

ATTESTATION PAPER

No. 61584

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name? *Edouard Drollet*
- In what Town, Township, or Parish, and in what Country were you born? *Quebec*
- 3. What is the name of your next-of-kin? *Augustin Drollet (father)*
- 4. What is the address of your next-of-kin? *108 Katourelle Quebec*
- 5. What is the date of your birth? *7 Jan 1880*
- 6. What is your trade or calling? *Carriage Maker*
- 7. Are you married? *No.*
- 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
- 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*

Edouard Drollet (Signature of Man.)
R. Bessette (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edouard Drollet*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Edouard Drollet (Signature of Recruit.)
 Date *April 13th 1915* *R. Bessette* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edouard Drollet*, 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.

Edouard Drollet (Signature of Recruit.)
 Date *April 13th 1915* *R. Bessette* (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 *13th* day of *April* 1915

P. Belcher (Signature of Justice.)

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

J. A. Gaudet (Approving Officer.)
Colonel

DESCRIPTION OF Edouard Drolet ON ENLISTMENT.

Apparent Age 35 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 3 1/2 ins.

2 Vaccination left arm

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Robust
 Eyes Blue
 Hair Blond

Religious Denominations { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic R.C.
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date April 13th 1915

Place Montreal

[Signature]
 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

Edouard Drolet 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.

14 MAY 1915

Date 1915

[Signature] (Signature of Officer.)
 Colonel

O. C. 22ND F. C. BATTALION

17/5/18 L.W.

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name DROLET EDOUARD
Regt. No. 61584 Rank Pte.
Corps 22nd French Can. Regt.
Died 22/5/18.

