

ATTESTATION PAPER.

No. 889268

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

Frenette. Francois. Xavier.

- 1. What is your surname?..... Frenette
- 1a. What are your Christian names?..... Francois Xavier
- 1b. What is your present address?..... 109 Rue St-Jacques
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ste-Anne-de-la-Beauport
- 3. What is the name of your next-of-kin?..... Luc Frenette
- 4. What is the address of your next-of-kin?..... Rue St-Jacques
- 4a. What is the relationship of your next-of-kin?..... son
- 5. What is the date of your birth?..... 13 Janv 1881
- 6. What is your Trade or Calling?..... Agriculteur
- 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?..... oui dans le 18^{me} Reg
- 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, F. Xavier Frenette, 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: 5 Janv 1916. (Signature of Recruit) F. Xavier Frenette. (Signature of Witness) Luc Frenette.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, F. Xavier Frenette, 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: 5 Janv 1916. (Signature of Recruit) F. Xavier Frenette. (Signature of Witness) Luc Frenette.

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 Lucerne this 3rd day of August 1916. (Signature of Justice) Albert Shields Juge de paix

Description of Lt. Xavier Fenette on Enlistment.

Apparent Age 34 years 0 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. 3 1/2 ins.

Chest measurement { Girth when fully expanded..... 32 ins.
 Range of expansion..... 2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

none

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-Sea Expeditionary Force.

Date Aug 5 1916

Place Que

M. A. ...
 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.

Fenette Francois Xavier 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.

Date 19th August 1916 (Signature of Officer)

[Signature]
 Lt.-Colonel.
 O. C. 189e Battalion, C. F., F. E. C.

C.E.F.

FRENETTE FRANCOIS XAVIER 889268

189TH BN

20175

M.U.





This space to be for numbers

BPL 35786

7.11.38

Proceedings on Discharge.

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

No. <i>889268</i>	
Rank <i>Private</i>	
Surname <i>Frenette</i>	
Christian Name <i>Francois Xavier</i>	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <i>189th B'n.</i>	
Date of Discharge <i>APR 29 1918</i>	
Place of Discharge <i>Quebec</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <i>37</i> years..... months.	Descriptive Marks
Height <i>5</i> feet <i>3 1/2</i> inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Brown</i>	
Trade <i>Machinist</i>	
Intended place of residence <i>184 St Oliver St</i> (To be given as fully as practicable.) <i>Quebec</i>	
2. The above-named man is discharged in consequence of <i>being medically unfit under</i> <i>H.Q. 54-21-43-4 of 22-2-18.</i>	
<p style="text-align: right;">AUTHORITY</p> <p style="text-align: right;">D. O. <i>904</i> of <i>27-4-18</i></p> <p style="text-align: right;">M. D. S. <i>17-F-53</i></p>	
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.
	<p style="text-align: center;"><i>Good</i></p> <p style="text-align: center;"><i>released - 30 Nov - 1918</i></p> <p style="text-align: center;"><i>649-F-9574</i></p> <p style="text-align: right;"><i>aw</i></p>
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.)	
<i>Machinist</i> <i>aw.</i>	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

wsqcomp 6/2/19 ms.

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

nil

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

6. Medals and Decorations.....

nil

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) *Quebec, P. Q.*

Charles Fontaine, Capt.

(Date) *April 29th 1918.*

Commanding *Discharge Section
C. S. M. D. N. F.*

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) *QUEBEC, P. Q.*

F. D. Frenette (Signature of Soldier.)

(Date) *APR 29 1918*

Alex Dawson (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) *QUEBEC, P. Q.*

(Signature) *Whitehead* LIEUT-COLONEL
O. C. DISTRICT DEPOT M. D. S.

(Date) *APR 29 1918*

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.)

None

F. D. Frenette

Alex Dawson

Witness

Medical Report for (Name)	Medical Form B-31
Statement of (Name) A count on (Name) and (Name) for (Name)	Medical Form B-31
Medical Report for (Name)	Medical Form B-31
Statement of (Name) A count on (Name) and (Name) for (Name)	Medical Form B-31
Medical Report for (Name)	Medical Form B-31
Statement of (Name) A count on (Name) and (Name) for (Name)	Medical Form B-31

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

MADE IN CANADA
AT THE
PRINTED

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>*Only if discharged "Medically unfit."</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>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct. 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *889268*
 Rank *Pte* Promoted *H* Reverted Discharge
 Soldier's Name *F. X. Frenette*
 Battalion *189th Bu*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Lisette de Lamotte*
 Address *Chicoutime Que*
 Change of Address
 1 *Miss Marguerite Frenette*
 2 *184 Oliver St. Quebec Que.*
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31 1917</i>	<i>24 75401</i>		<i>165-</i>	<i>165-</i>	<i>Final payment made in August 1917</i>
<i>Feb</i>	<i>F 97279</i>		<i>75</i>	<i>75</i>	<i>See S.A. going Mrs. Lucie Frenette</i>
<i>Mar</i>	<i>A 137076</i>		<i>15</i>	<i>15</i>	<i>wid. Mother. Investigation asked for</i>
<i>Apr</i>	<i>9 14295</i>		<i>15</i>	<i>15</i>	<i>7-9-17 stop A.P. assignee deceased</i>
					<i>see Feb. 6 cont. H 3</i>
					<i>① A. P. opened from Feb 1/18 to above</i>
					<i>assignes with cable on file 6414-7-3.</i>
					<i>24-1-18 New</i>
					<i>M.R.O. 1A send. 12-2-18 New SA nil HP. 15⁵⁰</i>
					<i>2M. 28/18. \$15 to above from 1-9-17. New 9/18.</i>
					<i>A.P. 30-4-18.</i>
					<i>M.R.O. 2B 24-4-18</i>
					<i>A.P. 286/18 held per M. unrol.</i>
					<i>Date 20-3-18. X. 15-4-18</i>
					<i>New Ex. 24-4-18</i>
					<i>N.W.</i>

M. F. W. 128.
 400M-5-17-1772 89-1141
 L. L. 23320-M. & D. 7593.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M-6-17-1772-38-141
 L. L. 22320-M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

5-8-16

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 889268
 Rank Pte Promoted H Reverted Discharge
 Soldier's Name F. L. Frenette
 Battalion 189th Bn
 Beneficiary Mrs Luce Frenette
 Relationship wid. mother
 Address Hotel View, St. Valier, Chicoutime P.Q.

