

ac

ATTESTATION PAPER.

No. 2228357

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Dupuis*
- 1a. What are your Christian names?..... *Siméon*
- 1b. What is your present address?..... *300 2nd Avenue Beauville*
2. In what Town, Township or Parish, and in what Country were you born?..... *Maisonneuve Montreal*
3. What is the name of your next-of-kin?..... *Angellina Gaboury Dupuis*
4. What is the address of your next-of-kin?..... *300 2d Ave. Beauville*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *12 March 1877*
6. What is your Trade or Calling?..... *Laborer*
7. Are you married?..... *yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *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.
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*
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..
16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Siméon Dupuis*, do solemnly declare that the above are answers made by me to the above questions and that they 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 *March 15th* 1917. *Siméon Dupuis* (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Siméon Dupuis*, 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 *March 15th* 1917. *Siméon Dupuis* (Signature of Recruit)
[Signature] (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 *15* day of *March* 1917.
[Signature] (Signature of Justice)

Description of Dupuis Siméon on Enlistment.

Apparent Age 40 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 5 ins.

Complexion Fair

Eyes Brown

Hair Fair

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

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..... March 15th 1917.
 Place..... Montreal
.....
 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.

Dupuis Siméon 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.

L. E. Hudson (Signature of Officer)
Major
 Date..... March 15th 1917.

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

Attestation Papers..... *4 BX*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet *2*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

Clothing Transfer Certificate.....

