

# PIÈCE D'ATTESTATION.

## CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

### QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... **Desjardins**.....
- 1a. Quels sont vos noms de baptême?..... **Pierre, Paul**.....
- 1b. Quelle est votre présente adresse?..... **Terrebonne, Que.**.....
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... **Terrebonne, Que.**.....
- 3. Quel est le nom de votre plus proche parent?.. **Pierre Desjardins**.....
- 4. Quelle est l'adresse de votre plus proche parent? **Terrebonne, Que.**.....
- 4a. Quel est votre degré de parenté avec icelui?... **My Father**.....
- 5. Quelle est la date de votre naissance?..... **14th May, 1893**.....
- 6. Quel est votre métier ou profession?..... **Mouleur**.....
- 7. Êtes-vous marié?..... **No**.....
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... **Yes**.....
- 9. Faites-vous déjà partie de la Milice active?..... **No**.....
- 10. Avez-vous déjà fait du service militaire?..... **No**.....  
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... **Yes**.....
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... **Yes**.....

### DÉCLARATION REQUISE DU SUJET

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

*Pierre Paul Desjardins* (Signature de la Recrue)

Date **May 5th**..... 1916. *Lefarand Lieut* (Signature du Témoin)

### SERMENT REQUIS DU SUJET

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

*Pierre Paul Desjardins* (Signature de la Recrue)

Date **May 5th**..... 1916. *Lefarand Lieut* (Signature du Témoin)

### CERTIFICAT DU MAGISTRAT

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

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

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

présence, à *Notre-Dame-de-la-Porte*..... ce *5*..... jour de *mai*..... 1916

*[Signature]* (Signature du Juge).....

*Jean... noté...  
le 5-12-1916*

# Signalement de Pierre, A. Desjardins à l'Enrolement

Age apparent 22 ans 11 mois.  
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

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

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

Taille ..... 5 pieds 4 1/2 pouces

Mesure de la poitrine {  
 Tour de poitrine, à pleine expansion 35 pouces  
 Marge d'expansion 3 pouces

Teint ..... Brun

Yeux ..... Brun

Chevelure ..... Brune

Confession religieuse {  
 Anglican .....  
 Presbytérien .....  
 Méthodiste .....  
 Baptiste ou Congregationaliste .....  
 Catholique Romain ..... alt  
 Juif .....  
 Autres dénominations .....  
(Indiquer laquelle)

## CERTIFICAT D'EXAMEN MÉDICAL

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

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

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

Date ..... Mai 5 1916 ..... Dr Campbell  
 Lieu ..... Montreal ..... Cap St-Jacques  
Médecin-Officier.

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

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

## CERTIFICAT DE L'OFFICIER COMMANDANT

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

..... (Signature de l'officier.)

Date ..... 6 mai ..... 1916

REGIMENTAL DOCUMENTS

NAME

*Desjardins, Pierre Paul*

REGT. NO.

*856406*

UNIT

H. Q. FILE NO.

**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

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

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

**M**

*0-2*

DEATH

Category

**4**

*Dead 9-6-18*

DISCHARGE

Category

**13294**

DESERTION

RECEIVED BY SUPERVISOR  
12-21-18  
19-21  
29-21  
1

**H**

*12-21  
19-21  
29-21  
1*

*BT*



ORIGINAL

ORIGINAL MEDICAL HISTORY SHEET. 178ième Régiment d'Infanterie

#856406

Surname *Jesurun* Christian Name *Yves Paul*

Examined on *5* day of *May* 191*6* at *Montreal*

Approved by *R Campbell* Rank *Capt* M.O.

Birthplace City or Town *Renbome* County *Renbome*

Apparent age *22 years 11*

Trade or occupation *Welder*

Height *5* Feet *4 1/2* Inches

Weight *114* Lbs.

Chest measurement { Minimum *32* inches. Maximum expansion *35* inches.

