

50087  
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417393

417393

ATTESTATION PAPER.

No

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Donat Gelin*
2. In what Town, Township or Parish, and in what Country were you born?..... *Triois-Rivière P.Q. Canada*
3. What is the name of your next-of-kin?..... *Joseph Gelin*
4. What is the address of your next-of-kin?..... *37 St. Charles Triois-Rivière*
5. What is the date of your birth?..... *1 Juillet 1885*
6. What is your Trade or Calling?..... *Typographe*
7. Are you married?..... *Non*
8. Are you willing to be vaccinated or re-vaccinated?..... *Oui*
9. Do you now belong to the Active Militia?..... *Non*
10. Have you ever served in any Military Force?.. *Non*  
If so, state particulars of former Service.
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*

*D. Gelin* (Signature of Man).  
*A. G. Gaudin* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Donat Gelin*, do solemnly declare that the above answers made by me to the above questions 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 *10 July* 1915 *A. G. Gaudin* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Donat Gelin*, 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 *July 10* 1915 *D. Gelin* (Signature of Recruit)  
*A. G. Gaudin* (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 *Triois-Rivière* this *10<sup>th</sup>* day of *July* 1915

*J. G. Pelletier* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*J. G. Pelletier* (Approving Officer)  
*A. G. Gaudin*

*M. Gelin  
37 St. Charles St.  
Rivier.  
P.Q.  
Canada*

*L. Gelin*  
*P.C. 57*

Description of Donat Gilman on Enlistment.

Apparent Age 30 years 1/2 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. 5 ins.

Arma magna dis  
Tinctia

Chest measurement { Girth when fully expanded 35 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Brown

Eyes Blue

Hair Chatain

Religious denominations. { Church of England -  
 Presbyterian -  
 Wesleyan -  
 Baptist or Congregationalist -  
 Other Protestants -  
 (Denomination to be stated.)  
 Roman Catholic Catholic Roman  
 Jewish -

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him fit for the Canadian Over-Seas Expeditionary Force.

Date 10 August 1915

M. B. Sedra

Place Tripoli Province P.F.

Medical Officer.

\*Insert here "fit" or "unfit." Canada

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.

Donat Gilman 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.

S. M. [Signature] (Signature of Officer)

Date 3 Sept 1915

L. Col.  
H.C. 57 Bn.

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

**DISCHARGE DOCUMENTS**

R. O. No. 149-6-4893  
H. Q. No. 649-G-4893

**S**

Attestation Papers.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

*a RB 122-2*  
*a RB 131-1*  
*H 142-1*

*Rt 5-10-20*

Name Belinas, Donald

<sup>50087</sup>  
Regt. No. 417393 Rank Pte

Corps 41st Reg (formerly 57th)