Inventory of Kit..... *21*

Last Pay Certificate..... *3*

DISCHARGE DOCUMENTS

Name *Dupuis Siméon*

Regt. No. *2228357* Rank *Pte.*

Corps *F. C. Forestry Coy.*

Died on board Ship

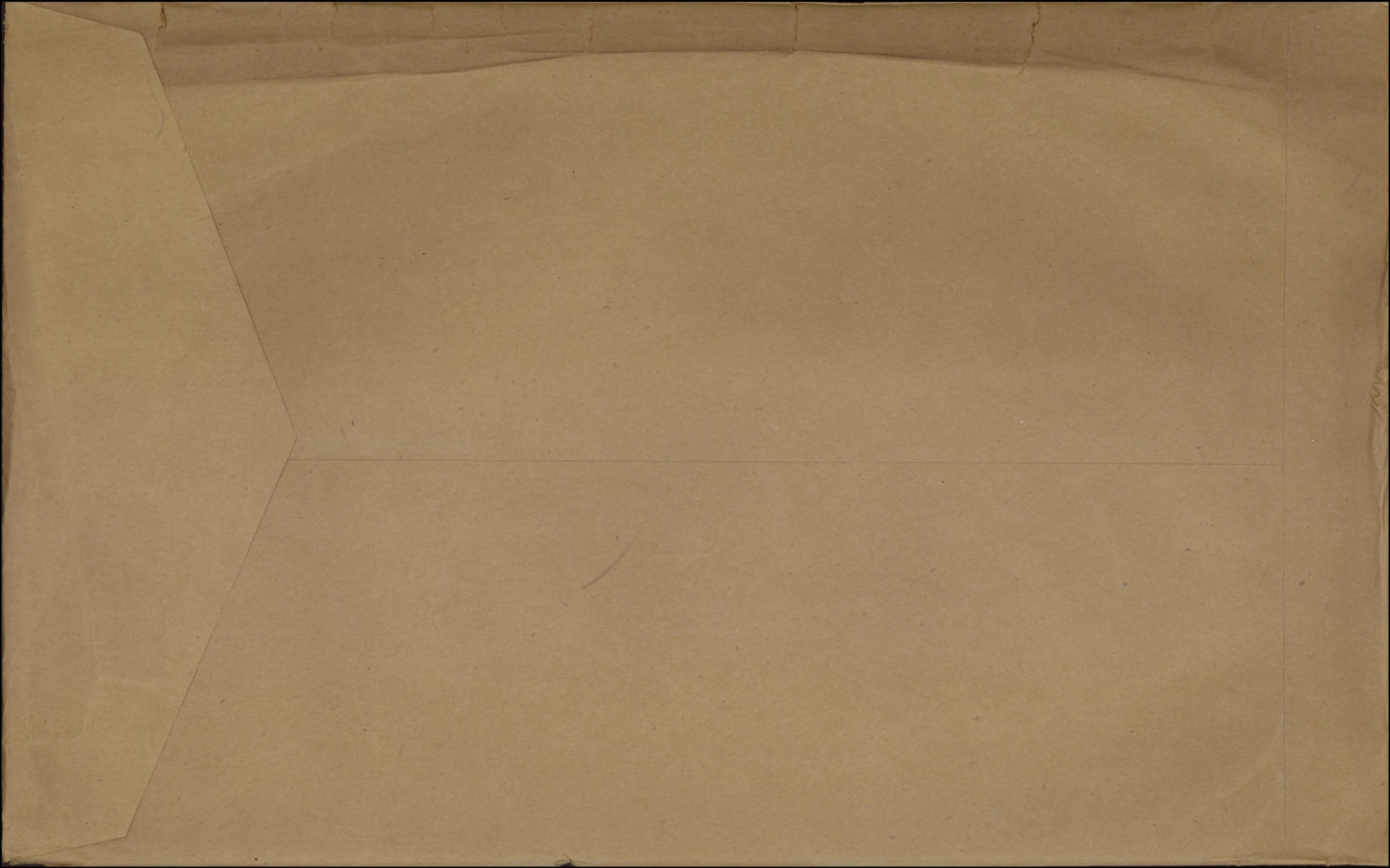
41630



R. O. No.....

H. Q. No.....

10-16
17-18
26-18
Boon



ORIGINAL

To be made out in duplicate.

QUEBEC RECRUITING DEPOT

DEPT. OF DEFENCE
H.Q. 54-21-23-53
AUG 29 1917
CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... **F. C. FORESTRY CO'Y.**
M. W. F.

(2) Regimental Number..... *2228357*

(3) Full Name of Soldier..... *Dupuis Simeon*

(4) Place of Birth..... *Montreal*

(5) Are you married, or not?..... *Married*

(6) If married, state,
 (a) Full name of your wife..... *Mrs. Angelina Gaboury*

(b) Present Postal Address..... *300 2d. Avenue Beauville
Maisonneuve*

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

(8) Have you any children?..... *Yes.*
 If so, give number of boys and girls..... *3 boys & one girl.*
 Also their names and ages..... *Lucien 6 ans Romeo 2 1/2 ans.
Yvette 4 ans Paul Emile 1 ans*

(9) Is your Father alive?..... *No*

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

(10) Is your Mother alive?..... *No*

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

(11) If your Mother is a widow..... *No Does not apply.*

Are you her sole support, or not?..... *No*

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

Nil

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

Nil

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

Yes

(15) Are you insured?..... *No*

If so, in what Company?..... *Nil*

Have you made arrangements for payment of your Insurance premium..... *Nil*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... *March 15/07*

L. E. Hudson, Major
Officer Commanding.

QUEBEC RECRUITING DEPOT

M. F. W. 71.—200M.—1-16.
1772—30—961.

NAME DUBUIS SIMEON
REGIMENTAL NO. 22283 57 **RANK** Private
ENLISTED AT Montreal **PROMOTIONS, &c. AND DATE**
DATE 15-3-17
IF SERVED PREVIOUSLY, STATE UNIT, &c. No
MARRIED, WIDOWER, OR SINGLE Married
NEXT OF KIN Angelina Gaboury Dupuis **RELATIONSHIP** Wife
ADDRESS OF 300- 2nd Avenue, Viauville, Montreal, P.Q.
ASSIGNMENT OF PAY \$ 15.00 **c.** **TO** Angelina Gaboury Dupuis.
ADDRESS 300- 2nd Avenue Viauville, P.Q.
SEPARATION ALLOWANCE, ENTITLED OR NOT Yes
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER 15-3-17
IN WHOSE FAVOUR Mrs Angelina Gaboury Dupuis.

No. 222 8357. RANK Pte.

