

Duplicate 61020 07/691051
No. 20

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Dube Johnny
2. In what Town, Township or Parish, and in what Country were you born?..... Chicoutimi
3. What is the name of your next-of-kin?..... Herold Dube, Father
4. What is the address of your next-of-kin?..... Chicoutimi, Que
5. What is the date of your birth?..... 9th May 1892
6. What is your Trade or Calling?..... Telegraph Operator
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?..... 2 yrs. 18th Regt. Chicoutimi
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

Johnny Dube (Signature of Man).

Paul H. Chamberland (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Johnny Dube, 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.

Johnny Dube (Signature of Recruit)

Date Nov. 6th 1914. Paul H. Chamberland (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Johnny Dube, 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.

Johnny Dube (Signature of Recruit)

Date Nov. 6. 1914. Paul H. Chamberland (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 Sydney this 6th day of November 1914.

Paul H. Chamberland (Signature of Justice)

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

J. J. ... (Approving Officer)

Colonel

Description of Dube Johnny on Enlistment.

Apparent Age 22 years 5 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. 7 3/4 ins.
 Chest measurement { Girth when fully expanded 36 1/2 ins.
 Range of expansion 32 1/2 ins.

Small mould left foot.

Complexion Fair
 Eyes Blue V.R. - D - 20 L.D. 20
 Hair Fair

Religious denominations.
 Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic Yes
 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 6 November 1914.

Place Saint Jean

Thomas Sabourin L.C.D. R.O.
 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.

Johnny Dube 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.

NOV 27 1914

Date 1914.

J. A. - J. A. - J. A.
 (Signature of Officer)
 Colonel

24

(M)

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

(S)

- 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.....

22

Name Dube Johnny

Regt. No. 61020 Rank Pte

Corps 22nd F.C. Bn.

Died. 27-12-16.

(H)

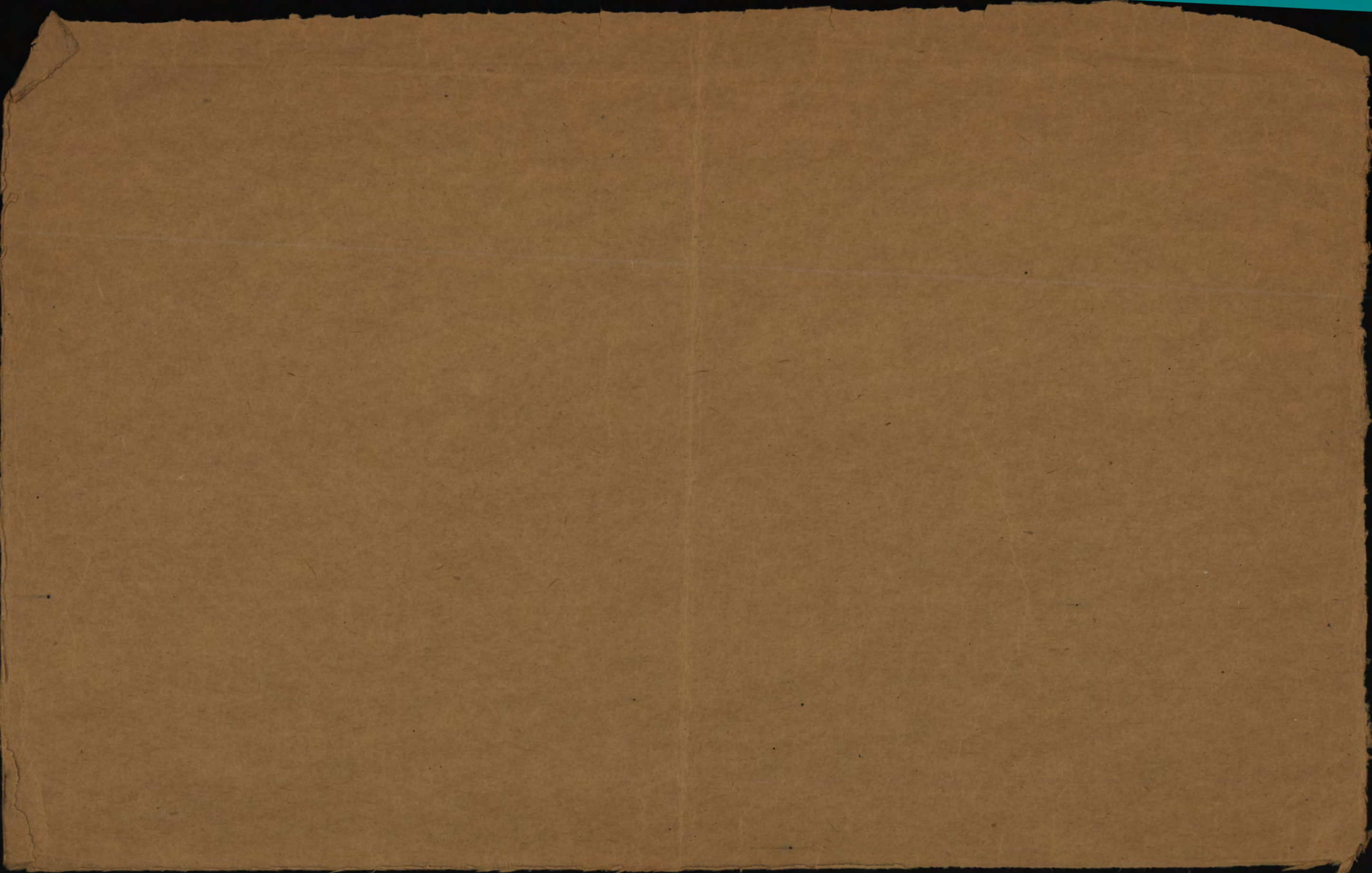
26212

(H)

A. S. B. 178-1
 passed
 A & K 1237 ~ 1
 A & K 181 ~ 2

Mix
 29-1-21
 R.P.

