perm grade a.c.k. | Witley | 30.6.17 | Pt II D 181 |
| 9.10.17 | " | App. Act. Corporal | Witley | 9.10.17 | D A 265 |
| 1.3.18 | - | S.O.S to 10 th Res | " | 1.3.18 | DO 35 9 DO 55 of 3 3 18 ^{10th Res} |
| 1.3.18 | - | Reverts to perm grade on posting to 10 th Res | " | 1.3.18 | DO 35 |
| 17.3.18 | 10 th Res | S.O.S to 5 th CmnR | " | 16.3.18 | DO 68 9 DO 16 of 11 3 18 ^{5th CmnR} |
| 17.8.18 | QR | Wounded | Field | 12.8.18 | DO 294 |
| 22.8.18 | QRD. | Y.O.S from 5 th CmnR. | B Shott. | 16.8.18 | DO # 883/26. P. 18 5 CmnR DO 204 |
| 26 II 18 | QRD | S O S to C E F, Canada | B Shott | 22 II 18 | D O 286 |

RECORDED
 22 APR 1918
 22 APR 1918



CANADIAN CONTINGENT EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE.

This form to be used for all Ranks (Vide Articles 122, 130 and 141 Financial Instructions 25715c, C.E.F., 1916)

Regt. No. 847310 Rank Pte Name Desjardins Maloeppe
 Corps 150th Bn who was Discharged
 On 20-12-18 1918, to 20-12-18
 Insert "discharged" or "transferred"

The following is a statement of the account of the above named from
1-12-18 1918, to 20-12-18 the
 inclusive date of transfer or discharge.

| Dr. | Cr. |
|--|-------------------------------|
| Bal. Dr. XXXXXXXXXX IPC..... | 10.57 |
| Advances No. <u>12140</u> | 10.00 |
| by | Reg't'l Pay 20 days 1.00..... |
| Cheques No..... | Field Allow 20 days 10..... |
| Assigned Pay & Sep'n Allow..... | Sep'n Allow..... |
| Other charges..... | Other Allowes C.C. 35.00 |
| <u>12803</u> | Sub. DO 229-244 15.20 |
| Payment on trans. or disc..... | 84.63 |
| 1st mth S.A. PDP <u>12804</u> | 20.00 |
| Bal. Cr. XXXXXX S.A. Dec..... | 10.00 |
| | Bal. Dr. PDP 63.00 |
| Total..... | 135.20 |
| | Total..... 135.20 |

Give particulars.

monthly stoppage of 15.00 has been ~~paid~~ ^{chgd} on account of assigned.

Pay for the month of Dec 1918
 to disc. (to) Assignee Mrs. C. Desjardins
 Sep'n Allow ~~for the month~~ 20-12-18 1918
 (Address)..... 612-A- Henri Julien St.
A. P. & S. A. Dec chgd on IPC Montreal, Que.

REMARKS:-

- State (1) date of enlistment..... 3-2-16
- (2) if married and if a Sep'n Allow Card has been submitted. Yes
- (3) cause of discharge..... auth DD#4 19-D-227
- (4) auth. for transfer.....

NOTE.- Separation Allowance and Assigned Pay Card and Index Card H.P. (71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement and find it to be a correct extract from the Pay List of the Unit.

Date DEC 20 1918
 Place DEMobilIZATION DIVISION

[Signature]
 CAPTAIN-PAYMASTER
 D-2-C-Demobilization Pay Division-Military Dist. 4

STATEMENT OF ASSETS AND LIABILITIES

This statement is prepared for all persons (see instructions on reverse side, page 101)

Name of the person or persons to whom this statement is prepared
Address
City
State
Zip

The following is a statement of the assets and liabilities of the person named above

Assets
Liabilities

| | |
|-------------------|--|
| Real Estate | |
| Personal Property | |
| Other Assets | |
| Bank Deposits | |
| Other Liabilities | |
| Net Worth | |

Monthly deposits of \$100.00 have been made on account of assigned... for the month of... Sec'n also for the month...

(Address) ...

- (1) Date of original assignment...
- (2) It is noted that the Sec'n also has been assigned...
- (3) Name of assignee...
- (4) Date of expiration...

(5) Separation license and assigned pay card and labor day... (6) are to accompany this original list of assignments of...

I have carefully examined this statement and find it to be correct
Signature
Date

ORIGINAL

150th Bn. P.M.C. B.E.F.
ORIGINAL
MEDICAL HISTORY SHEET.

#847310
f89
2026
JR

Surname Desjardins

Christian Name Melasppe

Examined { on 3rd day of Feb. 1916
at Montreal P.Q.

Approved by E. Cooke
Rank Capt M.O.

Birthplace { City or Town St. Maurice.
County Que.

Apparent age 38

Trade or occupation Labourer

Height 5 Feet 7 1/2 Inches.

Weight 142 Lbs.

Chest measurement { Minimum 35 inches.

Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks Nil.

Vaccination Marks { A r m Right Left.
Number One.

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

| Date. | Fit or Unfit. | EXAMINED FOR RE-ENGAGEMENT. |
|----------------|---------------|---|
| <u>4/10/18</u> | <u>DI</u> | <u>W. MacKenzie</u> <u>19 AUG 1918</u> M.O. |
| | | <u>16/1/18</u> M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | VACCINATIONS. |
|-------------------|---------|---------------------------|
| <u>3/10</u> | | <u>E. Cooke Capt</u> M.O. |
| <u>11-4-16</u> | | M.O. |
| <u>2 12-11-16</u> | | <u>W. MacKenzie</u> M.O. |

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|-----------------|------------|---------------------------------|
| <u>21/10/16</u> | <u>icc</u> | <u>T.A.B. EC</u> M.O. |
| <u>4/11/16</u> | <u>icc</u> | <u>T.A.B. EC</u> M.O. |
| <u>18-1-18</u> | <u>icc</u> | <u>T.A.B. EC</u> M.O. |

Enlisted on 3rd day of Feb. 1916 at Montreal P.Q.

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-------------------------------------|----------------|---------|----------------|
| Joined on enlistment | <u>150th Bn. Canadian Infantry.</u> | <u>847310</u> | | |
| Transferred to | <u>10th Res. Bn.</u> | | | <u>1-3-18</u> |
| | <u>5th C.M.B.</u> | | | <u>16-3-18</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|--------------------------|------------------|--------------------------|-----------------------------------|
| <u>2nd C. Brunschott</u> | <u>31-10-18.</u> | <u>ASW rt chest wall</u> | <u>BIII unlikely to be raised</u> |
| <u>Bramo hall</u> | <u>5/11/18</u> | <u>do do</u> | <u>BIII unlikely to be raised</u> |

MAJOR C.A.M.C.

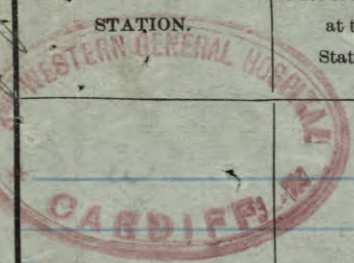
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname *Resjardina*

Christian Name *McEpsom*

McEpsom

| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | 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. |
|----------|---------------------------------|--------------------------|-------|------|--------------------------|-------|------|------------------------------|----------------------------|--|--|
| | | Admission into Ho-pital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | 16 | 8 | 18 | 30 | 8 | 18 | T & T wounds. R. chest wall. | 15. | Two fractured wounds R. chest: one behind mid chest. & one near axilla. No signs of chest complications. Pain in back. of chest. Transfr. 30/9/18 trans. to Epsom | <i>Monner</i> Capt. R.A.M.C. <i>Went</i> |
| | <i>McEpsom</i> | 30 | 8 | 18 | 9 | OCT | 1918 | no | 41 | Has. Lac R. G. & P. here - how fit ad. | <i>Wackin's</i> Capt CA 140 |



847 310

150TH

CARABINIERS MONT-ROYAL

OVERSEAS BATTALION C.E.F.