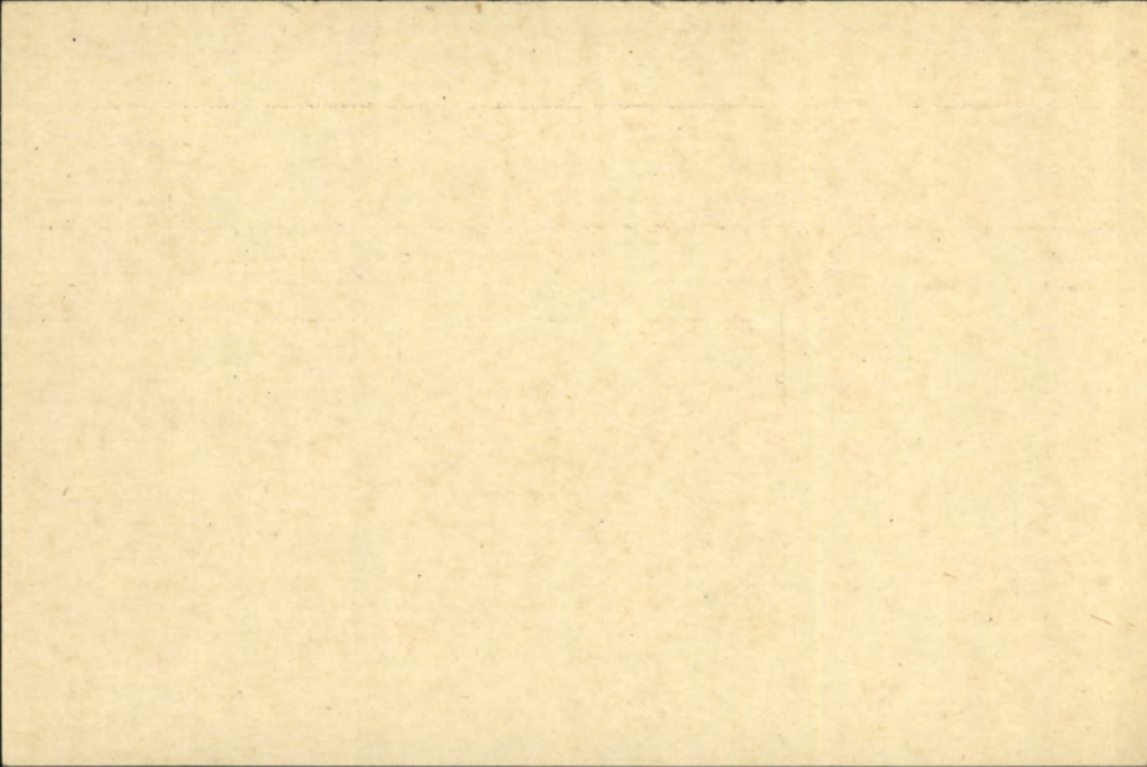
NAME Dupuis Simon

T. O. S. 15-3-17. UNIT French Canadian Forestry Company.
(50.39 of 16-3-17.)

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917. Mar. 15.	1917. Mar. 31.	✓		
April 1	April 7	✓		





SURNAME.

Dupuis.

CARD NO. *

CHRISTIAN NAMES

Siméon.

FOLL

D

REGL. NO.

2228357.

RANK

Pte.

UNIT

Forestry Coy. Que. Recruiting Depot (4th R.D.)

FORMER CORPS

Nbl.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dupuis, Mrs. Angelina G.

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

*300-2nd Ave. Viauville,
P. Q.*

COUNTRY OF BIRTH

Canada. Maisonneuve, P. Q.

DATE

Mar. 12th. 1877.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

*Mar. 15th. 1917.**D/S-3-5-17 822
6*

MARRIED

yes.

SINGLE

WIDOWER

TRADE OR CALLING

Laborer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

40 YEARS

MONTHS

HEIGHT

5 FEET

6 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

5 INCHES

COMPLEXION

Fair.

EYES

Brown.

HAIR

Fair.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Mar. 15th. 1917.

*Present Address - 300-2nd Ave.
Viauville, P.Q.*

F. C. FORESTRY CO'Y.

QUEBEC RECRUITING DEPOT

FORM OF WILL.