10-11
 25-11
 27-11



61020

I.D. number
No. d'identification

DUBE

Surname
Nom de famille

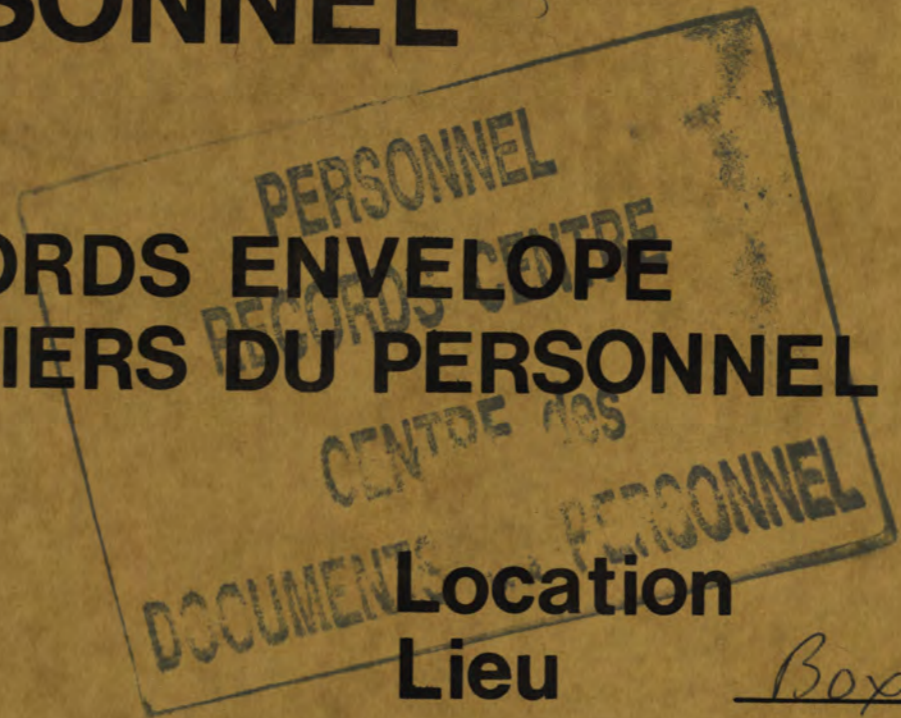
JOHNNY

Given names
Prénoms

DECEASED 27-12-16

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**



Location
Lieu

Box 2684

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



Rank *Spl.* Name **DUBE John.** Reg'l No. **61020.** ✓
 Unit **22nd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **St John's. Que. 6th Nov. 1914** Place of Birth **Chicoutmie.**
 Name and Address, Next-of-Kin **Fereol Dube. Chicoutimi, P.Q. Canada.**

Relationship **Father.** **CCAC**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character **38w**

CCAC
 N/E. R. B. N. 2456
 File No. 330/89
 Category



Mix.
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				
		Arrived in England, per S. S. Saxonia		29.5.15.	
3.4.15.	Ob. 2nd.	Inf'd. to Bn. signaller.	East Landing.	8.4.15.	Pt. II O.# 209
31.8.15	" "	Conf'd as Corporal	" "	1.7.15	non. Roll fr. OC.
19 SEP 1915		Embarked for France	Folkestone	15.9.15	Emb. memo. #288
1.1.16	OR 22nd	Conf'd in rank Corporal as from	In the field	1.7.15	Pt II O# (14)
21.4.16	" "	Granted 8 day leave	" "	6.2.16	" 17
24.6.16	22nd Bn.	Adm 13 Gen. Hosp. "dangerously ill"	Bonlogne	23.6.16	C.L.A. 255 G.S. W. leg black on
11.7.16	" "	Rep. 13 Gen. H. "Improved"	" "	9.7.16	" 269 " ON
14.7.16	" "	Adm University bar Hosp.	Southampton	"	Col. B. 116 Amp. Femur.
21.7.16	" "	Transfd to CCAC.	In Field	8.7.16	Pt. II - 29

D. J. W. P.

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				
18-7-16	22 nd Br	university war Hosp. Reports Died of wounds	Southampton	14-7-16	ELB 119
CHECKED. 5th Dec, 1916.					
24-12-16	6601	Died of wounds at University War Hosp	S' Hampton	17-7-16	PEO 571

Casualty Form—Active Service.

CEPT CORRECT.
 Canadian Record Office,
 Westminster House,
 7, Millbank, S.W.
 J.F.

Regiment or Corps 22nd (F.C.) Battalion

Regimental No. 61020 Rank Signaller Corporal Name J. Dube

Enlisted (a) 6.11.14 Terms of Service (a) Forwar Service reckons from (a) 6.11.14