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>1917</u> <u>Dec 31.</u>		<u>257-</u>		<u>257-</u>	<p>Last cheque issued August 1917 See A.P. going L'Abbe E. De Lamare. Investigation asked for 7-9-17. Assignee deceased Auth Revenu. 11-19-17 Close acct.</p> <p>S.A. 257... A/c Closed 30-4-18 Ret'd per <u>Grampier</u> 31-8-17 Date 17-3-18... F. X. 24-4-18 A.P. m'r <u>Elberis</u></p> <p>M.R.O. 2B 24-4-18</p>

M. F. W. 128.
 400M-6-17-1772 39-1141
 L. L. 22320-M. & D. 7593.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
400M-6-17-1772-88-141
L. L. 22320-M. & D. 7893.



B. P. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN.
MEDICAL HISTORY OF AN INVALID

APR 26 1918

STATION S. P. C. H. D. S. DATE 24-4-18

1. (a) Unit 189th Bn. (b) Regimental No. 889268 (c) Rank Pte.
 (d) Surname Frenette (e) Christian name J. Francois-Xavier
 2. Age last birthday 38 Date of birth August, 1880
 3. Enlisted at Quebec on 5-8-16

4. Personal description :-
 (a) Height 5' 5 1/2" (b) Weight 120 (c) Complexion Fair
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks
No vaccination marks on left arm -

5. Address after discharge (for the use of the Board of Pension Commissioners.)
184 St. O. Limer Street, Quebec

6. Former trade or occupation Py architect

7. (a) Service	PERIODS	
	From	To
<u>England</u>	<u>1</u>	<u>240</u>
<u>1894 Bn. C. E. I.</u>	<u>5/8-16</u>	<u>Present</u>

(b) Has he been Overseas? Yes General debility follows
 8. Present disease or disability (use authorized nomenclature if possible). Chronic Bronchitis

(a) Date of origin About 5 months ago (b) Place of origin Quebec
 (c) Cause* Exposure
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
I would claim that he had several attacks of Bronchitis previous to enlistment, when he was working in the woods with the lumbermen, but that there was no sign of debility when he joined C. E. I. twenty months ago. Has been exposed months in England during which he has done only part of his full duty.

Actual condition: General weakness, specially marked in legs and back, and accompanied by occasional pains in spine, but not anaemic. Cannot stand marches

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(see page 4)

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

This man's condition has obviously been aggravated by service for it is impossible to admit that invalid would have been permitted to proceed overseas in such a bad state of health.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? *On duty - as to debility.*

13. Was a Court of Inquiry held? *No*

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes..... No..... *Yes*

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? *No*

(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.)

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

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

Best Amies.

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

No.

19. Can the former trade or occupation be resumed? *Only light work.*

20. Recommendations *That he be placed in Category 'E' for immediate discharge.*

J. Penikavies
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... *J. L. Fremette*..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. L. Fremette
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

gh

22. Is the soldier fit for

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

23. It is certified that the soldier

- (a) ~~Does require treatment.~~
- (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).

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

Category 'E'

J. B. Page Major M.D. President.
Frank W. Hodson M.D.
Spencer Laurin M.D. Members.

STATION *S. O. C. A. (date)*

DATE *24-4/18*

APPROVED BY
APR 25 1918

DATE

Francis L. Col
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

or heavy work. Tachycardia present, after the least exertion. Looks rather depressed. Cough and expectoration also present, but not regular. Has occasional night sweats. M. T. B. in spunk. No temperature. Loss of weight since enlistment, ten pounds. Appetite and digestion fair. Genito-urinary system normal. Percussion of chest: ~~poorly~~ ^{poorly} ~~clear~~ ^{clear} ~~field~~. Expansion is poor at both apices. A few dry rales both bases. Heart, normal.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that 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 and Sons.

Reserved for M.H.C.

Regt. No. **889268** Rank **Pte.** Surname **Frenet te** Christian Name **Francois-X.**

Unit Corps—(a) Overseas from United Kingdom ——— (b) In United Kingdom **10th. Res. Bat t'n.**

Born at—Town **Iberville** County or Province **P. Que.** Country **Canada**

Date of Birth—Day **13** Month **August** Year **1880** Age **36** yrs. **6** months.

Joined at **Quebec.** Date **5th. August 1916.**

Former Trade or Occupation **Mechanics** S. E. No. **17-1-87**

Permanent marks or peculiarities that will serve for future identification:—

Nil.

Height—feet **5** inches **5½** Colour of eyes **Blue** Signature of Soldier (for identification purposes) **J. D. Frenette.**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
(Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a).

Nervous debility*J. D. Frenette Capt*

Disabilities Group (b).

Disabilities Group (c).

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i) As to Group (a) above.	Nervous debility Instability	Unknown.	
(ii) As to Group (b) above.			
(iii) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? **Yes**

(i) As to Group (a) above? **Yes** If yes, has Active Service aggravated it? **Yes**

(ii) As to Group (b) above? If yes, has Active Service aggravated it?

(iii) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service— **No**

(i) As to Group (a) above? **No**

(ii) As to Group (b) above?

(iii) As to Group (c) above?

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty?

(ii) While off duty?

Not applicable

(iii) Was a Court of Inquiry held?

(iv) Where?

(v) When?

(vi) Opinion of the Court?

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

This man complains of general weakness in the legs and back. Also complains of pains in the legs and back. The pains in the legs and back have been getting worse for the last two months. Boarded December 29th. 1917 B.I II for three months.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

This man is very easily excitable. Can not stand marches, drill or heavy work, most likely will not make an A man.

