

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ..... 1 .....)

1. Surname ..... Duguay .....

2. Christian name ..... Alfred .....

3. Present address ..... Ste. Adelaide de Pabos, Co. Gaspé, Que. .....

4. Military Service Act letter and number ..... SC 257783 .....  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth ..... Jan. 26th, 1889. .....

6. Place of birth ..... Co. Gaspé, Que. .....  
(town, township or county and country)

7. Married, widower or single ..... Single. .....

8. Religion ..... R. C. .....

9. Trade or calling ..... Farmer. .....

10. Name of next-of-kin ..... Mrs. Clarisse Duguay. .....

11. Relationship of next-of-kin ..... Mother. .....

12. Address of next-of-kin ..... Ste. Adelaide de Pabos, Co. Gaspé, Que. .....

13. Whether at present a member of the Active Militia ..... No. .....

14. Particulars of previous military or naval service, if any ..... Nil. .....

15. Medical Examination under Military Service Act :—  
(a) Place ..... Ottawa, Ont. ..... (b) Date ..... 23-8-18 ..... (c) Category ..... A. II .....

*Handwritten notes:*  
 Red not seen  
 A. J. Fortward 8/10/18  
 Perborn draft 2 8000  
 Dec 11/18 draft 2 8000

**DECLARATION OF RECRUIT**

I, Alfred Duguay, do solemnly declare that the above particulars refer to me, and are true.

Alfred Duguay (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age ..... 29 yrs. 7 mths.

Height ..... 5 ft. 8 ins.

Chest measurement } fully expanded ..... 36 ins.  
 range of expansion ..... 2 1/2 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

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

Scar left knee. Scars back of neck.

*121*

O. C. [Signature] Depot Btin.  
O. C. 2nd. Depot Batt., E. O. R., Regt.

Place ..... **OTTAWA** ..... Date Aug 21-1918 .....

### PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1916

Class 1

| 1. Name | 2. Address | 3. Age | 4. Occupation | 5. Education | 6. Nationality | 7. Previous military service | 8. Physical description | 9. Remarks |
|---------|------------|--------|---------------|--------------|----------------|------------------------------|-------------------------|------------|
| DeWey   | Alford     |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |
|         |            |        |               |              |                |                              |                         |            |

#### DECLARATION OF RECRUIT

I hereby certify that the above named person is a fit and proper person to be recruited as a soldier, and that he is not a deserter, or has not been convicted of any offence which renders him liable to punishment by law, and that he is not a member of any prohibited organization, and that he is not a person to whom the provisions of the Military Service Act, 1916, do not apply.

Signature of Recruit: \_\_\_\_\_

Signature of Family: \_\_\_\_\_

#### DESCRIPTION ON CALLING UP

| 1. Height | 2. Weight | 3. Chest | 4. Arms | 5. Feet | 6. Eyes | 7. Hair | 8. Complexion |
|-----------|-----------|----------|---------|---------|---------|---------|---------------|
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |
|           |           |          |         |         |         |         |               |

Stamp: OTTAWA MILITARY DISTRICT

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

REGIMENTAL DOCUMENTS

NAME *Duguay Alfred*

REGT. NO. *332871* UNIT

H. Q. FILE NO.

**S**

**H**

**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.F.B. 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)

**M**

**H**

*38272*

DEATH

Category

DISCHARGE

Category

DESERTION

*4 Misc  
1 record  
2082  
1912*

*Mit  
2-2-21  
R.R.*

*7-12  
18-12  
26-12  
1*



**MILITARY SERVICE ACT, 1917**  
**2nd Depot Bn. E. O. R.**  
**MEDICAL HISTORY SHEET.**

8171  
3328192

a

1. Surname Duguay Christian name Alfred  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule SC 257783  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) Ste. Adelaide de Pabos, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of August 1918, by the undersigned medical board sitting at Ottawa, Ont.