MEDICAL HISTORY SHEET.

Surname Desjardins Christian Name Melocippe

Examined { on 2nd day of February 1916
at Montreal
Birthplace { City or Town St Monique
County Deux Montagnes

Approved by Sachabaptiste
Rank _____ M.O.

Apparent age 37 -
Trade or occupation Tramway
Height 5 Feet 5-1/2 Inches.
Weight 142 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development Good
Small-Pox Marks Nil

| Date. | Fit or Unfit. | EXAMINED FOR RE-ENGAGEMENT. |
|-------|---------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Vaccination Marks { Arm. Right. Left.
Number Nil

| Date. | Result. | VACCINATIONS. |
|-------|---------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease nil

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|-------|---------|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(b) Slight defects but not sufficient to cause rejection
refer Dental Corps

Enlisted on 2nd day of February 1916 at Montreal

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|--------|----------------|---------|-------|
| Joined on enlistment | | | | |
| Transferred to | | | | |

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.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-P. 1150 IM 5/18 G.W.P. Co. (3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I, Part I.

| | | |
|---|-----------------------|----------------|
| (1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] | (2) Regiment or Corps | (3) Regtl. No. |
| P6 Desjardins M | 5th CMLR | 847310 |
| (4) Surname | | |
| (5) Christain Names | | |
| (6) Army Form, number of, Attest (tion) Form or Record of Service paper | | |
| (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] | | |
| (8) Date of birth as stated on enlistment | | |
| (9) (a) | | |

| | |
|---|--|
| (10) Enlistment (b) 3-2-16 | (11) Engagement (c) |
| (12) Service reckons from (date) | (13) Special conditions (if any) of enlistment (d) |
| (14) Any subsequent variations (if any) } of conditions of service | (Authority) (date) |

Initials and Rank of an Officer.

| (15) Category | Date | Medical Authority | Initials and Rank of an Officer | (16) (Record of Occupation in Civil life (vide Army Order 93 of 1917) |
|---------------|------|-------------------|---------------------------------|---|
| | | | | Industrial Group No. |
| | | | | Trade or Calling. |
| | | | | Married or Single |
| | | | | Particulars of Trade Test |
| | | | | Occupation Cards despatched on (date) |
| | | | | Second Occupation Card despatched on (date) |

| | | | |
|------------------------------|------------------------------|---------|--------------------------------|
| (17) Next of Kin | (18) Demobilizer (f) | (Place) | (Signature of Posting Officer) |
| (19) Pivotal-man (f) | (Date) | | |
| (20) Qualifications (g) | or (21) Corps trade and rate | | |
| (22) Extended } | | | (23) Re-engaged } |
| (24) Miscellaneous entries:— | | | |

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment, or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] It to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

| (A) Report | | (B) | (C) | (D) | (E) | (F) |
|-------------------|--------------------|---------------------------------|---|-------------------|--|--|
| Date. | From whom received | Authority of Part II. of Orders | Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named. | Place of casualty | Date of promotion, reduction, reversion, casualty, &c. | Remarks, and initials and rank of an officer |
| | 14-10-18 | 2nd C.O.D. | Attached to 2nd C.O.D. | Bramshott | 9-10-18 | Pt. II No. 243 |
| 14 NOV 1918 15 | OC. 2nd C.O.D. | | Ceases to be attached to 2nd C.O.D. | | 14 NOV 1918 | Pt. 2 D.O. No. 270 |
| 15.11.18 | GRD | 00277 | on return to... Reg. Depot attached to 2nd C.O.D. posted to Depot | B. SHAW | 14.11.18 | Simon Lieut. for OC. 2nd C.O.D. |
| 19/11/18 | 2 R.R. | | ceases to be posted to Depot Reg. Depot is 10.8. B. SHAW this Depot on proceeding to Port of Embarkation for Canada | | | |
| 22/11/18 | | | Embarked England | | | |
| 29/11/18 | | | Disembarked Canada | | | |
| 31/12/18 | 95 | | T. O. S. District Depot No. MONTREAL | | NOV 22 1918 | AUTHY. PT. II D.O. No. 279 |

Gen. Du...
QUEBEC REG'T DEPOT.

Nothing to be written in this margin.

Casualty Form—Active Service.

Regiment or Corps 150th Bn. Canadian Infantry.Regimental No. 847310 Rank Pte Name Desjardins MelasippeEnlisted (a) 2/2/16 Terms of Service (a) Out of War Service reckons from (a) 3rd Feb 1916Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }Extended _____ Re-engaged _____ Qualification (b) Labourer

| 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, Lau | Salisbury | 23/9/16 | |
| | | Disembarked Eng | Liverpool. | 6/10/16. | |
| 13-10-16 | O.C. 150th Bn | App. a/corpl. | North Witley. | 6-10-16 | Bn Part II orders No 4203-16. |
| 30-6-17 | O.C. 150th | Reverted to permanent rank. | Shitley | 30-6-17 | D.O. Part II 4181-17 |
| 9-10-17 | O.C. 150th | appointed a/cpl | Shitley | 9-10-17 | D.O. Part II 4165-17 |
| 1-3-18 | O.C. 150th Bn. | Returns to his permanent rank for the purpose of being posted to 10th Cdn. Res. Bn. | Shitley | 28/1/18 | D.O. Part II No 35-18 |
| 1-3-18 | O.C. 150th Bn. | S.O.S. on being posted to the 10th Cdn. Res. Battalion. | Witley | 28-2-18 1-3-18 | D.O. Part II No: 35-18. |
| | | | Lieut. & Adjutant 150th Cdn. Inf. 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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT.
 6 MAR 1918
 CAN RECORDS DIVISION

| Date | From whom received | 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. |
|----------------|--------------------|--|-------------------------|----------------|--|
| 3/3/18 | O.C. 10th Res Bn, | T.O.S. on posting from 150th Bn, | Witley | 1/3/18 | D.O.P. 11" 55 |
| 17.3.18 | O.C. 10th Res. Bn. | Transf. to 5th ^{Comd} Bn, C. E. F. | Witley | 16.3.18 | D.P. 11. O. 68 |
| | | <i>J. Palardian</i> Lieut | | | Ass-Adj. 10th. Can. Res. Battn, <i>WSP</i> |
| | O.C. C. B. D. | Landed in France | 5th ^{Comd} Bn. | 14/3/18 | Nom. Roll d/17.3.18 |
| | <i>C. C. H. S.</i> | Left for <i>Witley</i> | | 14/3/18 | Pt II D.O. 26 d/21.3.18 |
| | O.C. Bn. | Arrived <i>Witley</i> | | 20/3/18 | Nom. Roll d/26.3.18 |
| | | | | 27/4/18 | P. 213. d/30.3.18 |
| 12-8-18. | 1. Aus. Genl | G. S. W. Side, "S" | " | 12.8.18 | W. 3034/9795. |
| 10.8.18. | 9.C.F.A. | do | <i>ccs</i> | 10.8.18. | A. 36/7328. |
| 15-8-18. | O.C.A/T | Invalidated, wounded, and posted to St. Patrick. Quebec Reg'l. Depot, BRAMSHOTT. | | 15-8-18. | W. 3083/5771. Pt. 11. D.O. No. 88 d/26.8.18 |
| | | <i>Reverts</i> | | | Lieut. for Lieut. Col. A.A.G., Cdn. Section. G.H.Q., 3rd. Echelon. |
| <i>22-8-18</i> | <i>CRB</i> | <i>Taken on Strength</i> | <i>Boshott</i> | <i>16-8-18</i> | <i>D 0204.</i> |
| 20-12-18 | SOS Discharged. | Cat. "A" Demobilization RO. 1420 | | | <i>Paananen</i> LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F. |

DD4/DO/PT/2)249

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **847310** (Rank) **Private**

Name (in full) **DEJARDINS Meloseppe.** enlisted in
the **150 Battalion.**

CANADIAN EXPEDITIONARY FORCE at **Montreal Quebec** on the **3rd.**
day of **February** 19 **16**

HE served in **France**

and is now discharged from the service by reason of
R.O. No. 1480 Para. (A) Category (B) Medically unfit.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age **30 yrs. 3 months**

Height **5 feet 7 1/2 inches**

Complexion **Dark**

Eyes **Brown**

Hair **Grayish**

M. Dezardins
Signature of Soldier

Marks or Scars

Small scar back & in right axilla

R. W. Lee
Issuing Officer **Lieutenant,**
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge **December 20th. 1918**

Signed at **Montreal Quebec** this **20th.** day of **December** 19 **18**

in Military District No. **4**

File Reference No. **104 19-1227**

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

POST DISCHARGE PAY OFFICE

Three months Pay and allowances after discharge.