*Killed in action 25.12.16*

**M**  
07626

**H**

*(Handwritten mark)*

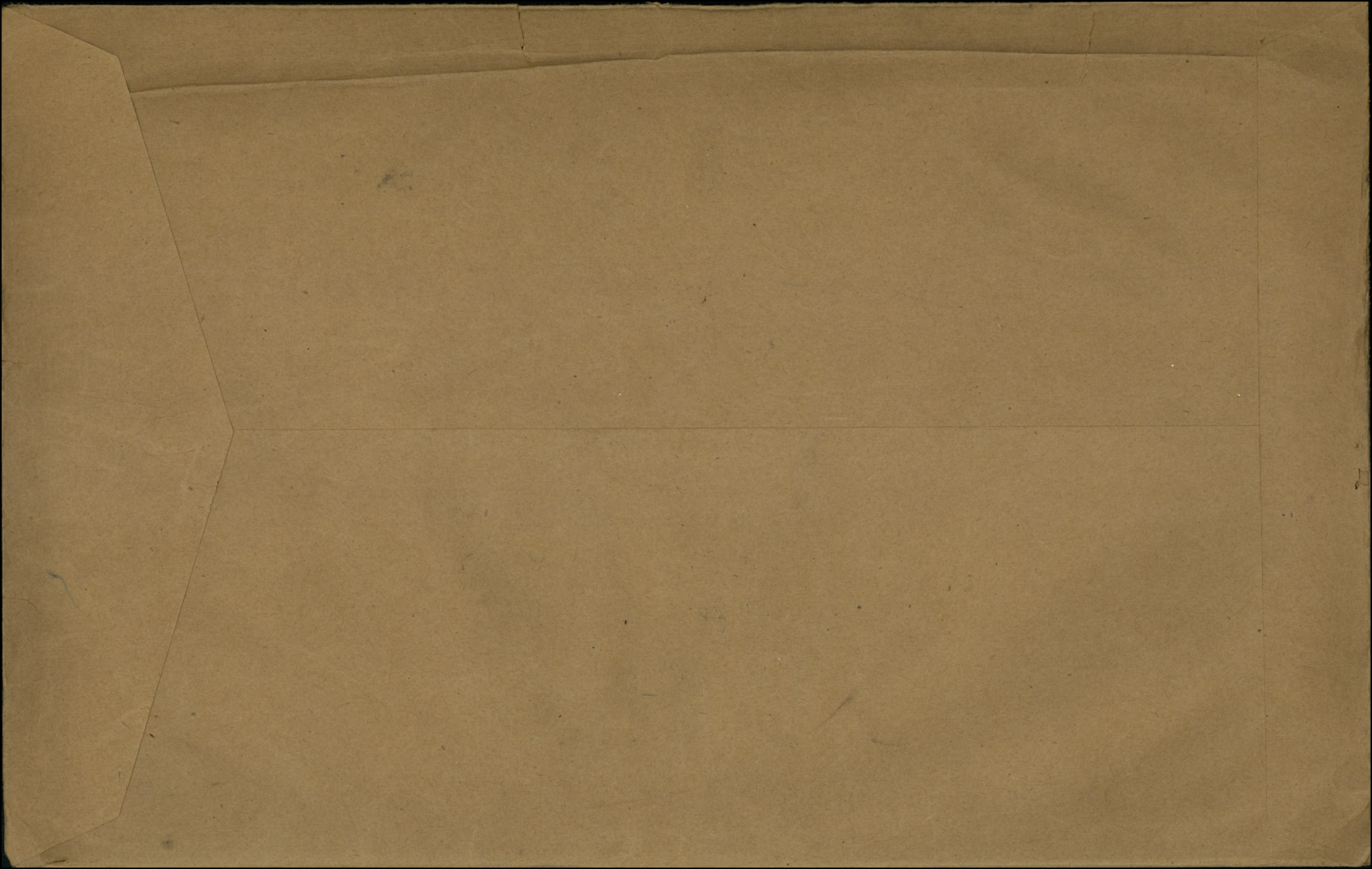
**H**  
**CANADIAN FORCES**  
**RECORDS CENTRE**  
**PERS JACKET**  
**ROOM**

*405396*

*Pay Cert*

*12-10*  
*19-11*  
*34-11*  
*11*

*Mt*  
*28/10/20*



5087

84 ~~5087~~

# ORIGINAL

## MEDICAL HISTORY SHEET.

412393

Surname Gelinas *Gelinas* Christian Name Donah

Examined { on 10<sup>th</sup> day of July 1915  
at Trois Rivieres  
Birthplace { City or Town Trois Rivieres  
County P.Q. Canada

Approved by A. Gaboury Capt  
Rank \_\_\_\_\_ M.O.

Apparent age 30 1/2  
Trade or occupation Typographe  
Height 5 Feet 5 Inches.  
Weight - 135 - Lbs.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Chest measurement { Minimum 35 1/2 inches.  
Maximum expansion 3 1/2 inches.

Physical development Normal

Small-Pox Marks in the face

Vaccination Marks { Arm Right Left X  
Number 2

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.
		M.O.

