2nd DEPOT BN. 2nd QUEBEC REG'T. ORIGINAL

GHV 4

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. D- 3172023

PARTICULARS OF RECRUIT 3172023

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname: FOURNIER
2. Christian name: Almanzor
3. Present address: 509 Galt st Montreal PQ Can
4. Military Service Act letter and number: Never registered
   (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: March 20th 1898
6. Place of birth (town, township or county and country): Montreal PQ Can
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Laborer
10. Name of next-of-kin: mr Thomas Fournier
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 509 Galt st Montreal PQ Can
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: Montreal PQ (b) Date: 19-8-18 (c) Category: a 2

DECLARATION OF RECRUIT

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

almanzor Fournier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 20 yrs. 4 mths.

Height: 5 ft. 5 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 4 ins.

Complexion: Brown

Eyes: Brown

Hair: Brown

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

Commanding 2nd Depot Bn., 2nd Quebec Reg't.

O. C. ..... Depot Btln.

..... Regt.

Place: Montreal PQ Can Date: 1-6-18

M. F. W. 133.
500M.—5-18.
1772—39—1158.

Slt. Louis Seguin 178EME BATAILLON, F. E. C. 178 em

ATTESTATION PAPER.

No. 857093

Folio. Duplicate

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Fournier
1a. What are your Christian names? — Armanzor
1b. What is your present address? — 1786 Notre Dame Ouest
2. In what Town, Township or Parish, and in what Country were you born? — St Henri Montréal
3. What is the name of your next-of kin? — Thomas Fournier
4. What is the address of your next-of-kin? — 1786 Notre Dame Ouest.
5. What is the relationship of your next-of-kin? — Albertine Fournier
6. What is the date of your birth? — Le 17 mars 1899.
6. What is your Trade or Calling? — Journalier
7. Are you married? — Non
8. Are you willing to be vaccinated or re-vaccinated and inoculated? — Oui
9. Do you now belong to the Active Militia? — Non
10. Have you ever served in any Military Force? If so, state particulars of former Service. — Non
11. Do you understand the nature and terms of your engagement? — Oui
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Oui

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Armanzor Fournier, 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.

a Fournier (Signature of Recruit)

Date Dec 27 1916. Slt Louis Seguin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Armanzor Fournier, 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.

Armanzor Fournier (Signature of Recruit)

Date Dec 27 1916. Louis Seguin (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 27 day of Dec 1916.

(Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of Almanzor Fournier on Enlistment.

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

Height ..... 5 ft. 6 ins.

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

Complexion .....

Eyes ..... Hair) Black

Hair ..... Hair) ~~Black~~ Blond

Religious denominations:
- Church of England.....
- Presbyterian.....
- Methodist.....
- Baptist or Congregationalist.....
- Roman Catholic..... X X X X
- Jewish.....
- Other denominations..... (Denomination to be stated.)

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).

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 Dec. 28. 1916 ..... Geo. A. Smith

Place Montreal ..... Capt.

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.

Almanzor Fournier 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.

[illegible] (Signature of Officer)

Lt.-Colonel

Date December 28 1916

O.C. 17 Siege Bat. Quebec

C.E.F.

FOURNIER ALMANZOR 3172023

857093

2ND QUE REGT 15832

M.U.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION St Anne de Bellevue DATE 27-4-19

1. 1 (a) Unit D.D. #4 (b) Regimental No. 3172023 (c) Rank Pte

(d) Surname Fournier (e) Christian name Almanzor.

(f) Home address 509 Galt St. Verdun, Montreal.

(g) Next of Kin Thomas Fournier (h) Relationship Father

(i) Address of Next of Kin 509 Galt St. Verdun, Montreal.

2. Age last birthday 18 Date of birth March 3 - 1901

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Nov. 1917

4. Personal description:

(a) Height 5'-5" (b) Weight 117 (stripped) (c) Complexion Dark.

(d) Colour of hair Black (e) Colour of eyes Black (f) Identification marks, Scars, etc. Dark operative scars over 8th rib left side

5. Former trade or occupation Driver.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	189

	Periods From	Periods To
Canada	Nov — '17	Date
England		
France or other theatres of War		

7. Original disease, or injury Influenza (Spanish flu)

(a) Date of origin Oct - 18 (b) Place of origin Montreal

(c) Cause Contagion due to raging Epidemic.

