150TH CARABINIERS MONT-ROYAL OVERSEAS BATTALION C.E.F.

PIÈCE D'ATTESTATION.

No. 84/893

Folio 3

Original

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? ..... Dominique
1a. Quels sont vos noms de baptême ? ..... Arthur
1b. Quelle est votre présente adresse ? ..... 21 Valet
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? ..... Chambly P. Q.
3. Quel est le nom de votre plus proche parent ? .. Mr Dominique
4. Quelle est l'adresse de votre plus proche parent ? ..... 581 Notre Dame St. Montreal
4a. Quel est votre dégré de parenté avec icelui ? .... fils
5. Quelle est la date de votre naissance ? ..... 20 July 1878
6. Quel est votre métier ou profession ? ..... Journalier
7. Êtes-vous marié ? ..... non
8. Consentez-vous à être vacciné ou revacciné et inoculé ? ..... oui
9. Faites-vous déjà partie de la Milice active ? ..... non
10. Avez-vous déjà fait du service militaire ? ..... non
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ? ..... oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? ..... oui

DÉCLARATION REQUISE DU SUJET

Je, Dominique Arthur ..... 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.

Dominique Arthur X (Signature de la Recrue)

Date 21 June 1916. Emile Thérien (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Dominique Arthur ..... 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.

Dominique Arthur X (Signature de la Recrue)

Date 21 June 1916. Emile Thérien (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 Montreal ce 21 jour de June 1916

[illegible] (Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Signalement de Dominique Arthur **à l'Enrolement**

Age apparent 38 ans ..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille ..... 5 pieds 3½ pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 32 pouces
Marge d'expansion 35½ pouces

Teint Brun

Yeux Brun

Chevelure noir

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

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

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

Tattoos both fore arms + leg
Scar left side upper lip

CERTIFICAT D'EXAMEN MÉDICAL

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

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

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

Date June 20 1916.

Lieu Montreal

L. C. Hutson Capt.
Médecin-Officier.

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

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

CERTIFICAT DE L'OFFICIER COMMANDANT

Arthur Dominique 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.

H Barry (Signature de l'officier.)

Lieut.-Col.

Date June 20 1916

O.C. 150th Overseas Bn. C.E.F.

27-2-19 M.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name DOMINQUE, ARTHUR.

Regt. No. 847893 Rank Pte.

Corps 15-0 th Bn.

Deceased 7-2-19.

19893

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

a 7 W 3991-1
M 7 B 288-1
a 7 B 103-1
M 7 B 3139-1
a 7 B 192-1
M 7 W 192-1
a 7 W 2371-1

M+ 14.3.21

M. F. W. 62.
50m.—9-16.
H. Q. W. 1—30/935.

P. 85.
92920

FORM OF WILL.

I, Arthur Domingue (Name in full)

Regimental Number 547893 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

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

absolutely, and my personal estate I bequeath to

Mr. Alexandre Forgues #296 Lachanson (uncle) Pte-St-Charles Montreal P.Q.	Name & Address of person or persons to receive personal estate* (see note).

In Witness whereof I have hereunto set my hand this 12th day of December A.D. 1916.

Arthur Domingue 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. Samuelson Capt
Address of Witness Paymaster
150th Overseas Bn. C.E.F.
Occupation of Witness
Name of Witness A Provost Lieut
Address of Witness
150th Overseas Battalion C. E. F.
Occupation of Witness

P. 85. 10,000. 23-9-16.

(9) Is your Father alive ? Yes

If so, state name and address Honoré Dominguel 881 Notre Dame. Montreal

(10) Is your Mother alive ? No

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

.....

(11) If your Mother is a widow.. —

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

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

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ? No

If so, in what Company ? —

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.

H Bare head

Officer Commanding.

Date August 24 1916

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.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins ..... 150th Overseas Bn. C.E.F.

(2) Regimental Number 847893

(3) Full Name of Soldier ..... Domingue Arthur

(4) Place of Birth ..... St Lambert Province Quebec

(5) Are you married, or not ? ..... No

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

(b) Present Postal Address .....