Circulatory System Normal

Respiratory System Normal

Genito-Urinary System Normal

Category B.I II for three months.

8. OPERATION. (i) Was one performed?

(ii) If so, state what.

Not applicable.

(iii) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary

9. (i) Is there loss or decay of teeth attributable to Active Service?

(ii) If so, describe.

Not applicable

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? Yes

(c) Invalid to Canada? No

(d) Discharge from the Service as permanently unfit? No

Date of Report 10-3-18 191

Signed [Signature] CAPTAIN C.A.M.C. Officer in medical charge of case.

Station Witley Camp.

M.O. 10th CAN. RES. BATTALION.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

[Signature]

(Officer i/c Hospital) Strike out one of these. (S.M.O. Brigade)

Dated at Witley Camp. Station, on

M.O. 2nd QUEBEC REGIMENTAL DEPOT

Feb. 10th 1918

191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

U. S. No. 17-126

11. Is the disability fully indicated in Part I (1)? **Yes**

If not, indicate it.



APR 25 1918

12. Is the cause of the disability fully indicated in Part I (2)? **Yes**

If not, indicate it.

13. Was the disability caused or aggravated by—	(a) Negligence of the Soldier	Caused? No	(b) Misconduct of the Soldier	Caused? No
		Aggravated? No		Aggravated? No

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

Not Applicable

15. THE PENSIONABLE DISABILITY—(see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/5, 2/5, 3/5, 4/5, or all).

Not Applicable

16. Permanency of the Pensionable Disability estimated next above in (15).

(i) Is it permanent? **Not Applicable**

(ii) If not permanent, what is its probable minimum duration (in months)? **Not Applicable**

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not Applicable**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No**

(b) Fit for base duty? **Yes-for three months.**

(c) Invalid to Canada?

(d) Discharge from Service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board **11-2-18.**

Station **Witley**

Signatures of the Board

J. Beaugie Captain
Jan 26 only capt cause

President.

Approved

Major
Witley Camp

A.D.M.S.

Dated at

Station

11. 2. 18.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

1. THE BOARD DISABILITIES.—Without regard to his regular comparison to which extent is his capacity lessened as respects a carrying of arms or the use of arms in the field, the soldier named is considered to be disabled to the extent of _____ per cent.

Not applicable

2. THE PENSIONABLE LIABILITY.—(a) In the event of the soldier named being discharged from the Canadian Expeditionary Force, his pensionable liability shall be _____ per cent.

Not applicable

3. PERSISTENCY OF THE PENSIONABLE LIABILITY.—(a) In the event of the soldier named being discharged from the Canadian Expeditionary Force, his pensionable liability shall be _____ per cent.

Not applicable

4. If an operation was advised and declined, the soldier named is considered to have been unnecessarily exposed to the risk of death or disability.

Not applicable

Classification for the Military Hospital Commission.

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.



PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 29 13 APR 26 1916 1917.

No. 889215 Rank PTF Name FRENSTEE F V

Local Unit 10th Res Overseas Unit _____ Age 38

Examination held at Witley

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT).

NERVOUS DEBILITY

PRESENT CONDITION.

This man complains of general weakness in the legs and back. He is rather nervous and will improve

B¹ for three months

BOARD RECOMMENDS :-

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures :-

(*J. de Beaugues* President.
 (*...*
 Members (*...*
 (*...*
 (*...*

APPROVED

Dated December 29th 1917. *C. R. G. ...* For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD

1917

Date: _____

Name: _____

Address: _____

Examiner: _____

PRESENT CONDITION

DISABILITY
DAYS OF ABSENCE
REMARKS

BOARD RECOMMENDATIONS

- 1. For the year _____
- 2. For the year _____
- 3. For the year _____
- 4. For the year _____
- 5. For the year _____

Signature: _____

President: _____

Members: _____

APPROVED

Date: _____

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 29-12 1917.

No. 889268 Rank PTE Name FRENETTE F. X

Local Unit 10th Res Overseas Unit _____ Age 38

Examination held at Witley

DISABILITY.
~~Overseas~~-Local
(SCRATCH ONE OUT).

NERVOUS DEBILITY

PRESENT CONDITION.

This man complains of general weakness in the legs and back. He is rather nervous: will improve

Bⁱⁱⁱ for three months

BOARD RECOMMENDS :-

1. Fit for Duty
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

Members (*J. de Beaugrand*) President.

(*James O'Keefe*)

()

()

APPROVED

Dated December 29th 1917. *C.R. Gahan* For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

10172

Date of ...

Name ... Rank ...

Oversees ...

Examination held at ...

DISABILITY

Oversees Local ...

(STATUS OF OUT ...)

PRESENT CONDITION

BOARD RECOMMENDATIONS

1. Fit for duty
2. Fit for duty after ... weeks physical training.
3. Fit for temporary base duty ... weeks
4. Fit for temporary base duty ... weeks
5. Discharge

Signatures:

Treatment:

Members

APPROVED

Date ... For A.P.M.S.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

6310/126

6414-F-1

Name **Frenette, Francois Xavier**
Surname Christian Name

Regimental Number **889268** Rank **Pte.**

Address (in full) **184 Oliver St.**

Unit **189th Bn.**

Quebec, P.Q.

Original Unit

District where paid **M.D. 5**

Date of Discharge **29-4-18**

P. D. P. Filing Number **1-21-5**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	283	2-5-18	33 00	280	1-6-18	33 00	273	2-7-18	34 10		100 10

Remarks:

M. F. W. 127.
 50M-6 17.
 1772 88-1140.

Dec'n No. *1310/126* **W. S. G.** File No. *6414-1-3*
 Award *122* days at \$ *70* per day \$ *280.00*
 S. A. months at \$ per mo. \$ *100.10*
 Less P, D. P. Credited \$ *-*
 Less further debit balance \$ *-*
 Net due paid as below \$ *179.90*

TO SOLDIER			
0	Ag. No	Ch No	Amount
1	<i>36574</i>	<i>334335</i>	<i>179.90</i>
2			
3			
4			
5			
6			
Total			

S.
354 St. Oliver St.
Quebec P. Q.
R
W 131
3/11/19

D.
M^{rs} Lucie Fenette
354 St. Oliver St.
Quebec P. Q. } *not eligible*

Sgt.
J. Foley.
W. B. Hayden
B. Mills
17-10-19

Not eligible having never served in actual theatre of war.