5. Age as stated 29 Years 7 Months. 6. Apparent age 29 Years 7 Month  
 7. Height 5 Feet 8 Inches. 8. Weight 131 1/2 Pounds.  
 9. Chest measurement { Minimum 33 1/4 Ins. 10. Complexion Dark { Eyes Brown  
 { Maximum 36 Ins. { Hair Black  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks none  
 13. Number of vaccination marks { Right arm 1 14. When vaccinated last 1907  
 { Left arm 0  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scars L. knee  
Scars back of neck  
 16. Slight defects but not sufficient to cause rejection Left varicocele  
 The man denies having had { Rheumatism, Epilepsy We find { Rheumatism Epilepsy  
 { Tuberculosis, Syphilis, no evidence { Tuberculosis, Syphilis  
 { Nervous or Mental disorder. Asthma. of past { Nervous or Mental disorder. Asthma  
 (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category Aii 17.  
 (a) Vision. R. 6/6 L. 6/6  
 (b) Hearing. R. n L. n  
 President: J. Nelson Capt.  
 Member: W. S. ...

Signature of Man Alfred Duguay

| Date           | Result             | VACCINATIONS | Date           | Result             | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------------------|--------------|----------------|--------------------|---------------------------------|
| <u>27/8/18</u> | <u>blood serum</u> | M. O.        | <u>26.8.18</u> | <u>blood serum</u> | M. O.                           |
|                |                    | M. O.        | <u>4.9.18</u>  | <u>blood serum</u> | M. O.                           |
|                |                    | M. O.        | <u>TAB 3</u>   | <u>11.9.18</u>     | <u>L.V. further, etc.</u>       |

Joined 21 day of Aug. 1918 at Ottawa, Ont.

| Corps                                   | REG'TL NUMBER  | HABITS | DATE           |
|---|----------------|--------|----------------|
| <b>2ND DEPOT BN.</b><br><b>E. O. R.</b> | <u>3328171</u> |        | <u>21-8-18</u> |

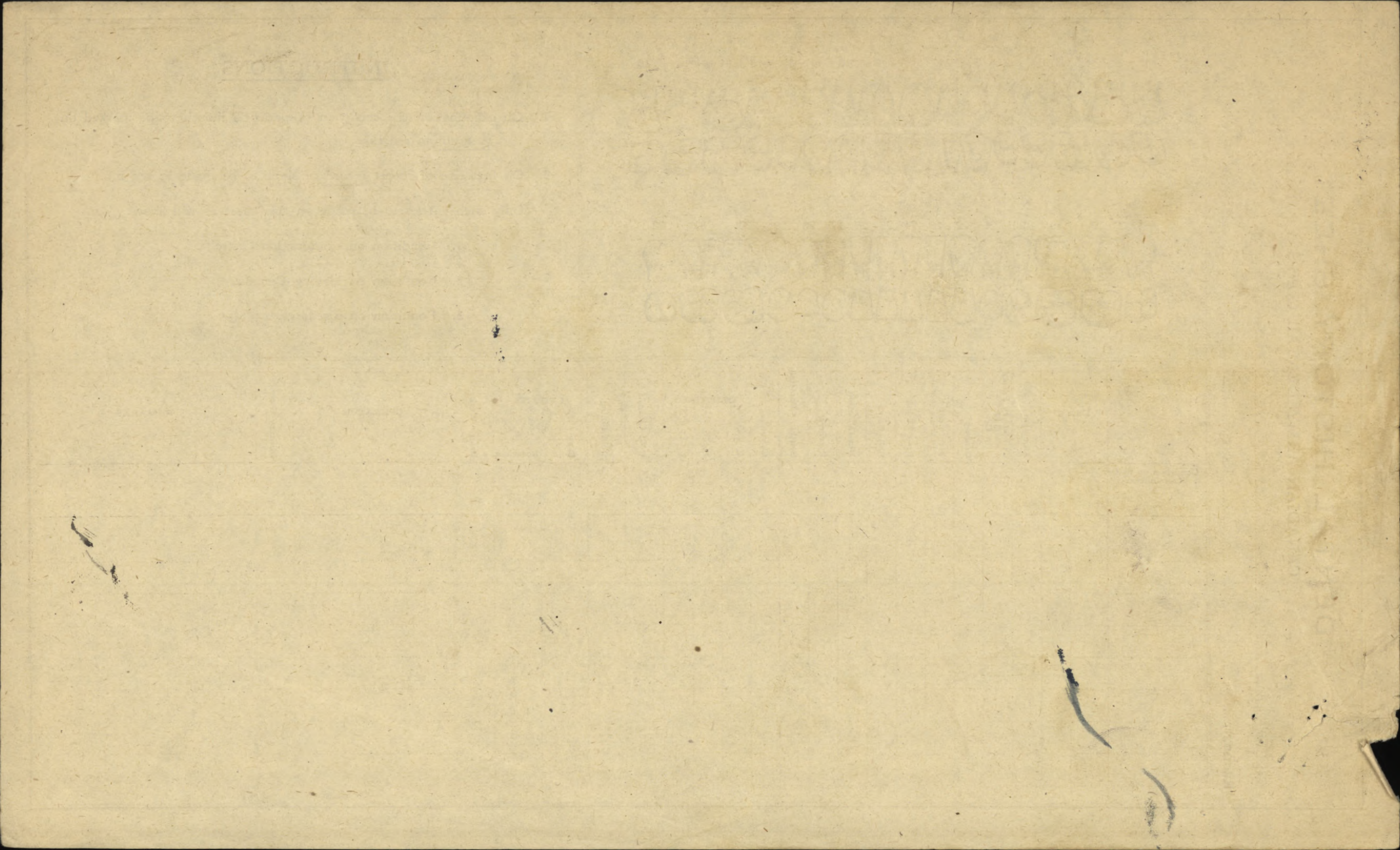
**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

