

( Class One.....  
3170019

GEH.

Name ..... GAUTHIER ..... L .....  
 Christian name ..... Gabriel .....  
 Present address ..... Upton Co. Bagot P.Q. Canada .....  
 Military Service Act letter and Number 3696DC .....  
 If man is defaulter i.e. has not reported under proclamation this fact should  
 be stated together with date of apprehension or surrender )  
 Date of birth ..... 23. Janvier. 1896 .....  
 Place of birth ..... Upton Co. Bagot P.Q. Canada .....  
 Married, widowed or single ..... Single .....  
 Religion ..... Catholic .....  
 Trade or Calling ..... Farmer .....  
 Name of next of kin ..... GAUTHIER Amroise .....  
 Address of next of kin ..... Upton Co. Bagot P.Q. Canada .....  
 Relationship of next of kin ... L ..... Father .....  
 Whether at present a member of the Active Militia ..... No .....  
 Particulars of previous military or naval service if any ..... Nil .....  
 Medical Examination under Military Service Act :- .....  
 (a) Place Montreal P.Q. Canada (b) Date 24. 8-18 ..... (c) Category .....  
 -----

DECLARATION OF RECRUIT

..... GAUTHIER... Gabriel ..... do solemnly declare that the  
 above particulars refer to me and are true.  
 ..... *Gabriel Gauthier* ..... Signature of recruit

DESCRIPTION OF CALLING UP

Apparent age .... 22 ..... yrs. .... 7 ..... Mths.  
 Height ..... Ft. .... Ins.  
 Chest Fully expanded ..... Ins.  
 Measurement Range of expansion ..... Ins.  
 Complexion .. Brown .....  
 Eyes ..... Brown .....  
 Hair ..... Brown .....

*AM Gauthier*  
 O. O. ..... Depot Btl. C.  
 Commanding 2nd Depot Bn., 2nd Quebec Reg't. Sgt.

Place Montreal P.Q. Canada Date 25-7-18 .....

GAUTHIER

Capitoul

Union de Bagot P. A. Canada

23 Janvier 1900

Union de Bagot P. A. Canada

Cher

Cher

Cher

GAUTHIER

Union de Bagot P. A. Canada

Cher

No

101

Montreal P. A. Canada

Capitoul

GAUTHIER

Town

Town

Town

23-7-1900

Montreal P. A. Canada

REGIMENTAL DOCUMENTS

NAME

**GAUTHIER GABRIEL**

REGT. NO. **3170019**

UNIT **2<sup>nd</sup> Dep. Bn. 2<sup>nd</sup> A.P.** FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