Handwritten signature

Name **Desjardins** **Maloseppe**
Surname Christian Name

Regimental Number **847310** Rank **Pte**

Address (in full) **612 A Henry Julien St.**

Unit **150th Battn.**

Montreal,

Original Unit

District where paid **M. D. No. 4.**

Date of Discharge **20-12-18**

P. D. P. Filing Number

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

L. L. 22573—M. & D. 8009.

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Over-payments 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 | | |
| | | | | | | | | | | | |

M. F. W. 127.
 60M - 617.
 1772 39-1140.

Remarks: **Account opened December 23rd, 1918.**

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Dec'n No. **W.S.G.** File No.
 Address
 Award days at \$ per day \$
 S. A. months at \$ per mo. \$
 Less P. D. P. Credited \$

Pay Soldier \$ Less further debit balance \$
 Not due paid as below
 Pay Dependent \$

TO SOLDIER OR DEPENDENT

| 0 | Ag. No. | Rate | Days | Amount |
|---|---------|------|------|--------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Amount
 Days Rate Due
 Less P.D.P. credited
 Less further Dr. Bal. or overpayment.
 Net

| Date | Ck. Order | Ck. No. | Amount | Remarks | Date | Ck. Order | Ck. No. | Amount |
|------|-----------|---------|--------|---------|------|-----------|---------|--------|
| 1 | | | | | 1 | | | |
| 2 | | | | | 2 | | | |
| 3 | | | | | 3 | | | |
| 4 | | | | | 4 | | | |
| 5 | | | | | 5 | | | |
| 6 | | | | | 6 | | | |

GEN'L AUDITOR
 Posting checked by

 Date.....

1-3-16
SEPARATION ALLOWANCEName *Desjardin Clara*
Address *612 a Henri Julien
Montreal*Name of Soldier *Desjardin Melasippe*
Regtl. No. *847310*
Rank *Pte*
Corps *150th Bn*Relation to Soldier
wife, child or mother} *wife*To what Corps belonging
when called out

PAYMENTS

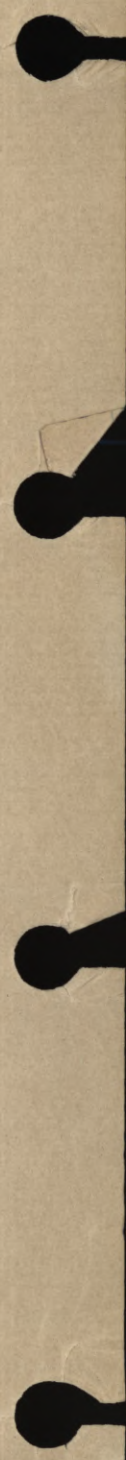
| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---------|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apl. | | | | |
| May | | | | |
| June | | | | |
| July |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



Handwritten notes, possibly including the word "Koch" and some illegible scribbles.

Handwritten notes, possibly including the number "15" and "1037".

Handwritten notes, possibly including the number "17" and some illegible scribbles.



MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

M. F. W. 11a.
 50m.-6-16.
 1772-39-818.

Sheet No. 2.

Clara Despardin

PAYMENTS

wif

Name of Soldier

Despardin Melasippe
Pto

L. L. Job 4503.-Req. 6832.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|--------------------|---------------|--|
| April | 1916 | 2 465 | 40 | |
| May | | U 2394 | 20 | |
| June | | J 9055 | 20 | <i>24/7/16</i> <i>Ans 15/7/16 Pmk 15/7/16</i> |
| July | | U 8888 | 20 | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | <i>Reopen acct with Mr Lap</i> |
| Nov. | | I 24228 | 80 | <i>Jan 13/16</i> |
| Dec. | | X 29562 | 20 | |
| Jan. | 1917 | V 28200 | 20 | |
| Feb. | | V 31373 | 20 | |
| March | | V 32058 | 20 | <i>20</i> |
| April | | Q 732 | 20 | <i>20</i> |
| May | | V 3982 | 20 | <i>20</i> |
| June | | Y 7320 | 20 | <i>20</i> |
| July | | X 10373 | 20 | <i>20</i> |
| Aug. | | E 15499 | 20 | <i>20</i> |
| Sept. | | D 19057 | 20 | <i>X</i> |
| Oct. | | 20 20001 | 20 | <i>T</i> |
| Nov. | | E 26539 | 20 | <i>B</i> |
| Dec. | | X 25509 | 20 | <i>BW 440</i> |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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. | | | | |

SEPARATION ALLOWANCE

Name *Blara Desjardins*Name of Soldier *Desjardins Milasippe*Address *946 St. Christophe*Regtl. No. *844310**612^a Henri Julien Montreal
2ue*Rank *pte*Corps *150 Batt*

Relation to Soldier

To what Corps belonging

wife, child or mother

Wife

when called out

PAYMENTS

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

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

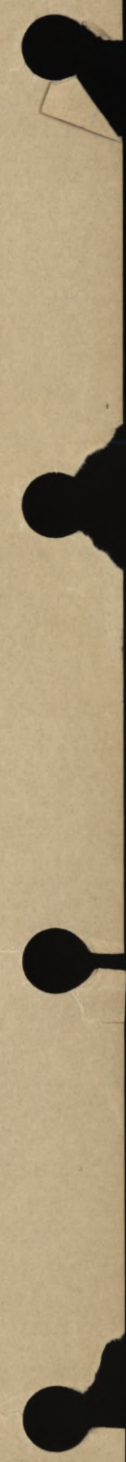
MEMORANDUM FOR THE RECORD

DATE: 10/10/54

BY: [Signature]

SUBJECT: [Faint text]

10/10/54



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier

Blara. Desjardins wife
PAYMENTS.

Desjardins Milisippe
pte

L. L. Job 95618-M. & D. 6555.

| Month. | Year. | Cheque No. | Amt. | | Remarks. |
|--------|-------|--------------|-----------|-----------|----------|
| April | 1916 | <i>Q465</i> | <i>40</i> | <i>40</i> | |
| May | | <i>U2394</i> | <i>20</i> | <i>20</i> | |
| June | | <i>J9055</i> | <i>20</i> | | |
| July | | <i>W5994</i> | <i>20</i> | <i>20</i> | |
| Aug. | | | <i>42</i> | | |
| 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 | | | | | |

Dis 15/7/16
24/7/16
15/7/16

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

Destroy

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
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. | | | | |

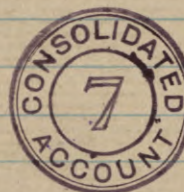
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