| STATION       | DATE           | DISEASE | RESULT                  |
|---------------|----------------|---------|-------------------------|
| <u>Ottawa</u> | <u>23/8/18</u> |         | <u>Aii / Adlaw Corp</u> |

If raised in category, record category in a square. The M. O. will initial and date.









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

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

350M.—5-16

H. Q. 1772-89-920.

# Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps. Eastern Ontario Regiment

Regimental No. 3328171 Rank *PT* Name Hugunay, Alfred

C. E. F.

Enlisted (a) *21-8-18* Terms of Service (a) *CEZ* Service reckons from (a) *21-8-18*

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) *Farmer*

| 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 |   |                    |                 |   |
| <i>26/9/18.</i> |                    | CERTIFIED CORRECT and Transfer to No. <i>121</i> Draft, B. O.<br><i>J. J. Martin</i><br>Major O. C. "A" Company.<br><i>Embarked "H. Huntseed"</i>   | <i>London N.Z.</i> | <i>26/9/18.</i> | <i>Embarked at O.C. draft 121, 2 B. O. Regt.</i>                                  |
| <i>8/10/18.</i> |                    | <i>Died at sea "H. Huntseed" 615 hrs</i>  | —                  | <i>8/10/18</i>  | <i>Embarked at O.C. draft 121, 2 B. O. Regt.</i>                                  |

(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.

Casualty Form A/B/C Service

| 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 |  |       |      |   |
|        |                    |  |       |      |   |

a

# FORM OF WILL

## SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, Alfred Duguay,

Regimental number 3328171 Rank Private, serving in the  
2nd. DEPOT BATTALION,  
Eastern Ontario Regiment.

..... Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mrs. Clarisse Duguay, (Mother)

whose address is Ste. Adelaide de Pabos, Co. Gaspé, Que.

to be the executor of this my last will.

General gift I give to Mrs. Clarisse Duguay, (Mother)

gift

whose address is Ste. Adelaide de Pabos, Co. Gaspé, Que.

all my property not disposed of above.