R. O. No.....

H. Q. No.....

25482

M

Cards

~~Study removed~~
~~Casualty~~

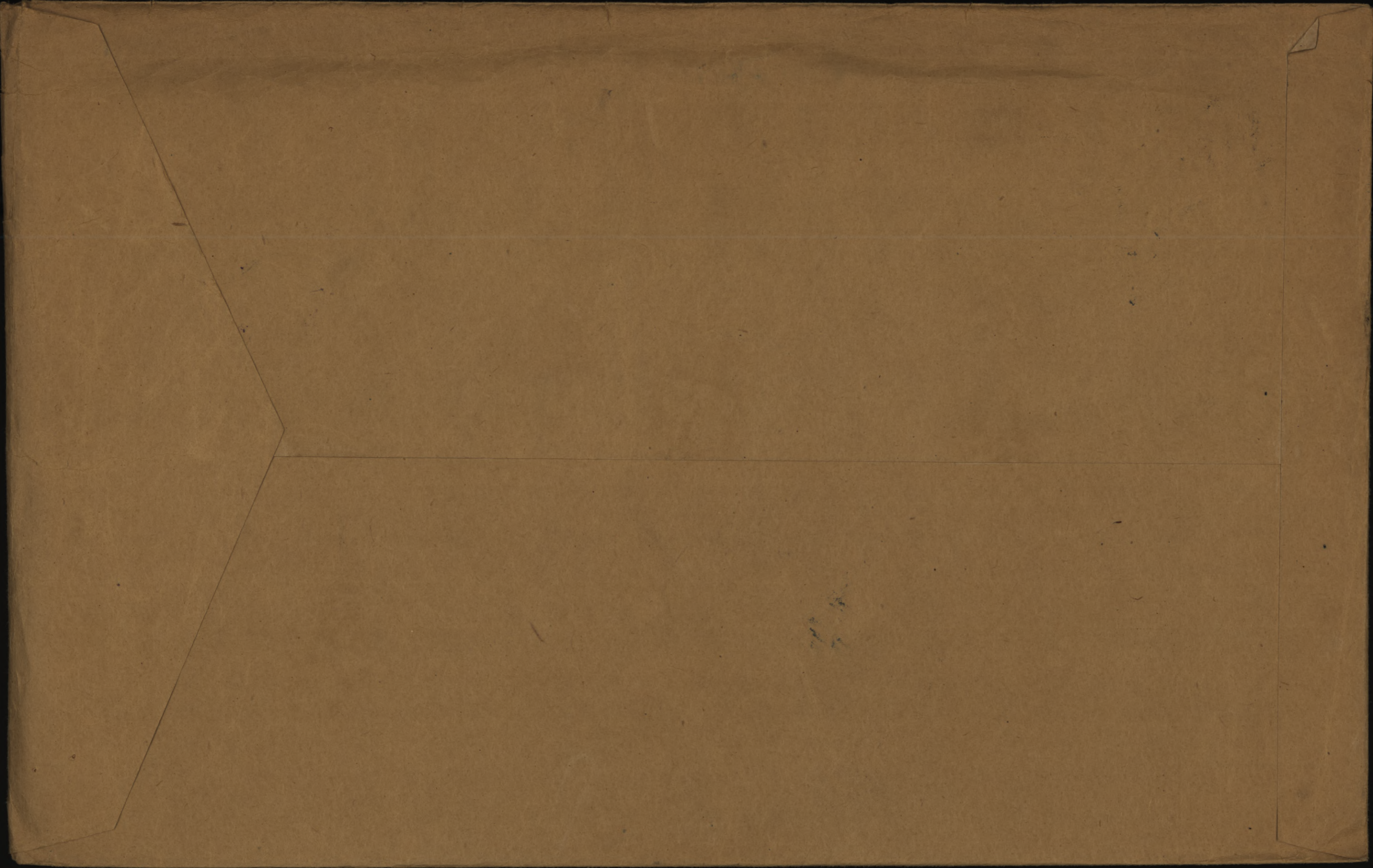
H

RECORDS CENTRE
CANADIAN FORCES
PERS JACKET
14/1/18

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM
M-X
29-1-21
R.R.

BOX# 404601

2-7
21-8
33-8
1



Rank _____ Name **DROLET Edouard** ✓ Reg'l No. **61584.** ✓

Unit **22nd Bn.** If in perm. Corps,)
What Unit?) Married or Single **Single.**

Place and Date of Enlistment **Montreal. Que. 13th April 1915** Place of Birth **Quebec.**

Name and Address, Next-of-Kin **Augustin Drolet. 108. Latourelle. Quebec.**

Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason **Died.** Character _____

*M-X
29-1-21
R.R.*



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				
		<i>arrived in England per S.S. Saxonia</i>		<i>29-5-15</i>	<i>Died</i>
<i>23.7.15</i>	<i>H.O.</i>	<i>Died at Military Hospital Shorncliffe. Died on the bank's Horton Road of cardiac failure caused by atheroma of the heart muscle.</i>	<i>Shorncliffe.</i>	<i>22.7.15</i>	<i>Cause Unknown. Res. Rep. # 14. Army Form B. 2090 A. See also Pt. II O # 231.</i>

Report

Date

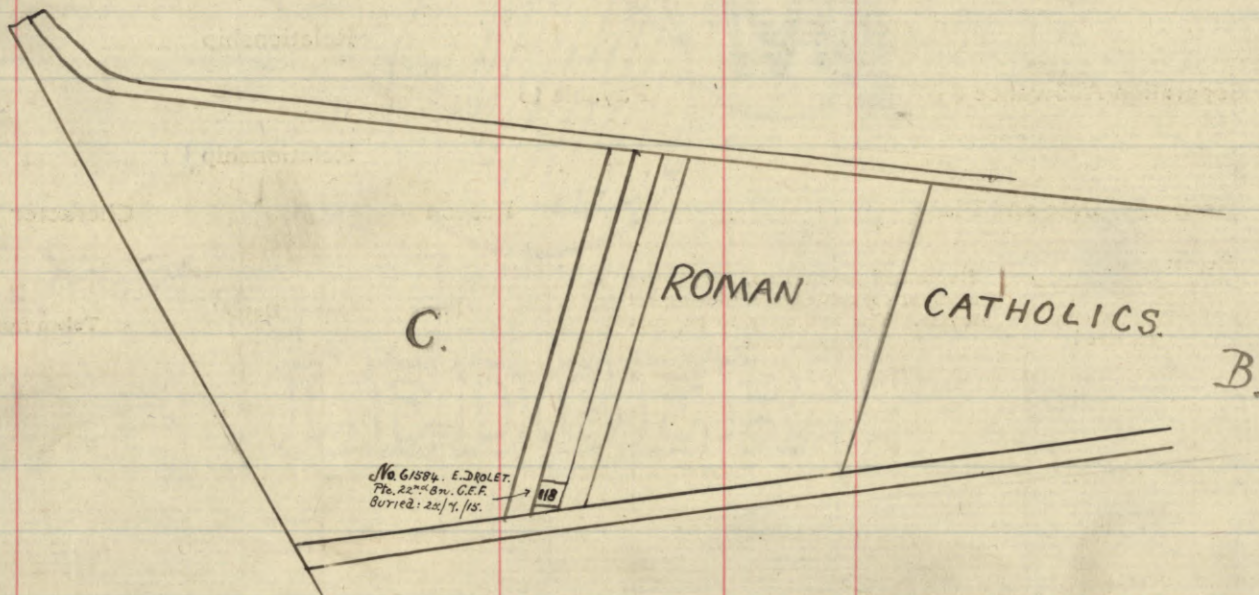
From whom received

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



SHORNCLIFFE MILITARY CEMETERY.