Physical development *Good*

Small-Pox Marks *None*

Vaccination Marks { Arm *Right* 1 eff. Number *1*

When Vaccinated last *7 years ago*

(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.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<i>2/10/16</i>	<i>SC</i>	M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>17/10/16</i>	<i>good</i>	<i>SC</i> M.O.
<i>19/8/16</i>	<i>SC</i>	M.O.
<i>2-2-17</i>	<i>T.A.B. SC</i>	M.O.

Enlisted on *5th* day of *May* 191*6* at *Montreal*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>178th Bn.</i>	<i>856406</i>		<i>5/5/16</i>
Transferred to	<i>150th Bn. Canadian Infantry.</i>			<i>9-9-16</i>
	<i>22nd Bn.</i>			<i>27-2-18.</i>

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.



150th Overseas Bn. C.E.F.

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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 150<sup>th</sup> 178th (F.C.) Battalion, C.E.F.  
 Regimental No. 856406 Rank Pte. Name Desjardins, Pierre Paul.  
 C. E. F.  
 Enlisted (a) 5/5/16 Terms of Service (a) Inf War. Service reckons from (a) 5/5/16.  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank. } to lance rank } roll of N. C. Os. }  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Pte. Moulder.

CERTIFIED CORRECT.

8 MAR 1918  
CAN RECORDS, LONDON.

Report 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.
		Embarked Canada	Halifax	23-9-16	
		Disembarked England	Liverpool	6-10-16	✓
27-2-18	oe. 150th Bn.	S. I. S. on being posted to 22nd Bn. Overseas		27-2-18	Re-arranged to 22nd Bn. Overseas
28 <sup>th</sup> /18.	C. B. D.	ARRIVED C. B. D.	FRANCE	28 <sup>th</sup> /18.	N. R. / 545. PART II ORDERS No. 24 D 1918.
2/3/18	C. B. D.	LEFT C. B. D. FOR	C.C.R.B.	2/3/18	N. R. / 1013
16/3/18	C. B. D.	ARRIVED 22 <sup>nd</sup> BN.	FIELD	14/3/18	B. 213 D
16-5-18	do	AWARDED I GOOD CONDUCT BADGE		5-5-18.	K.I. 18-11407. Pt. II. 0 51 of 1918.

OVER.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
9-6-18	2/1st London Fld.Amb.	DIED OF WOUNDS RECEIVED IN ACTION. (Shell Wd. Comp. Fract. both legs, Comp. Fract. wrist (R).)	2/1st London Fld.Amb.	9-6-18.	A.F.W.3745. ref.K.I.17-1182. Part.II.Orders 58 of 1918.
50	50	Buried in Communal cemetery, K33, a. 1.9. sheet. SIC.		9-6-18.	X. 2. 17-1182.
<p><i>Whogan</i> Major, for Lieut-Colonel, A.A.G., Canadian Section, General Headquarters, 3rd Echelon.</p>					

18 8. 11  
. 8100



J.M.

Rank Name DESJARDIN, Pierre Paul. Reg'l No. 856406  
 Unit 150th Bn. If in perm. Corps, }  
 What Unit? } Married or Single Single.

Place and Date of Enlistment Victoriaville. 5th May 1916. / Place of Birth Terrebourne, Que.

Name and Address, Next-of-Kin Pierre Desjardin.

Terrebourne, Que., Canada. Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. &amp; 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	8-10-16	
27-2-18	150th Bn	Sot to 22nd Bn	Witley Pt	27-2-18	D.O. 34 00024 of 14-2-18
28-3-18	22 B.	gtd / good conduct Badge	Field	24-12-17	51.
13-6-18	Q. Reg.	Died of wounds.		9-6-18	C.F.A. 239/1 + 22nd Bn 055 of 14/6/18

NIE. R.B. No. 13020  
 File No. Do/W  
 Category Do/W

A.F.B. / CHECKED /  
 6 MAR 1918





FORM OF WILL.