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

(8) Have you any children ? ..... —

If so, give number of boys and girls .....

Also their names and ages .....

M. F. W. 67
20m.—2-16
1772-39-954

(SEE OTHER SIDE.)

150TH CARABINIERS MONT-ROYAL OVERSEAS BATTALION C.E.F.

ORIGINAL

ORIGINAL

847893

Duplicate

MEDICAL HISTORY SHEET.

Surname Domingo *Christian Name* Arthur

Examined { on 21 day of June 1916 / at Montreal }

Approved by L Charlton

Rank Capt M.O.

Birthplace { City or Town Chambly / County P. Q. }

Apparent age 38 ans

Trade or occupation Journalier

Height 5 Feet 5 1/2 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches. / Maximum expansion 35 1/2 inches. }

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. / Number 1 }

When Vaccinated last Child

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection Dental Caps

Date.	Fit or Unfit.	Examined for Re-engagement.
26/3/18	A	[illegible] M.O.
		M.O. 5 DEC. 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
21/6/16		E Cooke Capt M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
21/8/16	1/2cc	E C THS 4/5/18 [illegible]
		THS 14/5/18 [illegible]
4/10/16	1cc	E C T.A.B. M.O.
24/10/16	1cc	E C T.A.B. M.O.
2/4-17	T.A.B.	E C T.A.B.

Enlisted on 21 *day of* June 1916 *at* Montreal P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	150th Bn. Canadian Infantry.	847893		
Transferred to	10th Res. Bn. 22 Bn			1-3-18

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	23/12/18	Myalgia	B [illegible]

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

M. F. B. 313.

400m.—1-16.
H. Q. 1772-39-439.

Surname [illegible] Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Valcartier Camp		AUG 6 - 1916			AUG 24 1916			Pleurisy	19	Fit	R H B [illegible] Capt., O C. A.M.C. Training Depot No. 4.
P C M A Montreal		5	2	19	7	2	19	Pulmonary Hemorrhage T.B.	2	Profuse Pulmonary Hemorrhage Died at 1040 p.m. E E Robbins Capt.	

3

CLINICAL CHART.

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

Corps H. H. 4. Hospital Station P. 6 Fr.

No. 847893 Rank and Name Dominique Pte Age 42 Service

Disease Pulmon- Hemorrhage T.B.C. Date of Admission 5-2-19 Date of Discharge Died 7-2-19 Result Died Case Book Folio

Dates of Observation	5	6	7		8	9
Days of Disease	1	2	3		4	5
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107° 8 6 4 2	Hemorrhage 450cc - 9 pm		Hemorrhage 640 pm 200cc 930 " 215 pm 720cc	Hemorrhage 1020 pm 540cc Died 1040 pm		
106° 8 6 4 2						
105° 8 6 4 2						
104° 8 6 4 2						
103° 8 6 4 2						
102° 8 6 4 2						
101° 8 6 4 2						
100° 8 6 4 2						
99° 8 6 4 2						
98° 8 6 4 2						
97° 8 6 4 2						
8 6						
Pulse per Minute	100 / 76 / 66	60 50 / 72 / 88	96 / 110 / 132	120 / 146		
Respirations per Minute	32 / 26 / 26	28 / 24	34 / 24	28 / 30		
Motions						

M. F. B. 288.
25M—2-18.
H. Q. 1772-39-513.

Signature E E Robbins Capt In charge of case.

CASE HISTORY SHEET.

P.C.M.H. Hospital. Montreal. Station.

No. 847893 Rank Pte Name Dominique Age 42

Unit D/D/#4 Completed years of service (Where and how long) 2-7/12

Date of admission 5/2/19. Date of discharge 7/2/19.