I, Dupuis Simeon (Name in full)

Regimental Number 2228357 serving in F. C. FORESTRY CO'Y.

Mad no 4

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

Mrs Angelina Gaboury Dupuis
300 2d. Ave. Veauville
Maisonneuve -

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

absolutely, and my personal estate I bequeath to

Mrs Angelina Gaboury Dupuis
300 - 2d. Ave. Veauville
Maisonneuve

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

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 15th day of March A. D. 191

Simeon Dupuis 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

J. L. Lavoie

Address of Witness

182 Fullum Montreal

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness

Bank Clerk

Signature of Second Witness

J. Lavoie

Address of Witness

Joliette P. 2

Occupation of Witness

Bookkeeper

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and am not under any duress, coercion, or undue influence, and I hereby declare that this is my last will and testament.

I hereby give, devise and bequeath unto _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

_____ of the County of _____ State of _____

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2228357 Rank Private Name Lincoln Dupuis

Corps Forestry Co. 4, 15 who ~~was~~ Died at sea on R.M.T. "7628"

On May 11th 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1917; to May 11th 1917, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month	<u>April 1917</u>	<u>15</u>	<u>00</u>
Advances by Cheques } No. _____				Regt'l Pay	<u>11</u> days at \$ <u>1.00</u>	<u>11</u>	<u>00</u>
} No. <u>Cash 3-5-17</u>		<u>5</u>	<u>00</u>	Field Allow.	<u>11</u> days at \$ <u>c.10</u>	<u>1</u>	<u>10</u>
Assigned Pay No. _____				Other Allowances* _____			
Other Charges* _____				Other Credits* _____			
Payment on transfer or discharge No. _____				Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)		<u>22</u>	<u>10</u>				
Total		<u>\$27</u>	<u>10</u>	Total		<u>\$27</u>	<u>10</u>

*Give Particulars.

A monthly stoppage of \$ _____ (†) has Not (‡) been paid on account of Assigned

Pay for the month of May 1917 to (Assignee) Mrs. Angelina Labourey Dupuis

(Address) 300 - 2nd Ave. Vieuxville
Montreal P.Q. Canada

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment March the 15th 1917.

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge and authority Died at sea on R.M.T. "7628"

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

Nil

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date May 11th 1917.

Place At sea on R.M.T. "7628" R. E. Hudson Major
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The form is issued to all ranks. The articles 121, 122 and 123 of the regulations apply to this form.