M. F. B. 227.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Chronic Emphysema

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Complaints: Coughing with Expectoration. Pains in left side.
Exam: Thorax normal proportions, sub. costal angle 60°.
Expansion is lagging and left upper front.
Percussion: Resonance impaired on left side I^st rib to base and in axilla. Note is "wooden" in character.
Auscultation: B.S. distant over dull area. Few bubbling rales are heard. In lower axilla B.S. almost absent. Breathing throughout space & wheezy bubbling rales heard. V.F. and V.R. diminished.
Pot: Impaired resonance from scapula to base on left side. B.S. diminished & numerous bubbling crackles throughout lower lobe. Line of resonance at left base does not change on deep breathing.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: no — Cardio-Vascular System: no (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: no (Albumen and Sugar will be excluded.)

Special Senses: no — Respiratory System: yes see 9 — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

X-Ray: Chest. Large localized density (fluid) occupying the lower 2/3 of left side of chest. Sharply outlined along upper border. The line runs obliquely upwards and outward from the hilus. Small dense shadow about middle of L. diaphragm. Exploratory puncture: Purulent fluid.
Exam^n fluid: Cells chiefly polymorphs, no bacteria seen. Culture:- no growth. F.G.B.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Patient states he caught influenza last Dec. of Oct. '18, was treated for a month at Refuge Nursing Quarters ~~for a month~~ then transferred to Montreal Hotel Dieu Nov. 18/18 where he stayed till March 30th '19. Reported Pet St. Barracks immediately and was placed according to statement under Observation; reported sick after two days, was sent to Mt Royal Hospital. Transferred to St Thomas 18-4-19

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Negative —

(*c*) (Here give a description of wounds, scars and deformities.

5 cm of operative scar left side over 8th rib.

11.—(*a*) Did the disabling condition have its origin before enlistment? ~~Unable to say~~ No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (B.) Never refused treatment before

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Unknown.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Refuge Housing: Med. and diet Nov. 18

Hotel Dieu: from Nov. 18 to March 19 – Med. and operation

McFarlane – Convalescing – Temporary awaiting transfer.

St Emmas – Pneumon – Treatment refused.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Not at present. Condition is

(If not, briefly state why) unchanged as stated in para. 9. and

17. Recommendations. Patient refuses treatment, either operative or operative

For discharge.

Ernest F. Lund Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Amanzor Fournier ..... Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)	Not app.
(b) Service abroad, not general service,	(" B)	(Yes or No.)	
(c) Home service (Canada only),	(" C)	(Yes or No.)	
(d) Temporarily unfit.	(" D)	(Yes or No.)	
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	Ro 1706

20. It is certified that the invalid
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(b) ~~Does not require treatment~~.
(c) ~~Should pass under his own control~~.
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes. in as much as patient refuses to accept treatment.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE St Anne de Bel — J.G. Brown Lt-Col. AMC, President.
DATE 29/4/19 — A.J. Martin Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned Pte A. Fournier understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Pte A.J.R. Roberton M 403467 Signed Alexander Fournier

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

This refusal appears to board as unreasonable

PLACE St Anne de Bel — J.G. Brown Lt-Col. AMC, President.
DATE 29/4/19 — A.J. Martin Capt. } Members

APPROVED BY — APPROVED BY

FOR Colonel Assistant Director of Medical Services. M. D. No. 4 — Director-General of Medical Services.

DATE MAY 1 1919 — DATE

STE ANNE DE BELLEVUE MILITARY HOSPITAL,

Ste Anne de Bellevue, Que.

April 29th, 1919.

TO WHOM IT MAY CONCERN

#3172023 Pte. Almanzor Fournier.

For the information of all concerned it is hereby notified that the marginally noted Private is at present suffering from Chronic Empyema with a large collection of pus in the chest for which he refuses treatment.

This notice is sent in order to avoid undue hardship to this Private.

J. G. Brouse

Lt. Colonel.

O.C. i/c Medicine.

COPY:

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. 3172023 Rank Pte. Name Fournier, A.M. Age 20

Unit D D #4 Completed years of service (Where and how long) C 18/12 E 0 F 0.