Diagnosis Pulmon. Hemorrhage Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Pleurisy at Valcartier in Aug. 1916. Wasboarded in England Dec. 1918. and placed in Cat. "B" suffering from Bronchitis and Myalgia. Returned to Canada in January and while on furlough had severe Pulmonary Hemorrhage and was brought to Hospital in a cab. On admission was coughing and expectorating bright red blood, during the night spat and vomited up 450 c.c. of frothy bloody mixture. He is a well nourished man, skin and M.M. paler than normal. Temp. afebrile - Pulse 80, poor volume and low tension. Radials thickened. Heart soundsnormal. Chest not examined.

6/2/19 Patient resting quietly, expectoration and cough slight.

7/2/19 Attack of coughing with Hemorrhage 200 c.s. at 6.45 a.m. Examination of chest showsscattered dry Rales over entire lung area. Few moist crepitations at R. apex. Had hemorrhage 500 c.c. at noon. Seen by Col. Finley at 3 p.m. Pulse rate 132, weak and running.

Severe pulmonary hemorrhage followed by death at 10.40 p.m.

E. Ebrothune Capt

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

Medical Officer i/c case.

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

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 150th. Canadian Infantry Battalion.

Regimental No. 847893 Rank Pte Name DOMINGUE Arthur

Enlisted (a) 21-6-16 Terms of Service (a) D of War Service reckons from (a) 21-6-16

Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.Os. _____

Extended _____ Re-engaged _____ Qualification (b) Pte Laborer

Report Date	Report 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 Engalnd	Liverpool	6-10-16	
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.		
3/3/18.	O.C. 10th, Res Bn,	T.O.S. on posting from 150th, BN	Witley	1/3/18.	D.O.P. 11 ~~53~~ 55
24.6.18	O/C 10th Res Bn	Granted permission to wear a good-conduct badge	B'sholt	24.6.18	D.O.P. II 147
27.6.18	O.C. 10th. Res. Bn.	Transf. to 22nd Bn, C.E.F.	B'sholt	26.6.18	D.P. 11. O. 150
		J Balardeau Lieut	Ass-Adj. 10th. Can. Res. Battn.		
28.6.18.	C.I.B.D.	Arrived in France and TOS 22nd Cdn Batt'n	CIBD	28.6.18.	NR/ 695 Pt.20 66 of 1918

CERTIFIED COPY
25 - JUL 1918
CAN. RECORDS, LONDON

(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.

847893 Pte Domingue A.

Report Date	Report 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.
3.7.18.	C.I.B.D.	Left for CCRC	Field	3.7.18.	NR/1294
3.7.18.	C.C.R.C.	Arrived at CCRC	"	3.7.18.	NR/695
6.8.18	"	Left for Unit	Field	6.8.18	" 1343
9.8.18	22nd Bn.	Arrived	Field	6.8.18	B213
28-10-18.	A.I.Dfts. Cdn. Corps.	Having been classified "B1" by Medical Board is transferred to Cdn. Labour Pool and struck off strength of 22nd Cdn. Battn.		28/10/18.	W3339-802. P.II.0.109/1918
	A.A.G.	T.O.S. Cdn Lab Pool from 22nd Bn		29/10/18	PIIO 179 d 8/11/18
17-11-18	C.G.B.D.	T.O.S. from 22nd Bn Unsuitable		16-11-18	NR 1716
27.11.18.	C.G.B.D.	Transferred to England (S.A.) and posted to Quebec Regt Depot Bramshott. C. V. [illegible] Captain for Col Canadian Section		26/11/18.	N/R 823. PIIO 197 10/12/18 A.A.G. GHQ. 3rd Echelon
29-11-18	Q.R.D.	T.O.S from 22nd Bn B.shott		28.11.18	D0289

[illegible] Lieut
for Major i/c Records, C.E.F.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—1.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation 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*) (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

Initials and Rank of an Officer.

(Authority) (*date*)

(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*)
(19) Pivotal-man (*f*)
(20) Qualifications (*g*)

(Place)
(Date)

(Signature of Posting Officer

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, Shoeing-smith, &c.

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

Nothing to be written in this margin.