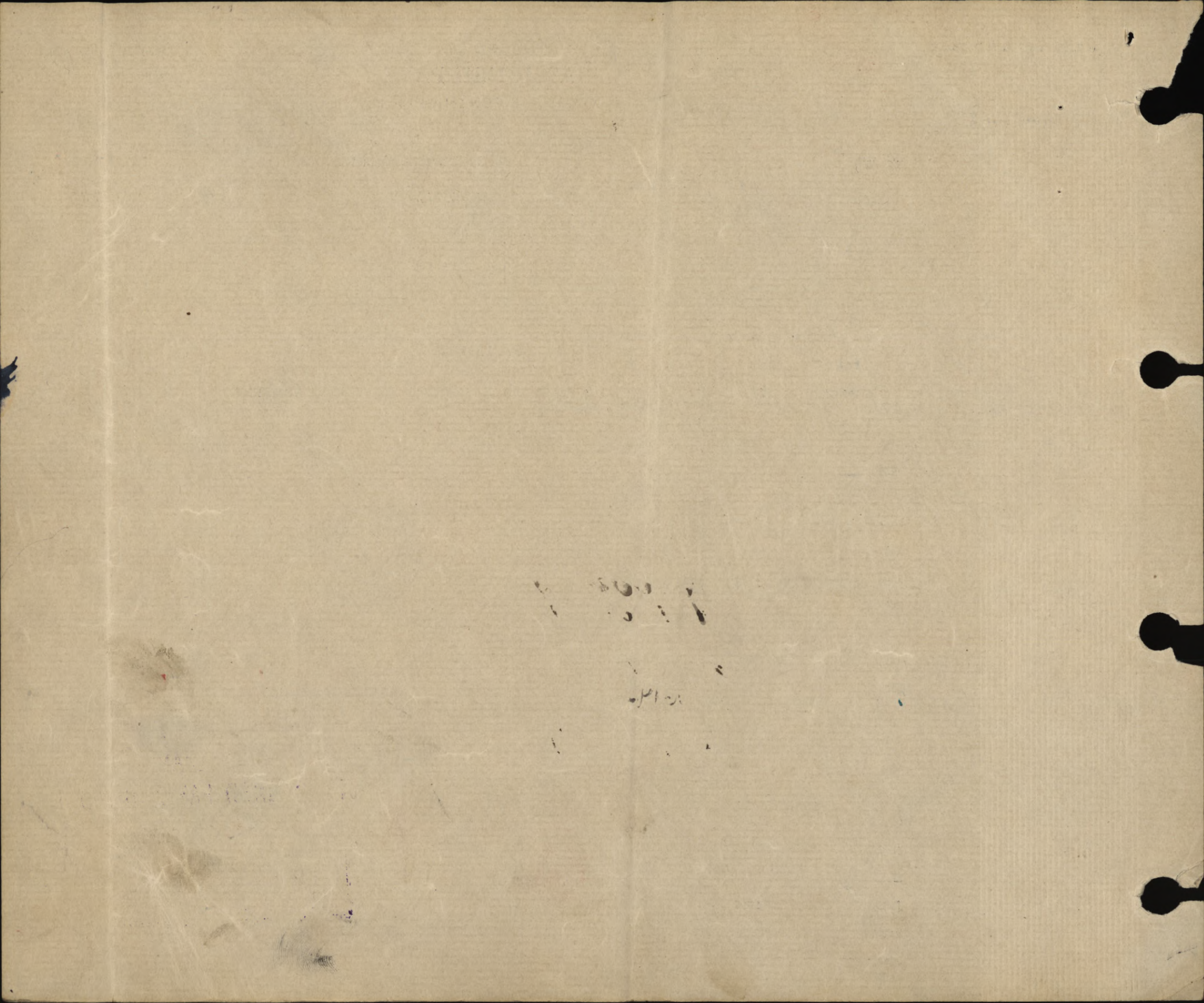
M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom *Mrs Clara Desjardins* By Whom Assigned *Melesippe Desjardins*
Address *612⁹¹ Henri Julien St.
Montreal, Que.* Regtl. No. *847310*
Rank *Cpl.*
Corps
Rate *15.00* *OGI 1 1916* *150 Base*

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 | | | | |





MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *Clara Wegardius.*
 (Assignee)

None
PAYMENTS.

Name of Soldier *Wegardius, Melissa*
847310 - Epl. 150 Batt

L. L. Job 5470—Req. 6883.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|-------------------|--------------|---|
| | | | <i>15.00</i> | <i>OCT 1 1916</i> |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | <i>P26457</i> | <i>30</i> | <i>Disch. 14/12/16 P.M.L. 150 Batt</i> |
| Dec. | | <i>P35365</i> | <i>15</i> | |
| Jan. | 1917 | | | <i>+8/12/16 S.L. 21/12/16</i> |
| Feb. | | <i>30-L 48620</i> | <i>30</i> | <i>30 Feb to Adj Per P.M.L. of MD #4 Soldier not Dischd. 48827-2-17</i> |
| March | | <i>15-L 49401</i> | <i>15</i> | |
| April | | <i>T1411</i> | <i>15</i> | <i>Future</i> |
| May | | <i>N7605</i> | <i>15</i> | <i>from that balance</i> |
| June | | <i>114408</i> | <i>15</i> | <i>if necessary have</i> |
| July | | <i>S 21610</i> | <i>15</i> | <i>15.00 made per our</i> |
| Aug. | | <i>X 27518</i> | <i>15</i> | <i>Better people</i> |
| Sept. | | <i>W 36942</i> | <i>15</i> | <i>we will advise a lot</i> |
| Oct. | | <i>L 41255</i> | <i>15</i> | |
| Nov. | | <i>A 37706</i> | <i>15</i> | |
| Dec. | | <i>853171</i> | <i>15</i> | <i>225</i> |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

**CANADIAN
 ASSIGNED PAY AUDITED**
OR J. Rose
 AUDIT CLERK
 DATE *26/12/19*

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 | | | | |
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| May | | | | |
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| 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.

Dejardins

M.

847310.

RANK

UNIT

CO.

TROOP

BATTY.

HOSPITAL

5 Bn R. Que

DATE OF ADMISSION

1. 1. Asst. Gen. Rouen.

HOSP. 12.8.18

2. 3. see F. Gardiff.
Woodcote R. alarm.

HOSP. 31-8-18

3.

HOSP.

4.

HOSP.

DIAGNOSIS

g.w. side R 566.

1.

2.

3.

DISPOSITION

6.11.18. 9294.4
19.8.18 B 296-2.
5-9-18 B/3115.
14.10.18 B 344-6

Ans. 9.10.18

DATE

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

yes *Am*
Number

847310

Rank

a/cpl

Surname

DESJARDINS

15

Christian Name

melanippe

Units

5th C.M.P.

Theatre of War

France

Date of Service

16/3/18 + 12/8/18

Remarks

Mrs. Clara B. Desjardins (W.)

Latest Address

*1151 Papineau P. Ville
Montreal P.Q.*

Roll No.

200m.-2-21.

B Reg 21801

One

TOTAL SERVICE WHERE
AND HOW LONG

DATE AND PLACE OF ORIGIN

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT

IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN

ADDRESS

HOSPITAL

DESP. FEB 10 1923
RECN. NO. 18559

M. F. W. 142.

1772-39-1171.

50m.-2-19.

* CROSS OUT

No. 847310

RANK

Pte.

NAME

Desjardins Mel

T. O. S. 3-2-16

UNIT 150th Battalion

D. O. 49, 3-2-16.

M. D. 6.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|-----------------|---------------------|---|-----------|
| | | | PARTICULARS | AUTHORITY |
| 1916 Feb. 3 | 1916 Feb. 29 | ✓ | | |
| Mar. | | ✓ | | |
| Apr. | | ✓ | | |
| May | | ✓ | | |
| June | | ✓ | | |
| July | | ✓ | | |
| Aug. | | ✓ | | |
| Sept. | | ✓ | | |
| | | | Prov 6 pl 9-8-16 | |
| | | | old payroll only. | |



SURNAME. *Lesjardins,*

CHRISTIAN NAMES *Melasippe*

REGL. No. *847310*

UNIT *150th*

FORMER CORPS *Nil*

RANK *Plc. Cpl.*

*Wlied 12-2-22. auth. S. G. R. 453 M-3. Batt
Endocarditis, myocarditis*

4. **CARD NO.**
*S.O.S. 20-12-18 4
20249 FOLL. 23-12-18
M. G. 4DD*

NEXT OF KIN.