Rank *Plt* Name *Drolet Edward D* Reg'l No. *61584* ✓
 Unit *22nd Inf. Bn* If in perm. Corps, What Unit? Married or Single *Single*
 Place and Date of Enlistment *Montreal, P.Q. 13/4/15* Place of Birth *Quebec*
 Name and Address, Next-of-Kin *Augustin Drolet, 108 LaSalle, Quebec P.Q.* Relationship *Father*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *Died 22/7/15* Reason *Cause unknown* Character *Cast list no 14*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1/6/15</i>	<i>30/6/15</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>			<i>30</i>				<i>30</i>	<i>May 31st Cr Bal. 10</i>
<i>1/7/15</i>	<i>22/7/15</i>	<i>22</i>	<i>1</i>	<i>22</i>	<i>22</i>	<i>10</i>	<i>2 20</i>	<i>Exch 1 20</i>	<i>24 30</i>			<i>15</i>			<i>15</i>	<i>23 40</i>	<i>Increased 22/7/15</i>
									<i>25 40</i>			<i>23 40</i>		<i>23 40</i>	<i>23 40</i>	<i>nil</i>	<i>Cast list no 14</i>
																	<i>1.00 - Difference of Exchange</i>
																	<i>Forwarded to Ottawa</i>
																	<i>for Settlement 9.5.16</i>

Get files correct

cash for Chief Master

Cash found in effects *No Report*

Statement of
 APR 25 1916
 Account rendered

OFFICE, H.E. ...
 11 1915
R
a

C.
SURNAME. *Hrolet.*

CHRISTIAN NAMES *Edward.*

REGL. No. *61584* RANK *Pte.*

UNIT *22nd*
FORMER CORPS *Nil.*

CARD NO.

FOLL. **D**

Bn.

NEXT OF KIN.

NAMES IN FULL *Hrolet Augustin*
RELATIONSHIP TO SOLDIER *Father*
ADDRESS *108 Latowille, Quebec.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Can. Quebec.*
PLACE OF ATTESTATION *Montreal P. Q.*

DATE

Jan. 7th / 880

DATE

April 3. 1915

Sailed from Halifax Per. S.S. "Saxonia" 20-5-15 ⁸⁹/₆

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Carriage Maker

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

35

YEARS

2

MONTHS

HEIGHT

5

FEET

3 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Robust

EYES

Blue

HAIR

Blonde

DISTINGUISHING MARKS

2. Vacc. marks on left arm.

MEDICAL EXAMINATION.

PLACE

Montreal P.Q.

DATE

April 13th 1915

NAME

Drolet, Edouard

H. Q. FILE No. 649-

REG'T'L. No. *61584*

RANK AND CORPS

Pte.

22nd Batt.

CABLE

NO.

DATE

NATURE OF CASUALTY

m.323.

22-7-15.

Died at Monk's Horton, Kent July 22nd

B.2090A.

In the field

" " " " " " " " " "

4-12-15

NO. <i>1312.</i>
FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

14.