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) _____

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				
<u>7.4.16</u>	<u>O.C. BN</u>	<u>Disembarked</u>	<u>Haver</u>	<u>15⁹/₁₅</u>	
	<u>"</u>	<u>GRANTED 8 DAYS LEAVE</u>		<u>6²/₁₆</u>	<u>B213</u>
	<u>"</u>	<u>Back from leave</u>		<u>14²/₁₆</u>	<u>107 Inf 2¹/₁₅</u>
<u>17⁶/₁₆</u>	<u>13 gen</u>	<u>left back</u>		<u>17⁶/₁₆</u>	<u>W3034</u>
<u>2⁷/₁₆</u>	<u>"</u>	<u>seriously ill</u>	<u>13 gen'l</u>	<u>2⁷/₁₆</u>	<u>"</u>
<u>25⁶/₁₆</u>	<u>9 C/A</u>	<u>left back l' leg</u>		<u>18⁶/₁₆</u>	<u>A36</u>
<u>"</u>	<u>"</u>	<u>Transf to CCB</u>		<u>"</u>	<u>"</u>
<u>8⁷/₁₆</u>	<u>13 gen'l</u>	<u>To England</u>		<u>8⁷/₁₆</u>	<u>W3034</u>
<u>"</u>	<u>13 Marama</u>	<u>"</u>		<u>"</u>	<u>W3083</u>
					<u>Part II D. 29-21⁷/₁₆</u>

W. E. C. Roberts

LIEUT.
 FOR LT COL.
 A.A.C.

(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.C.]

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				
ATTACHED TRANSFERRED	S.O.S. leaving Dec 4/4/16				571.5 PART II D.O. NO. 8/12/16 London Solo of CCAC

Surname **Dube** Christian Name or Names **J.** Reg. No. **61020**
 Rank **Pte.** Unit **22nd. Bn.** Co. Troop Batty.
 Hospital **No 13 Gen. H. Boulogne.** Date of Admission **23-6-16**
 Transferred **University War. S. Hospital** Hosp. **9. 7. 16.**

Hosp.

Hosp.

Hosp.

Diagnosis **G.S.W. Legs + Back.**
(Amputated femur)
 (1)
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

Died of Wnds. 17.7.16

DISPOSITION

Date

C.L. 24-6-16 a 255
1. 7. 16 a 269.
" 14. 7. 16. B. 116.
18. 7. 16 B 119

REMARKS

Dang. ill. 23-6-16
Improved. 9. 7. 16

A.M.D. 2 DEPT.

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

R
R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name Dube John Rank Pte.

Reg. No. 61020

Unit 22nd. Batt.

Rf. 25. A. 786

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
		Dang. Ill.			m	
23-6	No. 13 G.H. Boulogne	GSW. Legs & Back		A255	8752	24-6
9-7	do Improved	do		A268	M 9581	
9 7	University War Hosp.	S'ampton. do		B116		
		Amp. Femur			M	
17-7	do DIED OF WOUNDS		DO	B119	9919	18-7

SURNAME

Reubé

(649-41-1891)

CARD NO.

CHRISTIAN NAMES

Johnny

FOLL

D

REG. NO.

61020

RANK

Corpl.

UNIT

22nd

Bn.

FORMER CORPS

18th Regt Chicoutimi (2 yrs).

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hubé Pérool

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Chicoutimi P.Q. Can.

In event of casualty notify Deputy Minister Dept. Public works. Ottawa

COUNTRY OF BIRTH

Can. Chicoutimi P.Q.

DATE

May 9th / 1892

PLACE OF ATTESTATION

St. Johns. P. Q.

DATE

Nov 6th / 1914

Sailed from Halifax Per. S.S.

"Saxonia" 20-5-15

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Telegraph. Opt.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

22

YEARS

5

MONTHS

HEIGHT

5

FEET

7 ³/₄

INCHES

CHEST MEASUREMENT

36 ¹/₂

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue.

HAIR

Fair

DISTINGUISHING MARKS

None

MEDICAL EXAMINATION.

PLACE

St John's P.Q.

DATE

Nov. 6th/1914

REGT'L NO 61020

NAME

Duke John

H. Q. FILE NO. 649-

RANK AND CORPS

Plc. 22nd Bn.

FOLLOWS

No.

CABLE

No.

DATE

"6"

NATURE OF CASUALTY

FOLLOWS

M 8752

23-6-16

Dangerously ill at 13th Gen. Hosp. Boulogne
June 23 G.S.W. legs, back.

M 9581

10-7-16

Dang ill no 13 Gen Hosp Boulogne
July 9th improved G.S.W. legs back

M 9919

17-7-16

Died of wounds at University War
Hosp. Southampton July 14th
G.S.W. legs back, amputated femur.

B 20909

London
21-7-16

" " " " " " " " " " " "

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q 255-	#3 Gen. Baucogne	23-6-16	Gsw back, leg. dangerously ill.
Q 269	#13 " "	9-7-16	" " " " " improved
B116	University War Southampton	9-7-16	Amputated femur
B119	" " " Repts	17-7-16	died of wounds, Gsw. legs. & back, amp. femur.

ank
Number

61020

Rank

epc.

Ham
Surname

DUBE

Christian Name

Tom

Units

22nd An Cav. Coy. Theatre of War France

Date of Service

15-9-15

Remarks

(7) Percival Dube, Esq

Latest Address

Chateau Saguehay,
Chicoutimi, P.Q.

Roll No.

200m.-2-21.M.

B. Page 176/10

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM

IT

IN CATEGORY

INVALID

WHERE TO

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

REGR. NO. 18197
NOV 17 1922
DESP

649-D-1891

HAQ
M
[Handwritten signature]

✓ DUBE, ✓ Cpl. J. ✓ #61020 - ✓ 22nd Bn

Med & D (Father) Fereol Dube Esq.,
Chateau Saguenay,
Chicoutimi, P.Q.

(P & S Ser # 766214) (Father) Address as above

Mem Cross (Mother) Mrs. Fereol Dube
(address as above)

Eligible for 14-15. Star cpl. 22nd Bn a
Scroll Desp. JUN 1 1921 Regn. No. 2.46736

E " " " 7.M

E " " " B.W.M.