2 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

2 Death certificate

2 Birth certificate

1 M.F.W. 71.

1 will

DEATH

Category

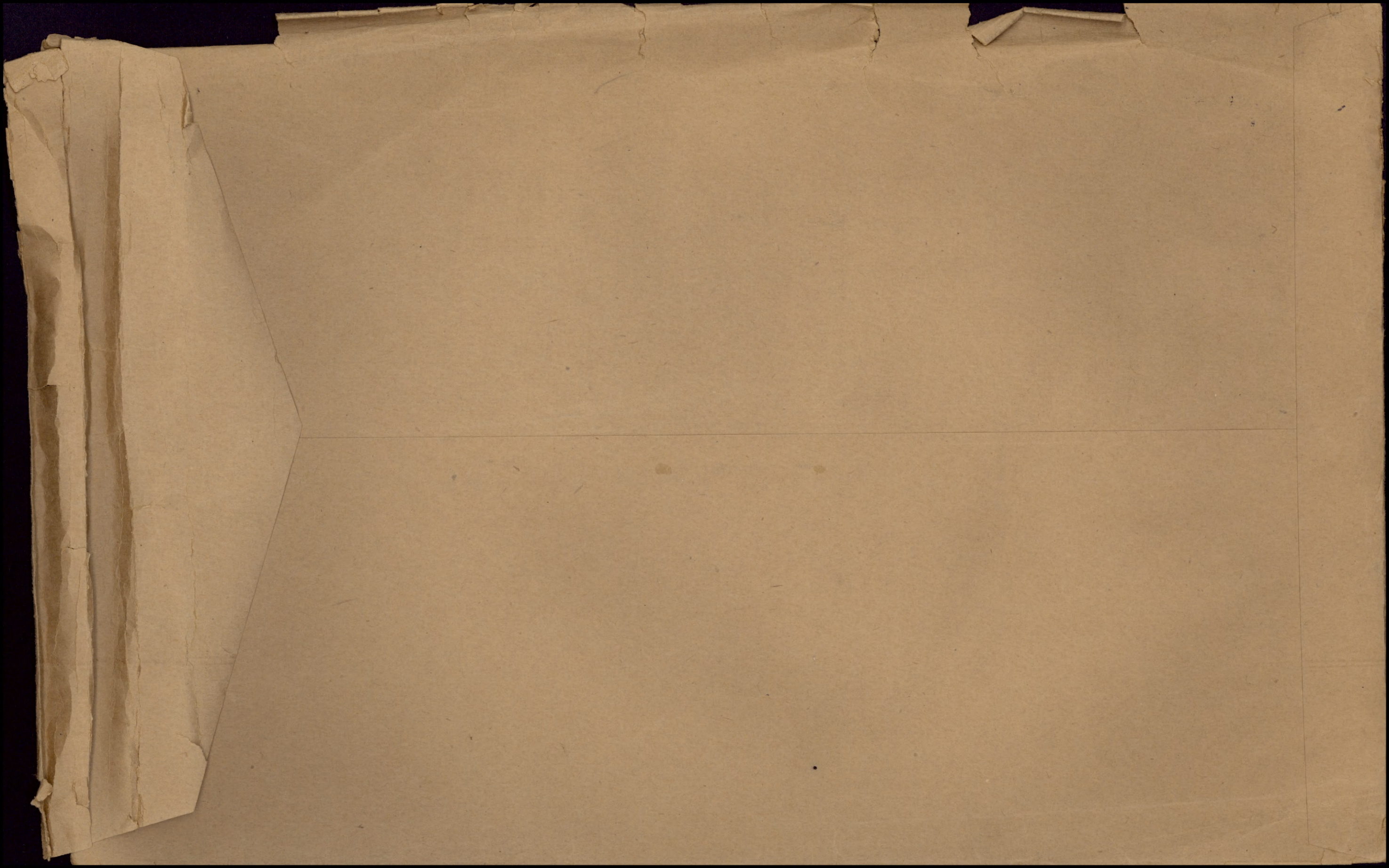
**24-10-18**

**06383**

DISCHARGE

Category

DESERTION



MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

3170019

1. Surname **GAUTHIER** Christian name **Gabriel**  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule .....  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ..... **3696DC**  
 4. Address (including street) and number if any) **Upton Co Bagot P.O. Canada**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **24** day of **August** 19 **18** by the undersigned medical board sitting at **Peel St Barracks**

5. Age as stated **22** Years **7** Months. 6. Apparent age ..... Years ..... Month  
 7. Height ..... Feet ..... Inches. 8. Weight ..... Pounds.  
 9. Chest measurement { Minimum ..... Ins. 10. Complexion **Brown** { Eyes **Brown**  
 { Maximum ..... Ins. { Hair **Brown**  
 11. Physical development { Good 12. Smallpox marks .....  
 { Fair  
 { Poor  
 13. Number of vaccination marks { Right arm ..... 14. When vaccinated last .....  
 { Left arm .....  
 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, Epilepsy We find { Rheumatism Epilepsy  
 { Tuberculosis, Syphilis, no evidence { Tuberculosis, Syphilis  
 { Nervous or Mental disorder. Asthma. of past { Nervous or Mental disorder. Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

17. (a) Vision. R..... L.....  
 (b) Hearing. R..... L.....