When Vaccinated last As a boy in 1901

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27-8-15</u>	<u>good</u>	<u>A. Gaboury Capt</u> M.O.
<u>9/9/15</u>	<u>"</u>	<u>"</u> M.O.
		M.O.

Enlisted on 10<sup>th</sup> day of July 1915 at Trois Rivieres P.Q.

	COMP.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th Batta.</u>	<u>412393</u>		<u>10/8/15</u>
Transferred to..	<u>5th 41st Batta.</u>	<u>417393</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.



PUBLIC ARCHIVES OF CANADA  
Records Management Branch  
Headquarters Records Centres Division

ARCHIVES PUBLIQUES DU CANADA  
Direction de la gestion des Documents  
Division du dépôt central des archives

ACCOUNTING OF DISCLOSURE OF INFORMATION  
AS REQUIRED BY BILL C-25  
CANADIAN HUMAN RIGHTS ACT - PART IV  
PROTECTION OF PERSONAL INFORMATION

COMPTE-RENDU DE LA COMMUNICATION DES  
RENSEIGNEMENTS TEL QUE DEMANDE PAR BILL C-25  
LOI CANADIENNE SUR LES DROITS DE LA PERSONNE  
PROTECTION DU CARACTÈRE PRIVÉ DES  
RENSEIGNEMENTS PERSONNELS

*Helmas, Donat*

*412393*

(INDIVIDUAL'S NAME) (LAST, FIRST, MIDDLE)  
(NOM DE L'INDIVIDU) (NOM DE FAMILLE, PRENOMS)

(SIN/REG. NO.) (NAS/NUMÉRO MATRICULE)

DATE OF DISCLOSURE:  
DATE DE LA COMMUNICATION:

NATURE OF DISCLOSURE:  
NATURE DE LA COMMUNICATION:

Vérification de certaines données du dossier.

PURPOSE OF DISCLOSURE:  
BUT DE LA COMMUNICATION:

Dossier étudié dans le cadre d'un projet de recherche historique.

