

ATTESTATION PAPER

Coyne
No. 441525

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name? *Emile Dupresne*
- 2. In what Town, Township, or Parish, and in what Country were you born? *St. Prime, Que. Can*
- 3. What is the name of your next-of-kin? *Thophile Dupresne*
- 4. What is the address of your next-of-kin? *St. Prime, Que. Can*
- 5. What is the date of your birth? *Sept 22 1896*
- 6. What is your trade or calling? *Steam Engineer*
- 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?
If so, state particulars of former Service. *No*
- 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*

J. F. C. Dupresne (Signature of Man.)
Wm. Carthy Sgt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Emile Dupresne*, 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.

Date *June 24th* 191*7* *J. F. C. Dupresne* (Signature of Recruit.)
Wm. Carthy Sgt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Emile Dupresne*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *June 24th* 191*7* *J. F. C. Dupresne* (Signature of Recruit.)
Wm. Carthy Sgt (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 *Vancouver* this *24th* day of *June* 191*7*

W. J. Gordon (Signature of Justice.)
 A Commissioner for Oaths.

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

(Approving Officer.)

DESCRIPTION OF E. Dufresne ON ENLISTMENT.

Apparent Age 25 years — 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. 10 1/2 ins.

Chest measurement { Girth when fully expanded 41 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Grey

Hair Fair

Religious Denominations { Church of England
 Presbyterian
 Methodist
 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 June 24th 1915 W. Croves

Place Saskatoon Canada St. Call.
 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

E. Dufresne 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.

R. Drummond (Signature of Officer.)

Date 21 Aug - 1915 W. Bell

MENTAL DOCUMENTS

NAME Dupresne Joseph F. E. REGT. NO. 4415-25 UNIT 5-3 rd Bn H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