Plague Desp. OCT 29 1921 Regn. No. P.14157 R.P.

MC 44128

FEB 4

1921

1053

610
No. 20

RANK

Pte

NAME

Dubi Johnny

T. O. S.

6/11/14
Nov payroll

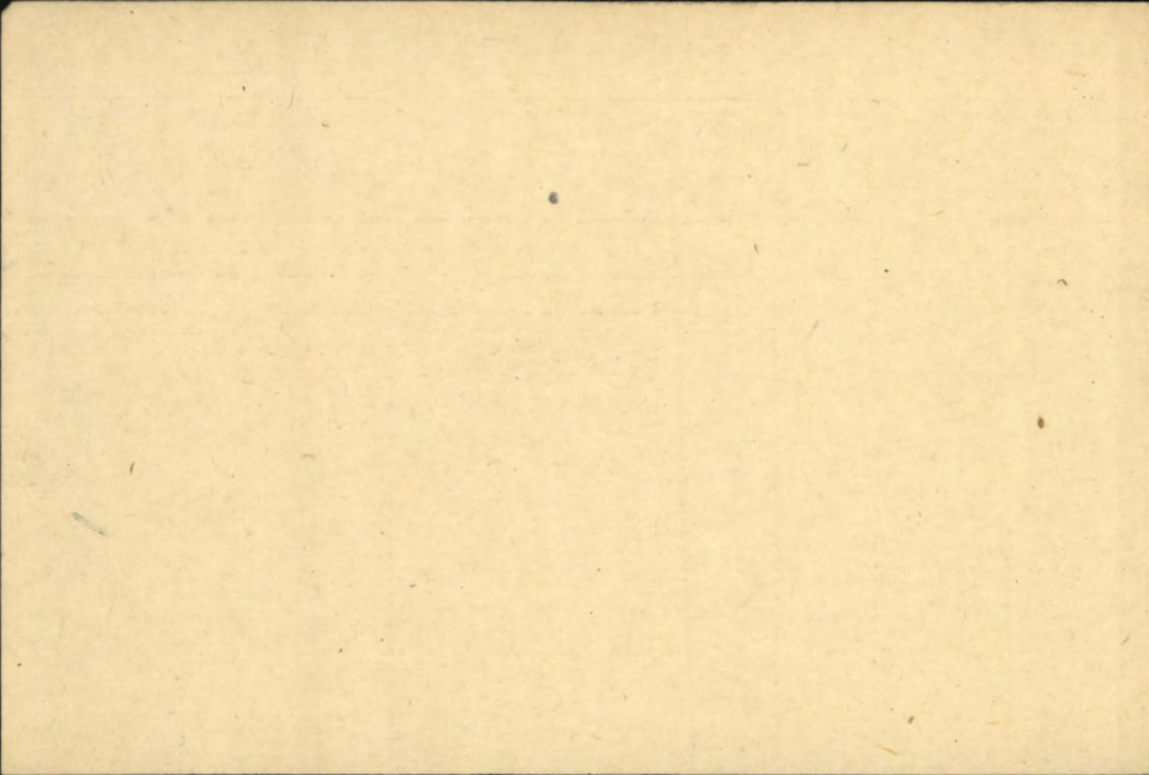
UNIT

22nd Battalion (French Canadian)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Apr 6	1914 Nov 30	✓		
	See	✓		
1915 Jan 1	1915 Jan 17	✓	Prom. cpl. Dugi.	# to 60. 18/1/15-
" 15	" 31	✓		
	Feb	✓		
	Mar	✓		
	Apr	✓		
	May	✓		
	June	N.		

UNIT SAILED
MAY 20 1915



ORIGINAL

Deceased

MEDICAL HISTORY OF

Surname Dube Christian Name John 591

Examined { on 6th day of November 1914
 at St Paul P.D.
 Birthplace { City or Town Chicoutimi
 County _____
 Apparent age 22 years 5 mos.
 Trade or occupation Telegraph Operator.
 Height 5 Feet 7 3/4 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 32 1/2 inches.
 Maximum expansion 36 1/2 inches.
 Physical Development Good.
 Small-Pox Marks _____
 Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____
 When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Approved by Arth. Labaurin
 (Rank) Lt Col. Amb.
 Medical Officer.

Examined for re-engagement Deceased
 FEB 28 '16 17 JUL 1916
 day of _____ 191_____

*Considered _____
 (Signature) Arth. Labaurin
 Medical Officer.

*If unfit, state disability.

Re-vaccinated on 5. AME day of _____ 191_____

Arm _____ Number _____
 Result _____
 (Signature) Arth. Labaurin
 Medical Officer.

Enlisted on 6th day of Nov. 1914 at St Paul P.D.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>22nd (F.C.)</u>	<u>61020</u>		
Transferred to.....	<u>Battalion</u>			

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.

John

Christian Name

Dube

Surname

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 Hospital.			Discharge from Hospital.						
		Day.	Month	Year.	Day.	Month	Year.				
UNIVERSITY WAR HOSPITAL SOUTHAMPTON		9	7	16	17	7	16	G. S. W. Rt leg & Spine Amputation Rt thigh.	8.	Condition had on admission. Retention of Urine with Cystitis. He gradually sank & died.	Dr S. Hanna H. R. M. C.

Duplicate Medical History Sheet

556

MEDICAL CASE SHEET.



No. in Admission and Discharge Book.

Regimental No.

Rank.

Surname.

Christian Name.

61620.

Sp1.

W. H. HOSPITAL, SOUTHAMPTON

J.

Unit.

Age.

Service.

Year

22nd Canad

24

15 Yr

1916

Station and Date.

Disease Amputation left thigh

Soton Wes.