Date Dated at Ottawa, Ont. this 23rd day of August, 1918.

Signature

Alfred Duguay  
Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1ST WITNESS

2ND WITNESS

Witnesses

Signature [Signature]  
2nd. DEPOT BATTALION,  
Address Eastern Ontario Regiment.

Signature [Signature]  
2nd. DEPOT BATTALION,  
Address Eastern Ontario Regiment.

Occupation Soldier, C. E. F.

Occupation Soldier, C. E. F.

OTTAWA

OTTAWA

# INSTRUCTIONS

## NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

## EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

## LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

## SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....*my mother, Mrs. Eliz. Smith,*.....  
whose address is.....*250 Yonge Street, Toronto,*.....  
all my property not above disposed of.

## DATE

Do not forget to insert the date on which the will is signed.

## WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

FOR GOD FOR KING  
AND FOR COUNTRY



WITH THE CANADIAN  
EXPEDITIONARY FORCE

ON ACTIVE SERVICE

H.M.T. "HUNTSEND"

October 8th, 1918.

To O. C. Troops

3328171 PTE. DUGUAY, Alfred

Draft 121

I have to report that the marginally noted man died at sea at 6. P.M., October 8th, 1918.

This man received medical attention from the time he first reported sick up to the time of his death.

I HEREBY CERTIFY that the cause of death was due to "Influenza"

A handwritten signature in cursive script, appearing to read 'I. Nathan', written in dark ink.

Capt.

C.A.M.C.



Rank \_\_\_\_\_ Name **DUGUAY. Alfred.** Reg'l No. **3328171**  
 Unit **121st Dft. 2nd Dep. Bn.** What Unit? **What Unit?** If in perm. Corps, }  
**E.O.R. to 6th Reserve. Bn.** Married or Single **Single.**  
 Place and Date of Enlistment **Ottawa. Aug. 21st 1918.** Place of Birth **Co. Gaspe. Que.**  
 Name and Address, Next-of-Kin **Mrs. Clarisse Duguay.**

**Ste. Adelaide de Pabos. Co. Caspe. Que.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

N/E. R.B. No. **8318**  
 File R.L. **25-P-3319**  
 Category **Dead.**

*MIX  
2-2-81  
R.R.*

| Report.         |                          | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.             | Date.          | REMARKS<br>Taken from Official Documents |
|-----------------|--------------------------|--|--------------------|----------------|--|
| Date.           | From whom received.      |  |                    |                |  |
| <i>28-10-18</i> | <i>6<sup>th</sup> Bn</i> | <i>1.0.1. from Canada</i>  | <i>Pte. Snaper</i> | <i>26-9-18</i> | <i>pt II 870 255</i>                     |
| <i>✓</i>        | <i>✓</i>                 | <i>"Died at sea"</i>   | <i>" "</i>         | <i>8-10-18</i> | <i>255 + Pt. II 870. 26645 1/2-18.</i>   |
| <i>8-11-18</i>  | <i>E.O.R</i>             | <i>"Died at sea"</i>   | <i>" "</i>         | <i>4-10-18</i> | <i>62.6356</i>                           |
|                 |                          |  |                    | <i>8-10-18</i> |  |





Surname

Christian Name or Names

Reg. No.

DUGUAY

A.

3328171

Rank  
Pte.

Unit  
EO 6R.

Cas. List.

8-11-18C356

DIED AT SEA 8-10-18.

Influenza. *R*

A.M.D. 2 Dept

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

# Cas. List.

---

✓ ALFRED

A.T. 25. D. 3319. ✓

Name DUGUAY Rank PTEReg. No. 3328171 ✓

Unit

6th Res Bn.

W.