NAMES IN FULL *Lesjardins, Mrs. Clara Blais*

RELATIONSHIP TO SOLDIER *wife*

ADDRESS *946 St. le christophe St.,
Montreal, P. Q.*

*6120 Henri Julien Ave,
(mail 511-21381 1574/116)*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, St. Monique, P. Q.* **DATE** *April 1st 1878*

PLACE OF ATTESTATION *Montreal, P. Q.* **DATE** *Feb. 3rd 1916*

*23-9-16, 0-48
4.*

R/C 28-11-18, 231/75-M. D. 4.

From Halifax Per. S. S. Lapland 23-9-16

MARRIED *Yes* SINGLE WIDOWER
TRADE OR CALLING *Teamster* RELIGION *Roman Catholic*

DESCRIPTION.

APPARENT AGE *37* YEARS *9* MONTHS
HEIGHT *5* FEET *5 1/2* INCHES
CHEST MEASUREMENT *36* INCHES EXPANSION *3* INCHES
COMPLEXION *Fair* EYES *Brown* HAIR *Grey*
DISTINGUISHING MARKS *Scar right knee, scar left groin.*

MEDICAL EXAMINATION. PLACE *Montreal, P. 2* DATE *Feb. 2nd 1916*

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

118

REGT'L. No. 847310

NAME Desjardins Melasippe

A. Q. FILE No. 649

RANK AND CORPS

Pte. 5th Regt C M R

Follows No. Form 150 B

CABLE

NATURE OF CASUALTY

FOLLOWS

800. 4

DATE

#25-9 198-18 Adm / quote Gen H. Raven Aug
No 2794 17-8-18 12th 1918. SW side.

104 Mrs Clara Blais Desjardins wife
612 a Henri Julien Ave
Montreal P. Q.

7-4.

Wdm. 188, 3-10-18. O. p. Woodcote P. K. Couv. Hosp. Epsom
repts. will be disch. from Hosp. D. 1.

Wdm 6352-29-9-18 Choroameas 2/17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|--------------------------------|-------------------|----------------------|---------------|
| B296-1. | 3 W. G. Cardiff. | 8-8-18. | Gsw. Rt side. |
| B311 ^s _T | mit Cowpl. E prom | 31-8-18 | Gsw r. side |
| B344 ^b | Aisch | 9-10-18 | " " " |

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1-10-16 EFFECTIVE DATE: -
AMOUNT: 15.00 *stopped off 1.12.18* AMOUNT: -

NAME: *DESJARDINS. Melasippe. (Sr)*
NUMBER: 847310

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

Mrs Clara Desjardins. (Wife)
612^A Henri Julien St.
Montreal. Canada

| PARTICULARS OF RANK OR APPOINTMENT | | |
|---|----------------|---------------------|
| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
| <i>Res't Pay 2nd Lt. - 15-3-18</i> | | <i>Pte</i> |
| <i>20th par. de la. 13.6.18. 15-3-18. 10 Res</i> | | |

UNIT AND TRANSFERS

This balance cannot be certified correct owing to non-receipt of Active Service Pay Book.

ORIGINAL UNIT: *150th Bn.*
DATE ACCOUNT FIRST OPENED: *1-10-16*

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'S F'D | UNIT TRANSFERRED TO |
|------------|----------------|---------------------------|--------------------------------------|
| <i>26.</i> | <i>17-3-18</i> | <i>1-4-18</i> | <i>25-4-18 5th C.M.R.</i> |
| <i>204</i> | <i>1-9-18</i> | <i>20-9-18</i> | <i>2nd Bn. Can. Sec</i> |

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 |
|-----------------|---------------|--------------------------------------|--------------|-----------------|---------------|--------------|--------|
| <i>12.11.18</i> | <i>578</i> | <i>2nd C.C.O. 74.1.0.</i> | <i>19.71</i> | <i>6/12</i> | | | |
| <i>30.11.18</i> | | <i>C. Bal. 54.43</i> | | | | | |

| DAILY RATES OF PAY AND ALLOWANCES | | | | |
|-----------------------------------|-------------|-----------|--------|---------------|
| AUTHORITY | PAY | F.A. | P.F.A. | SUBSCE ALL'CE |
| | <i>1.00</i> | <i>10</i> | | |

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Can. 1.12.18. Anct. QRPD NR 158 14th Disposal*

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|-----------------|--|--------------|-------|--|--------------|-------|-------|--------------|---------------|-----------------|------------|
| <i>March/31</i> | <i>Bal Ford</i> | | | | | | | | <i>24.69</i> | <i>RR 6.80</i> | |
| <i>April</i> | <i>Pay & Allow</i> | <i>33</i> | | <i>A.P. Canada</i> | | | | <i>15.00</i> | <i>42.69</i> | | |
| | | | | <i>AR 4005/203. 150 Bn 6/2/18</i> | <i>10</i> | | | | <i>42.59</i> | | |
| | | | | <i>1117 10 Bn 7/3/18</i> | <i>06</i> | | | | <i>42.53</i> | | |
| | | | | <i>AR 56. 257+18. 5th C.M.R</i> | <i>7.14</i> | | | | <i>35.39</i> | | |
| <i>May</i> | <i>P. Pay</i> | <i>33</i> | | | <i>7.30</i> | | | <i>15.00</i> | | <i>RP 15.00</i> | |
| | | <i>34.10</i> | | <i>A.P. Can</i> | | | | <i>15.00</i> | <i>54.49</i> | | |
| | | | | <i>AR 123 8-5-18 5 C.M.R</i> | <i>3.57</i> | | | | <i>50.92</i> | <i>RP 2.40</i> | |
| | | | | <i>191 29-5-18</i> | <i>3.57</i> | | | | <i>47.35</i> | | |
| | | <i>34.10</i> | | | <i>7.14</i> | | | <i>15.00</i> | | | |
| <i>June</i> | <i>P. Pay</i> | <i>33</i> | | <i>60. leave</i> | | | | <i>15.00</i> | <i>32.35</i> | | |
| | | | | <i>AR 200 8-6-18</i> | <i>3.57</i> | | | | <i>28.78</i> | <i>RP 12.61</i> | |
| | | | | <i>27 22.6.18 9 C.M.R</i> | <i>3.57</i> | | | | <i>58.21</i> | <i>RP 2.40</i> | |
| | | <i>33</i> | | | <i>7.14</i> | | | <i>15.00</i> | | | |
| <i>July</i> | <i>P. P</i> | <i>34.10</i> | | <i>AP</i> | | | | <i>15.00</i> | <i>77.31</i> | | |
| | | | | <i>AR 296 8 C.M.R 16/7/18</i> | <i>4.46</i> | | | | <i>69.28</i> | | |
| | | | | <i>473</i> | <i>3.57</i> | | | | <i>69.28</i> | | |
| | | <i>34.10</i> | | | <i>8.03</i> | | | <i>15.00</i> | | <i>12.61</i> | |
| <i>Aug</i> | <i>P. Pay</i> | <i>34.10</i> | | <i>A.P.</i> | | | | <i>15.00</i> | <i>88.38</i> | <i>RP 2.40</i> | |
| | | <i>34.10</i> | | | | | | <i>15.00</i> | | | |
| <i>Sept</i> | <i>P. Pay</i> | <i>33</i> | | <i>C.A.P</i> | | | | <i>15.00</i> | <i>106.38</i> | <i>12.61</i> | |
| | | | | <i>AR 2682 C.M.R. 13/9/18</i> | <i>9.73</i> | | | | <i>96.65</i> | | <i>and</i> |
| | | | | <i>AR 27215 1st Bn 2/9/18</i> | <i>9.73</i> | | | | <i>86.92</i> | <i>RP 2.40</i> | <i>and</i> |
| | | <i>33</i> | | | <i>19.46</i> | | | <i>15.00</i> | | | |
| <i>Oct</i> | | <i>34.10</i> | | <i>as p</i> | | | | <i>15.00</i> | <i>106.02</i> | | |
| | <i>17. 9th 7th 21st 12th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st</i> | | | <i>AR 1829 Epsom 9/10</i> | <i>48.67</i> | | | | <i>57.35</i> | | |
| | <i>Do. 24th 2nd C.C.O. 14/10/18</i> | <i>8.76</i> | | <i>5411 2nd Bn 24/10</i> | <i>9.99</i> | | | | <i>66.11</i> | | |
| | <i>Restricted Pay</i> | <i>42.86</i> | | | <i>58.64</i> | | | <i>15.00</i> | <i>56.14</i> | | |