1. PIERRE PAUL DESJARDINS

(Name in full)

CANADIAN  
EXPEDITIONARY  
FORCE

Regimental Number 856406 serving in 150th Overseas Battalion CEF  
the Overseas Military Forces of Canada, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mr. Pierre Desjardins.  
Terrebonne  
P. Q.  
(father)

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

In Witness whereof I have hereunto set my hand

this 6th day of January A.D. 1917.

Pierre Paul 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 J. O. Baillargeon. Capt.  
Address of Witness 150th Overseas Bn. C.E.F.  
Occupation of Witness A Provost Lieut  
Name of Witness 150th Overseas Battalion C.E.F.  
Address of Witness  
Occupation of Witness

R.L.	
REF TO Q2A2	
16 JUL 1918	
C/O A	L/R
FILE CHARGED TO	SINCE
C.E.F.	

The original will was  
16-7-18  
forwarded to Ottawa.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date 15 July 18.

Lieut.  
For OFFICER I/C ESTATES.

NOTE Died D. of W. 9-6-18

Transferred 20-6-18 (a 239 371/1)

PR  
T

FORM OF WILL

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

I, \_\_\_\_\_ of the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original will of \_\_\_\_\_ as the same appears by the records of the \_\_\_\_\_ Court of said County.

Notary Public  
for the State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

In Testimony Whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

I, \_\_\_\_\_ of the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original will of \_\_\_\_\_ as the same appears by the records of the \_\_\_\_\_ Court of said County.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

In Testimony Whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

I, \_\_\_\_\_ of the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original will of \_\_\_\_\_ as the same appears by the records of the \_\_\_\_\_ Court of said County.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

In Testimony Whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

I, \_\_\_\_\_ of the County of \_\_\_\_\_, State of \_\_\_\_\_, do hereby certify that the foregoing is a true and correct copy of the original will of \_\_\_\_\_ as the same appears by the records of the \_\_\_\_\_ Court of said County.

Notary Public  
(Signature)  
My Commission Expires \_\_\_\_\_

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

DESJARDIN.

P.P.

856406.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Que. 22.

HOSPITAL

DATE OF ADMISSION

2/1 London. F. Amb.

9-6-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

S.W. Comp. Fract. Legs & Comp. Fract  
Rt. Wrist.

1.

2.

3.

DIED OF WOUNDS. 9-6-18.

DISPOSITION

DATE

C.L. 13-6-18. A239.

REMARKS

A.M.D. 2 DEPT.

Beh: of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

NAME *Desjardins Pierre Paul* REGT'L. No. *856406*  
RANK AND CORPS *Pte.* H. Q. FILE No. *649*  
*22nd Bn. Form 178th Bn*

## CABLE

NO.

DATE

## NATURE OF CASUALTY

NO.

FOLLOWS

NO.	DATE	NATURE OF CASUALTY
<i>N. of K. (1-4)</i>		<i>Pierre Desjardins, (father)</i>
<i>H 164</i>	<i>14-6-18</i>	<i>Terrebone. P. D.</i>
<i>W. A 239-1)</i>		<i>Died of Wds 1st Lon. Hd. Amb. June 9/18</i>
		<i>shrap. wd, Comp. fract. lego. Wrist.</i>

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS






PIERRE PAUL

Name **DESJARDIN** Rank **Pte**Reg. No. **856406**Unit **22<sup>nd</sup> Bn****P.L. 25-N-2642**Next of Kin **PIERRE DESJARDIN, TERREBOURNE, QUE. CANADA.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
9 6	2/1 London St Amb	S.W.C/7 Loth legs			164	
	<u>Died of Wounds</u>	C/7 Wrist B		H 2397		P.123977





SURNAME.

*Desjardins*

CARD NO.

*257*

CHRISTIAN NAMES

*Pierre Paul*

FOLL.

REGL. No.