..... President.  
 ..... Member. .... Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined **24** day of **August** 19 **18** at **Montreal P.Q. Canada**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<b>2nd DEPOT BN. 2nd QUEBEC REG'T.</b>	<b>24-8-18</b>		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man *Gabriel Gauthier*

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

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.



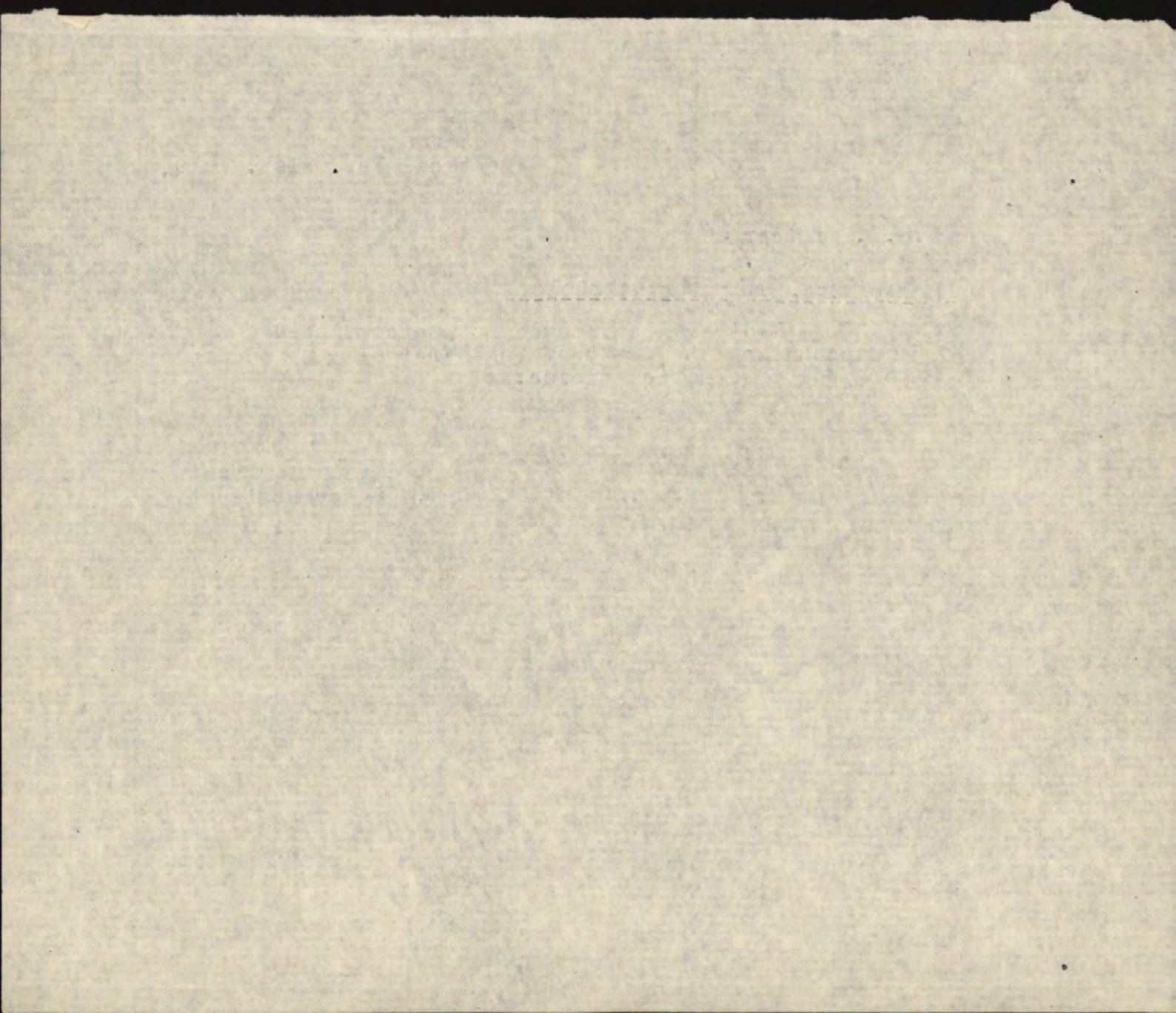
Montreal Feb. 21st. 1919,

M.S.A. Officer  
M . D. No.4

3170019 Pte. Gauthier Gabriel---

Medical Sheet could not be completed  
on account of the death of the marginally noted man  
for your information please.