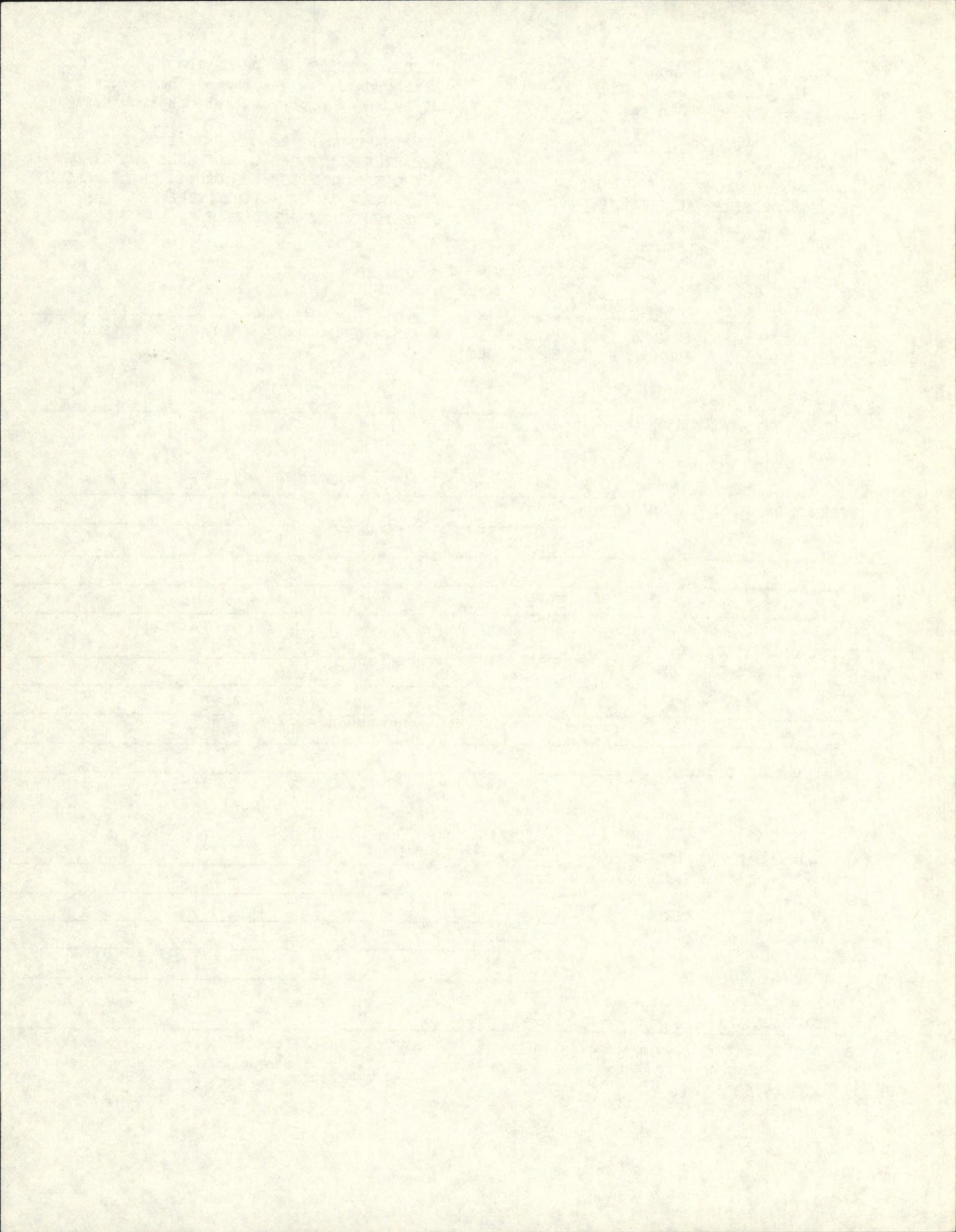
NAME AND ADDRESS OF PERSON  
DEPARTMENT OR AGENCY REQUESTING  
RECORD(S):  
NOM ET ADRESSE MINISTÈRE OU  
AGENCE DEMANDANT LE(LES)  
DOSSIER(S):

WO L.G. Theriault  
DND/ D Hist  
101 Colonel By Drive  
D Hist.

SIGNATURE:

*[Signature]*  
**NOTICE:** This form must be completed by  
the user or person having access  
to this record.

**AVIS:** Cette formule doit être complétée  
par l'utilisateur ou la personne ayant  
accès à ce dossier.





**CERTIFIED CORRECT.**  
 Form B. 103.  
 Canadian Record Office  
 Westminster House,  
 7, Millbank, S.W.

### Casualty Form—Active Service.

Regiment or Corps 41st Bn CofC  
 Regimental No. 417393 Rank Pte Name Gelinas Donald  
 Enlisted (a) 10/7/15 Terms of Service (a) 2 of 7 Service reckons from (a) 10/7/15  
 Date of promotion } Date of appointment } Numerical position on }  
 to present rank } to lance rank } roll of N.C.Os. }  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

*H.S. J.*  
*Group 1*  
*RS A2.*

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				
		Transferred to 22nd Battalion, C.E.F. Authority.			Lieut., A/Adj. for O.C. 41st Bn. C.E.F.
23-4-16.		Drafted to 22nd Canadian Battalion Overseas from 23rd Res. Battalion.			Lieut. & Adjutant.
26-4-16	C.B.D.	Reinforcement from 23rd Res. Bn. Taken on strength 22nd Canadian Bn.			
13-5-16	"	Left C.B.D.			
19-5-16	O.C. Bn	Joined Unit			
28 <sup>1/2</sup> 16	"	Killed in action	Field		
				24-4-16 101 BD/3/294 13-5-16 Non. Roll 14-5-16 B 213	122 D/25-5-16 25 <sup>1/2</sup> 16 Deleg P.M. 675-19713 207-31 <sup>1/2</sup> 16 Pr. V. let-31 <sup>1/2</sup> 16
					Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