GEN'L AUDITOR
 Posting Approved by
C.B.B.
17-10-19
 Date

J.M.S.

Name Frenette S. H. English L.P.C. No. 76

Reg'tl No. 889268 Rank Pte File Numbers {
Former Units 2 Q.R.D. Original Unit 189th Ptn
Date of arrival in Canada 17.3.18 Boat Grampian Port of Disembarkation #21/121
Rates of Pay:—Reg'tl. 1.00 Field. .10 Date of arrival in M.D. 25
Separation Allowance. Date paid to 31/8/17 Rate 30.00/1.00 If continued by Chief Paymaster, England no.
Assigned Pay. Date paid to 31.4.18 Rate 415.00 If continued by Chief Paymaster, England no.

Name and address of Beneficiary { Miss Marguerite Frenette
184 5^e Avenue 5^e Quebec P.Q.
Pay claimed on English L.P.C. to 18.2.18 to be paid by new Unit from 19.3.18
Name of new Unit Canadian H.D.S Date L.P.C. forwarded to new Unit 19.3.18

Av. Pay. changed 1/9/17.

L.L. 34682—M. & D. 8645.

Credit Balance shown on English L.P.C.	OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT		REMARKS	
	\$	c.	\$	c.	\$	c.	On Boat	At Cl. Depot &c.	\$	c.	\$	c.	Credit	Debit		
																<u>Stk. 20-3-18</u>
<u>3530</u>							<u>0 973</u>			<u>0 1500</u>						<u>0 AR 24</u>
<u>Dr. Palse</u>		<u>2443</u>			<u>5973</u>		<u>0 500</u>									<u>0 n - 922</u>
							<u>0 3000</u>					<u>5973</u>			<u>2443</u>	<u>0 (62524) AR 69</u>
																<u>0 off touch</u>
<u>Dr. Palse</u>																
<u>Dr. Palse</u>		<u>3943</u>			<u>3943</u>									<u>3943</u>		<u>Amended L.P.C.</u>
																<u>"Discharged"</u>
																<u>29-4-18</u>
																<u>#4 54.21.18.4 of 22-278</u>

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom L'Abbe, E. De Lamarre By Whom Assigned Frenette J. J.
 Address ~~Hotel Dier, St Vallin~~ Regtl. No. 889268
1476 Chicoutimi Que Rank Plk
 Corps 189th Bn
 Rate \$13.00 OCT - 1 1916

PAYMENTS

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



2010/10/10

10/10/2010

11

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Labbe, E. de Lamarre
(Assignee)

PAYMENTS.

Name of Soldier

Fremette F. R.

889268

1916

189th Bn

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 13.00</i>
				OCT - 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>U 26416</i>	<i>15</i>	
Nov.		<i>Q 29464</i>	<i>15</i>	
Dec.		<i>S 34104</i>	<i>15</i>	
Jan.	1917	<i>E 38301</i>	<i>15</i>	
Feb.		<i>E 44740</i>	<i>15</i>	
March		<i>R. 48022</i>	<i>15</i>	<i>15</i>
April		<i>Q. 1576</i>	<i>15</i>	<i>15</i>
May		<i>Y 8380</i>	<i>15</i>	
June		<i>Y 14915</i>	<i>15</i>	<i>15. S</i>
July		<i>W 1645</i>	<i>15</i>	<i>15</i>
Aug.		<i>J 28990</i>	<i>15</i>	<i>Stop</i>
Sept.		<i>M 38320</i>	<i>15</i>	<i>to suspend A.P. assignee deceased. Auth. J. Harris</i>
Oct.				<i>in 38320 cancelled File 6414-5-3</i>
Nov.				<i>M.F.W 187 rendered.</i>
Dec.				<i>see consolidated ledgers</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

YAKON

O.K.

716 500
8613

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.