New address to 90746 bound 2/18/18

1918 NUMBER 847310 RANK NAME DESTARDINS *Mélasippe*

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|--------------|----------------|-----------|--------|---------------------------|-------------|-------|-------|-----------|-------------|----------|------------|
| <i>30/10</i> | <i>bal fwd</i> | | | | | | | | <i>5614</i> | | |
| <i>Nov.</i> | <i>P. P.</i> | <i>33</i> | | <i>C. A. P.</i> | | | | <i>15</i> | <i>7414</i> | | |
| | | | | <i>AK 5788 recd 14/11</i> | <i>1971</i> | | | | <i>5443</i> | | |
| | | <i>33</i> | | | <i>1971</i> | | | <i>15</i> | | | |
| | | | | <i>88 loan 22-11-14</i> | | | | | | | |

CANADIAN
 ASSIGNED PAY AUDITED
o/k
Sonohaus
 AUDIT CLERK
 DATE *26/3/18*

847310, ~~Atty. Gen.~~ ^{PLG. 28.18} ^{Oct 9/17} *Se. Desjardins* *Mississippi Sr. (A.P. 15⁰⁰) Canada*

| 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. | | | | | | | | | | | | | | | | | | | |
| <p>MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE DEPER. RED. PAY SER. ALLGE. ENG.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1917 | <p>Balance B.F. 6090 6090 5⁴⁶ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct. 15 | <p>P.B. 9th - 31st = 23 days 27 60 A.P.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | <p>P.P. 1st to 8th = 8 days 880 AR 685-150th Res - 16/9 4 86</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>36 40 " 733 " - 24/9 12 17 15⁰⁰ 65 27 6⁶¹ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov. | <p>P-Cpl. 36 - " 856 " - 27/10 12 17</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | <p>37 20 A.P. - Nov. 15⁰⁰</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AR 798-150th Res - 15/10 4 87</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>" 920 - " - 13/11 9 73</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AP - Dec. 15⁰⁰</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Q 203 - 150th Res 13/10 - 2 25</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Q 87 - " 1/9 - 1 78 30 80</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1918 | <p>Jan P-Cpl. 73 20 37 20 A.P. Jan 15⁰⁰ 77 67 9⁶¹ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>A.P. Jan 15⁰⁰</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>A.R. 1031 150th Res 24/11 - 9 43</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>" 1102 " 5/12 - 9 73</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>" 1160 " 14/12 - 14 60 34 06</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feby | <p>" " 37 20 33 60 " 1241 - " - 9/18 9 73 15⁰⁰ 65 81 11¹¹ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>" " 33 60 " 1284 - " - 29/1 14 60 15⁰⁰</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>A.P. Jan 15⁰⁰</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AR 1350 - " 11/2 - 24 33 48 66 15⁰⁰ 35 75 12⁶¹ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mch. | <p>AP Jan 15⁰⁰ 20 75</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AR 1443-150th Res - 26/2 9 73 11 02</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>" " 37 20 48 22</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>Credited as Cpl. instead of 20 PLG - Feb. 128 - Mch 31 32 days x .10 3 20 45 02</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AR 1173-10th Res - 11/3 4 87 40 15</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>3 days Awt - Feb 28 - Mch 2 7 days FP 2 - Mch 6 - 12 S.D. 59, 10 Res, 7/3/18 11 00 29 15 6 30</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>AR 1612-38W - 22/3 4 46 19 06 14 20 15⁰⁰ 24 69 12⁶¹ ✓</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>37 20</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Restricted Pay, 2 months, 20th per diem, off. 15/3/18 - 83 69 - 10 Res, 16th (Mch 15 - May 15)

This space to be for numbers.

Dead
D 648 249

1-6-33

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

| | | |
|--|---|----------------------|
| No. | 847310 | |
| Rank | Private | |
| Name | DEJARDINS Maloseppe. | |
| <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small> | | |
| Corps (Squadron, Battery or Company) | 150 Battalion. C.E.F. | |
| Date of Discharge | December 20th. 1918 | |
| Place of Discharge | Montreal Quebec. | |
| 1. | DESCRIPTION AT THE TIME OF DISCHARGE. | |
| Age..... | <i>40</i> years..... | 8 months. |
| Height..... | 5 feet..... | <i>7 1/2</i> inches. |
| Complexion | Dark | |
| Eyes | Brown | |
| Hair | Grayish | |
| Trade | Laborer | |
| Intended place of residence | 612A Henry Julien Street | |
| (To be given as fully as practicable.) | Montreal Que. | |
| | Descriptive Marks | |
| | Small scar back & in right axilla. | |
| 2. | The above-named man is discharged in consequence of | |
| | R.O. 1420 Para(A) Category (E) Medically Unfit | |
| <small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small> | | |
| To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificates and initial them. | 3. Conduct and character while in the service have been, according to the records, etc. | |
| | <small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small> | |
| | 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) | |

Increased
R.P.C. Letter 7522
21.12.18 649-11-11491

M. F. B. 218.

M.F.B.—6-15.
H. Q. 1772-39-113

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal Quebec M Desjardins (Signature of Soldier.)

(Date) December 20th 1918 H M Popoff (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal Que.

(Signature) [Handwritten Signature] Lieutenant,

(Date) December 20th 1918

Officer in Charge Discharge Section, District Depot No. 4

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No. Reservations. *In Desparatiens*

List of Discharge Documents.

| | |
|---|---|
| <p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p> | <p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p> |
|---|---|

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date of Enlistment

1/3/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

D

3517

Oct. 1/16

RATE OF SEPARATION ALLOWANCE

| | | |
|----|----|----|
| 20 | 25 | 30 |
|----|----|----|

1-9-18
Pl 2753
MO. 32311

PARTICULARS OF SEPARATION ALLOWANCE

No. 847310

Rank Cpl. Promoted Reverted Discharge

Soldier's Name Melesippe Desjardins

Battalion 150 Battrn.

Beneficiary Clara Desjardins

Relationship wife

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Clara Desjardins (wife)

Address 612 a. Henri Julien St. Montreal Que.

- 1
- 2
- 3
- 4

M 22554-4-9-18

| Date 1917 | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|-----------|------------|------------|------------|-------|--------------------------|
| Dec 31 | | 440 | 225 | 665 | Old S.A. under Desjardin |
| Jan | X 65542 | 30 | 15 | 45 | Pbl. |
| Feb | E 95019 | 25 | 15 | 40 | M |
| Mar | A 124178 | 25 | 15 | 40 | M |
| Apr | B 6478 | 25 | 15 | 40 | M |
| May | O 15270 | 25 | 15 | 40 | R |
| June | I 26354 | 25 | 15 | 40 | R |
| July | Q 31041 | 25 | 15 | 40 | R |
| Aug | I 40311 | 25 | 15 | 40 | R |
| Sept | W 43314 | 25 | 15 | 40 | R |
| Oct | O 52358 | 25 | 15 | 40 | a |
| Nov | J 61433 | 25 | 15 | 40 | a |
| Dec | A 68260 | 45 | 15 | 60 | T R. |

CANADIAN
ASSIGNED PAY AUDITED

J. Rose
AUDIT CLERK

DATE 26/1/19

M. F. W. 128
4004-6-17-1772-36-1141
L. L. 22820-M. & D. 1986.

Account Closed closed 31/12/18
Ret'd per *quittances*
Date 27/12/18
Clerk *J. Rose*

no 45376

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION.....Montreal.....DATE.....December 14th, 18.