VES

Rank **Pte** Name **GELINAS Donat** Reg'l No. **417393**  
 Unit **41st Bn** If in perm. Corps, }  
 What Unit? } Married or Single **Single**

*m x 2810 20*

Place and Date of Enlistment **Three Rivers, 10 July 1915.** Place of Birth **Three Rivers, Canada**

Name and Address, Next-of-Kin **Napoleon Gelinas**  
**37 St Charles St, Three Rivers, P.Q. Canada**  
 Relationship

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

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>per D. S. Saxonia</i>		<i>28 OCT 1915</i>
<i>16.11.15.</i>	<i>O/c 41<sup>st</sup></i>	<i>3d/5. F.P. NO 2. Absent from sick parade</i>	<i>Bramshott</i>	<i>16.11.15</i>	<i>TR 2 DO 215.</i>
<i>23.12.15</i>	<i>"</i>	<i>14d/5. G. B. F. fined \$200 Drunkenness.</i>	<i>Aldershot.</i>	<i>23.12.15</i>	<i>" " 245.</i>
<i>2.3.16</i>	<i>"</i>	<i>Trans to 23<sup>rd</sup> Bn.</i>	<i>Thorncliffe</i>	<i>29.2.16</i>	<i>" " 53. (56-23<sup>rd</sup> Bn)</i>
<i>24.4.16</i>	<i>O.C. 23</i>	<i>Trans. to 22nd Bn</i>	<i>O'Leas</i>	<i>23.4.16</i>	<i>" 94</i>
<i>30.4.16</i>	<i>22<sup>nd</sup> Bn.</i>	<i>Taken on strength from 23<sup>rd</sup> Bn.</i>	<i>"</i>	<i>24.4.16</i>	<i>" 18</i>
<i>31.12.16</i>	<i>"</i>	<i>Killed in action</i>	<i>Field</i>	<i>25.12.16</i>	<i>" 61</i>
<i>4.1.17</i>	<i>"</i>	<i>Rep. from Base</i>	<i>"</i>	<i>"</i>	<i>A.405: ON:</i>



Rank *Pte* Name **GELINAS Donat** Reg'l No. **417893** P-56  
 Unit **41st Bn *Off to 23rd*** If in perm. Corps, What Unit? Married or Single **Single**  
 Place and Date of Enlistment **Three Rivers, 10 July 1915.** Place of Birth **Three Rivers, Canada**  
 Name and Address, Next-of-Kin **Napoleon Gelinas**  
**37 St Charles St, Three Rivers, P. . . Canada** Relationship



Assigned Pay Monthly \$ **15.00** Payable to **Mrs. G. Gelinas, Royal St. Three Rivers Que**  
*Assgt changed 1/5/16 = \$15.00 to Mrs. A. Gelinas* Relationship **(Mother)**  
**37 St Charles St, Three Rivers Que**  
 Separation Allowance \$ Payable to Relationship **Entered on N.E. Card Index V.W.**

Discharge, Date and Place **25-12-16** Reason **King's 21/405-4-1-17** Character **H. Lillatson**  
 Checked by **H. Lillatson**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From 1915.	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Nov. 1	30	30	1.00	30	30	10	3 -	53 -	10	75	243	15	330	3046	254	3d. F.P. 80215	
Dec. 1	31	31	1.00	31	31	10	3 10	34 10	130	184	487	15	2 -	2674	990	Line 2 <sup>nd</sup> No. 715	
Jan. 1	31	31	1.00	31	31	10	3 10	34 10	230	261	977	15		3690	710	31 Qu.	
Feb. 1	29	29	1.00	29	29	10	2 90	3 190	308	355	487	15	131	3091	809	Found 2nd No. 53. Clothing exp 29.2.16	
Mar. 1	31	31	1.00	31	31	10	3 10	809 42 19	1897	7 30	15	390	26 20	15 99		Checked	

Statement of  
 JUN 25 1917  
 Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

*Carried forward to new ledger* 152 15 30 167 20 6570.75 1051 15121 15 99 Balance



120

2nd Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

Mrs. a.