Next of Kin

Mrs. C. Duguay (mother)St. Adelaide de Pabos, Co. Caspe, Que.

| Date   | Movement                   | Place       | Casualty  | Last No. | Notified N/K O. | W.O. List    |
|--|----------------------------|-------------|-----------|----------|-----------------|--------------|
| <del>12-10-18</del><br>8-10-18               |                            | DIED AT SEA |           | C356     | H395            | 3018<br>9/24 |
|  |                            |             | Influenza |          |                 |              |
| Born   | Jan. 26 <sup>th</sup> 1859 |             |           |          |                 |              |
| Religi:                                      | R.C.                       |             |           |          |                 |              |
| M/Kin  | Mother.                    |             |           |          |                 |              |
| Reg. 4th Hse qualified by Home Roll 15-10-18 |                            |             |           |          |                 |              |

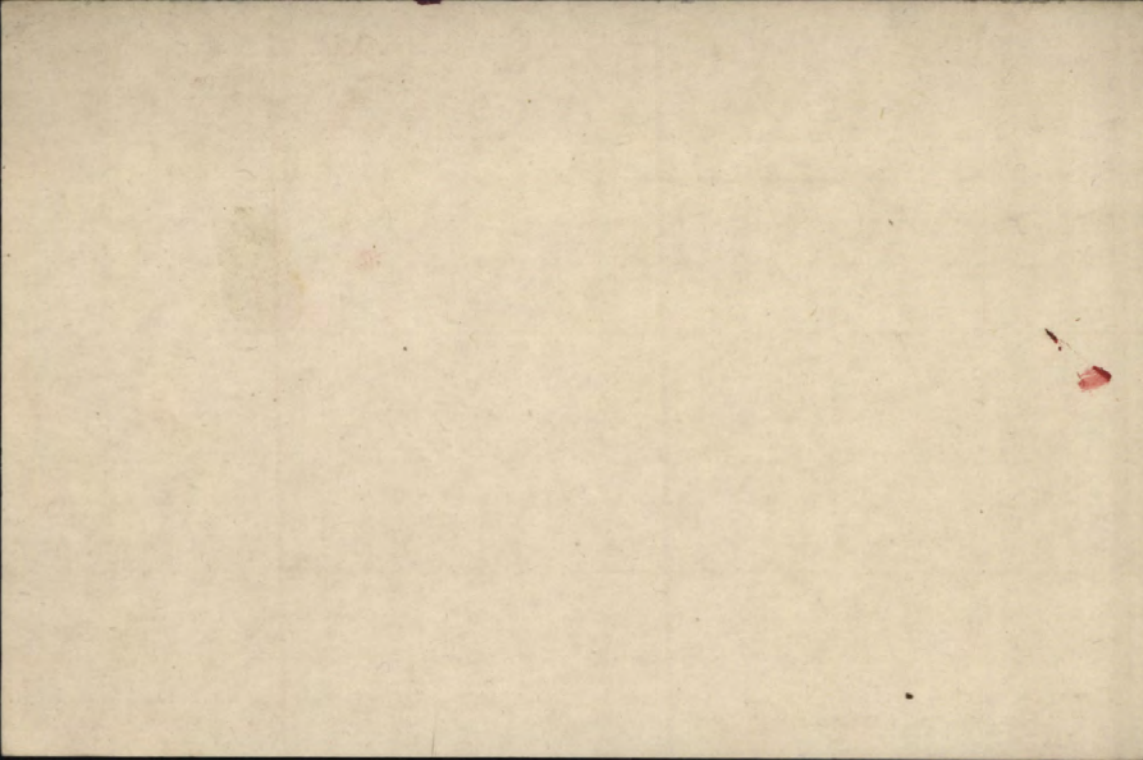


12  
10  
18

Surname *Luguan*  
Christian names *Alfred*  
Regtl. No. *3328131* Rank *Pte*  
Unit *East Ont. Regt 1st Depo. Bn.*  
H. Q. *649-D-14596*  
M. D. No. *3*  
T. O. S. *Aug 21st 1918*  
D. O. Pt. II *234 of 22-8-18*  
S. O. S. *Diach. 8-10-1918*  
Reason *Died at sea*  
Auth. *P.O. 12099-10-18*  
*# On J. Hunter*