1. Name of the member: [Faintly visible name]

2. Rank: [Faintly visible rank]

3. Service number: [Faintly visible number]

4. Date of issue: [Faintly visible date]

5. Name of the commanding officer: [Faintly visible name]

6. Name of the member's next of kin: [Faintly visible name]

7. Address of the member's next of kin: [Faintly visible address]

8. Name of the member's commanding officer: [Faintly visible name]

9. Name of the member's commanding officer: [Faintly visible name]

10. Name of the member's commanding officer: [Faintly visible name]

11. Name of the member's commanding officer: [Faintly visible name]

12. Name of the member's commanding officer: [Faintly visible name]

13. Name of the member's commanding officer: [Faintly visible name]

14. Name of the member's commanding officer: [Faintly visible name]

15. Name of the member's commanding officer: [Faintly visible name]

16. Name of the member's commanding officer: [Faintly visible name]

17. Name of the member's commanding officer: [Faintly visible name]

18. Name of the member's commanding officer: [Faintly visible name]

19. Name of the member's commanding officer: [Faintly visible name]

20. Name of the member's commanding officer: [Faintly visible name]

21. Name of the member's commanding officer: [Faintly visible name]

22. Name of the member's commanding officer: [Faintly visible name]

23. Name of the member's commanding officer: [Faintly visible name]

24. Name of the member's commanding officer: [Faintly visible name]

25. Name of the member's commanding officer: [Faintly visible name]

26. Name of the member's commanding officer: [Faintly visible name]

27. Name of the member's commanding officer: [Faintly visible name]

28. Name of the member's commanding officer: [Faintly visible name]

29. Name of the member's commanding officer: [Faintly visible name]

30. Name of the member's commanding officer: [Faintly visible name]

31. Name of the member's commanding officer: [Faintly visible name]

32. Name of the member's commanding officer: [Faintly visible name]

33. Name of the member's commanding officer: [Faintly visible name]

34. Name of the member's commanding officer: [Faintly visible name]

35. Name of the member's commanding officer: [Faintly visible name]

36. Name of the member's commanding officer: [Faintly visible name]

37. Name of the member's commanding officer: [Faintly visible name]

Surname **DUPUIS** Christian Name **SIMEON**



Examined on **15th** day of **March** 191**7**.
 at **MONTREAL**

Birthplace { City or Town **MONTREAL**
 County **P.Q.**

Apparent age **40**

Trade or occupation **Laborer**

Height **5** feet **6 1/2** Inches

Weight **125** lbs.

Chest measurement { Minimum **31** inches
 Maximum expansion **36** inches

Physical development **good**

Small-pox Marks **none**

Vaccination Marks { Arm Right Left
 Number

When Vaccinated last **child**

(a) Marks indicating congenial peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by **H. Aubrey Major**
 for **President Standing Medical Board**
 Rank _____ M.O.

EXAMINED FOR RE-ENGAGEMENT
15-4-17
STANDING MEDICAL BOARD
QUEBEC RECRUITING DEPOT
Geo. St. Laurent Capt M.C.
P. H. P. M.C.
J. P. M.C.
 M.O.

Date	Result	VACCINATIONS
16/3/17		L.H. Roberts M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
29/3/17		L.H. Roberts M.O.
1/4/17		to Cabana M.O.
3/4/17		P. H. M.C. M.O.

Enlisted on **15th** day of **March** 191**7**. at **Montreal.**

CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment FRENCH CANADIAN FORESTRY COMPANY.	2228357		15th of MARCH 1917.
Transferred to			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Montreal	5-4-17	Fif	Examined by Board Pres. C. H. Chubb, Capt M.C.

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.

SURNAME

CHRISTIAN NAME

DUPUIS

SURNAME

SIMON

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				
At Sea		5	5	17	11	5	17	Pleuro Pneumonia	6	Death	W. O. Pratt Captain

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

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

DE 350M.—5-16
MILITIA DEFENCE
H. Q. 1772-39-920.

AUG 29 1917

Casualty Form—Active Service.

Unit, Regiment or Corps

F. C. FORESTRY CO'Y

CANAD.

Regimental No. 2228357 Rank Private Name Dupuis Simon

C. E. F.

Enlisted (a) 15/3/17 Terms of Service (a) war Service reckons from (a) 18-3-17

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) Labour

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				
		Embarked	Kalifat	May 3	H.M.F. "7628"
		Disembarked			
		Buried at Sea		4 P.M. 11-5-17	

(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.

Register No. 00370

WAR SERVICE GRATUITY

A.P. File No. 5148-S-2

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. 2228357 Name Timon Dupuis
 (Christian Name) (Surname)
 Unit C. F. C. Rank Pte Date of enlistment.....
 Date of casualty May 11, 1917 B.P.C. File No. 17493
 Was service performed overseas? yes

DEPENDENT

Name Angilena Dupuis Relationship Widow
 Address 149 LaFontaine
Montreal
P.Q.

Amount of Special Pension Bonus \$ 800 Abstracted by J. McLaughlin

Eligible for Gratuity \$ 1800

Less amount of Special Pension Bonus paid \$ 800

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ 80.00

Balance due \$ 100.00

Cheque No. 91895824 Date issued JUL 27 1920

Clerk J. G. McLaughlin

REMARKS :
.....
.....
.....
.....