W1889—P21150 1M 5/18 G W.P.Co (3490)

844893. Pte Domingue. A.

(A) Report Date.	From whom received.	(B) Authority of Part II. of Orders	(C) 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.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
2-1-18	Que. Regt'l. Depot.		ON COMMAND TO C.D.D. Buxton	Pt. II. D.O. 2.	3-1-19.	R.E. Atherley QUEBEC REGT'L. DEPOT.
4-1-19			Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 3. Ceases to be attached C.D.D. Buxton on embarking for Canada. A.J. Illingworth Capt. Lt. for Lt. Col. Commanding Canadian Discharge Depot.			
24 JAN 1919			Embarked Liverpool R.M.S. Grampian [illegible] Capt. adjt. #16 Trans atlantic Conducting staff			
7.2.19	DD#4	39	SOS Deceased	Montreal	7.2.19	[illegible] Lieut DofR

J.J. Bois 1B.

Nothing to be written in this margin.

R—122

J.M.

Rank Name DOMINQUE, Arthur. Reg'l No. 847893

Unit 150th Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Montreal. 21st June 1916. Place of Birth Chambly, P.Q.

Name and Address, Next-of-Kin Mr Dominque.

581 Notre Dame St., Montreal. Relationship Son.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E R.B. No. 19057
File R.L.
Category O.R. CANADA

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England S.S. Lapland 6-10-16.			
1-3-18	150th Bn	S.O.S. to 10th Res	Witley PC	1.3.18	DO 350 DO 55 of 3.3.18 10th Res
24-6-18	10 Res.	Gtd. 1 Good Cond. Badge	" "		DO. 147
27-6-18	"	S.O.S. to 22 Bn	Bshott "	26-6-18	DO 66 of 13.7.18 of 22 Bn " 150
5.11.18	22d Bn	S.O.S. to Can. Labor Pool.	Field.	28.10.18	DO 109. T.O.S. Lab Pool DO 179 of 8-11-18
11-12-18	Lab Pool	Trans. to England "S.U." & posted to Q.R.D. Bramshott	Pte Field	26.11.18	PF IO 197.
3.1.19.	Q.R.D.	A/comd. C.D.D. Buxton	Bshott	3.1.19	DO 2.
5-2.19	"	Ceases on Command "	"	24.1.19	DO 27
5.2.19	"	S.O.S. to C.E.F. Canada.	"	24.1.19	DO 27

A.F.B. 103 CHECKED 4 JUL. 1918.

Que

Que

Lab

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.					

*Name Domingue, Arthur Rank Pte Regtl. No. 847893

Original unit 150th. Present unit DD#4 Fyle Depot 19-D-553

xM. or S. Age 38 Religion RC Ref. H.Q.

Port, ship, and date of arrival Halifax 2-2-19. Olympic

Next of kin Mr Domingue 581 Notre Dame Street Montreal

Address on leave As Above

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Teamster Date and place of enlistment Montreal 20-6-16.

Diagnosis Cat "D" Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
7-2-19.	TOS.DD#4 vfrom O/Seas posted to Cas Co'y effective.	39-p-
7-2-19.	Posted from Cas Co'y to Hosp. Sec Effect.	39-p-
7-2-19.	S.O.S/Hosp. Sec having deceased at P.C.M.H. of. Hemmmorhgge of lungs	39-p-

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

No. 8H 7893 RANK Pte. NAME Domineigne. A.

T. O. S. UNIT 150th. Battalion.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 21	1916 June 30	"		
	July.	"		
	Aug.	"		
	Sept.	"	O/S payliat only	

LEDGER NO. 1 - 2/914 SERIAL NO. E 38334

REG. NO. 847893 NAME Domingue A.

RANK Pte CORPS DD#4 AGE ___ SERVICE ___

	HOSPITALS	DATE OF ADMISSION
1	Mil Montreal	5-2-19
2		
3	T. B Lung.	

DIAGNOSIS Hemorrhage of Lungs

TRANSFERRED TO ___

DISPOSITION Died 7-2-19 CATEGORY ___

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

649-D-12155.