*856406*

RANK

*Pte*

UNIT

*178th 100th*

*Bn.*

FORMER CORPS

*Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Desjardins, Pierre*

RELATIONSHIP TO SOLDIER

*(father)*

ADDRESS

*Terrebonne, P. Q.*

COUNTRY OF BIRTH

*Canada, Terrebonne, P. Q.*

DATE

*May 14th 1893*

PLACE OF ATTESTATION

*Victoriaville, P. Q.*

DATE

*May 5th 1916*

*trans. from 178th to 100th Bn. Auth 158th Bn. N. R. 22-8-16.*

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

MARRIED SINGLE *yes* WIDOWER

TRADE OR CALLING *moulder* RELIGION *Roman Catholic*

DESCRIPTION.

APPARENT AGE *22* YEARS *11* MONTHS

HEIGHT *5-* FEET *4 1/2* INCHES

CHEST MEASUREMENT *35-* INCHES EXPANSION *3* INCHES

COMPLEXION *brown* EYES *brown* HAIR *brown*

DISTINGUISHING MARKS *Nil.*

MEDICAL EXAMINATION. PLACE *Montreal, P. Q.* DATE *May 5<sup>th</sup> 1916*

Present address: *Terrebonne, P. Q.*

649-P-13140

*Desjardin*

Desjardin, P.F., Pte. 856406 22nd Bn.

Med. & Des. (Father) Pierre Desjardins, Esq.,  
Terrebonne, P. Q.

P. & S. (Father) Address as above.

*Serial No 766044*

Mem. Cross. (Mother) Mrs. P. Desjardins.

Address as above.

*hotelier: Jovata  
" " D.M.  
" " B.W.M.  
mf.*

32184  
Desp 18-11-20 (m) c 31437

*B-*

Scroll Desp. **JAN 5 1921** Reqn. No. **77696**

Plague Desp. **JAN 14 1922** In. No. **PA 3821**

ebh

W

yes  
lem

Number 856406 Rank Plt

*B*

Surname DESJARDIN

Christian Name Pierre Paul

Units 23<sup>rd</sup> No 154 Cof Theatre of War France

Date of Service 27/2/18

Remarks (7) Pierre Desjardins, Esq.

Latest Address Lurebonne, P. Q.

Roll No. B. Page 20934

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

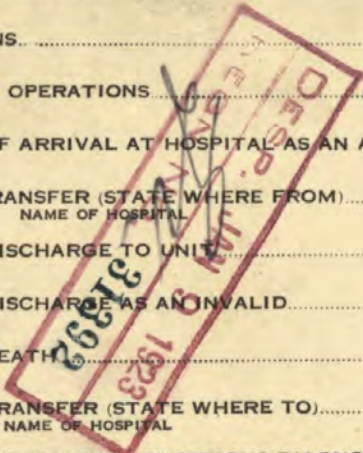
HOSPITAL

\* CROSS OUT

M. F. W. 142.

1772-39-1171.

50m.-2-19.





No. 856406 RANK Pte

NAME Desjardins, P. P.