2 Form of will

M

H

DEATH

Category

27984

R m d
26/9/16

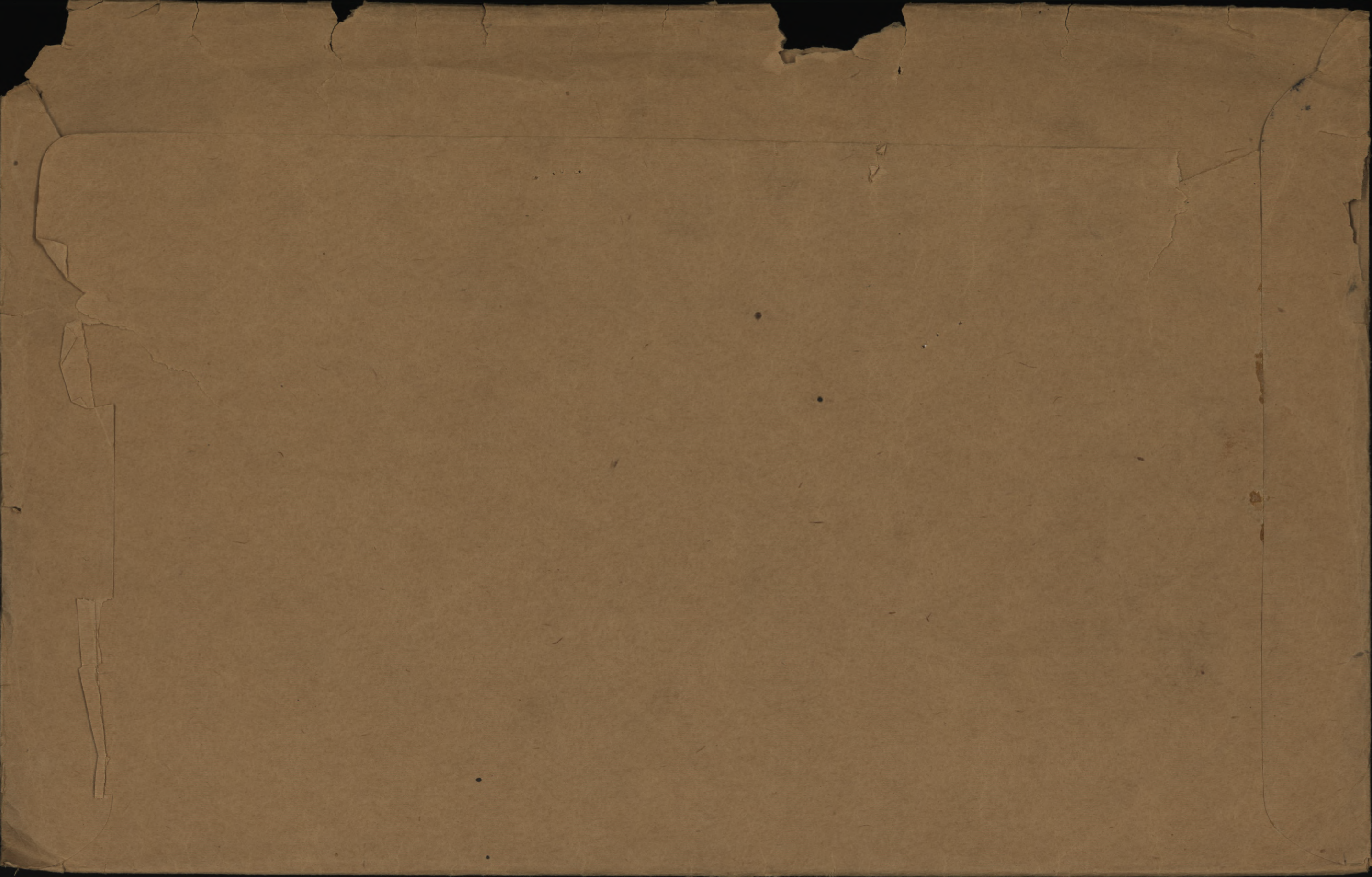
DISCHARGE

Category

DESERTION

14-11
21-11
33-11
2

204638



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

Casualty Form—Active Service.



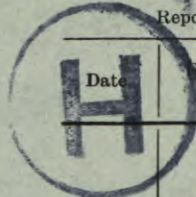
Unit, Regiment or Corps 53rd D. Battalion

Regimental No. 441525 Rank Private Name Dufresne, Emil
C. E. F.

Enlisted (a) 24/6/15 Terms of Service (a) Duration of War Service reckons from (a) Date of embarkment
24/6/15

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) Emil, Steam Engineer



| 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 29.3.16
 Disembarked England Liverpool 9.4.16
 Proceeded Overseas for service with Battalion
June 8th. 1916
R.M. Dennis Town St 601
 Transferred to O.C. 3rd. Bn.. Canadian Infantry
Authority

| | | | | | |
|----------|------------------------|--------------------------------|--------------------|----------|---------------------------|
| 9.6.16. | O.C. CBD. | Arrived C.B. Depot. | Hayre | 9.6.16. | N.R. |
| 10.6.16. | do | Left ditto | " | 10.6.16. | N.R. |
| 16.6.16. | O.C. Unit | Arrived Battalion. | Field | 11.6.16. | AFB213 |
| 17.8.16 | <u>1/4 IV C.A. Sub</u> | <u>Boat wounded check. com</u> | <u>14 C.A. Sub</u> | 11.8.16 | } A36. 503212 19.8.16 |
| | | <u>apw</u> | <u>C.C. S. 17</u> | 11.8.16 | |
| 18.8.16. | <u>1/4 unit</u> | <u>Rejoined unit</u> | <u>Luce</u> | 18.8.16 | B213. ditto 26/9/16. |
| 24.9.16 | do | <u>Killed in Action</u> | <u>"</u> | 26.9.16 | B213. Phoenix 48 14/11/16 |

Whogau Capt.
 For Officer i/c Can. Records,

(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.
 G.H.Q. 3rd Echelon.

ORIGINAL MEDICAL HISTORY SHEET.