Date of admission 18.4.1919. Date of discharge 5/5/19

Diagnosis Chronic Empyema Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE: Complains of cough and expectoration. Past history not suggestive of Tuberculosis. No definite haemoptysis at any time. Has occasional night sweat. No blood sputum. Appetite, fair. No gastro intestinal disturbances. No past exanthemata. Has been ill for 7 months. Has frequent cough with very little expectoration, difficult to obtain, for examination.

Col. Browne:- April 25th 1919.

Old scar on left axillary line over 8th rib, superficial and apparently result of boil?

Thorax:- normal proportion, sub costal angle 60°. Expansion is lagging over left upper front. Resonance impaired in left side from 2nd rib to base and in axilla note is "wooden" in character. Over the dull area Breath Sounds distant, and a few bubbling rales may be heard.

In lower axilla Breath Sounds almost absent. There is dulness over Traube's space with large bubbling rales heard in this area. Vocal Fremitus and Vocal Resonance diminished.

Heart:- Relative Cardiac Dulness 111 space 4 cm / Lungs & pulmonary dulness

Behind: There is impaired resonance from spine of scapula to base, on left side. When in dependent position, note is not flat. Breath Sounds are less well heard over this area with numerous bubbling crackles heard throughout lower lobe. Line of resonance at left base does not change on deep breathing.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.)

Explanatory:- Purulent fluid. Urinalysis:- normal.

TREATMENT (Especially any specific or special form.) X-Ray of Chest:- Large localized density (fluid) occupying the lower 2/3 of left side of chest. Sharply outlined along upper border. The line runs obliquely upward and outward from the hilus. Small dense shadow about middle of chest diaphragm.

CONDITION ON DISCHARGE (and disposal made of case.) Condition unchanged. Patient refuses treatment --- Either operation or aspiration.

Date 28.4.19.

Anatole P. Plante, Lieut.
Medical Officer i/c case.

M. F. B. 313a.
200M.-5-18.
1772-39-439.

E 38764

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. 3172023 Rank Pte Name Fournier - A.M. Age 20

Unit D.D.4 Completed years of service (Where and how long) C 15/12 E.O.F.O. 5/5/19

Date of admission 18-4-19 Date of discharge

Diagnosis ~~Pulmonary Bronchitis~~ Chronic Emphysema? Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of cough expectorate. Past history not suggestive of T.B. No definite haemoptysis at any time. Has been in good health. No blood spitting. Appetite fair. No gastro intestinal disturbance. No fever + sweats. Has been sick for 7 months. Has frequent cough & very little expectoration. Difficult to obtain for examination.

Cal Brame: Adm 25/4/19

Old scar in left axillary line over 8th rib, superficial tissues & muscles resent of bone?

Thorax normal proportion, costal angle 60°.

Expansion is lagging over left upper front. Resonance impaired in left side from 2nd rib to base & in axilla note is "wooden" in character. Over the dull areas B.S. distant. Few bubbling rales may be heard. In lower axilla B.S. almost absent. There is dullness over Traube's space & large bubbling rales heard in this area. V.F. & V.R. diminished.

Heart: R.O.D. 4cm from left nipple & pulsing diastolic.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Behind: There is impaired resonance for upper 3 ribs & base in left side. Lower in dependant portion, note is not flat. B.S. are less well heard over this area. Numerous bubbling crackles heard throughout lower lobe. Line of resonance at left base does not change in deep breathing.

TREATMENT (Especially any specific or special form.) Aspiration: Purulent fluid.

Empyema: Drained.

— P.T.O. —

CONDITION ON DISCHARGE (and disposal made of case.) Condition unchanged. Patient refuses treatment — Either operation or aspiration.

Date 30/4/19

Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

X-Ray of chest

Large localized density (fluid) occupying the lower 2/3 of left side of chest. Sharply outlined along upper border. The line runs obliquely upward and outward from the hilus. Small fluid shadow about middle of R. diaphragm.

E.P.P.

Sheet 2

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

GHV

Unit, Regiment or Corps ~~2nd~~ 1st DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D 3172023 Rank Private Name FOURNIER Almanzor

Enlisted (a) ~~19-8-18~~ 1-6-18 Terms of Service (a) C. E. F. CEF Service reckons from (a) ~~19-8-18~~ 1-6-18

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) .....