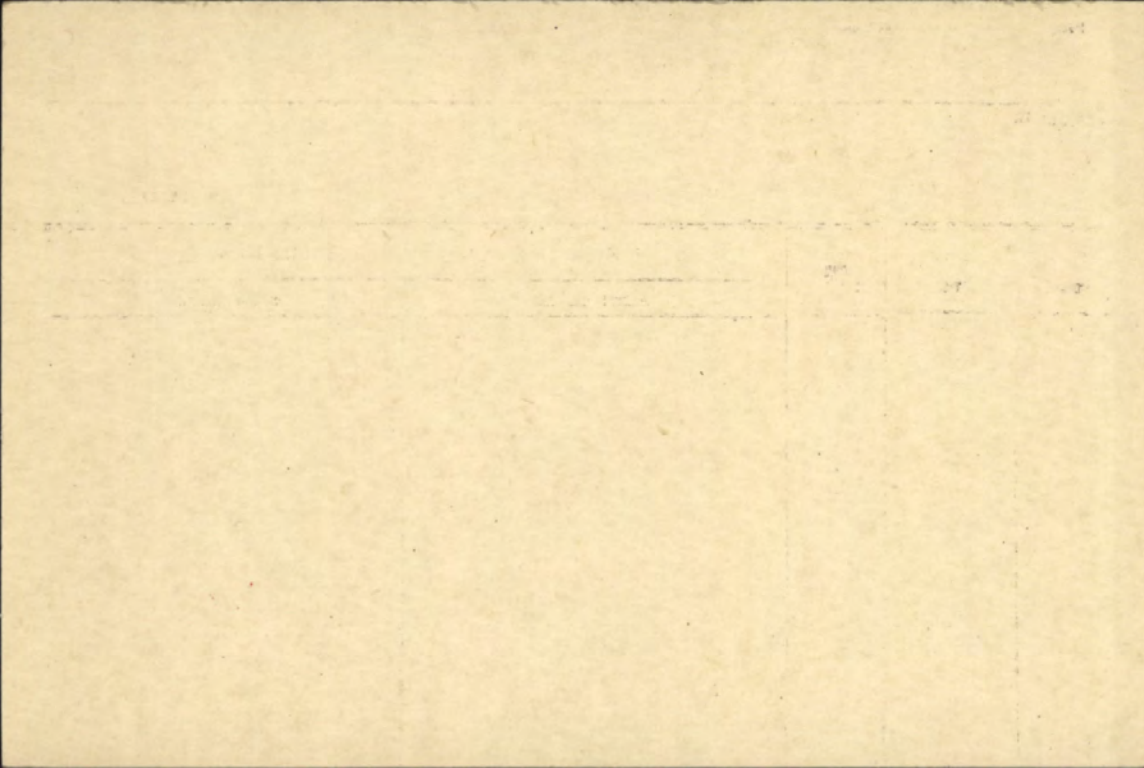
T. O. S. 5-5-16

UNIT 178th. Battalion (688)

DO SO of 9-5-16

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 5	May 31	✓		
June	June 30	✓		
July	July 31	✓		
Aug.	Aug. 31	✓		
Sept. 1	Sept. 9	n	Trans. to 150th. Bn 9.9.16	DO 1940 of 10-9-16.
Sept 10	Sept 30	✓	now shown on 150th Bn Sept Paylist.	



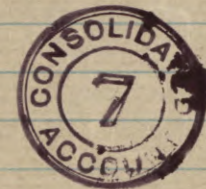
MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