Captain Adjutant  
2nd. Depot Bn. 2nd. Quebec Regiment.





2170019

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

M. F. W. 54. (A. F. B. 193.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps

Regimental No. D Rank Pte Name GAUTHIER Gabriel

C. E. F.

Enlisted (a) 24-8-18 Terms of Service (a) 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				
		Demobilization R.O.1357 Para 2. S.O.S.Do.  DECEASED.....	Montreal.	24.10.18.	

*am Lauss*  
Capt. Adjtc  
2nd "nd. Quebec Regiment.

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties. I.P.T.O.

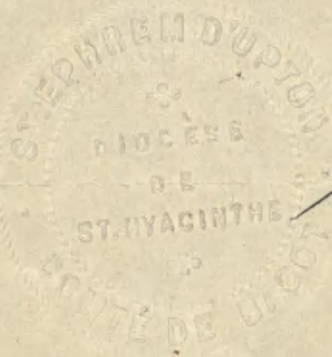


CANADA  
Province de Québec  
DISTRICT DE  
ST-HYACINTHE

EXTRAIT du registre des Actes de baptêmes, mariages et  
sépultures, faits dans la paroisse de Saint-Ephrem  
d'Upton en l'année mil *neuf* cent *dix huit*.

S 31  
Gauthier G.

Le vingt quatre octobre, mil neuf cent dix huit,  
Nous prêtre curé soussigné, avons inhumé  
dans le cimetière de cette paroisse le corps  
de Gabriel, décédé ce jour, âgé de vingt trois  
ans, fils légitime de Ambroise Gauthier,  
boulanger, et de Célanise Bachand, de  
cette paroisse. Présents à l'inhumation:  
Charles Léon Lusner et Lucien Lusner  
soussignés avec nous. Lecture faite.  
L. A. Dubilly prêtre curé.



Nous, soussigné, prêtre *vicairé*  
de la paroisse de Saint-Ephrem d'Upton, certifions que  
l'extrait ci-dessus est en tout conforme à l'original qui se  
trouve dans le registre des actes de baptêmes, mariages  
et sépultures, faits dans la dite paroisse pendant l'année  
mil *neuf* cent *dix huit*.

EN FOI DE QUOI nous avons signé à Saint-Ephrem  
d'Upton susdit, le *15<sup>ème</sup>* jour de *février* mil neuf cent *dix neuf*.

*Ougène Berthiaume prêtre*

PAROISSE DE  
SAINT-EPHREM D'UPTON.  
DISTRICT DE SAINT-HYACINTHE.

---

---

REGISTRE  
DES ACTES DE  
**Baptêmes, Mariages et Sépultures**

EXTRAIT DE *Sept* E. Sauthier

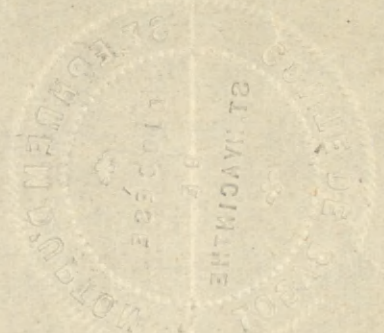
— DE —

Le ..... jour du mois de .....

---

---

ANNEE 19 .....



Faint, illegible text, possibly bleed-through from the reverse side of the page.