22nd Bn.

Dominque, Arthur, Pte., No. 847893, 150th Bn.) (Form

g.

M & D., Uncle, Mr. Alexandre Forques,
76 Darjenson St.,
Montreal, Que.

#4.

P & S., Father, Mr. Houari Dominque,
c/o. Beaupre Foundry,
Dy. St. Paul St.,
Montreal, P.Q.

Per # 807000

M.C., Nil.

Scroll Desp. MAY 4 - 1917 Reqn. No. 2.41151

Not Eligible for 14-15 Star

Plague Desp. APR 4 1922 Reqn. No. P339/6

E " " " — V.M.

E " " " — B.W.M.

P 820
12474—375—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	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.

NAME:– DOMINGUE, Arthur D

NUMBER:– 847893

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 150th Bn.

DATE ACCOUNT FIRST OPENED:– 1-10-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1.4.18	764.18	2 Q R N
Dft 6.6. 13.7.18	1.8.18		22nd Bn D
			Can Lee

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
19/11	4385	22 Bn	~~8 66~~ 23/12				
27/11	4502	" "	~~4 66~~ 6/12				
29/11	3066	BRDG.	~~58 40~~				
9/12	3280.	"	~~7 30~~ 27/12				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disto Can 31/12/18. QRD. HR. 1st. 7/12/18 Cr Bal $455.84

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal Ford								293 18	270 00	
Apr	Pay	33 00		A/cts 10th Res Bn 1/4/18	7 30				326 18	285	
				" 137 " " 24.4.18	9 73				309 15	285	
		33 –			17 03						
May	P & A	34 10		AR 253. 10 Res Bn 15/5/18	7 30				335 95	300	
				" 392 " 26/5/18	9 73				326 22		
		34 10			17 03					300	
June	P & A	33		AR 490 10th Res Bn 13/6/18	7 30				351 92	315	
				" 619 " 26/6/18	4 87				347 05		
		33			12 17						
July	P & A	34 10							381 15		
				Dft AR 1169 2nd Div Wing 9/7/18	4 46						
				" 1407 " "	3 57				373 12	330	
		34 10			8 03						
Aug	"	34 10							407 22		
				" 1610 " 5/8	3 57				403 65	345	
		34 10			3 57						
SEP	"	33							436 65		
				" 431 5 L I Bn 6/9	7 14				429 51	360	
		33			7 14						
OCT	✓	34 10							463 61		
				" 822 ✓ 15/10	7 46				456 15		
				✓ 519 ✓ 27/10	3 73				452 42		
		34 10			11 19					375	
Nov	✓	33							485 42		
Dec.		34 10		–					519 52	420	
	Int on Def. Pay.	25 37							544 89		
	Forward	9247		AR 3066 GRD 29/4/18 Forward	58 40				486 49		

NUMBER 847893 RANK Pte NAME DOMINGUE A

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov Dec	Fwd	92 4/			58 40				486 49		
				Cn 4358 6 9 Bdg. 24/11	18 66				467 83		
				- 3280. r - 9/12	7 30				460 53		
				- 4502 Del Bow. 30/11	84 36 4 66				455 87		
				- 3787. BRDG. 21/12 (Lic ordered)	9 73				446 14		
		92 4/			98 75						
Feb				- 9473 Burton 14/1 Lic End	9 73				436 41		
					9 73						

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Chambly, P.Q. Canada.

NAME AND ADDRESS OF NEXT OF KIN: M. Domingue
581 Notre Dame St. Montreal.

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.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 847893. RANK Private NAME Domingue Arthur

IF IN PERMT. CORPS } WHAT UNIT } Unit 150th OVERSEAS BATTALION C.E.F.

TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO | DATE | AUTHORITY

PLACE OF ATTESTATION Montreal. — TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 21-6-16 — TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ Nil. DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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)

C.J.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916 Sept 30														7 94	7 94															7 94				Balance from Canada
Oct 31	31	1.00	31	00	31	10	3	10							2+ 10 / 11 2 04	6	14	35	26					14 60	9	94				2+ 34	17	70		15	50	2 20
Nov 30	30	1.00	30	00	30	10	3	00							33 00	108	16/11	16	60	30/16				4 87	12	17				17 04	33	66		20	50	13 16
Dec 31	31	1.00	31	00	31	10	3	10							34 10	203	15/12/16	299		23/16				2 34	14	60				17 04	50	92		14		14 92
1917 Jan 31	31	1.00	31	00	31	10	3	10							34 10	203	13/17	321		31/17				4 87	12	17				17 04	67	78		61	50	6 28
Feb 28	28	1.00 / 10	12 20 / 20	80											20 80	371	15/17	414		28/17 / 23/17				4 87	9	73 / 12 17				14 60	33	98		75	50	8 48
Mch 31	31	"	34	10											34 10			531		23-3-17				14 87						17 04	101	04				
Apl 30	30		33												33			471		10-3-17											134	04				
May 1-31	31		34	10											34 10	50	13 4/17							4 87											
June 1-30	30		33	..											33 ..	94	25 4/17							12 17						17 04	151	10			
July 1-31	31		34	10											34 10	231	25 5/17							12 16											
Aug 1-31	31		34	10											34 10	182	15 1/17							4 87						17 03	167	07		135	..	
Sept 1-30	30		33	-											33 -	313	15/6							4 87											
			401	50											7 94 409 44	355	25/6							12 17						487	196	30				
			401	50												543	15/8	601	25/8					4 87	12	17				12 17	218	23		165	53	23
																497	25/7	417	15/7					12 16	4	86		32	34 38	216	85		180		Q400 S-3430-9/8
																								99 79	92	48		32	192 59	216	85		180		

847893, Ste. Domingue Arthur (A/P-Mil)

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR. 1				CR. 2	PARTICULARS						DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.												
1917 Balance B. F.					~~216~~	~~85~~ T.													216	85	180													
Oct.	P. P.				34	10				AR 685	150 hp Bu		16 9/17	4	87																			
										" 733	"		24/9	12	17				233	64	195 00/11													
					34	10								17	04																			
Nov.	P. Pte.				33	–				" 865	"		27/10	12	17																			
Dec.	"				34	10				" 805	"		15/10	4	87																			
										" 930	"		13/11	4	87																			
										Q297	"		11/8		85																			
										Q165	"		14/11	1	32				276	66	225 00													
1918					67	10								24	08																			
Jan	P. Pte.				34	10				AR 1111	"		5/12	4	87																			
										" 1040	"		27/11	12	17																			
										" 1170	"		17/12	14	60				279	12	240 00													
					34	10								31	64																			
Feby.	Error in Oct. Bal.					27				" 1210	"		9/1/18	14	60																			
"	P. Pte.				30	80				" 1332	"		29/1	2	43																			
										" 1375	"		11/2	4	87				288	29	255 00													
					31	07								21	90																			
Mch.										" 1445	"		26/2	12	17				276	12														
	" "				34	10													310	22														
										AR 1171	10 # Res		11/3	4	87				305	35														
										" 1266	"		18/3	12	17				293	18	270 00													
					34	10								29	21																			

CO[illegible]FOR D.G.M.S. [illegible]f;- DH 4-D-179.
DH 10-12-69.
4D. 9-2-115.
MED 7-1-400.

CASE HISTORY SHEET.

P.C.M.H. Hospital. Montreal Station.

No. 847893 Rank Pte. Name Dominique. Age 42

Unit D.D?#4 Completed years of service (Where and how long) 2yrs 7/12.