O. G. Mil. Hosp.,
Shorncliffe reports:

22-7-15

Died at Monks Horton
Kent. Cause unknown

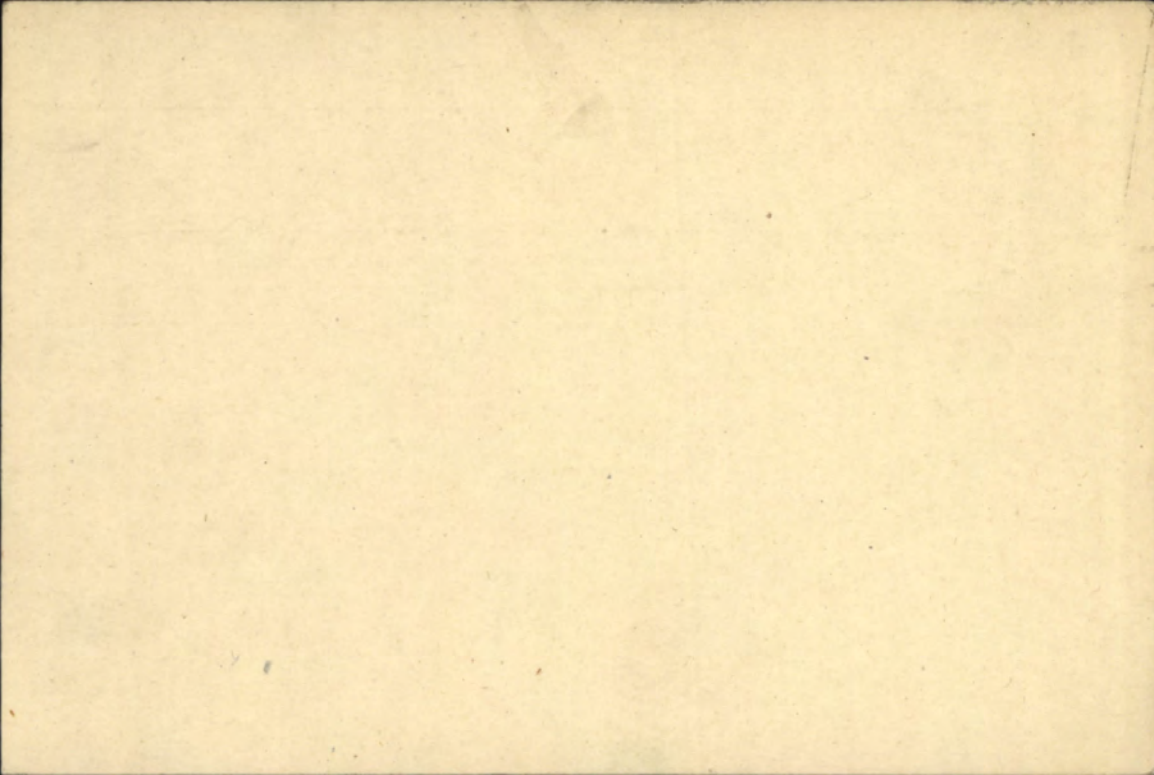
No. *61184* RANK *Private*NAME *Siolet Ed.*T. O. S. *13-4-15-*

UNIT

*22nd Battalion French Canadian**april pay list*M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Apr 13</i>	<i>1915</i> <i>Apr 30</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		

UNIT SAILED
MAY 20 1915



Name Drolet E.

Rank Pte

Reg. No. 61584

Unit 22nd Batt.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22.7.15.	O.C. Mil. Hosp.	Shorncliffe	reports:14 ✓		14 <i>M</i> <i>323</i>	✓
	<u>DIED.</u> at Monks Horton,	KENT.	(Cause unknown)			

649-D-504.

✓ ✓ ✓ ✓
Drolet E. Pte. #61584-C.E.F. 22nd Bn

Medals

& Dec. (father) ✓
Augustine Drolet,
108 Latourelle St.,
Quebec, P.Q.

P.&S. (father) ditto

(Ser. #766206.)

Mem. C. (Nil)

Scroll Desp.

JUN 1 1921

Reqn. No.

246732

England Only
Eligible for B.W.M.

Plaque Desp.

FEB 2

1922

Reqn. No.

87951

46509

R.R.



E.M.B.
Number *61584* Rank *Pte.*

Surname *DROLET*

Christian Name *Edouard*

Units *22nd Can. Coy. Theatre of War* *England*

Date of Service *29-5-15*

Remarks

Latest Address

Roll No.

*(7) Augustin Drolet
108 Latourelle St.
Quebec, P.Q.*

A page 3464

200m.-2-21.M.

REMARKS: *"D"*

RANK

NAME

AGE

SERIAL NO. IN A. AND D. BOOK

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

UNIT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

DESP. JAN 21 1923
REGN. NO. 13581

Surname *Dwolet* Christian Name or Names *Edouard* Reg. No. *61584*
Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____

Rank *Pte.* Unit *22nd Batt.* Date of Admission _____

Hospital *A.C. Mil. Hosp. Stoneliffe* Date of Admission _____
Transferred _____ Reports _____ Hosp. _____

Hosp. _____

Hosp. _____

Hosp. _____

Diagnosis *(Cause Unknown)*
(1) _____
Later Diagnosis (if changed) _____

(2) _____
(3) _____

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Ch. 23. 7. 18 # 14

*Died at Monk's Horton
Kent.
22. 7. 18.*

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.