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				
28-10-18		S.O.S. as deserter	Montreal	18-11-18	A M Lavoie Capt. Adjutant 2nd Depot Bn., 2nd Quebec Reg't.
		D.O. 339	Que		
Re. Got from Desertion 15-4-19					
15-5-19.	SOS.	Disch.Med.Unfit RO.1420	Montreal.	14-5-19.	DD4/DO/Pt.11/135

Captain,
Officer i/c Discharge Section, District Depot No. 4.

(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.O.

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				

Sheet 1

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9.20.

Casualty Form—Active Service.

Unit, Regiment or Corps 1/1 Inc Regt.

Changed to 2172023

Regimental No. ~~4030301~~ Rank Pte Name Fournier, Almanzor

Enlisted (a) 1/6/18 Terms of Service (a) C. E. F. C. E. F. Service reckons from (a) 1/6/18

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) Labourer

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				
		Leave to Can. Eng.	St. Johns	1/6/18	– O. O. 171
	CETD	SOS as a Deserter by C of I held 6-11-18	"	15-7-18	auth MFB 259
	2/2 QR	Reported to Y.O.S.	Montreal	19.8.18	
					Struck off strength
					for DAQR

(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.O.

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				

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 178 Bn

Regimental No. 857093 Rank Pte Name Fournier A.

Enlisted (a) 27.12.16 Terms of Service (a) C. E. F. Dofwar Service reckons from (a)

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				
16-8-23	178 Bn	Ill. Absent 9-2-17 SoS as a Deserter	Montreal	9.2.17	A.O. 49

Cancelled. Secretary for DofR

(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.O.

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				

Temporary

MEDICAL HISTORY SHEET

Surname Fournier Christian Name ALMANZOR

Examined { on ..... day of ..... 191..... / at .....

Birthplace { City or Town ..... / County .....

Apparent age .....

Trade or occupation .....

Height ..... feet ..... Inches

Weight ..... lbs.

Chest measurement { Minimum ..... inches / Maximum expansion ..... inches

Physical development .....

Small-pox Marks .....

Vaccination Marks { Arm ..... Right ..... Left ..... / Number .....

When Vaccinated last .....

(*a*) Marks indicating congential peculiarities or previous disease .....

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

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
St Thomas	25-4-19	Chronic Emphysema	E W. Browne. Lt Col. C.A.M.C.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
Glenmore B. Bellevue		18	4	19	5	5	19	Chronic Empyema		Condition unchanged. Fluid occupying the lower 2/3 of left side of chest. Exploratory puncture = Purulent fluid. Patient refuses treatment: Operation (costotomy) or aspiration.	Claude E. Slade Capt.

4030306

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname FOURNIER Christian name Almanzor.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule } Defaulter.

3. Consecutive number on schedule of men reporting for service (if he appears on it) }

4. Address (including street and number, if any) } 509 Galt St. Verdun. Montreal.P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of June 1918. 1917, by the undersigned medical board sitting at Montreal.P.Q.

DEMOBILIZATION CENTRE No. 1 JUN 13 1919 MONTREAL, P.Q.

5. Age as stated 19 Years 2 Months. 6. Apparent age 19 Years 2 Months

7. Height 5' Feet 5½ Inches. 8. Weight 121 Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins. 10. Complexion Med. { Eyes Brown. Hair Brown.

11. Physical development Good { Good / Fair / Poor 12. Smallpox marks —

13. Number of vaccination marks { Right arm — Left arm 1 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis We find no evidence of past { Rheumatism / Tuberculosis / Syphilis

(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 A2

17. (a) Vision R. 20 L. 20

(b) Hearing. R. ok L. ok

G Brown President.

J Kaufmann Capt Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 1st day of June 1918. 191 at Montreal.P.Q.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REG'T.	4030306		1.6.18
Transferred to Canadian Engineers.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N. B.—This sheet is 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.

M. F. B. 313.
360M.—10-17.
1772-39-439.

Signature of Man

Surname FOURNIER Christian Name Almanzor

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

Rank Private Date of att. August 19th.1918

Regimental Number 3172023 Date of Discharge May 12th.1919

Unit 2-2nd. C.R., C.E.F.

Name FOURNIER Almanzor.

Address 509 Galt St., Verdun, MONTREAL QUE.