Date of admission 5/2/19. Date of discharge 7/2/19. Death

Diagnosis Pulmon. Haemorrhage Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Pleurisy at Valcartier in Aug. 1916. Was boarded in England Dec. 1918. and placed in Cat. "B" suffering from Bronchitis and Myalgia. Returned to Canada in January and while on furlough had severe Pulmonary Hemorrhage and was brought to Hospital in a cab. On admission was coughing and expectorating bright red blood, during the night spat and vomited up 450 c.c. of frothy bloody mixture. He is a well nourished man, skin and M.M. paler than normal. Temp. afebrile - Pulse 80, poor volume and low tension. Radials thickened. Heart sounds normal. Chest not examined.
6-2-19. Patient resting quietly, expectoration and cough slight.
7-2-19. Attack of coughing with Hemorrhage 200 c.c. at 6.45 a.m. Examination of chest shows scattered dry rales over entire lung area. Few moist crepitations at R. apex. Had hemorrhage 500 c.c. at noon. Seen by Col. Finley at 3 pm. Pulse rate 132, weak and running. Severe pulmonary hemorrhage followed by death at 10.40 pm.

(sgd). E.E. Robbins. Capt.

Feb. 8th. 1919.

Autopsy on the body of Pte. St. Dominique.
Body is that of a well developed and fairly well nourished male.
No edema.
Post mortem discoloration of dependent parts.
Thorax.
The left lung is firmly adherent to the chest wall at its apex by old fibrous bands. The right lung is slightly adherent also at its apex. There is no excessive free pleural fluid, Both lungs are voluminous and crepitant. There is no pneumonic consolidation. On maniputation however a few small firm nodules can be felt in the apex of each upper lobe, and also in the apex of the left lower lobe. Over these the surface is puckered.
On section there is cavity in the left apex measuring about 6 x 3 x 3 c.m. This is filled with fresh, partially clotted blood. At the lower end of this cavity is an open vessel (an artery) which readily admits a small filiform catheter. On pressure on the lung, blood exudes from this vessel, which can be traced to the Pulmonary artery.
At the upper end of the cavity if an opening into a bronchus which admits a large steel knitting needle, and which was apparently the exit for the blood during each haemorrhage.
The wall of the cavity was a firm smooth fibrous consistence showing no active necrosis, and has the appearance more of a cyst wall. It contains no pus.
The nodules above mentioned which were felt, on section, show well healed Tubervulor foci.
The heart and pericardium are normal.
Kidneys, liver and spleen normal.
Stomach and intestines normal.
Pancreas and adrenals normal.

CONDITION ON DISCHARGE (and disposal made of case.)

Anatomical Diagnosis.
(1). Acute pulmonary haemorrhage.
(2). Pulmonary Tuberculosis with cavitation of left apex.

Date ..... over.

Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

E38334

continued;-

(3). Chronic adhesive pleuritis.

(4). The fact of the cavity containing no pus or necrotic material is due to its having been "washed out" by the repeated haemorrhages.

(sgd). A.H.MacCordick.

P.878. Extract D.O. No. 9. Unit.- 9 R D Date:-

Reg. No:	Rank	Name
847893	Pte	DONINQUE A.

Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. M D 4

24. 1. 19 Acted on Ledger Ck.

X—413b.

C.R. No. P./R.L. Date

CONFIRMATION OF CABLE.

PART 1. A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.343

Reserved for M.H.C.

Regt. No. 847893 Rank PTE Surname DOMINQUE Christian Name ARTHUR

Unit or Corps—(a) Overseas from United Kingdom 22 BATT. (b) in United Kingdom QRD

Born at—Town CHAMBLY County or Province QUE Country CAN.

Date of Birth—Day 20 Month JULY Year 1876 Age 42 yrs. 5 months.

Joined at MONTREAL QUE Date 21 JUNE 1916

Former trade or occupation JOURNALIST

Permanent Marks or any peculiarity that will serve for future identification :—

Long snake tattoed on left thigh in front flag tattoed on right and arms tattoed in several places.

Height—feet 5 inches 5" Colour of eyes HASEL

Signature of Soldier (*for identification purposes*) Arthur Dominque

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (a)

MYALGIA

Disabilities Group (b)

N.A.

Disabilities Group (c)

N.A.