Next of kin *Luguan Mrs. Clarisse* Relationship *Mother*  
Address *Ste. Adelaide de Cabon, P.Q.* Also notify:

BORN—Place *Canada, Gaspere, P.Q.* Date *Jan 26th 1889*  
ATTESTED—Place *Ottawa, Ont.* Date *Aug 21st 1918*  
O/S *28-9-18 1461* R/C



(name & Reg no not verified)

REGT'L. No. 3328171  
H. Q. FILE No. 649

NAME Duguay Alfred  
RANK AND CORPS Pl. of (20<sup>th</sup> Res Bn) Form 1/50K  
CABLE

FOLLOWS  
NO. 6-Res Bn (not)  
FOLLOWS

| NO.   | DATE     | NATURE OF CASUALTY   |
|-------|----------|--|
| 24-8  | 15-10-18 | not Mrs. Clarisse Duguay<br>Ste Adelaide de Abasco, P.Q.<br>Died at sea Oct 12 <sup>th</sup> 1918.         |
| N 395 | 18-11-18 | Ref my tel. Oct 12 <sup>th</sup> 1918, date<br>and cause of death is Oct 8 <sup>th</sup> 1918<br>Influenza |
| Q 724 |          |  |

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

0356

D. at Sea.

8-10-18

Influenza



MOA

Number 3328/71

Rank

Pte

Surname

DUGUAY

Christian Name

Alfred

Units

COE

Theatre of War

England

Date of Service

26-9-18

Remarks

Latest Address

Mrs. Clarisse Duguay (m.)  
St. Adelaide de Pabos.

Roll No

A Page 3346

Gaspe So., Que.

200m.-2-21.M.

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

ADDRESS

HOSPITAL

STATION

\* CROSS OUT CONDITION NOT APPLICABLE.

RECEIVED FEB 13 1926  
SERIAL NO. 18782

(OVER)

649-D-14596.

✓ ✓ ✓ ✓ ✓  
DUGUAY, Alfred, Pte. #3328171, 6th Reserve Bn.

*E.O.R.*

Med. & Dec.

(Mother)

*M*

✓  
Mrs. Clarisse Duguay,  
St. Adelaide de Pabos,  
Gaspé Co.,  
Quebec.

P. & S.

*(Ser. #761299)*

" JUN 3

Scroll Desp.

Reqn. No.

*45864*

Mem. Cross

" AUG 5 - 1922

Plague Desp.

Reqn. No.

*P 43960*

*Died at Sea  
En Route for England.*

*46687 - B-*

*MT 44438* FEB 8 1921

1061

28.8.05

AUTHORITY  
A.P. NOM. ROLL

|                          |                   |                      |                   |                     |
|--------------------------|-------------------|----------------------|-------------------|---------------------|
| ASSIGNED PAY             | ENGLAND OR CANADA | SEPARATION ALLOWANCE | ENGLAND OR CANADA | NAME: DUGUAY ALFRED |
| EFFECTIVE DATE: 1/10/18  |                   | EFFECTIVE DATE: -    |                   | NUMBER: 3328171     |
| AMOUNT: 15 <sup>00</sup> |                   | AMOUNT: -            |                   |                     |

| PARTICULARS OF RANK OR APPOINTMENT |                |                     |
|------------------------------------|----------------|---------------------|
| AUTHORITY                          | DATE EFFECTIVE | RANK OR APPOINTMENT |
| L.P.C. from Canada                 | 1/10/1918      | Pte                 |

| UNIT AND TRANSFERS                           |                |                           |
|--|----------------|---------------------------|
| ORIGINAL UNIT: Draft No. 121 2nd Dep Bn 80R. |                |                           |
| DATE ACCOUNT FIRST OPENED: 1/10/1918         |                |                           |
| AUTHORITY                                    | DATE EFFECTIVE | DATE LEDGER SHEET T S F D |
|  |                | UNIT TRANSFERRED TO       |
|  |                | 6 Res Bn.                 |

| 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 |
|  |                |              |        |   |                |              |        |