Surname ~~Dufresne~~ *Dufresne* Christian Name *Emile Joseph Francis*

Examined { on *24th* day of *June* 191*5*
at *Saskatoon, Sask.*

Birthplace { City or Town *St Prime,*
County *Que, Can.*

Approved by *Hawthorn*
Rank *Capt Amie* M.O.

Apparent age *28*

Trade or occupation *Steam Engineer*

Height *5* Feet *8 1/2* Inches

Weight *180* Lbs.

Chest measurement { Minimum *38* inches
Maximum expansion *3 1/2* inches

Physical development *Good*

Small-Pox Marks *None*

| Date | Fit or Unfit | EXAMINED FOR RE-ENGAGEMENT, |
|------|--------------|-----------------------------|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

Vaccination Marks { Arm *Right* *Left*
Number *1*

When Vaccinated last *July 7th 15.*

(a) Marks indicating congenital peculiarities or previous disease *None*

| Date | Result | VACCINATIONS. |
|-----------------|-------------|-----------------------------|
| <i>7th July</i> | <i>good</i> | <i>Jeremia S. Coth</i> M.O. |
| | | M.O. |
| | | M.O. |

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

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|----------|---------------------------------|
| <i>July 29</i> | <i>+</i> | <i>A</i> M.O. |
| <i>Aug 7</i> | <i>+</i> | <i>A</i> M.O. |
| <i>Sept</i> | <i>+</i> | <i>A</i> M.O. |

Enlisted on *24th* day of *June* 191*5* at *Saskatoon, Sask.*

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|------------------|----------------|------------------|-----------------------|
| Joined on enlistment | <i>53rd Barr</i> | <i>44525</i> | <i>Temperate</i> | <i>24th June 1915</i> |
| Transferred to.. | <i>28th Bn</i> | | | |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
| | | | |
| | | | |
| | | | |

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

FORM OF WILL

I, **Joseph Francois Emile Dufresne**.....(Name in full)

Regimental Number **441525**.....serving in **the 53rd**.....

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Eloide Dufresne (Mme F.Paradis)

**St. Andre de Kamouraska Quebec Can.
At the condition that she will give
fifty dollars (50\$) to an orphanage**

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

absolutely, and my personal estate I bequeath to
Teophile Dufresne

**St. Prime Quebec Can
At the condition that she will give fifteen
dollars to the poors and fifteen dollars for
masses at my intentions**

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

NOTE

This space for the
appointment of
Executor if
necessary.

**IMPORTANT
NOTE**

this **6th**.....day of **June**.....A.D. 191**6**

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

J. F. Emile Dufresne.....Signature of Soldier.

*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.

Signature of First Witness **Maurice Dorian**

Address of Witness **South Rustica P.E.Island**

THE TWO
WITNESSES

Occupation of Witness **Electrical Mfg.**

MUST
SIGN HERE

Signature of Second Witness **Henry Tasse**

Address of Witness **Big River Sask**

Occupation of Witness **Homesteader**

Certified a true copy

L. H. ...
Lieut..

FORM OF WILL

WILL

WILL

WILL

28th Bm

FORM OF WILL.

I, Joseph Francois Emile Dufresne (Name in full)

Regimental Number 441525 serving in the 53rd

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 Edoide Dufresne (M^{me} F. Paradis)

St Andre de Kamouraska Quebec Can

At the condition that she will give

fifty dollars (50\$) to an orphanage

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

absolutely, and my personal estate I bequeath to

Teophile Dufresne

St Prime Quebec Can

at the condition that she will

give fifteen dollars to the poors

Name & Address of person or persons to receive personal estate* (see note).

and fifteen dollars for masses at

my intentions In Witness whereof I have hereunto set my hand

this 6th day of June A.D. 191 6

J.F. Emile Dufresne 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 Maurice Doiron

Address of Witness South Rustico P.E. Island

Occupation of Witness Electrical Mfg

Name of Witness Henry Tasse

Address of Witness Big River Sack

Occupation of Witness Homesteader

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and I hereby declare that this is my last will and testament.