1. 1 (a) Unit District Depot #4 (b) Regimental No. 847310 (c) Rank Pte.
 (d) Surname Desjardins (e) Christian name Maloseppe,

2. Age last birthday 43 Date of birth May 4th, 1875.

3. Enlisted at Montreal on February 3rd, 1916.

4. Personal description:—

(a) Height 5.7½ (b) Weight 142 (c) Complexion Dark
(stripped)

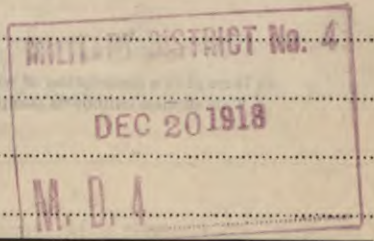
(d) Colour of hair Grayish (e) Colour of eyes Brown (f) Identification marks Small

scar back & in right axilla

5. Address after discharge (for the use of the Board of Pension Commissioners).....

512 St. Henri Julien Montreal

6. Former trade or occupation Labourer



7. (a) Service

| | Years | Days |
|-----------------|-------|------|
| 150th Battalion | | |
| 5th C.M.R. | | |
| D.D.No.4. | | |

| | PERIODS | |
|-----------------|------------------|-------------------|
| | From | To |
| 150th Battalion | Feb. 3rd, 1916. | March 11th, 1917. |
| 5th C.M.R. | March 11th, 1917 | Dec. 1st, 1918. |
| D.D.No.4. | Dec. 1st, 1918 | Date. |

(b) Has he been overseas? Yes 8. Original disease or disability Bullet wound of chest

(a) Date of origin August 9th, 1918 (b) Place of origin France.

(c) Cause* Bullet (Machine Gun)

(d) Present disease or disability 1. ~~Wound~~ rightside 11. V.D.H.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Well developed, well nourished, a los looks to be about stated age. Lungs normal. Pulse 72 at rest, bending down to floor six times causes marked dyspnoea and acceleration of pulse to 90 - return in 2 minutes.

9. Present condition.—(Continued.)

to normal. Apex beat in nipple line. Auscultative shows presence of a "to & fro" murmur at apex with diastolic murmur well heard over Antic cartilage. Both mitral and Aortic Regurgitative present compensation good although man states that ascending a flight of six stairs causes shortness of breath. States also that he has never had to fall out of the line of march. Complains of some weakness in right arm in lifting.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous Yes Digestive Yes Respiratory Yes Cardiac No Genito-Urinary Yes Skin, Middle Ear, Eye or any other part. Yes

are two small scars one at level of 2nd lumbar vertebra just external to mid-line and the other (exit wound) mid-axillary line at level of mammary gland. Both wounds are non-adherent and are not tender. All movements of arm and shoulder normal but there is some pain on forcible contraction of the right

Latissimus. Dorsi no impairment of power of grip or in

10. History: (a) of Condition referred to in "a" section 9.

muscles of arm.

Wounded August 9th, 1918 on the Amiens front.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Not applicable. Yes 50%

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. & 11. No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. 6 months. 2. Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

3rd Western General Hospital Cardiff. 16-8-18 to 30-8-18. M.C.H. Spson 30-8-18 to 9-10-18.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed?
(If not, briefly state why.)

Yes

17. Recommendations

Category "E"

W. C. G. ... Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

M. Desjardins
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur except Section 11 instead of Yes 50% should read "N.A."
in so far as on the original Medical History Sheet there is no
remark made as to V.D.H.

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

20. It is certified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "E"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

R.R. Scottth Capt. President.

C.R. Bourne Capt. Members.

PLACE Montreal

DATE 14-12-18

APPROVED BY

APPROVED BY

R. Spence M.C.D. Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 14-12-18

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed. Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

Members.

DATE

To be made out in duplicate

H.Q. 54-21-23-53.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C.E.F.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number... *847310*

(3) Full name of Soldier... *Melacippe Desjardins*

(4) Place of Birth... *Ste Monique Quebec*

Canada

(5) Are you married, or not?... *Married*

(6) If married, state,

(a) Full name of your wife.....

Clara Blais-Desjardins

(b) Present Postal address... *612^a Henri-Julien,*

Montreal-Canada

(7) Are you a widower?... *No*

(8) Have you any children?... *yes, Four*

If so, give number of boys and girls... *2 boys, 2 daughters*

Also their names and ages.....

Loussaint, 17 years old
Albertine 14 " "
Germaine 13 " "
Donat 11 " "

STATEMENT OF FAMILY OF AN OFFICER OR ENLISTED MAN

(1) Name of Soldier or Sailor

(2) Residential Address

(3) Birth Date of Soldier or Sailor

(4) Name of Mother

(5) Are you married or not?

(6) If married, name of wife

(7) Present Post Office Address

(8) Are you a citizen?

(9) Have you any children?

If so, give number of boys and girls

and their names and ages

8/1/17

John Doe

St. Paul, Minn.

Married

John Doe

John Doe

Yes

Two boys and one girl

John Doe

John Doe

John Doe

(9) Is your Father alive?..... *Yes*

If so, state name and address.....

(11) If your Mother is a widow..... *dead*

Are you her sole support, or not?..... *nil*

(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.

..... *nil*

(13) If you have no wife, father, mother or children, state name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... *To my wife*

(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..... *It is done*

..... *Subscribed \$2.00 per month out of my pay*

(15) Are you insured?..... *Yes*

If so, in what company?..... *me*

Have you made arrangements for payment of your insurance premium?.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

DATE.....

August 30th 1916

H. Barnett
Lieut. Colonel, Officer Commanding.

(9) Is your father alive?

If so, state name and address.

(10) If your mother is a widow, are you her sole support, or do you have other support?

(11) If sole support of widow's mother, state what support you have given her for each year since your marriage, also

reason she has no other support than yourself.

(12) If you have a wife, father, mother or children, set so name and relationship with full postal address of your next of kin, so whom you would desire any communication to be sent concerning you.

(13) If you have a wife, father, mother or children, have you applied to the Director of your State for assistance?

If not, why not?

(14) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(15) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(16) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(17) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(18) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(19) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

(20) Do you have a wife, father, mother or children, who are dependent on you for support, and have you applied to the Director of your State for assistance?

If not, why not?

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Montreal DATE December 14th, 18.

1 (a) Unit District Depot #4 (b) Regimental No. 847310 (c) Rank Pte.
 (d) Surname Desjardins (e) Christian name Maloseppe,
 2. Age last birthday 43 Date of birth May 4th, 1875.
 3. Enlisted at Montreal on February 3rd, 1916.

4. Personal description:—

(a) Height 5.7½ (b) Weight 142 (c) Complexion Dark
(stripped)
 (d) Colour of hair Grayish (e) Colour of eyes Brown (f) Identification marks Small
scar back & in right axilla

5. Address after discharge (for the use of the Board of Pension Commissioners)

612 St. Henri Julien Montreal Que.

6. Former trade or occupation Labourer

7. (a) Service

| | PERIODS | |
|------------------------|-------------------------|--------------------------|
| | Years | Days |
| <u>150th Battalion</u> | <u>Feb. 3rd, 1916.</u> | <u>March 11th, 1917.</u> |
| <u>5th C.M.R.</u> | <u>March 11th, 1917</u> | <u>Dec. 1st, 1918.</u> |
| <u>D.D.No.4.</u> | <u>Dec. 1st, 1918</u> | <u>Date.</u> |

(b) Has he been overseas? Yes 8. Original disease or disability Bullet wound of chest

(a) Date of origin August 9th, 1918 (b) Place of origin France.