B.P.C. District Office Montreal D.D. # 4

Attestation Form:-

Weight on enlistment:	120 pounds
Marks of Identification:	Operation scar over 8th., rib, left side.
Rank at attestation:	Private

Casualty Form:-

Minor defects:	Chronic Empyemia following Influenza. Active service.
Rank when disability was incurred:	Private
Miscl.:	Nil

Conduct:-

Venereal Desease:	Nil
Conduct:	Good
Self inflicted wound:	Nil

B.

B.P.C. Form 871.
20M-2-19.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 2172023 (Rank) Private

Name (in full) FOURNIER, Almanzor. enlisted in

the 2nd. Depot Battalion, 2nd. Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC. on the 1st.

day of June, 19 18.

HE served in - - - - - - - - - - - CANADA - - - - - - - - - - - - - -

and is now discharged from the service by reason of - - - - - - - - - - - - - - - - - -

- - - On Demobilization Medically Unfit for General Service - - -

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 18 yrs. 2 mos.

Height 5 ft. 5 ins.

Complexion Dark

Eyes Black

Hair Black

Marks or Scars

Operation scar over 8th rib, left side.

almanzor Fournier
Signature of Soldier

Issuing Officer

Captain,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge May 12 th, 1919

Appointment

Signed at Montreal, Quebec this 12th day of May 19 19.

in Military District No. 4

File Reference No. DD4 19-F-407.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882. MB.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

CANADIAN CONTINGENT EXPEDITIONARY FORCE
Last Pay Certificate

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 257/15c. C.E.F., 1916).

Regimental No. 4030306 Rank Spr. Name Fournier, Almanzor

Corps Canadian Engineers, who was Struck Off Strength, E.T.D., St. Johns, P. Q.
On 15-7-18 , to
The following is a statement of the account of the above named

from 1-10-18 , to 31-10-18 , incl. date.

Dr.	$ c	Cr.	$ c
Bal Dr fm Prev Month		Bal Cr fm Prev Month	119.90
Advances by) No		Regt'l Pay 31 days at 1.00	31.00
Cheques No		Fld Allow 31 days at .10	3.10
Assgd P.& Sep.Allce.		Sep.Allow.(Monthly)	
Mulct Pay 15/7/18 to 31/10/18-109 days	119.90	Other Allow's	
Other Charges		Other Credits	
Pay on Trans or Disch			
Balance Cr.to be Pd by new unit	34.10	Bal.Dr.(to be deducted by new unit	____
Total	154.00	Total	154.00

A monthly stoppage of $ has been paid on account of Assgd Pay for the month of 191)to Assignee
and Sepn All.For mth of 191

Address

On transfer of an Officer
Outfit Allowance of $ has been paid by Paymaster M.D.No.

REMARKS:
State (1) date of enlistment 1-6-18
(2) if married and if a Separation Allowance card has been submitted no no
(3) cause of discharge Deserter
(4) authority for transfer D O 322

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

Date 21st. November 1918.

Place St. Johns, P. Q.

Asst. Paymaster, Engineer Training Depot. Lieut.

M. F. W. 44.

M.D. 4
D.S.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

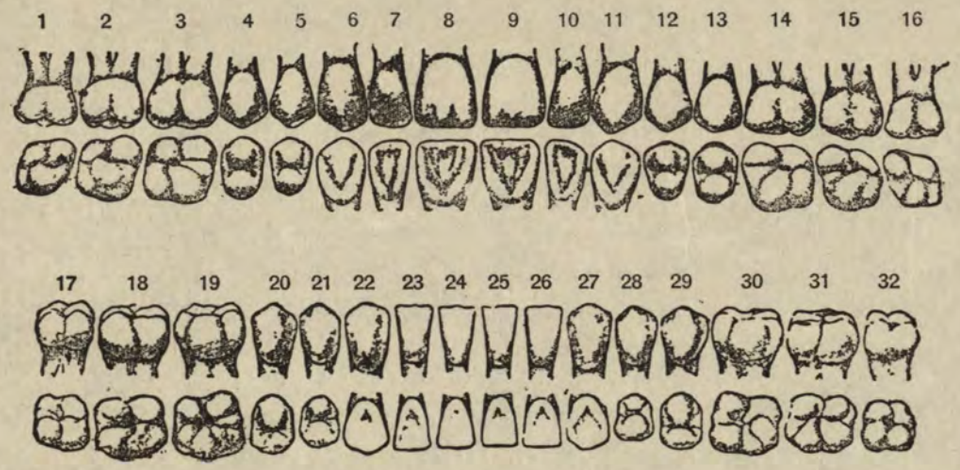
DISTRICT 11/17/4

NAME OF SOLDIER Freeman A

RANK Pte

REGIMENT 17th R.O.R.