Name of Testator
Address of Testator

I hereby declare that I have no other will and that this is my last will and testament.

Name of Witness
Address of Witness

In presence of _____ I have signed and sealed this my last will and testament.

Witnessed and attested in presence of _____

Witnessed and attested in presence of _____

Name of Witness
Address of Witness
Occupation of Witness

649-D-2842

French

~~MSE~~ *Joseph 3.*
DUFRESNE, Emile No. 441525 (Pte) 28th Bn
SNE

Medals and Decorations (Father) Théophile Dufresne, Esq.,
Saint-Prime,
Lac St. Jean,
Que. *ym*

Plaques and Scroll (Father) T. Dufresne, Esq.,
addresses above.

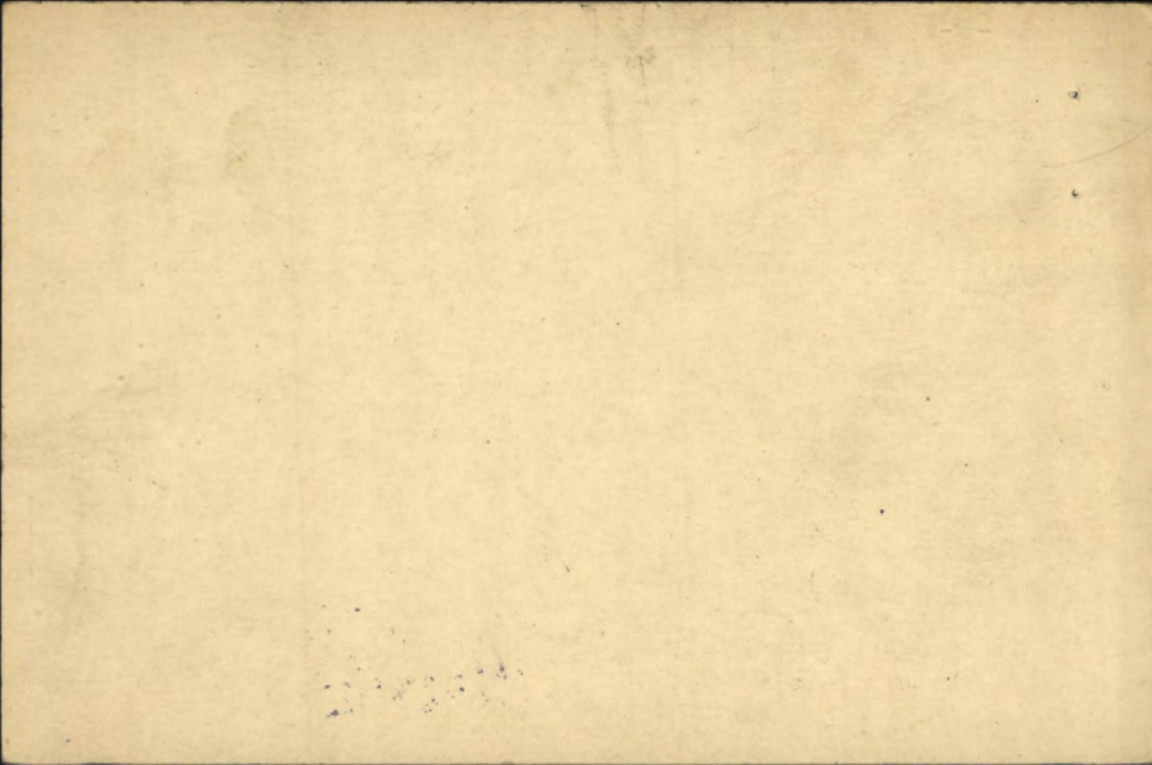
See # 751578

Memorial Cross. (NIL)

not elig. for star
in J " " U.M
Sum

a
Scroll Desp. MAY 1 4 1921 Reqn. No. 2.43340

Plaque Desp. FEB 25 1922 Reqn. No. P 30719



Name **DUFRESNE Emile** Rank **PRIVATE**Reg. No. **441525**Unit **28th Battalion Canadians**Next of Kin **Canada**RL 25. D. 1109