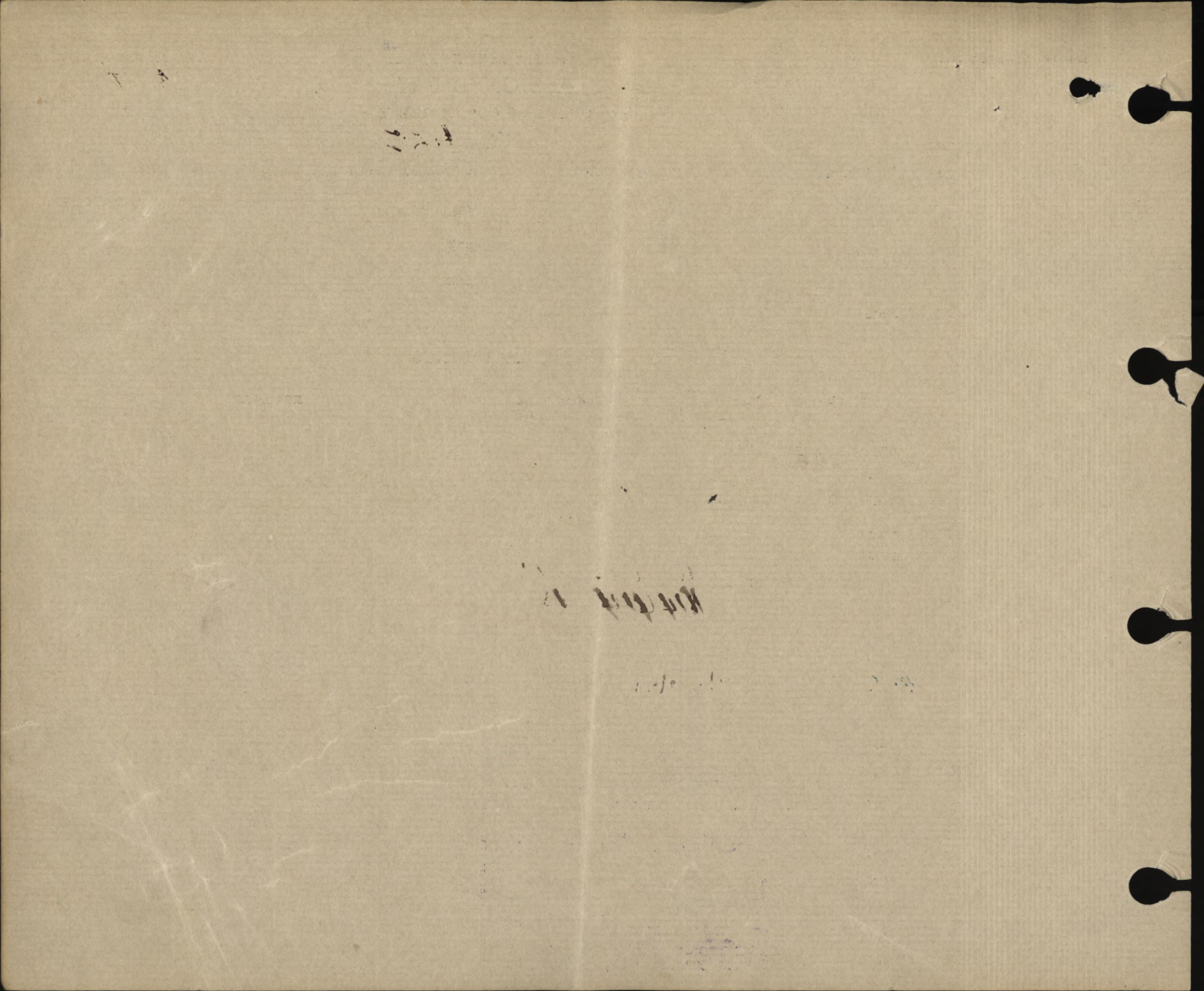
To Whom *Pierre Desjardins* By Whom Assigned *Desjardins. Pierre*  
 Address *Terrebonne* Regtl. No. *856406*  
*P.Q.* Rank *Pte*  
 Rate *\$15.00* Corps *150<sup>th</sup> Btu.*

OCT 1 - 1916

## PAYMENTS

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





## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Pierre Desjardins*

Name of Soldier

*Desjardins, Pierre*

PAYMENTS.

*856406 - Pte - 150<sup>th</sup> Btu -*

L. L. Job 4503. - Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				<b>OCT 1 - 1916</b>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
<i>Y.R.</i> Nov.		<i>P 26453</i>	<i>30</i>	
Dec.		<i>P 35367</i>	<i>15</i>	
Jan. <i>Ch</i>	1917	<i>Q 36397</i>	<i>15</i>	
Feb.		<i>Q 42745</i>	<i>15</i>	
March		<i>S 50295</i>	<i>15</i>	<i>157</i>
April		<i>T 1417</i>	<i>15</i>	<i>156</i>
May		<i>N 7612</i>	<i>15</i>	
June		<i>K 14414</i>	<i>15</i>	<i>15.5</i>
July		<i>S 21617</i>	<i>15</i>	<i>B</i>
Aug.		<i>X 27525</i>	<i>15</i>	<i>B</i>
<i>McC</i> Sept.		<i>W 36949</i>	<i>15</i>	<i>B</i>
Oct.		<i>L 41262</i>	<i>15</i>	
Nov.		<i>A 37713</i>	<i>15</i>	
Dec.		<i>Q 53178</i>	<i>15</i>	<i>2.25</i>
Jan.	1918	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>CANADIAN ASSIGNED PAY AUDITED</b>  <i>C. R. [Signature]</i>  <b>AUDIT CLERK</b>            DATE <i>10/2/19</i> </div>		
Feb.				
March				
April				
May				
June				
July				