? G.S.W. Spine
Paresis of Rt legs.
Retention of urine.

Wounded 18 June (see temperature chart)
Operation 19th in 13th Junc^o P

Catheterisation & Bladder washing required.

Ray Report from France

At level of 2nd lumbar a piece of shrapnel apparently at root of spine depth 1 1/2
Another piece to the right of former in muscles of Back 1 9/10" deep.

9/7/16 General condition bad on admission.
Much ~~at~~ pain in back

10/7/16. Bladder washed out daily. There is much very thick pus.

11/7/16 Catheter tied in.

Pres tube. 13/7/16. Bladder condition improved
~~at~~ Carter St

Chicoutimi Quebec Canada

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

17/7/06

Died after rather sudden collapse
Mrs Hanna
H.D.M.C.

Rank _____ Name **DUBE John** Reg'l No. **61020.**
 Unit **22nd Bn.** If in perm. Corps, }
 What Unit? Married or Single **Single**
 Place and Date of Enlistment **St John's. Que. 6th Nov. 1914** Place of Birth **Chicoutmie.**
 Name and Address, Next-of-Kin **Fereol Dube. Chicoutmi. P.Q.**

Relationship **Father.**



Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Entered on N.E. Card Index *all*

Discharge, Date and Place **Dofnra 17th 1916**

Relationship _____ Checked by **F.H. Murray**
 Reason **2 1/2 119-18th 1/6** Character _____

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																
	1915																										
June 1	30	30	1.10	33	30	.10	3		36		35			35	1.												
1-7-15	31-7-15	31	1.10	34.10	31	.10	3.10		37.20		37.50			37.50	70												
<i>Adjt of Exchange</i>																				193	1.93					263	
263																											
1-8-15	31-8-15	31	1.10	34.10	31	.10	3.10		37.20		36.50			36.50	3.33												
1-9-15	30-9-15	30	1.10	33	30	.10	3		36		13.58			13.58	25.95												
1-10-15	31-10-15	31	1.10	34.10	31	.10	3.10		37.20		7.85			7.85	55.30												
1/11/15	30/11/15	30	1.10	33	30	.10	3		36		8.02			8.02	82.28												
1/12/15	31/12/15	31	1.10	34.10	31	.10	3.10		37.20		15.70			15.70	104.78												
1/1/16	31/1/16	31	1.10	34.10	31	.10	3.10		37.20		3.49			3.49	138.49												
1/2/16	29/2/16	29	1.10	31.90	29	.10	2.90		34.80		34.80			34.80	138.49												
1/3/16	31/3/16	31	1.10	34.10	31	.10	3.10		37.20		105.17			105.17	70.52												
305																											
															335.50	30.50	193	367.93	297.41	297.41	70.52						

BALANCE TRANSFERRED TO NEW LEADER

Settled

Checked *all*

Statement of
 JUN 16 1917
 [unclear] rendered

MARRIED OR SINGLE *S*

PLACE OF BIRTH *Chicautimi P.Q.*

NAME AND ADDRESS OF NEXT OF KIN *Leroy Dulie Chicautimi 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.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Died of Wounds</i>	<i>17/7/16</i>	<i>1/31/17 22/12/16</i> <i>12-26-21</i> <i>106-119-18/7/16</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *61020* RANK *Capt* NAME *Dulie John*

IF IN PERM. CORPS; WHAT UNIT *22nd Reg* TRANSFERRED TO *C.C.A.C.* DATE *6.7.16* AUTHORITY *6-23-16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *78* DATE *18/7/16* AUTHORITY *1/3/17*

PLACE OF ATTESTATION *John's P.Q.* TRANSFERRED TO DATE

DATE OF ATTESTATION *6-11-14* TRANSFERRED TO DATE

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

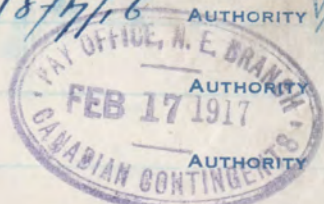
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE *In Hospital 17/7/16* REASON AND AUTHORITY *Died of Wounds 1/31/17 22/12/16 12-26-21*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18/7/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.E. Card Index