To Whom ~~Felix~~ Gélinas  
Address 3751-6 Charles St.  
445 Royal  
Three Rivers  
P.Q.

By Whom Assigned Gélinas  
Regtl. No. 412393  
Rank Pte  
Corps 41<sup>st</sup> Bn. A. Co.

Rate \$15-

NOV 1-1915

May '16 to 14 '16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Stop Payments Feb 1/17 Killed in Action SM 8/1/17 etc. 19/3/17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				Killed in Action. Dec 29/16. CL (1) 4-1-17 24/17
Dec.		L7986	30	
Jan.	1916	W9902	15	
Feb.		K14465	15	
March		016610	15	
			7500	7-V-16/1/17

Handwritten text, possibly a signature or initials, located in the center of the page. The text is dark and appears to be written in ink.



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. A.  
Felix Gelinias

## PAYMENTS.

Name of Soldier

121  
Gelinias D.

L. L. Job 89002.-Req. 6213.

412393

41<sup>st</sup> Battrn a Co

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15 <sup>00</sup>	May '16
April	1916	T 144	15	
May		<del>U 5248</del>	<del>15</del>	<del>U 3245 Canceled</del>
June		T 9158	15	
July		H 9158	15	
Aug.		R 13481	15	
Sept.		Q 16207	15	
Oct.		P 21084	15	
Nov.		H 26422	15	
Dec.		D 34819	15	Account-closed Co
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

F. X. Rem. Date 2.1.17 By [Signature]  
 E. F. X. " Date 2.1.17 By [Signature]

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.				

SURNAME.

Gelinas.

649-8-4893.

CARD NO.

CHRISTIAN NAMES

~~30857~~ Donat.

FOLL.

REGL. NO.

417393.

RANK

Pte.

UNIT

22<sup>nd</sup> 57<sup>th</sup> 41<sup>st</sup>

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gelinas, Napoleon

RELATIONSHIP TO SOLDIER

P. N. S.

ADDRESS

Three Rivers P.Q.

COUNTRY OF BIRTH

Canada Three Rivers P.Q.

DATE

July 1<sup>st</sup> 1885

PLACE OF ATTESTATION

Three Rivers P.Q.

DATE

July 10<sup>th</sup> / 915

0/5. 15-10-15. 239  
?

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Typewriter

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

30

YEARS

6.

MONTHS

HEIGHT

5

FEET

2.

INCHES

CHEST MEASUREMENT

35 1/2.

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Dark.

EYES

Blue

HAIR

Dark.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Three Rivers.

DATE

July 10/1915.

NAME

*Gelinas, Donat*

REGT'L NO

*417393*

RANK AND CORPS

*Plé.*

H. Q. FILE NO. 649-

*22nd Battro*

FOLLOWS

NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

*O.7135**3-1-17**U. Killed in action Dec. 25<sup>th</sup> 1916.**A4B 2090a**Revised 2-17**(Date rec. 12-3-17) Killed in action (France) 25-12-16.*

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a405. Rep. from Base

25-12-16.

Killed in Action

No

RANK

*pte.*

NAME

*Gelinas, Donat*

T. O. S.

UNIT *57<sup>th</sup> Battalion C. E. L.*

M. D. 5-Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 <i>July 10</i> <i>Aug 4</i>	1915 <i>aug. 3</i> <i>aug. 31</i>	<i>✓</i>	<i>Trans to 41<sup>st</sup> Bn 13/10/15</i>	<i>D.O. 83 of 13/10/15</i>
<i>Sept-</i>		<i>✓</i>		









A. M. 1920

Number

417 393

Rank

Pte.

Surname

GELINAS

Christian Name

Womat

22nd

Bn.

Can. Inf.