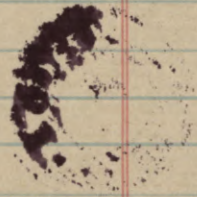
MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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.				



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND <del>or</del> CANADA.	SEPARATION ALLOWANCE.	ENGLAND <del>or</del> CANADA.				
EFFECTIVE DATE:- 1-10-16		EFFECTIVE DATE:-					
AMOUNT:- 15 <sup>00</sup>		AMOUNT:-					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.					
Mr. Pierre Desjardins. (Father) Terrebonne P. Q. Canada.							
NAME:- <b>DESJARDINS. Pierre</b>							
NUMBER:- <b>856406</b>							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
		Pte					
UNIT AND TRANSFERS							
ORIGINAL UNIT:- <b>150th Bn.</b>							
DATE ACCOUNT FIRST OPENED - <b>1-10-16</b>							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO				
LD 24 14.3.18	14.18	25.4.18	22 Bn				
CLA 239 13.6.18	17.18	20.7.18	"E.D."				
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
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1 <sup>00</sup>	10					

PARTICULARS OF RENDERING NON-EFFECTIVE:-												
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION	
1918												
March/31	Bal Ford.								48 32			
				AR 5. 22 Bn 5/4/18	1 78				46 54			
				A. 1004 6613 B. 22 Bn 14/3	41				46 13			
				AR 70 22 Bn 15/4	11 46				41 67			
				21005 6153 150 Bn 17.2	94				40 73			
				✓ 6151 ✓ 28/1	32				40 41			
				AR 102 22 Bn 26/4	3 57				36 84			
				ban a.P.				15	21 84			
	P.P.	33	33					15	54 84			
					11 48							
MAY				AR ban				15	39 84			
	P.P.	34	10	AR 175 ✓ 13/5	4 46				35 38			
				" 230 "	29 5				69 48			
					3 57				65 91			
		34	10		8 03			15				
June	P.P.	33	33	AR ban.				15	83 91			
								15				
Nov		33	33	AR M. Bal to Allow.	83 91				Nil			
					83 91							

Dofw 9-6-18

CANADIAN  
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 10-5-19





P. 559. MARRIED OR SINGLE

Single  
PLACE OF BIRTH Terrebonne, P.Q. Canada.

NAME AND ADDRESS OF NEXT OF KIN Pierre Desjardins  
Terrebonne, P.Q.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L. No. 856,406 RANK Private NAME Desjardins Pierre.

IF IN PERMT. CORPS } 150th OVERSEAS BATTALION C.E.F. UNIT TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Victoriaville, Que. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5-5-16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Pierre Desjardins, Terrebonne, P. Que. RELATIONSHIP Father.