No. 317023



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

Good

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	1919																						Cavities	
Good	4/28																				E. Lemieux Major		Extractions	
																							recommended for discharge 4/28/19 E. Lemieux Major	

M.F.B. 465
150M—10-18
1772-39-950

File No. 6261-A-50

WAR SERVICE GRATUITY.

Register No. Spec Reg. 68/2032

Reg. No. 3172023 Pte.

Name Fournier A

Address

Deceased 25.9.19

Pay Soldier $

Clerk

Dependent

Address

Pay Dependent $

Days Rate Due

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net

R 113 21-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1				Not eligible under Sec 3419	1			
2				No S.A. paid	2			
3				Died prior 1.12.19	3			
4					4	O E Cassavell		
5					5		16 10/20.	
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

Clerks 14 10/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Fournier (Surname) A (Christian Name)

Regimental Number 3172023 Rank Pte.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

*Name FOURNIER, Almanzar. Rank Pte. Regtl. No. 3172023.

Fyle Depot 407

Original unit 2nd. QR. Present unit D.D.4. M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Cat. A. Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
16-4-19.	T.O.S. D.D.4. Having reported as Deserter from 2nd QR	
	Posted to Cas Co. effect. 15-4-19.	106. P.I.

*—Name will be given in full; surname first.

(over)

Date	Remarks	Pt. 2 Order No.
21-4-19.	Cas Co to Hosp Sec. effect.17-4-19.	111.P.3
5-19.	SOS.Hos . Sec on Trans to Cas Co'y 5-5-19.	125-p-4
~~6-5-19.~~	~~Desertion forfeits 67 days pay and 7days Duty Auth.MD4.22-F-1381.~~	~~126.p.2.~~
6-5-19.	Desertion admonished 22days pay Auth.MD4.22-F-960.	
15-5-19	SOS.Dis.H.M.Service.12-5-19.Demob.RO.1420.	135.p.

M. F. W. 192
5m.—12-18
1772-39-1243

No. 557093. RANK Pte NAME Fournier, Almanzor

T. O. S. 27-12-16 UNIT 178th. Battalion, (C E F)
DO 290 of 29-12-16

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1917.			
Dec 27.	Jan. 31.		AWS.	DO 28.
1917				
Feb. 1.	Feb. 10.		AWS forfeits 7 dys. & 48 hrs. Detent	DO 29.
			AWS " 2 "	DO. 35.

H.Q. 652-F-254.

#3172023, Ex-Pte. A. Fournier. 2/2 Que Regt.

Ser #
986132

M. & D. (Father) T. Fournier, 509 Galt St., Verdun, P.Q.

P. & S. " Ditto.

Mem. C. Nil.

Canada

46467

B.

Canada only.

NOV 13 1923

JUL 10 1923

Scroll Dep. _____ Reqn. No. 56527

NOV 13 1923

Plague Dep. _____ Reqn. No. 49756

This space to be for numbers.

135

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3172023
Rank	Pte.
Surname	FOURNIER,
Christian name	Almanzor.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2-2nd,Q.R., C.E.F.
Date of discharge	May 12 th 1919
Place of discharge	Montreal,Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	18 years 2 months.	
Height	5 feet 5 inches.	
Complexion	Dark	
Eyes	Black	
Hair	Black	Operation scar over 8th,rib,left side.
Trade	Driver	
Intended place of residence (To be given as fully as practicable.)	509 Galt Ave., Verdun,P.Q.	

2. The above-named man is discharged in consequence of

RO 1420 On Demob.Med.Unfit for Gen.Service.

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

.....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Montreal, Que Almanzor Fournier *(Signature of Soldier.)*

(Date) May 12th 1919 L E Davis *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, Que

(Signature) [illegible] *Captain,*

(Date) May 12th 1919

Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS

almanzor Lournor

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23
	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 3172023 RANK Pte NAME (IN FULL) FOURNIER. ALMANZAR.