PARTICULARS OF RENDERING NON-EFFECTIVE: *Died at Sea (Flu) 8/10/18. CL 6356. 8/11/18*

| MONTH   | PARTICULARS                 | CR 1             | CR 2             | PARTICULARS                | DR 1             | DR 2 | DR 3 | DR 4             | BALANCE          | DEFERRED | SEPARATION |
|---------|-----------------------------|------------------|------------------|----------------------------|------------------|------|------|------------------|------------------|----------|------------|
| 1918    |                             |                  |                  |                            |                  |      |      |                  |                  |          |            |
| Sept 30 | Bal. from Canada            |                  |                  |                            |                  |      |      |                  | 14 <sup>00</sup> |          |            |
| Oct 31  | PP                          | 24 <sup>10</sup> |                  | Cap                        |                  |      |      | 15 <sup>00</sup> | 32 <sup>10</sup> |          |            |
|         |                             | 34 <sup>10</sup> |                  |                            |                  |      |      | 15 <sup>00</sup> |                  |          |            |
|         | New 6. usco Cash in Effects |                  | 20 <sup>00</sup> |                            |                  |      |      |                  | 53 <sup>10</sup> |          |            |
|         |                             |                  | 20 <sup>00</sup> |                            |                  |      |      |                  |                  |          |            |
| May     |                             |                  |                  | 21370 Cash eff. cred. Genl | 20 <sup>00</sup> |      |      |                  | 33 <sup>10</sup> |          |            |
|         |                             |                  |                  |                            | 20 <sup>00</sup> |      |      |                  |                  |          |            |

NON EFFAC

*Compiled 12-3-19 C. J. L.*  
*Credit Bal 12/3/19*  
*Supp to PL 12/6/19 Del*



Date of Enlistment 21-8-18

MILITIA AND DEFENCE

D10664

Date of Assignment

# Separation and Assigned Pay Branch

Oct 1/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

RATE OF ASSIGNMENT

|              |  |  |  |
|--------------|--|--|--|
| <u>15.00</u> |  |  |  |
|--------------|--|--|--|

*1/10/18 1200*

## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
 Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name \_\_\_\_\_  
 Battalion 2nd Depot Bde E.L.R.D.F. 121  
 Beneficiary \_\_\_\_\_  
 Relationship Mother  
 Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Change of Address \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

MRS. CLARICE DUGUAY,  
 STE ADELAIDE DE PABOS,  
 SASPE CO., P.Q. 15 15.00  
 % 3328171 PTE ALFRED DUGUAY  
 FIFTEEN DOLLARS

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|------|------------|------------|------------|-------|
|------|------------|------------|------------|-------|

|                  |             |  |           |           |
|------------------|-------------|--|-----------|-----------|
| <u>1146 Oct.</u> | <u>2560</u> |  | <u>15</u> | <u>15</u> |
| <u>Nov.</u>      |             |  | <u>15</u> | <u>15</u> |
|                  |             |  |           | <u>0</u>  |

5071926

REMARKS

**KILLED IN ACTION / DIED OF WOUNDS**  
 DATE 12-10-18  
 G. L. No. 338 / 32 DATE 21-10-18  
 M.R.O. 15777 TO DESTROY RENDERED off. 1.11.18  
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE  
5071-a-28  
 CLERK M. Jones DATE 25-10-18

*Died 8-10-18. Influenza. - 1<sup>st</sup> List: b. L# 361 - Folio 3.  
 13-11-18.*

M. F. W. 128.  
 40000-5-17-1772-39-1144  
 L. L. 23520-M. & D. 7888.

AUTHORITY FOR NEW ACCT. MD3 B10  
J. Jamieson 23/18