PB 2621

Checked by Martin

396 17 413

E. Whitten

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.	\$	c.		No.				DATE	No.																	DATE
<i>1916</i>			<i>325</i>	<i>50</i>			<i>30</i>	<i>50</i>							<i>193</i>	<i>367</i>	<i>93</i>								<i>297</i>	<i>41</i>		<i>297</i>	<i>41</i>	<i>70</i>	<i>52</i>			
<i>1-30/4</i>	<i>30</i>	<i>1</i>	<i>33</i>		<i>30</i>	<i>1</i>	<i>3</i>								<i>36</i>	<i>843</i>	<i>4/4</i>	<i>880</i>	<i>2/4</i>	<i>4</i>	<i>26</i>	<i>4</i>	<i>36</i>	<i>✓</i>	<i>8</i>	<i>72</i>	<i>97</i>	<i>10</i>						
<i>1-31/5</i>	<i>31</i>	<i>1</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>1</i>	<i>3</i>	<i>10</i>							<i>37</i>	<i>20</i>	<i>922</i>	<i>15/5</i>	<i>989</i>	<i>25/5</i>	<i>4</i>	<i>26</i>	<i>4</i>	<i>26</i>	<i>✓</i>	<i>8</i>	<i>52</i>	<i>126</i>	<i>48</i>					
<i>1-30/6</i>	<i>30</i>	<i>1</i>	<i>33</i>		<i>30</i>	<i>1</i>	<i>3</i>								<i>36</i>									<i>✓</i>	<i>162</i>	<i>48</i>								
<i>May 5/7</i>	<i>5</i>	<i>1</i>	<i>5</i>	<i>50</i>	<i>2</i>	<i>1</i>	<i>50</i>								<i>6</i>									<i>✓</i>	<i>166</i>	<i>48</i>	<i>-</i>	<i>16</i>	<i>48</i>					
<i>July 6-31</i>	<i>26</i>	<i>1</i>	<i>28</i>	<i>60</i>	<i>26</i>	<i>10</i>	<i>2</i>	<i>60</i>							<i>31</i>	<i>20</i>								<i>✓</i>	<i>197</i>	<i>68</i>								
<i>Aug 1-31</i>	<i>31</i>	<i>1</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>37</i>	<i>20</i>									<i>234</i>	<i>88</i>	<i>✓</i>							
<i>Sept 1-31</i>	<i>30</i>	<i>1</i>	<i>33</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>36</i>										<i>270</i>	<i>88</i>								
<i>Oct</i>	<i>31</i>	<i>1</i>	<i>34</i>	<i>10</i>	<i>31</i>		<i>3</i>	<i>10</i>							<i>37</i>	<i>20</i>									<i>308</i>	<i>08</i>								
<i>Nov</i>	<i>30</i>	<i>1</i>	<i>33</i>		<i>30</i>		<i>3</i>								<i>36</i>										<i>344</i>	<i>08</i>								
<i>Dec 1-31</i>	<i>31</i>	<i>1</i>	<i>34</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>37</i>	<i>20</i>									<i>381</i>	<i>28</i>								
<i>Jan</i>			<i>58</i>												<i>697</i>	<i>20</i>									<i>200</i>	<i>40</i>	<i>200</i>	<i>40</i>	<i>18</i>	<i>88</i>				

200 40 200 40 18 88
513 05
trans. as above. when taken on 28.1.16
Died of Wounds 17/7/16 167 days over paid 21% Trans. to N.E. Branch

Balance transferred to N. E. Branch.

182 88

182.88

Statement
JUN 16 1917
Account rendered

P.T.O

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.	No.	DATE	No.	DATE												
<i>Mar 1914.</i> <i>Aug 17.</i>								<i>85</i>	<i>85</i>						<i>182 73</i>			<i>182 88</i> <i>183 73</i>				<i>183 73</i>			<i>2285 O.D. 219.16</i> <i>Dr. 183 73. 1/2 allowance for settlement</i> <i>23/7/17. V134</i>		

Regtl. No. 610 20 Rank.....

Name John Dube

(Christian Names in ful.) (Surname)

Unit..... Regt. or Corps.....

Date of { Discharge*
Disembodiment*
Transfer to the Reserve* } 191.....

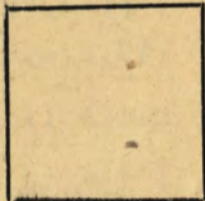
* Strike out whichever inapplicable.

COVER

FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.





War Service Badge Class "A" No.
 M.D. D.A. *M.*
 Ser. No. *41600* Rank *Pvt.*
 Name *HANCOX* *Richard*
 (Surname) (Christian Names in full)
 Regt. or Corps. *Man. Reg.*
 Unit *27 Bn.*
 Original Unit *27 Bn.*
 Category *A.* Place of Birth *Essex, Schrop.*
 Occupational Group *3.* Service Group *20.*
 Relationship of next-of-kin *Mother*
 Place of Residence *Winnipeg*
 (Post Office address in full)
 Religion *Ch. C.*
 P.O. or Bank desired *Merchants Bank Win.*

DOCUMENTS

1. Triplicate Attestation Paper (M.F.W.23).....
(or Particulars of Recruit M.F. 133)
2. Casualty Form (A.F.B.103).....
3. Medical History Sheet (M.F.B.313 or A.F.B.178).....
4. Proceedings of Medical Board (M.F.B.227 or M.F.B.129).....
5. Dental Certificate (C.A.D.C.5009a).....
6. Field Conduct Sheet (A.F.B.122).....
7. Proceedings on Discharge (M.F.B.218a).....
8. Discharge Certificate (M.F.W.39 enclosed in special envelope 260-M).....
9. Copy of Discharge Certificate (M.F.W.39a).....
10. Dispersal Certificate (C.D.3)
11. Equipment Ac. Statement (D.O.S.2)
12. Last Pay Certificate (P.851) (Pinned to Pay-Book).....
- 12a. Last Pay Certificate (Duplicate) (P.851a) (Pinned to Pay-Book).....
13. Pay Book (A. B.64)
14. War Service Gratuity (P.880).....
15. Sundry Documents.....

NOTE:- No.7 (M.F.B.218a) to be used as inside cover for documents and will contain Nos.1 to 6 and 8 to 15 inclusive, which will be filed in the order shown above. When all documents are complete, same will be pinned to No.7 (M.F.B.218a) with the exception of No.12 (P.851) No.12a (P.851a) and 13 (A.B.64).

AS

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.....
.....

