

ATTESTATION PAPER.

No.

Folio

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

APR 26 1916
206 BATN. C. E. F.
No 243437
HDQRS. MONTREAL.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

Original

- | | |
|--|-----------------------------------|
| 1. What is your surname?..... | Fournier |
| 1a. What are your Christian names?..... | Henri |
| 1b. What is your present address?..... | 863 Dorchesteur Est Montreal P.Q. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Quebec P.Q. |
| 3. What is the name of your next-of kin?..... | Zelie Fournier |
| 4. What is the address of your next-of-kin?..... | 6-3/4 Rue Stot Quebec P.Q. |
| 4a. What is the relationship of your next-of-kin?..... | Mere |
| 5. What is the date of your birth?..... | le 11 de Novembre 1876 |
| 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?.....
<small>If so, state particulars of former Service.</small> | 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, Henri 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.

Henri Fournier (Signature of Recruit)

Date Avril 1e 26 191 6 *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henri 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.

Henri Fournier (Signature of Recruit)

Date Avril 1e 26 191 6 *[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 26 day of Avril 191 6.

[Signature] (Signature of Justice)

Description of Henri Fournier on Enlistment.

Apparent Age 40 years months.

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

Height 5 ft. 2 1/2 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.

{ Range of expansion 4 1/2 ins.

Complexion good

Eyes Bleus

Hair Chatains

Religious denominations. { Church of England.....

{ Presbyterian.....

{ Methodist.....

{ Baptist or Congregationalist.....

{ Roman Catholic Oui.....

{ 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.)

*Scar on left knee
Tattoo mark on right
fore arm representing
girl*

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*.....for the Canadian Over-Seas Expeditionary Force.

Date Avril le 26 1916

Place Montreal .P.Q.

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.

Henri 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.

.....(Signature of Officer)

Date Avril le 26 1916

J. Dagnino

Lt. Col.

O. C. 206th BATT. C. E. F.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 Attestation Papers..... **34**
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms.....
 Proceedings on discharge.....
 Corps History Sheet.....
 Date and No. of Deposit Receipt for Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... **2**
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

DISCHARGE DOCUMENTS

Name **Fournier, Henri**
 Regt. No. **243437** Rank **Pte.**
 Corps **206th Bn. I.R.C.**

15956

R. O. No.....
H. Q. No.....

Med. unfit



MFW 259-1
W. J. [unclear]

[Faint handwritten scribbles]

W. J.



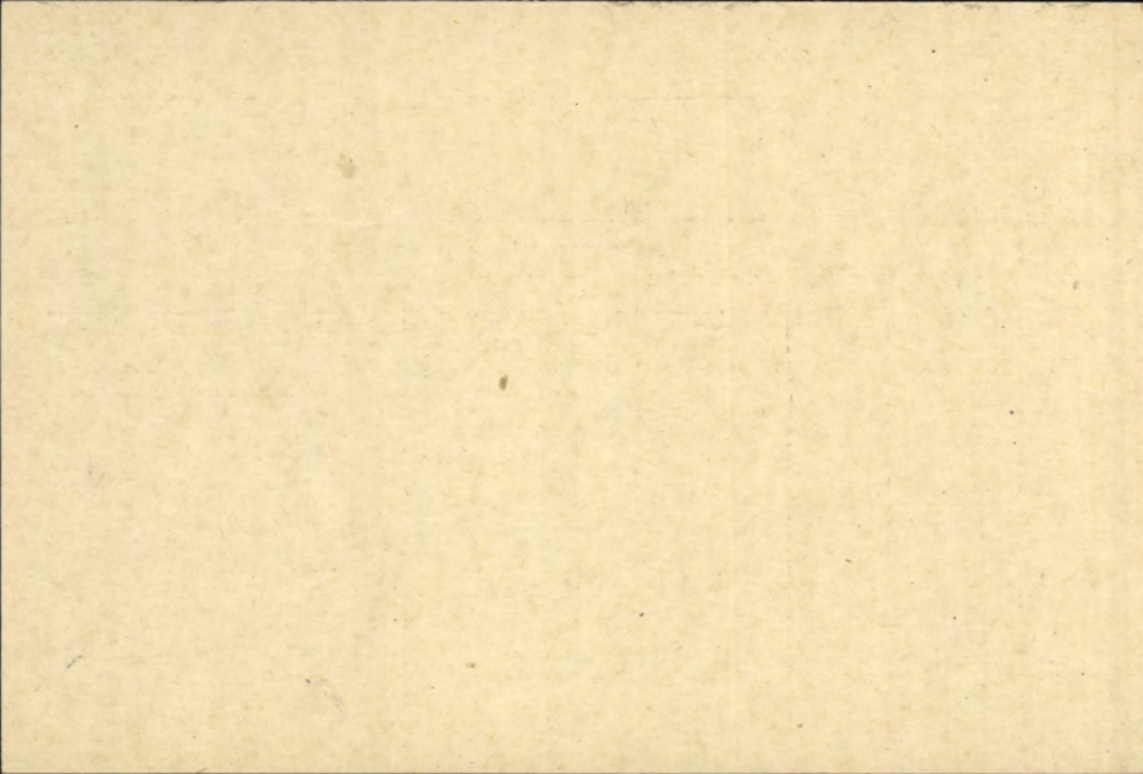
No. 243437 RANK *Plt*

NAME *Journier, H*

T. O. S. *264-16* UNIT *206th Battalion C.S.*

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Apr 26</i>	<i>1916</i> <i>May 31</i>	<i>en</i>		



This space to be for numbers.