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Main financial table with columns: DATE, PAY, FIELD ALLOWANCE, WORKING OR SPECIAL PAY, ASSIGNED PAY CREDITS, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, BALANCE, PAY WITHHELD OR DEFERRED, PAY AVAILABLE FOR ISSUE, REMARKS

Vertical handwritten note: *Pay 9-6-18 char*

CANADIAN ASSIGNED PAY AUDITED  
AUDIT CLERK  
DATE 10-5-19

856406, M Desjardins Pierre (A.P. 15<sup>00</sup>) 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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
1917	MONTH PARTICULARS		CR.1	CR.2	PARTICULARS		CR.1	DR.2	DR.3	DR.4	BALANCE	DEPER. RED. PAY	SER. ALLGE. ENG.														
	Balance B.F.		<del>76 87</del>								4684	✓	✓														
	Oct. 15 P.P.		34 10		A.P.						15																
					AR 685-150 <sup>1/2</sup> - 16 <sup>9</sup> / <sub>17</sub>	4 87																					
			34 10		" 733- " - 24/9	12 16					15 00	4891	✓	✓													
	Nov. P.P.		33 -		" 865- " - 27/10	12 17																					
	Dec "		34 10		A.P. - Nov.						15																
					AR 805-150 <sup>1/2</sup> - 15/10	4 87																					
					" 930- " - 13/11	4 87																					
					A.P. - Dec.						15																
	1918 Jan P.P.		67 10		Q305- 150 <sup>1/2</sup> - 11/8	26					30 00	6384	✓	✓													
			34 10		A.P. Jan						15																
					AR. 111	5/12	4 87																				
					" 1040 150 <sup>1/2</sup> - 27/11	12 17																					
			34 10		" 1170 " - 17/12	14 60					15 00	5130	✓	✓													
	Feby " "		30 80		" 1249- " - 9/1/18	4 87																					
					" 1332- " - 29/1	12 17																					
					A.P. Jan						15																
			30 80		AR 1375- " - 11/2	4 87					15 00	4519	✓	✓													
	Mch.				A.P. Jan						15	30 19															
					AR 1412-150 <sup>1/2</sup> - 26/2	9 73						20 46															
			34 10									54 56															
					AR 1388-2 <sup>nd</sup> - 8/3	4 46						50 10															
					AR 1196 2 <sup>nd</sup> - 17/3	1 78					15 00	4832	✓	✓													
			34 10									15 97															

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

Oct. 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 856406.  
 Rank Pte. Promoted                      Reverted                      Discharge  
 Soldier's Name Pierre Desjardins.  
 Battalion 150th. Battn.  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name Pierre Desjardins.  
 Address Terrebonne P. Q.  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>Dec 71</u>			<u>225</u>	<u>225</u>	
<u>Jan.</u>	<u>X 65548</u>		<u>15</u>	<u>15</u>	<u>P.A.</u>
<u>Feb</u>	<u>E 95026</u>		<u>15</u>	<u>15</u>	<u>MC</u>
<u>Mar</u>	<u>A 124135</u>		<u>15</u>	<u>15</u>	<u>MC</u>
<u>apl</u>	<u>B 6496</u>		<u>15</u>	<u>15</u>	<u>MC</u>
<u>may</u>	<u>O 15279</u>		<u>15</u>	<u>15</u>	<u>R</u>
<u>June</u>	<u>I 26363</u>		<u>15</u>	<u>15</u>	<u>A</u>
			<u>315<sup>00</sup></u>	<u>315<sup>00</sup></u>	

4558-P-22  
P.F.V. \$315<sup>00</sup> to July 30/18  
Acct closed June 30/18

Pensions Notified Date June 28/18  
 Killed in Action }  
 Died of Wounds } Date June 9/18  
 Missing }  
 C. L. 209/11 June 15/18 }  
 Date Noted ..... June 28th 1918

CANADIAN  
 ASSIGNED PAY AUDITED  
  
 AUDIT CLERK  
 DATE 10/5/19

M. F. W. 128  
 400M-6-17-1772-38-1141  
 L. L. 22220-M. & D. 7493.

MTG 2 B Ren 29/6/18 h b

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

[Four empty boxes for rate of separation allowance]

RATE OF ASSIGNMENT

[Four empty boxes for rate of assignment]

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
400M-6-17-1772-39-1141  
L. L. 22220-M. & D. 7898.