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---------|-----------------|------------------|----------|----------|-----------------|-----------|
| 1916 | | | | | 22-8. | |
| 11-8. | No.4 C. F. Amb. | Bomb Wds. | Cheek | A300 | M11563 | 23-8. |
| 11-8-16 | No.17 C.C.Stn. | | Ditto | A300 | | |
| 16-8 | Rejoined Unit. | | do | A307. | | |
| 26-9. | Rep. from base | KILLED IN ACTION | | A349 | 03124 | 19-10 |

Number

441525

Rank

St. J. P.

Surname

DUFRESNE

Christian Name

Joseph F. E.

Units

28th Br. Can. Inf.

Theatre of War

France

Date of Service

8/6/16

Remarks

Latest Address

Thophile Dufresne Esq.
Saint-Prime
Lac St Jean

Roll No.

200m.-2-21.M.

Pages 17378

Que.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORIGIN
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

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

DATE OF DISCHARGE TO UNIT IN CASE OF

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

REG. NO. 11859
UG 7 1922

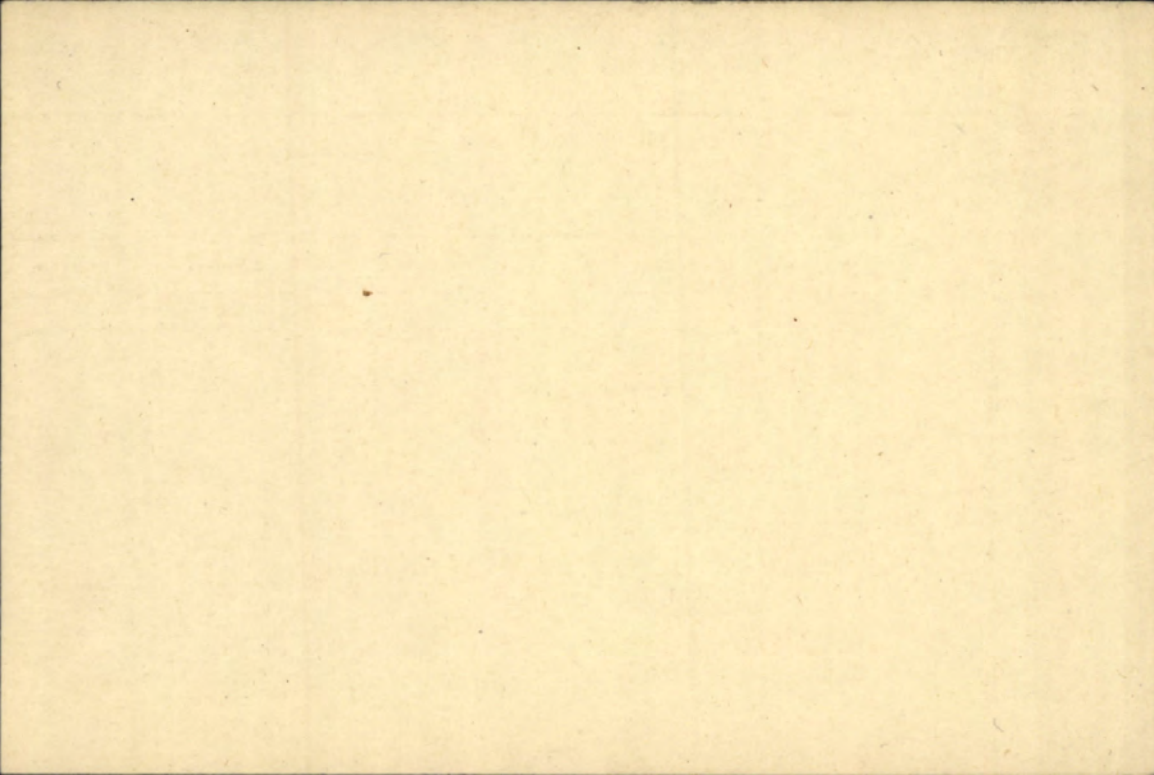
No. 441,525 RANK *Pvt*NAME *Dufresne C*

T. O. S.

UNIT *53rd Battalion C. E. I.*M. D. *10*

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|-------------------------------|-------------------------------|---------------------|---|-----------|
| | | | PARTICULARS | AUTHORITY |
| <i>1915</i> <i>June 24</i> | <i>1915</i> <i>June 30</i> | <i>v</i> | | |
| | <i>July</i> | <i>v</i> | | |
| | <i>Aug</i> | <i>v</i> | | |
| | <i>Sept</i> | <i>v</i> | | |
| | <i>Oct</i> | <i>v</i> | | |
| | <i>Nov</i> | <i>v</i> | | |
| | <i>Dec</i> | <i>v</i> | | |
| <i>1915</i> | <i>1915</i> | <i>v</i> | | |
| | <i>Jan</i> | <i>v</i> | | |
| | <i>Feb</i> | <i>v</i> | | |
| | <i>Mar.</i> | <i>v.</i> | | |
| | <i>April.</i> | <i>n.</i> | | |

UNIT SAILED
MAR 29 1916



NAME

Dufrense Emile

REG'T'L. No.

441523-