(List of names in full)

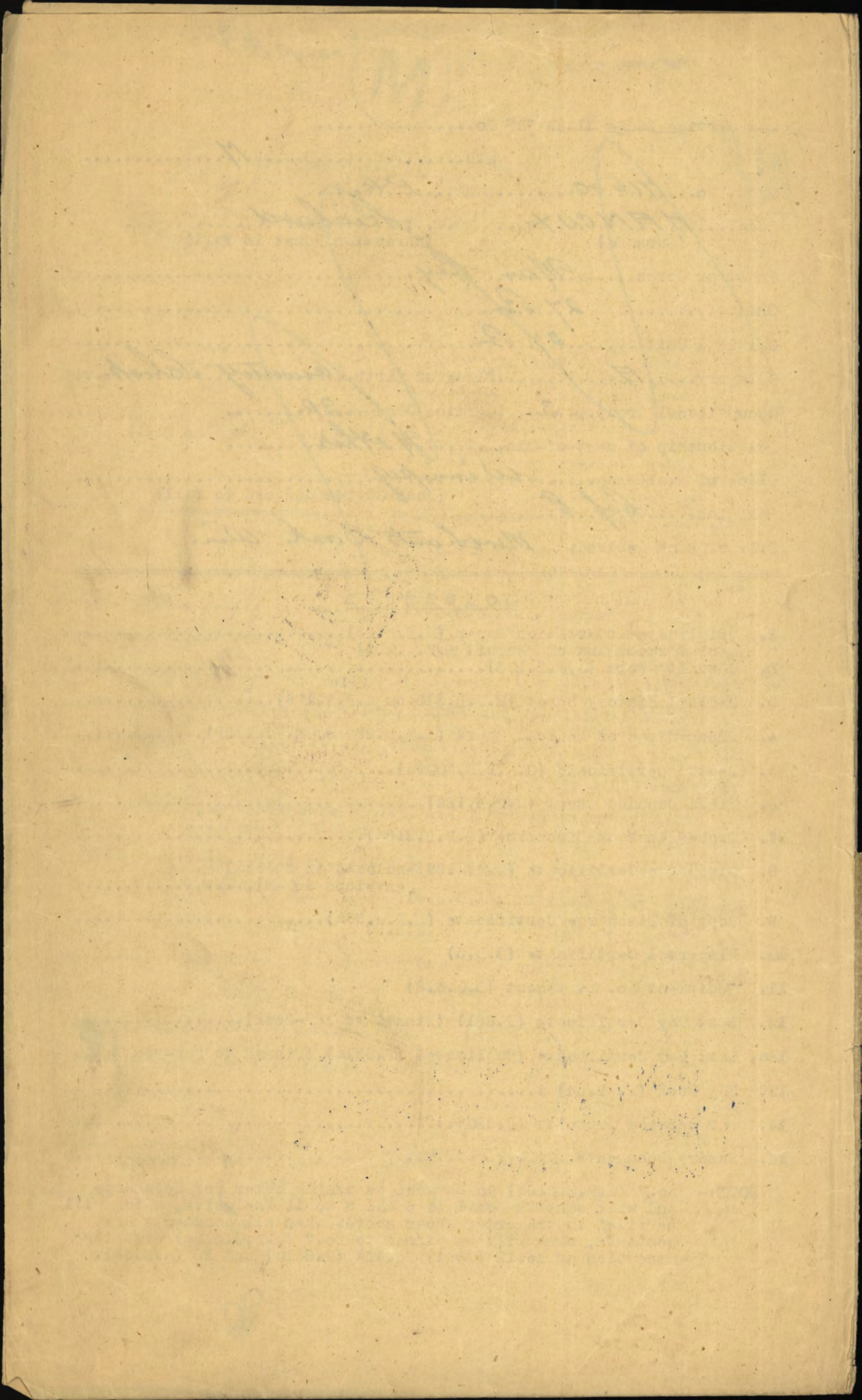
(List of names in full)

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DOCUMENTS

1. [mirrored text] (M.F. 188)
2. [mirrored text] (M.F. 188)
3. [mirrored text] (M.F. 188)
4. [mirrored text] (M.F. 188)
5. [mirrored text] (M.F. 188)
6. [mirrored text] (M.F. 188)
7. [mirrored text] (M.F. 188)
8. [mirrored text] (M.F. 188)
9. [mirrored text] (M.F. 188)
10. [mirrored text] (M.F. 188)
11. [mirrored text] (M.F. 188)
12. [mirrored text] (M.F. 188)
13. [mirrored text] (M.F. 188)
14. [mirrored text] (M.F. 188)
15. [mirrored text] (M.F. 188)
16. [mirrored text] (M.F. 188)
17. [mirrored text] (M.F. 188)
18. [mirrored text] (M.F. 188)
19. [mirrored text] (M.F. 188)
20. [mirrored text] (M.F. 188)

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.....



A. E.

to be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname D U B E Christian Name John

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Chicoutimi County _____

Examined ... { on 6th day of November 1914.
at St. Jean, P.Q.

Declared Age ... 22 years 5 mos. days.

Trade or Occupation ... Telegraph Operator

Height ... 5 feet, 7 $\frac{3}{4}$ inches.

Weight ... lbs.

Chest { Girth when fully Expanded. 36 $\frac{1}{2}$ inches.

Measurement { Range of Expansion 4 inches.

Physical Development ... good

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

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

(b) Slight defects but not sufficient to cause rejection ... (b)

Approved by (Signature) Arth. Sabourin,
(Rank) Lt. Col. A.M.C.
Medical Officer.

Enlisted ... { at St. Jean, P.Q.
on 6th day of November 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>22nd (F.C.) Battalion</u>	<u>61020</u>
Transferred to ...		

Became non-effective by Death on 17.7.16

on _____ day of _____ 191

(Signature) _____
(Rank) _____

List in the case of Warrant Officers treated in quarters.

facts bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer.

condition bad on admission. Retention of Urine with Cystitis.
gradually sank and died.

M.S.Hanna. Lt.RAMC.

CLINICAL CHART.

Corps 2.2nd Canad.
No. 61020.

(To be attached to Case Sheet).

Military Hospital Solar War.