Theatre of War

France

Date of Service

24-4-16

Remarks

Latest Address

Mrs. Alphonsine G. Gelinas (m)  
37 St Charles St.  
Trois Rivieres

Roll No.

B Page 16350

P.Q.

200m. - 2 21.M.

DATE

HISTORY

## CASUALTY BRANCH

(FILES)

NAME \_\_\_\_\_ H. Q. \_\_\_\_\_

NO. \_\_\_\_\_ RANK \_\_\_\_\_ M. D. \_\_\_\_\_

UNIT (C.E.F.) \_\_\_\_\_ UNIT \_\_\_\_\_

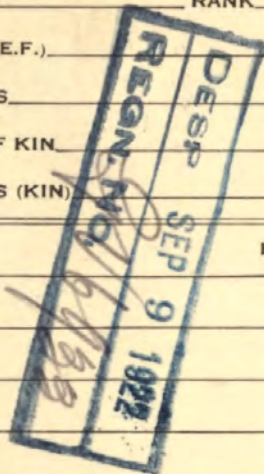
ADDRESS \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_

ADDRESS (KIN) \_\_\_\_\_

HISTORY

DATE



649-G-4893

GELINAS, D. Pte. 417393, 22nd Bn.

*hot dig for star*

Medals & Dec. (Mother) Mrs. Alphonsine G. Gelinas,  
37 St. Charles St.,  
Trois Rivières, P.Q. *M*

P. & S. (Father) Napoleon Gelinas,  
Same address

*Serial No 766811*

Mem. Cross (Mother) See above

(Not married)

*A* Desp 6-11-20

(7m) C 29457 9779

*B*

JAN 14 1921

Scroll Desp. \_\_\_\_\_ Reqn. No. 710180

Plaque Desp. ~~111~~ 41 1921 \_\_\_\_\_ Reqn. No. P. 54

164

111

Surname *Jelinas* Christian Name or Names *D.* Reg. No. *417393*  
 Rank *Pte* Unit *22nd. Batt.* Co. Troop Batty  
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Killed in Action 25-12-16*

DISPOSITION

Date

*A405**C.L. 4-1-17*

REMARKS

A.M.D. 2 Dept.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

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3.

4.

5.

6.

7.



MARRIED OR SINGLE *S.*  
 PLACE OF BIRTH *Three Rivers Canada*  
 NAME AND ADDRESS OF NEXT OF KIN *Napoleon Gelinas  
 37 St Charles St Three Rivers P. Q.*  
 RELATIONSHIP OF NEXT OF KIN *-*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>25/12/16</i>	<i>b.l.d. 405 4/14</i>

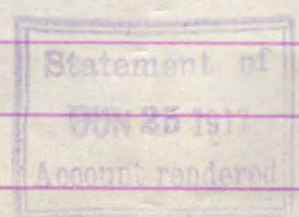
ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. *417393* RANK *Pte* NAME *Gelinas, Donat*  
 IF IN PERM. CORPS WHAT UNIT *232d* TRANSFERRED TO *22nd Bu* DATE *1.5.16* AUTHORITY *RO.94*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *W.E.B.* DATE *26/1/16* AUTHORITY *405 1/17*  
 PLACE OF ATTESTATION *Three Rivers* TRANSFERRED TO DATE  
 DATE OF ATTESTATION *10 July 1915* TRANSFERRED TO DATE  
 ASSIGNED PAY MONTHLY \$ ~~15.00~~ *Assignees Changed.* DATE EFFECTIVE *1.5.16* to:  
 PAYABLE TO *Mrs. A Gelinas, 37 St Charles St. Three Rivers Que.* RELATIONSHIP *Sister*  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *5-1-17* EFFECTIVE *1-2-17* REASON *Killed in Action. 25/12/16*  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *1-2-17 26/1/16*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Entered on N.E. Card Index*  
 Checked by *K. Lill...*