(c) Cause* Bullet (Machine Gun)

(d) Present disease or disability 1. ~~Weakness~~ rightside 11. V.D.H.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Well developed, well nourished also looks to be about stated age. Lungs normal. Pulse 72 at rest. bending down to floor six times causes marked dyspnoea and acceleration of pulse to go - return in 2 minutes.

4

9. Present condition.—(Continued.)

to normal. Apex beat in nipple line. Auscultative shows presence of a "to & fro" murmur at apex with diastolic murmur well heard over Antic cartilage. Both mitral and Aortic Regurgitative present compensation good although man states that ascending a flight of six stairs causes shortness of breath. States also that he has never had to fall out of the line of march. Complains of some weakness in right arm in lifting.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. No Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. Yes

are two small scars one at level of 2nd lumbar vertebra just external to mid-line and the other (exit wound) mid-axillary line at level of mammary gland. Both wounds are non-adherent and are not tender. All movements of arm and shoulder normal but there is some pain on forcible contraction of the right satissimets. Dorsi no impairment of power of grip or in

10. History: (a) of Condition referred to in "a" section 9.

muscles of arm. Wounded August 9th, 1918 on the Amiens front.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

Not applicable. Yes 50 %

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?..... 1. & 11 No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?..... 1. 6 months. 2. Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

3rd Western General Hospital Cardiff. 16-8-18 to 30-8-18. M.C.H. Spsom 30-8-18 to 9-10-18.

OPINION OF THE MEDICAL BOARD

14 (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed?
(If not, briefly state why.)

Yes

17. Recommendations

Category "E"

W. C. Gooding Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

M. Desjardins
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur except Section 11 instead of Yes 50% should read "N.A." in so far as on the original Medical History Sheet there is no remark made as to V.D.H.

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit,
- (e) Unfit for service in Categories A, B and C,

- (Category A) (Yes or No).
- (" B) (Yes or No).
- (" C) (Yes or No).
- (" D) (Yes or No).
- (" E) (Yes or No).

20. It is certified that the soldier

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category "E"

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

R.R. Scottth Capt President.

G.R. Bourne Capt Members.

PLACE... Montreal

DATE... 14-12-18.

APPROVED BY

J.R. Speer M.C. Assistant Director of Medical Services.

APPROVED BY

Director-General of Medical Services.

DATE... 14-12-18.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness... Signed... Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members.

Bpl

FORM OF WILL.

92891

I, Madrasippe Desjardins (Name in full)
Regimental Number 847360 serving in 150th Overseas Battalion C. E. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

OK
112^A Avenue Julien Ave
Montreal

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

absolutely, and my personal estate I bequeath to

Mrs Clara Blain Desjardins
612^e Avenue Julien
Montreal
(Wife)
Name & Address
of person or
persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 20th day of December A.D. 1916.

M Desjardins Signature. ✓

* 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.

Name of Witness.....
Address of Witness.....
Occupation of Witness..... 150th Overseas Bn., C.E.F.
Name of Witness..... Provost Lieut
Address of Witness.....
Occupation of Witness..... 150th Overseas Battalion C. E. F.

Now Roll 21
Ret'd from MD 4.

Reserved for M.H.C.

Regt. No. 847310 Rank RTE Surname DESJARDIENS Christian Name MELLOE PPE
 Unit or Corps—(a) Overseas from United Kingdom 5th C.M.R. (b) In United Kingdom 23rd RES.
 Born at—Town ST. MONIQUE County or Province QUEBEC Country CAN.
 Date of Birth—Day 4th Month MAY Year 1875 Age 43 yrs. 6 months.
 Joined at MONTREAL Date 3rd Feb. 1916
 Former Trade or Occupation LABORER
 Permanent marks or peculiarities that will serve for future identification

NIL.

Height—feet 5 inches 7 1/2 Colour of eyes BROWN
 Signature of Soldier (for identification purposes) M Desjardiens

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the disease or injuries from which they resulted).
 (Follow the official nomenclature in stating the disease or injury.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

PAIN RIGHT CHEST.

Disabilities Group (b)

SENILITY

Disabilities Group (c)

NIL

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

| | Disease or injury to which the disability is due. | Place of origin. | Date of origin. |
|-------------------------------|---|------------------|------------------|
| (i.) As to Group (a) above. | <u>G. S. W.</u> | <u>FRANCE</u> | <u>AUG. 1918</u> |
| (ii.) As to Group (b) above. | <u>N. A. G. E.</u> | <u>N. A.</u> | <u>N. A.</u> |
| (iii.) As to Group (c) above. | <u>N. A.</u> | <u>N. A.</u> | <u>N. A.</u> |

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? NO. If yes, has Active Service aggravated it? N. A.
 (ii.) As to Group (b) above? N. A. If yes, has Active Service aggravated it? N. A.
 (iii.) As to Group (c) above? N. A. If yes, has Active Service aggravated it? N. A.

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? YES
 (ii.) As to Group (b) above? N. A.
 (iii.) As to Group (c) above? N. A.

5-

5. If a cause of disability was an injury received on Active Service, was it received—

399 (i) While on duty? YES-VERDUN (ii) While off duty? N/A
(iii) Was a Court of Inquiry held N.A. (iv) Where? N.A. (v) When? N/A
(vi) Opinion of the Court? N.A.

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient, wounded by bullet passing through rt chest on Aug 9th 18. 3rd West. Gen. Hp. 16-8-18 to 30-8-18 "T-T" wd. rt chest wall. No sign of chest complications. Pain in back of chest "approx" 30-8-18 to 9-10-18. "Fit for D.T."

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient is well developed and nourished and apparently of stated age. He complains of continual severe pain dorsal aspect, rt chest radiating to front & region of mammary gland. Examination shows small punctate scar of entrance at upper lumbar vertebrae 1/2" ext to mid line, scar of exit in mid axillary line opposite mammary gland. There is tenderness on pressure over lower ribs. Chest examination is negative. The patient's age makes him unfit for A category or heavy work.

8. OPERATION. (i) Was one performed? NO (ii) If so, state what. N.A. (iii) Was one advised and declined? NO

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? NO (ii) If so, describe. N.A.

10. DO YOU RECOMMEND:—

(a) Fit for duty? NO (b) Fit for base duty? YES. B.T.T. unlikely to be raised in six months (c) Invalid to Canada? NO (d) Discharge from the Service as permanently unfit? NO

Date of Report 31-10-18 191

Signed W. W. Marsh Major Officer in medical charge of case.

Station 2nd Aero Bramshott

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

MAJOR C.A.M.C. { Officer i/c Hospital } Strike out one { S.M.O. Brigade } of these.

Dated at 4/11/18 Station, on 4/11/18 1918

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *Yes.*
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *Yes.*
If not, indicate it.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier { Caused? *No.*
Aggravated? *No.*
(b) Misconduct of the Soldier { Caused? *No.*
Aggravated? *No.*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%). *h.a.*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or all.) *h.a.*

16. Permanency of the Pensionable Disability estimated next above in (15). *h.a.*
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *h.a.*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *No.*

(b) Fit for base duty? *Yes 13 months & 1 day*

(c) Invalid to Canada? *No.*

(d) Discharge from service as permanently unfit? *No.*

Classification for the Military Hospitals Commission.

Date of Board 5 NOV 1918

Station Bramshott.

Signatures of the Board

W. Dutton Travis President
Frank P. Jones Capt

Approved *S. G. Chem* Major, D.A.D.M.S. for A.D.M.S.

A.D.M.S.

Dated at Canadian Troop Bramshott. Station

5 NOV 1918

4

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

[Handwritten notes and signatures in the recommendation section]

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.