RANK AND CORPS

Pte

28th Bn Norm 53rd Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

| NO. | DATE | NATURE OF CASUALTY |
|-----------|----------|---|
| M115-63 | 22-8-16 | Adm. to No 17. Cas. C. Stat Aug 11th. 1916 (bomb wds. check) ✓ |
| 03124 | 18-10-16 | Killed in Action Sept. 26th. 1916. ✓ |
| A/B20900 | 14-10-16 | " " " " " " |
| (Received | 12-3-17) | |

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|----------------------|-------------------------|----------------------|------------------|
| a 300 | # 4 Can. Self. Amb. | 11-8-16. | Bomb wds cheek |
| a 300 | # 14 Cas. Clearing Plat | 11-8-16 | " " " |
| a 307 | Ref. from Base | 16-8-16. | " " " rejoin. |
| a 349 ¹¹¹ | " " " | 26-9-16. | Killed in action |

SURNAME.

Blufrense

(649-D-2842)

CARD NO.

D

CHRISTIAN NAMES

Emile

FOLL.

REGL. NO. 441525

RANK *Pte*

UNIT *53rd*

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Blufrense, Theophile.

*also notify
T. Paradis*

RELATIONSHIP TO SOLDIER

ADDRESS

St. Prime, P. Q.

sister, 32 Carrier

*St. H. Holce. Name de herie
auch her letter. Dec 13/16 P.D.*

COUNTRY OF BIRTH

Canada, St Prime, P. Q.

DATE

PLACE OF ATTESTATION

Saskatoon, Sask.

DATE

June 24th 1915

Sailed from Halifax

Per S.S. Empress of Britain

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

Surname **Dufresne** Christian Name or Names **E.** Reg. No. **441525**
 Rank **Pte** Unit **28th Bn** Co. Troop Batty.
 Hospital **#4 b. Y amb** Date of Admission **11. 8. 16**
 Transferred **# 17 bas. blg. Str.** Hosp. **11. 8. 16**

Hosp.

Hosp.

Hosp.

Diagnosis **Bomb wds chck**

(1) Later Diagnosis (if changed)

(2)

(3)

Killed in action 26. 9. 16

Additional Diagnoses: If more than one state present

Base report

DISPOSITION **Rej. unit 16. 8. 16**

Date

CL 23. 8. 16 a300
31. 8. 16 A307
19. 10. 16. A309!