Audited by
Geo Howard \$100
 Date 26.7.20

10.8.24

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

ASSIGNED PAY,
MILITIA AND DEFENCE

M. F. W. 11.
50m.-6-16.
H. Q. 1772-39-518.

SEPARATION ALLOWANCE

Make bond

Name Angelina Dupuis (wife) Name of Soldier Dupuis Simon
 Address 300-2^d Avenue Regtl. No. 2228357
Vauville Maisonneuve Ste Rank Pte
Que Corps Forestry Co
 Relation to Soldier _____ To what Corps belonging Que R Depot
 wife, child or mother Rate 1500 when called out

MAY 1- 1917
\$ 15.00 11/10/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

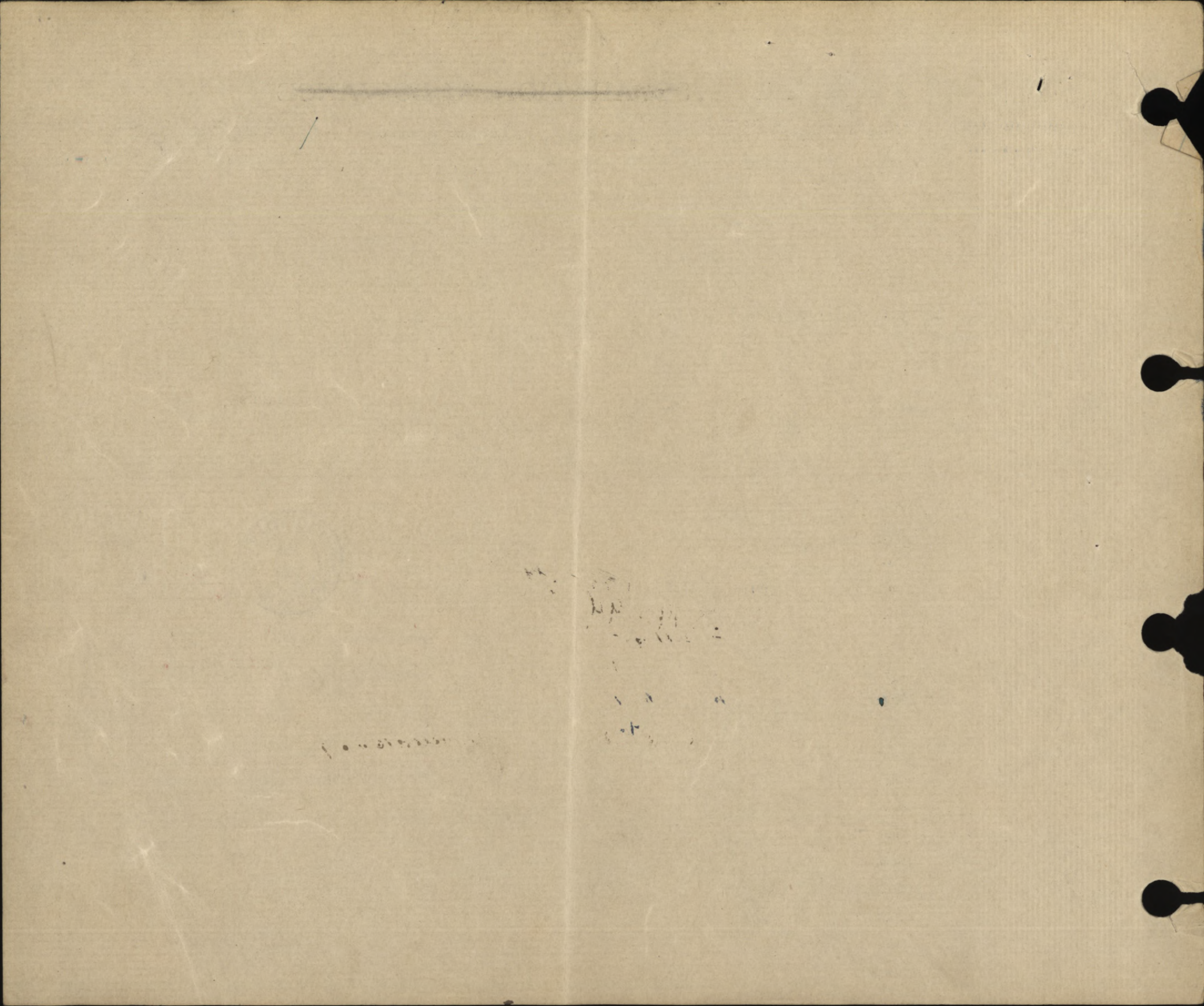


Pensions Notified Date 17-10-17
 Killed in Action _____
 Died of Wounds Pleura Pneumonia Date 11-5-17
 Missing _____
 C. L. _____ Clerk J. St. Oron
 Date Noted 17th October 1917

R/O by phone - C.L. not available \$40.