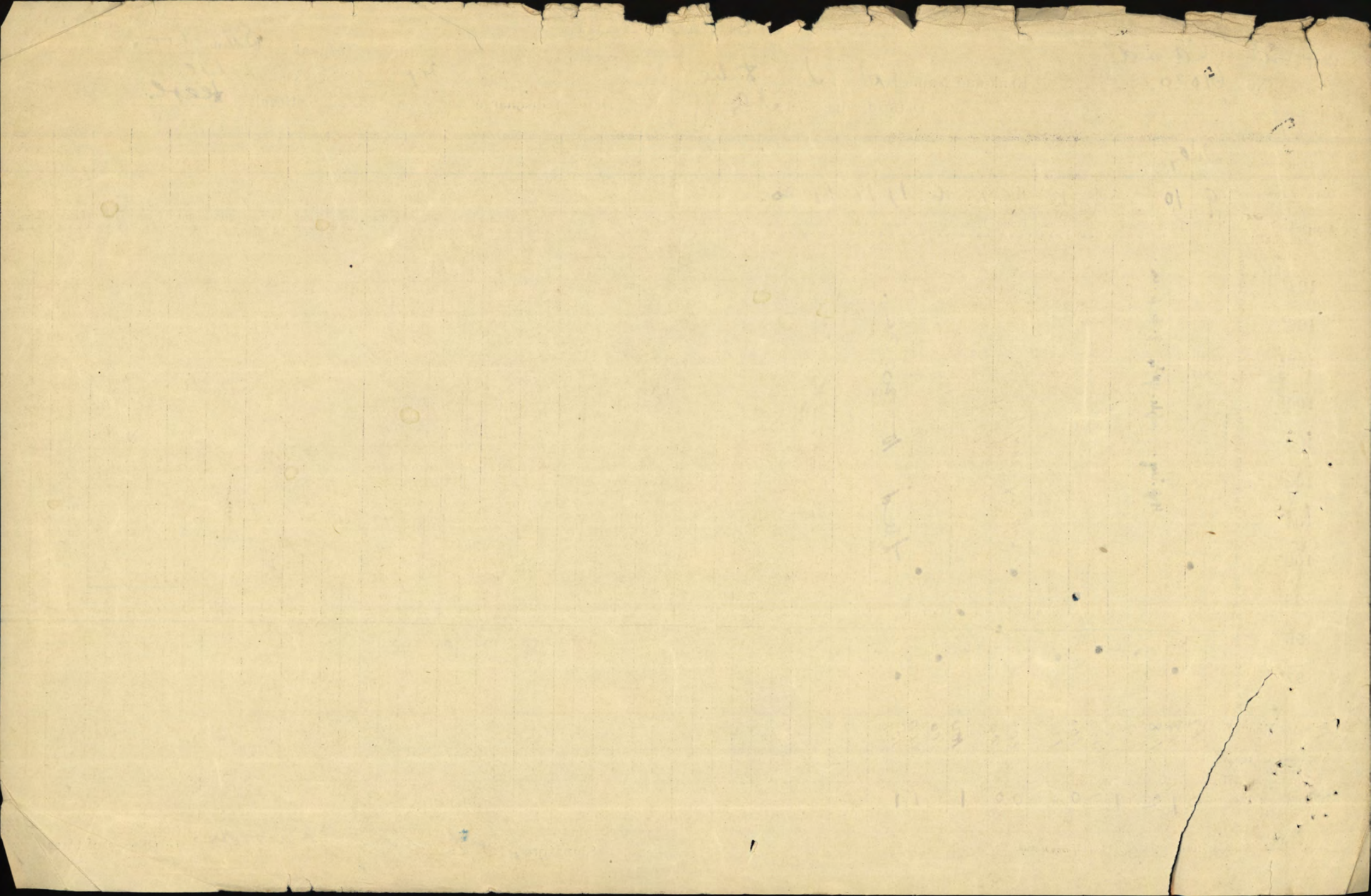
Rank and Name Col J. Lake Age 34 Service 19 yrs.

Disease _____ Date of admission July 9 Date of discharge _____ Result leath.

Dates of Observation	July																												
	9 10 11 12 13 14 15 16 17 18 19 20.																												
Temperature Fahrenheit	Time																												
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute	112	102	108	110	104	102	100	100	108	104																			
Respirations per Minute																													
Motions per 24 hours	0	1	2	1	1	0	0	0	0	0																			

Hyp. inj. morph. q¹/₄ 7.30 p.m.
 Sweet 5.30.
 Sweet 9.30.
 Hyp. inj. morph. q¹/₄
 Hyp. inj. morph. q¹/₄
 Fed 10.20 a.m.

Signature J. Hanning R. R. R. In Charge of Case.



CLINICAL CHART.

Army Form B. 181.

Corps 22 Canadian

(To be attached to Case Sheet.)

Military Hospital 139en.

No. 61020

Rank and Name Sarge J. B. P.

Age _____

Service _____

Disease _____

Date of admission 17.6.16

Date of discharge _____

Result _____

Dates of Observation	July																													
	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10							
Days of Disease																														
Temperature Fahrenheit	Time																													
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
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103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute			115	100	112	100	105	108	120	112	116	100	96	88	100	104	107	100	96	105	105	92	82	108	104	107				
Respirations per minute				24	28	28	28	24	28	24	24	24	24	28	26	25	24	24	24	24	24	20	20	28	28	24	24	24		
Motions per 24 hours	1	1	1	0	0	1	0	0	0	0	1	0	0	1	0	0	0	1	0	0	0	0	1							

Signature _____

In charge of case. _____