Name of Soldier _____

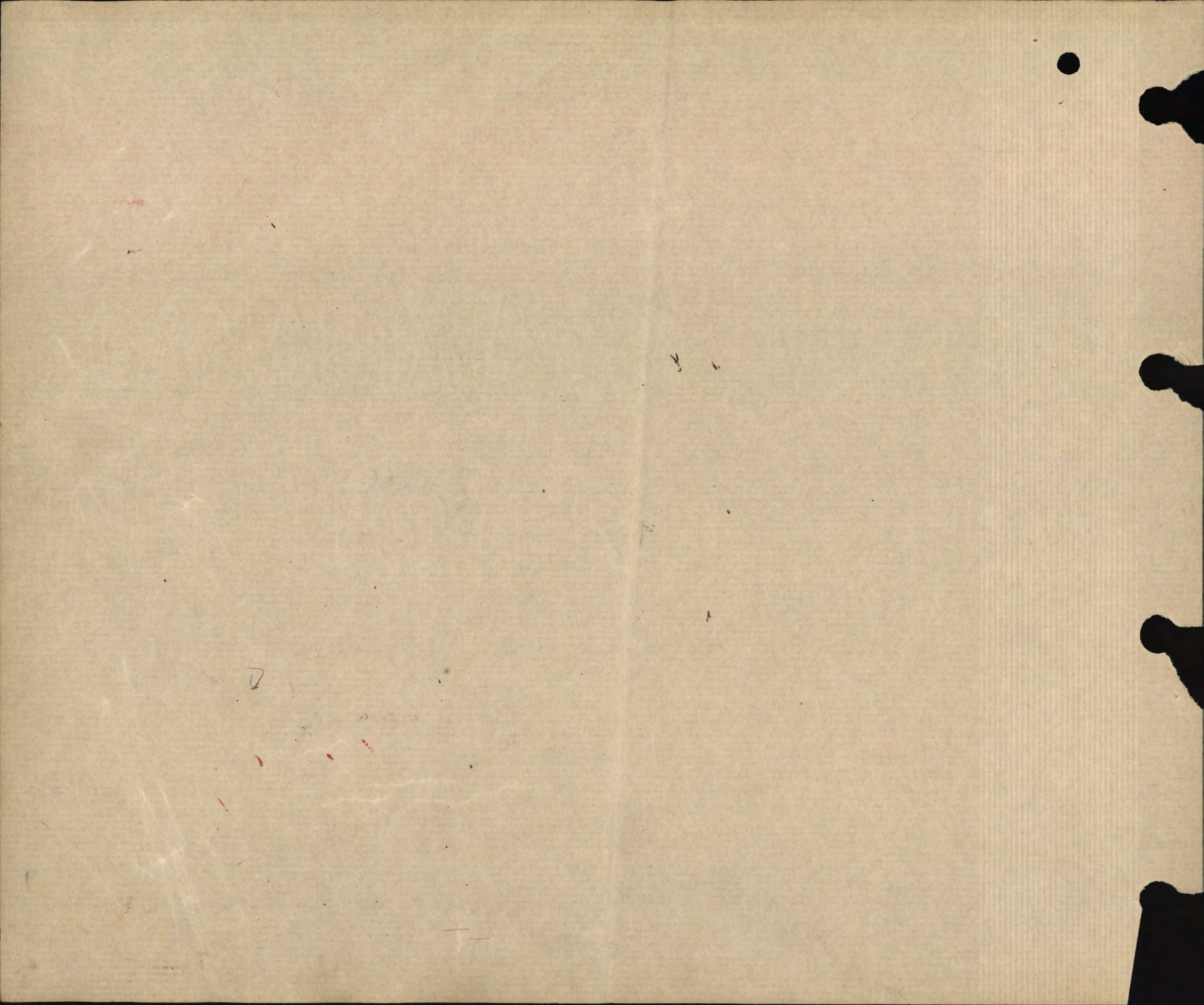
Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.	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

5-8-16.
SEPARATION ALLOWANCE

Name *Mrs. Luce Frenette.* Name of Soldier *Frenette. J. X.*
 Address *Hotel View St Valier,* Regtl. No. *889268.*
Chicoutimi, Rank *Pte.*
P. Q. Corps *189 Bn. F. E. C.*
 Relation to Soldier } *Wid. mother.* To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			 <p>ACCOUNT CLOSED DATE..... PER.....</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



5-8-16.

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Sheet No. 2.

Mrs L. Frenette

OVERSEAS CONTINGENTS

W. Mather

Name of Soldier

Frenette F. X.

PAYMENTS.

Pte

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>V18053</i>	<i>37</i>	<i>37</i>
Oct.		<i>Q19230</i>	<i>20</i>	<i>20</i>
Nov.		<i>S22679</i>	<i>20</i>	<i>20</i>
Dec.		<i>L25880</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>T28553</i>	<i>20</i>	<i>20</i>
Feb.		<i>T31726</i>	<i>20</i>	<i>20</i>
March		<i>I31909</i>	<i>20</i>	<i>20</i>
April		<i>T922</i>	<i>20</i>	<i>20</i>
May		<i>T4074</i>	<i>20</i>	<i>20</i>
June		<i>X7583</i>	<i>20</i>	<i>20</i>
July		<i>W10626</i>	<i>20</i>	<i>20</i>
Aug.		<i>E14333</i>	<i>20</i>	<i>T</i>
Sept.		<i>H19265</i>	<i>20</i>	<i>T</i>
Oct.				<i>→ \$257⁰⁰ m.v.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*If 19265 saw fac
Close spa assignee
deceased. Auth. Revenue
JUD 119-17*

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.				

MEDICAL HISTORY SHEET

Surname *Jennette* Christian Name *Mrs. Harper*

Examined { on *5th* day of *Aug* 191*6*
 at *Quebec*

Approved by *[Signature]*

Birthplace { City or Town *Hesperville*
 County *Lac St Jean*

Rank *Capt* M.O.

Apparent age

Trade or occupation *Armmun* M.O.

Height *5* feet *3 1/2* Inches M.O.

Weight *113* lbs. M.O.

Chest measurement { Minimum *32* inches M.O.

{ Maximum expansion *2* inches M.O.

Physical development *good* M.O.

Small-pox Marks *none* M.O.

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

Date Result VACCINATIONS

When Vaccinated last *Childhood* *5/8/16* *[Signature]* M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease *none* M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection *none* *29/10/16* *[Signature]* M.O.

15/5/17 TAB *[Signature]* M.O.

25/5/17 TAB *[Signature]* M.O.

Enlisted on *5th* day of *August* 191*6* at *Quebec Que.*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>189th O.Ban.</i>	<i>889268</i>		<i>Aug 5-16</i>
Transferred to	<i>15th Rec</i>			<i>6-10-16</i>
	<i>69th Bn</i>			<i>4-1-17</i>
	<i>10th Res Bn</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Witley</i>	<i>29-12-17</i>	<i>neurosis debilitis</i>	<i>Ait of [Signature] Bitt 3 mos. [Signature] Capt.</i>

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.