PENSION

APCLOSED.....
 OVER-PAY.....
 RECOVERED.....
 BY B.P.C.....
1/12/17
 GRANTED



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2

Angelina Dupuis (wife)

Name of Soldier

Dupuis Simon Forestry Co

L. L. Job 4503. - Req. 6832.

PAYMENTS.

Pte 2228357

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.00</i>	<i>MAY 1 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		<i>R 112699</i>	<i>15</i>	
July		<i>G 17299</i>	<i>15</i>	
Aug.		<i>G 21143</i>	<i>15</i>	
Sept.		<i>M 28697</i>	<i>15</i>	
Oct.		<i>B 38087</i>	<i>15</i>	
Nov.	<i>15-10</i>	<i>B 41540</i>	<i>15</i>	
Dec.		<i>U 44867</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

NOT AUDITED

A 105 A.H.

Pension Granted	<i>1-12-17</i>
B.P.C. to Recover \$	<i>4</i>
Clerk	<i>W.H.</i>
Date	<i>13-11-17</i>

90.00 to 4. Dec 31-10-17 to 10-17 17-10-17
mailed 16/11/17
Assignee dependent
Account to continue until
pension is granted 10.1.14-10-17
up Supp - pending inst - 5
from B.P. Am. B. 15/10/17

to close

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

15. 3. 14
SEPARATION ALLOWANCE

Name *Angelina G. Dupuis* Name of Soldier *Dupuis, Simon*
 Address *300 - 2nd Ave* Regtl. No. *2228357*
Vianville Rank *Pte*
Maisonneuve, P. Q. Corps *Que. Recruit Dep. 7/4/17 to 10/4/17 6573*
7. C. Forestry Coy
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 when called out } ✓ ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ACCOUNT CLOSED
 DATE..... PER *W*

26
11
11

15. 3 14

MILITIA AND DEFENCE

M. F. W. 11a.
50m. - 6-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Angelina G. Dupuis ^{Wife}

PAYMENTS. *Pte*

Name of Soldier

Dupuis, Simeon

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>A 811</i>	<i>30</i>	<i>30</i> <i>SW</i>
May		<i>E 4486</i>	<i>20</i>	<i>20</i>
June		<i>I 7463</i>	<i>20</i>	<i>20</i>
July		<i>H 10604</i>	<i>20</i>	<i>20</i>
Aug.		<i>M 14292</i>	<i>20</i>	<i>20</i>
Sept.		<i>L 17315</i>	<i>20</i>	<i>20</i>
Oct.		<i>P 19840</i>	<i>20</i>	<i>20</i>
Nov.		<i>U 22346</i>	<i>20</i>	<i>20</i> <i>mailed 16/11/17</i>
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date *17/10/17*
 Killed in Action }
 Died of Wounds } Date *11/8/17*
 Missing }
 C. L. *R/O* Clerk *Deell*
 Date Noted *17/10/17* 191

170.00
 Pension Granted *1-12-17*
 Date B.B.C. to Recover \$ *13-11-17*
 Date *13-11-17*
ACCOUNT CLOSED
 DATE PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-3-17

Separation and Assigned Pay Branch

May 1/917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2228357*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Simon Dupuis*
 Battalion *Forestry Co. 2nd R. Depot.*
 Beneficiary *Mrs. Angelina Dupuis*
 Relationship *wife*
 Address

PARTICULARS OF ASSIGNMENT

Name *Angelina G. Dupuis (wife)*
 Address *300 - 2nd Ave. Viarville*
 Change of Address *Maisonnerie Rue.*
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec 31</i>		<i>170</i>	<i>105</i>	<i>275</i>	<i>SA paid from Mar 15-17 to Nov 30-17 \$170⁰⁰ AP " " May 1-17 to Nov 30-17 \$105⁰⁰ Lied 11-5-17 & R/o date noted 17-10-17 pension notified 17-10-17. De franted 1-12-17 ape closed Nov 30-17</i>