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	COLD AND EXPOSURE	MONTREAL	1901
(*ii.*) As to Group (*b*) above.	N.A.	N.A.	N.A.
(*iii.*) As to Group (*c*) above.	NA	NA	N.A.

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

(*i.*) As to Group (*a*) above ? YES If yes, has Active Service aggravated it ? NO

(*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 ? No

(*ii.*) As to Group (*b*) above ? N.A.

(*iii.*) As to Group (*c*) above ? N.A.

5. MEDICAL HISTORY. This soldier has had 6 months service in France, enlisted in June 1916 and had 18 months in England on transport duty at [illegible] going to France in June 1918. Has been treated in hospital once for Pleurisy at Valcartier in Aug 1916 but for no other [illegible] before enlistment, being free from any [illegible] 1901. States he was treated for one week in sick detention hut [illegible] [illegible] and has had pain in both knees and ankles at all times but especially in wet weather.

Boarded in France 28/10/18 Category B; and sent to a labor pool.

6. PRESENT CONDITION. General Condition fair fairly well. Complains of pain in knees and ankles when examined. No swelling or stiffness of joints. Lungs: Sonorous and Sibilant rales scattered through both lungs. And coughing considerably. Somewhat short of breath. Negative on percussion. No friction rub from pleurisy.

Heart normal.

Nervous System normal. Genito Urinary normal.

7. OPERATION. (*i.*) Was one performed? No (*ii.*) If so, state what. No.

(*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.

8. (*i.*) Is there loss or decay of teeth attributable to Active Service? No

(*ii.*) If so, describe. No

9. DO YOU RECOMMEND :—

(*a*) Fit for duty? (*state category*) Yes B1

(*b*) Invalid to Canada? No

(*c*) Discharge from the Service as permanently unfit? No

Date of Report Dec. 3 1918

Station Bramshott

Signed [illegible] Lieut.
Officer in medical charge of case.

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

Not in hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at .... Station, on .... 191......

*Delete if inapplicable.

PART II.

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

10. Is the disability fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes
If not, describe it.

12. From the medical information now adduced, 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

13. 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, 5%, 10%, 15%, 20%, etc.) None

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) n. a

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? n. a
(ii.) If not permanent, what is its probable minimum duration *(in months)*? n. a

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

17. Can the former trade or occupation be resumed? Yes

18. REMARKS:— Boarded under Accident A.G. Telegram 4083 dated 11-12-18

19. RECOMMENDATION:—
(a) Fit for duty? *(state category)* Yes B1
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 23 DEC 1918

Station Bramshott

Signatures of the Board — President.

Approved [signature] Major,
D.A.D.M.S. for A.D.M.S.,
Dated at Canadian Troops, Bramshott Camp

A.D.M.S.

Bramshott Station 23 DEC 1918

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

AUDITOR [illegible] | PAYMASTER [illegible]

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. 847893 RANK Pte NAME (IN FULL) DOMINIQUE - Arthur.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	24/1/19	Do 39 p 1.
S.O.S. Deceased.	7/2/19	Do 39 p 2.

ORIGINAL UNIT C.E.F. 150th Bw. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Montreal | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 21-6-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE 7-2-19 | REASON | AUTHORITY D.D. 4-19 D-553 | IF ENTITLED TO POST DISCHARGE PAY (Yes)

Feb

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					
Feb.	~~7~~ 7	1.10	~~13~~ 7	~~20~~ 70	~~35~~ ~~8~~ 3	~~00~~ ~~00~~ 20	376	54	~~386~~ ~~432~~ 387	~~44~~ ~~74~~ 44	22	76					~~386~~ ~~502~~ ~~387~~	~~44~~ ~~74~~ ~~44~~															~~70~~	~~00~~	~~W.S.It.~~		Posted to Car. Coy 3/2/19 granted leave wp. 17/2/19 Do 39 p 1. Posted to Hosp. Sect. 5/2/19 Do 39 p 2. Cr. L.P.C. 376.54

no cheque the man deceased

387.44

2

60m.-11-18. L. L. 51777. M. & D. 9585.

T

ONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	