C.T. Rank Name **FRENETTE Francois Xavier** ✓ Reg'l No. **889268** ✓
 Unit **189th Battalion** If in perm. Corps, } Married or Single **Single** ✓
 What Unit? }
 Place and Date of Enlistment **Quebec. 5th August 1916** ✓ Place of Birth **Hebertville Lac. St Jean, Quebec, Canada.** ✓
 Name and Address, Next-of-Kin **Luce Frenette,** ✓
Jac Bouchette Lac, St Jean, Quebec, Canada. Relationship **Mother** ✓
 Assigned Pay Monthly \$ Payable to ✓ Relationship
 Separation Allowance \$ Payable to ✓ Relationship

N/E. R.B. No. 11813
 File R.L. _____
 Category Canada

m x
18-2-21
ac

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>			
		<i>S. S. Lapland.</i>			
<i>11-10-16</i>	<i>6-9-16</i>	<i>Taken on strength</i>	<i>Diegoque</i>	<i>6-10-16</i>	<i>PA 6-248.</i>
<i>4-1-17</i>	<i>do</i>	<i>S.O.S. Trans to 10th Res Bn.</i>	<i>do</i>	<i>4-1-17</i>	<i>" " 4</i>
<i>4-1-17</i>	<i>10th Res Bn</i>	<i>T.O.S of 10th. Res. Bn.</i>	<i>Shoreham</i>	<i>4-1-17</i>	<i>Pt. 2 D O-1</i>
<i>29-12-17</i>	<i>10 Res</i>	<i>Posted to 2 QRD; remain on Com withy</i>	<i>PC</i>	<i>29-12-17</i>	<i>DD 319</i>
<i>31-12-17</i>	<i>2 QRD</i>	<i>TS from 10 Res Bn</i>	<i>—</i>	<i>16 29-12-17</i>	<i>DD 285</i>
		<i>I remains on Com 10 Res Bn</i>			
<i>9-2-18</i>	<i>10 Res</i>	<i>cease att a ret. 6 2 QRD</i>	<i>—</i>	<i>PC 9-2-18</i>	<i>DD 35</i>
<i>11-2-18</i>	<i>2 QRD</i>	<i>cease com at 10 Res and</i>			
		<i>shown as att to 10 Res for QRD</i>	<i>—</i>	<i>9-2-18</i>	<i>— 35</i>

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
14.2.18	2 QAD	cease com at 10 Res y on Com CDD	Witley	14.2.18	DO 38
7.3.18	✓	SOS6 ban for disposal by A.G. 16	—	23.2.18	DO 50

To be made out in duplicate.

H.Q. 54-21-23-53

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.

189e BAT., F.E.C.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number 889268.....
- (3) Full Name of Soldier..... Frénette Frs X.....
- (4) Place of Birth..... Hébertville, Co. Lac-St-Jean.....
- (5) Are you married, or not? Non.....
- (6) If married, state,
 - (a) Full name of your wife.....
 - (b) Present Postal Address.....
- (7) Are you a widower?
- (8) Have you any children?.....
 - If so, give number of boys and girls.....
 - Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address

*Mrs Octave Fremont Widow
Hotel Dieu St Valier Charente*

(11) If your Mother is a widow

Are you her sole support, or not? *Yes*

(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.

\$65-00 Sixty five Dollars

(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

Mother

(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.

\$15-00 Fifteen Dollars

(15) Are you insured?

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date **SEP 18 1916**

*J. A. Freeman Major
for Officer Commanding.*

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. 889268 Rank Pte. Name Frenette F.X.
 Corps 189th 2. B. R. D. who was* Discharged
 On 29-4-18 191... to Med. unfit
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 13-4-18 191...
 to 29-4-18 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	3.	57
Advances } No.....			Reg'tl Pay..... <u>12</u> days at \$ <u>1.00</u>	12.	00
by } No.....			Field Allow. <u>12</u> days at \$ <u>10</u>	1.	20
Cheques } No..... <u>380</u>	17.	67	Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances*.....		
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....	1.	10
Balance Cr. (to be paid by the new unit).....			Total.....	17.	67
Total.....	17.	67	Total.....	17.	67

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has been (‡) been paid on account of Assigned
 Pay for the month of April 1918 (to) Assignee Mrs. Marguerite Frenette
 and Sep'n Allee. for month of 191...
 (Address) 134 St Olivier St.
Quebec

(†) 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.....
- (2) if married and if a Separation Allowance Card has been submitted.....
- (3) cause of discharge Med. unfit authority H.Q. 54-21-43-4 of 22-2-18
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 29-4-18
 Place Quebec

J. Gagnon Capt.
 Paymaster Qualities M.D. No. 5
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

AMERICAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

Blank form area with faint horizontal lines and a vertical margin line on the left side.

S.O.S on U. 29-4-18 on W 5

649-F-9574

10. th Res Bn.

Frenette Francis Xavier, #889268 Pte. T.E.C.

Meds. & Decs. Sister Miss M. Marie Frenett
69 Cote d'Abraham,
Quebec, P.Q.

(MA)

P. & S. Brother Mr. Apphonse Frenette
354 Oliver St.,
Quebec, P.Q.

Mem. Cross Nil

49225

England only

B-

ac



SURNAME.

Frenette

120
11
19

CHRISTIAN NAMES

J. Xavier

S.O.S. Dis 29-4-18 *DI*
R/T 12 429-476 #3 Discont. Ref

REGL. No.

889268

RANK

Plt.

UNIT

189th

Bn.

FORMER CORPS

18th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Frenette, Mrs. Luce

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Lake Bouchette, Lake St. John,
P. Q.*

COUNTRY OF BIRTH

Canada, Herbyville Lake St. John

DATE

Aug 13th 1881

PLACE OF ATTESTATION

Quebec, P. Q.

DATE

Aug 5th 1916

L. L. 94504. M. & D. 6512.

From Halifax per S. S.

*Kapland 23-9-16 549
R/C. 17-3-18. 6/27 5*

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Gunsmith

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

34

YEARS

—

MONTHS

HEIGHT

5

FEET

3 1/2

INCHES

CHEST MEASUREMENT

32

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

None

MEDICAL EXAMINATION.

PLACE

Quebec, P. Q.

DATE

Aug. 5th 1916.

Present Address. 109 St. Oliver St, Quebec, P. Q.