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
I. O. S.	15-4-19	D.O. 106. P. 1
Posted to Gas Co	15-4-19	D.O. 106. P. 1
Hosp to Cases Desertion	5-5-19	D.O. 125/14
Admon fine 22 days P&A.		D.O. 126. P. 2.
Y.O.S. I.S.P. @ 23.9.19	Left 24.9.19	

ORIGINAL UNIT C.E.F. 2nd A.R. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 19. 8. 18 | TRANSFERRED TO Canada only | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE 12.5.19 | REASON DD4-19. | AUTHORITY 7407 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							1	17	1	17																											C.L.P.C. 17-11-18 when S.O.S. as Deserter
May 15-4-19	28	1.10	30	80					30	80	Jr 3156 14/5/19						7	77									24	20			24	20					24.20. fine 22 days P&A. D.O. 126/2
12-5-19																															7	77					
																															31	97					

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-89-1390.

MEDICAL HISTORY OF AN INVALID.

1. Station. St John N.B.
2. Regiment or Corps. 148 8/8 Batt C.E.F.
3. Regimental No. and Rank. 887093 Pte
4. Name. Fournier, Almanzar
5. Age last Birthday. 16
6. Enlisted on 28th December 1916
   at Montreal
7. Former Trade or Occupation. Teamster

8. General remarks on his :—
   (a) Conduct.
   (b) Habits.
   (c) Temperance.

   Non obtainable

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. March 10/17

9. Service.

	Years.	Days.	PERIODS. From.	PERIODS. To.

10. (a) Disease or disability. underage
    (b) Date of origin. —
    (c) Place of origin. —
    (d) Cause. —

11. Present Condition. (Most Important).
    (To include full description of present disabling condition or conditions.) underage

12. (a) Is the disability the result of service or climate? —
    (b) Has it been aggravated by intemperance, vice or misconduct? —

M. F. B. 227.

100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

—

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

—

14. Treatment

—

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

—

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

—

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

—

18. State if for discharge on account of unfitness for Service.

Yes

S. S. Turner
Major

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. yes

11. yes

12. yes

15. yes

16. yes

17. yes

19. Is he unfit for Military Service.

yes

20. Recommendations:

The Board recommends that no 887093 Pte Almanzar Fournier be discharged the service according to class 1

Signatures:—

S. S. Turner Major ..... President.

A S Burns captain

Station. St John N.B. ..... Members.

Date. March 10/17

Date. ..... Asst. Director of Medical Services.

APPROVED MAR 16 1917 for A.D.M.S.M.D. No. 8 and G.O.C.M.D. No. 6

Approved. C. J. Peggie, Major

Date. ..... Director-General of Medical Services.

Militia Form B. 227.

100 m-2-16.
H. G. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date.....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. .....

Administrative Medical Officer.

GHV MILITARY SERVICE ACT, 1917. D- ORIGINAL

MEDICAL HISTORY SHEET

3172023

1. Surname FOURNIER Christian name Almanzor

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule: Never registered

3. Consecutive number on schedule of men reporting for service (if he appears on it): ----

4. Address (including street and number if any): 509 Galt st Montreal PQ Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of August 1918 19....., by the undersigned medical board sitting at Peel st Bks Montreal PQ Can

5. Age as stated 20 Years 4 Months. 6. Apparent age ..... Years ..... Month

7. Height 5 Feet 5 Inches. 8. Weight 120 Pounds.

9. Chest measurement: Minimum 31 Ins. Maximum 35 Ins. 10. Complexion Brown Eyes Brown Hair Brown

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks .....

13. Number of vaccination marks: Right arm ..... Left arm 1 14. When vaccinated last Since

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

16. Slight defects but not sufficient to cause rejection .....

The man denies having had: Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma.

We find no evidence of past: Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, 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 A2

17. (a) Vision. R. 20 L. 20

(b) Hearing. R. OK

..... President.

..... Member. ..... Member.

Signature of Man Almanzor Fournier

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 19th day of August 19 18 at Montreal PQ Can

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		D		19-8-18
Transferred to		3172023		
		2nd DEPOT BN. 2nd QUEBEC REG'T.		

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname FOURNIER Christian Name Almanzor

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				