# FORM OF WILL

3170019

SEE INSTRUCTIONS ON BACK

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

NAME

Name, &c. I, GAUTHIER Gabriel

Regimental number D Rank Ete serving in the

2nd DEPOT BN, 2nd QUEBEC REG'T, Canadian Expeditionary Force,

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

Executor I appoint GAUTHIER Ambroise

whose address is Upton Co Bagot P.Q. Canada

to be the executor of this my last will.

SHARES

General gift I give to GAUTHIER Ambroise Father

whose address is Upton Co Bagot P.Q. Canada

all my property not disposed of above.

Date Dated at Montreal P.Q. Canada this 24-8-18 191...

Signature G. Gauthier  
Signature of Soldier.

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

1st WITNESS

2ND WITNESS

Witnesses Signature [Signature]

Signature.....

Address [Signature]

Address.....

Occupation Soldier

Occupation.....

# INSTRUCTIONS

## NAME

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

## EXECUTOR

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

## LIFE INSURANCE

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

## SHARES

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

For example:—

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

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

## DATE

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

## WITNESSES

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



NAME

*Gauthier Gabriel*

REGIMENTAL NO.

*3170019*

RANK

*Pte*

ENLISTED AT

PROMOTIONS, &c.  
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

*£0.52 Discharged*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR





Surname *Gauthier* H. Q. ....  
Christian names *Gabriel* M. D. No. *4* .....  
Regtl. No. *3170019* Rank *Pte* T. O. S. .... 19...  
Unit *2<sup>nd</sup> Que. Regt. 2<sup>nd</sup> Depo. Bn.* D. O. Pt. II ..... of .....  
S. O. S. *24-12-1918* Reason *deceased* .....  
Auth. *D.A. 529 21-3-1922 PR*

Next of kin *Gauthier, Ambroise* Relationship *Father* .....  
Address *Upton, Bagot Co. P. Q.* Also notify: .....  
.....  
.....

BORN—Place *Canada, Upton P. Q.* Date *Jan 25<sup>th</sup> 1896* .....  
ATTESTED—Place *Montreal, P. Q.* Date *July 25<sup>th</sup> 1918* .....  
O/S ..... R/C .....



# Extract of Information Coded for Hollerith

Ser #  
01

Regtl. No. 3170019 Name { Surname Gauthier  
Christian Names Gabriel

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.  
A.P.C., Attestation Paper and Pay-roll Card.  
Cas., Casualty Form and Record Sheet.  
P.D., Proceedings on Discharge.

Extracted by: E.S. Coded by: E.S. Checked by: A.M.

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched... 1	1
B. Professional Soldier	A.P.	1	Nil	0
C. Theatre of Service	Cas.	2	Canada	6
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	ms.	0
E. Rank on Discharge		P.D. 4	SA	1
F. Date Discharged		P.D. 5	Oct. 24-1918	58
G. Disposition on Discharge		P.D. 6	Died of Disease Canada	12
H. Place proceeding to		P.D. 7	not applicable	0
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	2/a Quebec	44   10
K. Country of Birth	A.P.	8	Quebec	06
L. Occupation	A.P.	9	Farmer	01
M. Date of Enlistment	A.P.C.	5	July 25-1918	55
N. Place of Enlistment	A.P.C.	13	Montreal Que.	416

O. Age on Enlistment	A.P.		Years	22	22
P. Religion	A.P.		10	R.C.	2
Q. Rank when left Canada		Cas.	4	not applicable	0
R. Unit left Canada with		Cas.	12 (b)	do	000
S. Date left Canada		Cas.	5	do	00
T. Unit in England		Cas.	12 (b)	do	000
U. Date first proceeded to Theatre of War		Cas.	5	do	00

Source of Information—Casualty Form.

1st Unit in T. of W.

0	0	0
---	---	---

Period of Service

Months:

0	0
---	---

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column

CHECK

Z. Casualties

Cas.

11

*Died 7*

YA. Honours and Awards

Cas.

~~1. Yes.~~  
2. No.