96
Number 889268 Rank Bt

Surname F R E N E T T E

Christian Name Francis Xavier

Units 189 Bn Can Inf Theatre of War England

Date of Service 6-10-16

Remarks A 30 1/2

Latest Address 184 St. Oliver St
Quebec

Roll No. A Page 3089

200m.-2-21.M. Sister - Mrs M. Marie Frenette
69 Cote d'Abraham Quebec P.Q.

DESP OCT 2 1924

REGN. NO. 5737

No. 889268 RANK *Plt*NAME *Frenette F. H.*T. O. S. *5-8-16*UNIT *189th Battalion**D.O. 190814-8-16*M. D. *5-*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Aug 5- Sept 1</i>	<i>1916 Aug 31 Sept 30m</i>	<i>✓</i>		

UNIT SAILED

SEP 23 1916



Name TRENETTE F.X. File No. O/S Reg. No. 889268
 Rank Pte. Batt. 189 Age _____ Church _____ M. or S. Trade or Occupation _____
 Date of Admission 20-3-18 Home Address 194 184 St. Olivier St. Quebec
 Next of Kin wife
 Port of entry and date of arrival _____
 First Leave to _____ Extended to _____
 Convalescent period recommended by Dis. Depot to _____
 Date of Unit Board _____ Recommended { Further Treatment _____
 Discharge _____
 Discharged to Class _____ Date _____ Conduct on Discharge _____
 Diagnosis _____ D. of D. _____

Date	Remarks	Part II, Order
	T. O. S. S PCH Outpatient 2 weeks	79

DATE

REMARKS

Part II. Order

1/2

887268

DENTAL CERTIFICATE.

Bpc 35186

Pt. Trenette F.X.

The following Certificates will
be attached to the Medical History Sheets of all

2nd L.R.N.

Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
<i>18/2/19</i>	<i>3 extract 6 put upper</i>			<i>at Public expense</i>
			<i>of J. Quinn Capt. C.A.D.C.</i>	

DENTAL CERTIFICATE

The following certificates will

be attached to the Medical History sheets of all

Other ranks being assigned to lands for disposal.

Present Condition	Date of Dental Treatment	Cause of Loss of teeth the loss due to wounds, injury or disease directly attributed to Active Service	Has the eye been dentally treated?	Remarks



Casualty Form—Active Service.

Regiment or Corps 189th Bn CEF

Rank Pte Surname Franette Christian Name Francois

Religion R.C. Age on Enlistment 35 years

Enlisted (a) 5.8.16 Terms of Service (a) D.O.P. Service reckons from (a) 5.8.16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { } Re-engaged { } Qualification (b) Armourer
or Corps Trade and Rate _____

Signature of Officer _____

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Canada</u>	<u>27.9.16</u>	
			Disembarked <u>England</u>	<u>6.10.16</u>	
<u>8.10.16</u>	<u>of 69th Bn</u>	<u>S.O.S from 189th Bn</u>	<u>Dibgate</u>	<u>6.10.16</u>	<u>D.O.P. 2. 248</u>
<u>4.1.17</u>	<u>of 69th Bn</u>	<u>Transf to 10th Res Bn</u>	<u>Dibgate</u>	<u>4.1.17</u>	<u>D.O.P. 1</u>
<u>4.1.17</u>	<u>of 10th Res Bn</u>	<u>S.O.S from 69th Bn</u>	<u>Dibgate</u>	<u>4.1.17</u>	<u>D.O.P. 1</u>
<u>29.12.17</u>	<u>of 10th Res Bn</u>	<u>S.O.S on posting to 2nd Q.B. 10</u> <u>+ remains att. to this Unit</u>	<u>Whitby</u>	<u>29.12.17</u>	<u>D.O.P. 2. 319</u>
<u>9.2.18</u>	<u>of 10th Res Bn</u>	<u>ceases to be attached to this Unit</u> <u>on reporting to 2nd Q.B. Depot</u>	<u>Whitby</u>	<u>9.2.18</u>	<u>D.O.P. 35</u>
			<u>London</u>		<u>Leit. Col. Adj. 10th Res Bn</u>

(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) Signaller, Shoing-Smith, &c.

Report	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
From whom received				
	of 2 nd C.R.A.	J. O.S. from 10 th Res	Witley	29.12.17 No. 285
	do	& remains on com at 10 th Res	do	
18	do	com ceases to 10 th Res & is attached to 10 th Res	do	9.2.18 No 33
4.2.18	do	on Com C.O.D. Buxton	do	14.2.18 No. 38
<i>W. Bullinger</i>				LIEUT. & ASST. ADJT. 2 nd QUEBEC REGTL DEPOT
15 FEB 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 39			Lieut.-Col. Canadian Discharge Depôt.
23 FEB 1918	EMBARKED FOR CANADA FROM LIVERPOOL			Lieut.-Col. Canadian Discharge Depôt.

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ 20.⁰⁰

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single
Liberville, La. St. Jean, Que.
Mrs Lucie Tremette
La. Bouchette, La. St. Jean, P. Que.
Washer

Mrs Lucie Tremette
Arsel Siw, St. Valier Chicoutimi
Washer

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 889 268 RANK Private NAME Tremette F. J.
 IF IN PERM. CORPS } UNIT 189th Batt. TRANSFERRED TO 69th Batt. DATE 6/10/16 AUTHORITY 20.248
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO 10th Res. Bn. DATE 1-2-17 AUTHORITY P.O. 69-227
 PLACE OF ATTESTATION Quebec, P. Que. TRANSFERRED TO 2nd Bn. R.R. DATE 1-11-17 AUTHORITY
 DATE OF ATTESTATION 5-8-16 TRANSFERRED TO P.D. 1st Bn. DATE 1-3-18 AUTHORITY
 ASSIGNED PAY MONTHLY \$ 15.⁰⁰ DATE EFFECTIVE 1-10-16
 PAYABLE TO Lillian E. DeLamotte, Aersel Siw St. Valier, Chicoutimi, deceased. RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ 15.⁰⁰ DATE EFFECTIVE Continous a.v.m. kind. 22-1-18.
 PAYABLE TO Miss Marguerite Tremette, 184 St. Olivier St. Quebec City, RELATIONSHIP Sister
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-3-18 REASON P.O. 3451. 8/2/18.
 DISCHARGE DATE AND PLACE Canada 18-2-18. REASON AND AUTHORITY for disposal
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



- L.P.C. issued, date 18. 2-18
- Authority P.O. 3451- 8/2/18
- Discharged to Canada
- Pay Book verified. Original not available
- Balance shown on L.P.C. \$ 35.³⁰
- Balance shown in Ledger Sheet \$ 54.²¹
- Full particulars of entries making difference between 5 and 6 if any.