MILITARY DISTRICT No. 4
MAR 17 1917
M D 4 204 106/last 3

Proceedings on Discharge.

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

No.	243437
Rank	Private
Name	Fournier, Henri
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	206th Battalion, C.E.F.
Date of Discharge	February 15th/1917.
Place of Discharge	Montreal, P.Q@

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....40.....years.....3.....months.
 Height.....5.....feet.....2½.....inches.
 Complexion Fresh
 Eyes Blue
 Hair Fair
 Trade Journalist

Descriptive Marks

Scar on left knee
 Tattoo mark right forearm
 representing girl.

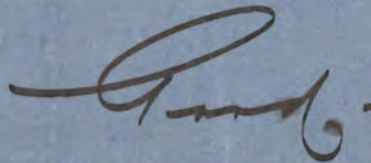
Intended place of residence } Laurentide Inn
 (To be given as fully as } Military Sanatorium
 practicable.) } Ste. Agathe, P.Q.

2. The above-named man is discharged in consequence of Medical unfitness due to Pulmonary Tuberculosis Under Prov. of H.Q.60-4-8 of May 25th/1916.

H.Q.Auth dated Jan. 29th/17. 4D 22-F-101

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.

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

Remaining at Ste. Agathe for further treatment.

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

*Noted G.B.
5.4.17*

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.....

Three horizontal dashed lines for listing 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.

(Place) Montreal, P.Q. *H. Fournier* (Signature of Soldier.)

(Date) February 15th/1917. *S. R. W. [unclear]* (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...year 290 days.

11. Confirmation of Discharge.

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

(Place) Montreal, P.Q.

(Date).....

(Signature) *G. E. Hall*

MAJOR,

O. C. "A" Unit

Military Hospitals Commissions Command



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

H. Furmiser

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Montreal, P.Q.** 8. General remarks on his:—
2. Regiment or Corps. **206th Bn., C.E.F.** (a) Conduct.
3. Regimental No. and Rank. **1054040 Pte.** (b) Habits.
4. Name. **Henry Fournier** (c) Temperance.
5. Age last Birthday. **43** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
6. Enlisted on **6th May, 1916**
at **Montreal, P.Q.**
7. Former Trade or Occupation. **Laborer** Date. **August 1st 1916**

DEPT.
MILITIA & DEFENCE

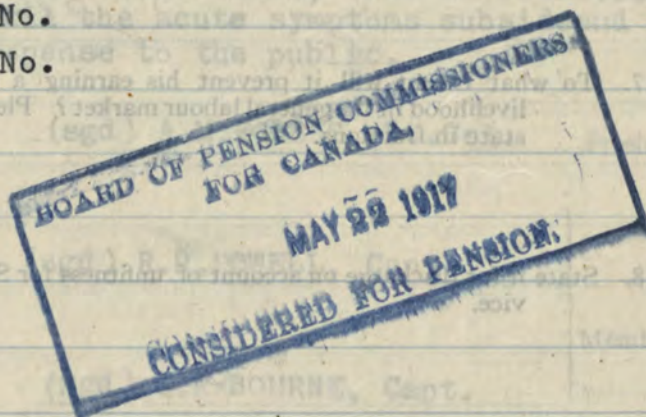
AUG 13 1916

649-7-2138
CANADA

9. Service.	Years. Days.	
	PERIODS.	
	FROM.	TO.
206th Battn., C.E.F.	6th May 1916	Aug. 1st 1916.

10. (a) Disease or disability. **Tuberculosis, pulmonary.**
- (b) Date of origin. **1. Before enlistment**
- (c) Place of origin. **2. Tubercle bacilli.**
- (d) Cause. **3. Dorsal decubitis. Cough purulent, expectorations. Dyspnoea fever. 101 - 102. Dulness and dim breath sounds left lung.**

11. Present Condition. (Most Important). **4.No.**
(To include full description of present disabling condition or conditions.) **5.No.**



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.

150 M-5-16.
1772-30-117.

noted 5.6.
12-2-17

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

(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.

No.

14. Treatment

Admitted to Montreal General Hospital 28th July 1916. Rest in bed, on gallery, and ample diet.

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

Aggravated by ordinary military service.

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.

Yes
100% six months.

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

Yes.

4

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.

The Board concurs.

Not previously proposed for discharge.

10.

11.

12.

15.

16.

17.

18. Is he unfit for Military Service. **Yes.**

Recommendations :

The Board having examined No. 1054040 Pte. H. Fournier, 206th Battalion, C.E.F., C.E.F., concurs in the above and in the diagnosis of pulmonary tuberculosis.

The Board recommends that owing to his recent enlistment, and owing to the fact that the history and clinical findings show that the condition antedated enlistment, that he be retained in the Mtl. General Hospital until the acute symptoms subside and then discharged without further expense to the public.

Signatures :—

(sgd) A.M. FORBES, Lt. Col. President.

(sgd) R.R. POWELL, Capt.

Station. Montreal. P. Q.

Date. August 1st 1916

(Sgd) C.R. BOURNE, Capt.

Members.

Date. 10/8/16

Not for discharge. (Sgd) H.S. MUCKLESTON, Major,
Asst. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

for discharge treatment
23/16
W. C. Cameron

444

OPINION OF THE MEDICAL BOARD.

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

The Board concurs.

Not previously proposed for discharge.

10

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

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

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-5-16. H. Q. 1772-89-117.

Table with columns: 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.