~~1~~  
2

YB. Married or Single

A.P.

~~4. M.~~  
5. S.  
~~6. W.~~

~~4~~  
5  
~~6~~

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

All cards subsequent to 1st.

8. First Unit.

Last or only card.

WATCH

4-2951

ENTERED  
D.O.  
PART II  
D.O. 52

This space to be for numbers.

2nd DEPOT BN.  
ORDERLY ROOM  
2nd QUEBEC REGT.

# Proceedings on Discharge.

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

No.	D 3170019			
Rank	Private	8	<b>H</b>	
Surname	GAUTHIER G			
Christian name	Gabriel			
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.				
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt			
Date of discharge	24-10-18	D.O.	2/2/ Quebe Regt	
Place of discharge	Montreal P.Q. Canada			

### 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	22	years	7	months.	Descriptive marks      Nil
Height		feet		inches.	
Complexion	Brown				
Eyes	Brown				
Hair	Brown				
Trade	Farmer				
Intended place of residence (To be given as fully as practicable.)	Upton Co Bagot. P.Q. Canada				

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

DECEASED

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.

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

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

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.)

Farmer

194

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) Montreal.P.Q Canada

Commanding Officer

(Date) 24-10-18

Commanding 22/ Quebec Regt

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.P.Q Canada (Signature of Soldier.)

(Date) 24-10-18 (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.

61 Days

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

11. Confirmation of Discharge.

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

(Place) Montreal.P.Q Canada.

(Signature) Capt.

(Date) 24-10-18

For Lieutenant Colonel  
2nd Depot Bn 2nd Quebec Regt



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }          or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <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="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

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.*



# ORIGINAL

\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* COURT OF INQUIRY

assembled at Peel Street Barracks, Montreal, P. Q.

on the 20th Day of February 1919.

by order of Lt-Col L.R. Lafleche D.S.O. 000. 2.2 Q. R.  
D.O.51

for the purpose of inquiring into and reporting upon

the death of #3170019 Pte GAUTHIER Gabriel.

### PRESIDENT.

T.A. Reeb, Major.  
2nd/2nd Quebec Regiment.

### MEMBERS.

P. Brosseau, Lieut.  
2nd/2nd Quebec Regiment.

R. Mont Briant, Lieut.  
2nd/2nd Quebec Regiment.

The C O U R T having assembled pursuant to order, proceed to take evidence:-

1st. Witness:  
DOCUMENTARY.

Certificate of death duly signed by C.A. Robert M.D. dated Upton, February 12th, 1919 testifying to the death of above mentioned man on October 24th 1918. ( Two Copies thereof duly certified, attached)

2nd. Witness:  
DOCUMENTARY.

Extract of the register of the parish of St-Ephrem d'Upton, Que. Com. Bagot, P.Q. duly signed by L.A. Dutilly, Ptre, Curate of said parish testifying to the death of above mentioned man on October 24th 1918 and of his burial in said parish on same date. ( Two copies thereof duly certified, attached)

3rd. Witness:

Capt. J.E. Lalime, Quartermaster, 2nd Depot Bn, 2nd Quebec Regiment, being duly warned gives evidence as follows:-  
#3170019 Pte. Gauthier G. has no kit shortage,

J. E. Lalime Capt.  
Quartermaster 2nd/2nd Q. R.

### FINDING:

The Court having examined the above documentary evidence and heard the Quartermaster's evidence declares that #3170019 Pte. Gauthier G. died on October 24th 1918, a victim of Influenza and that there is no charge against him as appears in the Quartermaster's evidence.

Signed at Montreal this 20th day of February 1919.

### MEMBERS

PRESIDENT

T.A. Reeb Major.

P. Brosseau Lieut.

R. Mont Briant Lieut.

*approved  
L. R. Lafleche*

M. F. B. 303.

75M.-2-18.

H. Q. 1772-39-133.

W. H. H. 1901

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY

THE UNIVERSITY OF CHICAGO  
LIBRARY