No.	Date	Unit & particulars of entry.	Amount	
			Debit	Credit
145	9/1/15	Trip	4 87	
175	28/1/15		9 73	
204	11/1/15		4 87	
Net Difference			19 47	

8. Assigned Pay cancelled A.S.M. Forms rendered. Stopped 1/3/18

or 9. Separation Allowance and Assigned Pay continued to dependant in England and transferred to Accounts Branch for payment.

Certified correct. Officer i/c Group.

ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
			1		2		3		4					1	2				3	4	CREDIT	DEBIT	
			No.	DATE	No.	DATE	No.	DATE	No.	DATE													
		13 00																					
		5 50																					
		28 60			571	14-10				9 73				9 73									
		33 -			12830	16	893	17 1/2		4 87	4 86			15 -	24 73								
		34 10			783	27 1/2				14 60				15 -	29 60								
		34 10			830	20 1/2				4 86				15 -	1 87								
		34 10			781	16 1/2				9 73				15 -	48	31 94							
		30 50			88	31 1/2				4 87				15 -		43 36							
		34 10			18	19 1/2				4 87				15 -	24 74								
		34 10			282	24 1/2	400	24 1/2		4 87	4 87			15 -	4 93								
		34 10			243	18 1/2	380	18 1/2		4 87	4 87			15 -	32	29 98							
		33 00					29	10 1/2			7 30			15 -		22 30							
		34 10			134	38 1/2				7 30				15 -	1 34	23 64							
		33			203	18 1/2				9 73				15 -		32 03							
		34 10			286	38 1/2				7 30				15 -		15							
		34 10												15 -		78 71							
		34 10			85	38 1/2	226	16 1/2		7 30	9 73			15 -	32 03	80 77							
		13			381	50				85 77	41 37			165	9 19	300 73							

18764005-72-15-5-16
48th Areas 8th 36-18-16

44005-157-23-1-17
44005-374-114-2-17
44002-11-5-1-17

Set P. 769 5/18/17

e1

P. 559
MARRIED OR SINGLE

Single

PLACE OF BIRTH

Liberville, Las St Jean, Que

NAME AND ADDRESS OF NEXT OF KIN

Mrs Luc Tremette

Las Bouchette, Las St Jean, P Que

RELATIONSHIP OF NEXT OF KIN

Widow

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ *20.⁰⁰* EFFECTIVE (DATE)

PAYABLE TO

*Mrs Luc Tremette
Arsel Desj, St Valer Chicoutimi*

RELATIONSHIP OF DEPENDANT

Widow

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L NO. *889268* RANK *Private* NAME *Tremette*

IF IN PERM. CORPS
WHAT UNIT

UNIT *189th Batt.* TRANSFERRED TO *69th Co*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *10th Res*

PLACE OF ATTESTATION

Quebec, P. Que

TRANSFERRED TO *2nd Res*

DATE OF ATTESTATION

5-8-16

TRANSFERRED TO *P.D. M.*

ASSIGNED PAY MONTHLY \$ *15.⁰⁰* DATE EFFECTIVE *1-1-16*

PAYABLE TO

Labbie Ely De Launay, Aysel Desj St Valer Chicoutimi

ASSIGNED PAY MONTHLY \$ *15.⁰⁰* DATE EFFECTIVE

Continuous a-v-m. Res.

PAYABLE TO

Miss Marguerite Tremette, 184 St. Olivier St. Quebec C. C.

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

Stopped EFFECTIVE 1-3-18

DISCHARGE DATE AND PLACE

Canada 18-2-18.

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHIN OR DEFERRED			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	ASSIGNED PAY	OTHER CHARGES		TOTAL DEBITS	CREDIT	DEBIT
			\$	C.			\$	C.			\$	C.																	
1916																													

Balance from Canada

13.⁰⁰

15.⁰⁰

15.⁰⁰

3.⁵⁰

973

973

2237

487

486

15

2473

3064

1460

15

2960

3514

486

15

187

3194

3730

973

15

48

3194

4336

487

15

493

2474

7533

487

487

15

32

2998

3748

730

15

2230

4818

730

15

134

2364

5864

973

15

3263

5961

730

15

15

7871

730

973

15

3207

8077

8577

4137

165

9193

30073

8077

889268 Mrs Bennett 74.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																

Sep 30/10									33 00	150 15 17 196	527 30 817	196 15 817						8517 41 37							15	19 07 64 70					
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MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED	SERIALIZED
Sep 30									64 70		
Oct	John pay								15		
				DR. 100 lbs bto 15.9.17	9 73						
				DR " " b77 30.9.17	7 30				66 77		
					19 03				15		
Nov	PP			Asst.					15		
Dec	PP			DR. 7.17. 10.10.17	9 73						
				DR 754 " 31.10.17	7 30						
				" 979 150 Bn 13.11.17	9 73						
1916				Asst.					15		77 11
Jan	P.P.			ban. Asst.					30		15
				at 802 10 lbs 27/11	1 87						
				" 832 " 6 17/11	7 30						
				" 849 " 15.12.17	29 20						
				" 860 " 17.12.17	4 87				19 97		
Feb 18	P.P.			" 142 " 8/1.18	4 87				15		54 77
				- 176 - 31.1.18	9 73				15		19 47
				- 264 - 13.2.18	4 87				35 30		
					19 80				15		
				Balance transferred to N. E. Branch.					NIL		