REMARKS

A.M.D. 2 Dept.
 Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Rank _____ Name ^{SN} **DUFRENSE Emile** (Dufresne) Reg'1 No. **441525**

Unit **53rd Bn** If in perm. Corps, }
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Saskatoon, 24th June 1915.** Place of Birth **St. Prime, P.Q.**
Canada

Name and Address, Next-of-Kin **Theophile Dufrense** (Dufresne)
St. Prime, Quebec, Canada. Relationship _____

MX
12/1/21mj

Assigned Pay Monthly \$ _____ Payable to _____ Relationship **N/E.R.B.3**

Separation Allowance \$ _____ Payable to _____ Relationship **139-66**
25-D-1109

Discharge, Date and Place **France 26. 9. 16** Reason **Killed in Action** Character _____

N/E.R.B. 3
 FILE NO. **25-291109**
 Category **KA**

| 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</i> | <i>S.S. Empress of Britain</i> | <i>9 APR 1916</i> | |
| | | <i>Embarked for France.</i> | | <i>8 JUN 1916</i> | |
| <i>14.6.16.</i> | <i>28th Bn</i> | <i>Taken on strength 28th Bn</i> | <i>Battlefield</i> | <i>9.6.16.</i> | <i>Pt. II D 24</i> |
| <i>23.8.16</i> | <i>do.</i> | <i>adm. no. 4. ban. 7. fld. amb.</i> | <i>do</i> | <i>11.8.16</i> | <i>L.L. a 300 Bomb. Wd. l. heek.</i> |
| <i>do</i> | <i>do</i> | <i>no. 17 bas. bla. Sta</i> | <i>do</i> | <i>11.8.16</i> | <i>do do</i> |
| <i>31.8.16</i> | <i>do.</i> | <i>Rejoined Unit</i> | <i>do.</i> | <i>16.8.16</i> | <i>L.L. a 307 do.</i> |
| <i>19. 10. 16.</i> | <i>do.</i> | <i>Rep Killed in Action</i> | <i>France.</i> | <i>26.9.16</i> | <i>C.L.a 349 ON</i> |
| <i>14. 10. 16</i> | <i>do.</i> | <i>Killed in Action.</i> | <i>do.</i> | <i>26.9.16</i> | <i>Pt. II O. 48.</i> |

KA
BR

AUTHORITY
 624348
 14-10-16

REG'L. No. 441525 RANK Private NAME Dupresne, J. F. E.
 UNIT 53rd Batt. TRANSFERRED TO 28th Bn. DATE 9/6/16
 IF IN PERM. CORPS | WHAT UNIT | AUTHORITY 28th Bn. No 24
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO Non Eff DATE 24-9-16 AUTHORITY 14/6/16
 PLACE OF ATTESTATION Laskatoon Sask. TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION 24th June 1915. TRANSFERRED TO _____ DATE _____ AUTHORITY _____



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 _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 18-10-16
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

DISTANCE ROLLS
 3 4
 No. DATE No. DATE
 1/16
 9/16
 1/16
 14/16

| CASH PAYMENTS | | | | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---------------|------|------|---|--------|-------|--------------|---------------|--------------|---------|--|--------------------------|-------------------------|---------|
| 1 | 2 | 3 | 4 | CREDIT | DEBIT | | | | | | | | |
| | | | | | | | | 1910 | | | | | |
| | 1460 | 1947 | | | | | 3407 | 1803 | | | | | |
| | 974 | 973 | | | | | 1947 | 3266 | | | | | |
| | | | | | | | | 4146 | | | | | |
| | | | | | | | | 6566 | | | | | |
| | 253 | | | | | | | 510 | 9466 | | | | |
| | 255 | | | | | | | | | | | | |
| | 523 | 262 | | | | | | 785 | 12091 | | | | |
| | 261 | 262 | | | | | | 984 | 14607 | | | | |
| | 3989 | 3444 | | | | | 440 | 440 | 14167 | | | | |
| | | | | | | | | | 14167 | | | | |

Debit back pay. 4 days
 @ 1-10-
 Non Eff 27-9-16
 624348-18-9-16
 To Ottawa for attestation
 4-6-17

Statement of
 MAR 9 1917
 account rendered