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		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	1	2				3	4				CREDIT	DEBIT	
			\$	C.			\$	C.			\$	C.																						
<i>1916</i>																																		
<i>April 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>									<i>167.20</i>										<i>151.21</i>	<i>15.99</i>						<i>Inc. Clothing Exp 9/17</i>	
<i>1-31/5</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>33</i>									<i>487</i>	<i>486</i>	<i>15</i>	<i>10.51</i>	<i>7.37</i>	<i>32.10</i>	<i>16.89</i>			
<i>1-31/6</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>34.10</i>										<i>756</i>	<i>425</i>	<i>15</i>		<i>21.81</i>	<i>29.18</i>			
<i>1-31/7</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>33</i>											<i>15</i>		<i>15</i>	<i>47.18</i>				
<i>1-31/8</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>34.10</i>	<i>1050</i>	<i>21/6</i>	<i>1104</i>	<i>20/7</i>					<i>5.11</i>	<i>5.23</i>	<i>15.00</i>		<i>25.34</i>	<i>63.91</i>				
<i>1-31/9</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>33</i>	<i>1201</i>	<i>31/9</i>								<i>15</i>		<i>15</i>	<i>75.04</i>					
<i>1-31/10</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>33</i>	<i>1164</i>	<i>14/8</i>	<i>1201</i>	<i>14/4</i>					<i>2.61</i>	<i>2.61</i>	<i>15</i>	<i>2.07</i>	<i>24.91</i>	<i>83.13</i>				
<i>1-31/11</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>34.10</i>	<i>1259</i>	<i>26/9</i>	<i>1363</i>	<i>9-10</i>					<i>2.62</i>	<i>2.62</i>	<i>15</i>	<i>19.94</i>	<i>20.24</i>	<i>96.99</i>				
<i>Dec 31</i>	<i>31</i>	<i>1.31</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>									<i>33</i>	<i>1467</i>	<i>24/0</i>							<i>15</i>		<i>17.62</i>	<i>112.37</i>						
			<i>27.50</i>				<i>27.50</i>									<i>34.10</i>	<i>1419</i>	<i>24/0</i>								<i>15</i>		<i>28.91</i>	<i>117.53</i>					
																											<i>15</i>	<i>6.60</i>	<i>24.21</i>	<i>93.32</i>			<i>Killed in Action 25/12/16 b.l.d. 405 4/14</i> <i>6 mos. pay from 25/12/16 to 31/12/16</i> <i>Ad. to W.E.B. 26/1/16</i> <i>25/12/16 25/12/16 25/12/16</i> <i>Auth. 593-1-12 d/26/1/17</i>	

Checked *Lil...* Jan  
N.E.B 1917 *mar*



*(Can ASP 210.00) in agreement with Ottawa Slip. H.Q 593-1-12 d/26/1/17*

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.	No.	DATE	No.	DATE	No.	DATE				No.	DATE					
1917 <i># 318 March 1st Aug 17</i>									<i>484 70</i>										<i>276 38</i>	<i>108 22</i>				<i>108 22</i>	<i>108 22</i>		<i>To Ottawa for 26th Nov 17</i>

**DUPLICATE**

To be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B, 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

31-5

Surname GELINAS Christian Name Donat

TABLE I.—GENERAL TABLE.

Birthplace... Parish Prois Rivieres County P. Q. Canada

Examined... { on 10th day of July 1915  
at Prois Rivieres

Declared Age ... 30½ years

Trade or occupation ... Typographe

Height ... 5 feet 5 inches.

Weight ... 135 lbs.

Chest Measurement { Girth when fully Expanded 39 inches.  
Range of Expansion 3½ inches.

Physical Development ... Normal

Vaccination Marks { Arm ... Right Left  
Number ... 2

When Vaccinated ... As a Boy and 1901

Vision ... { R.E.—V=  
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) Small-Pox Marks in the face

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

Approved by (Signature) A. Gaboury,  
(Rank) Captain  
*Medical Officer.*

Enlisted ... { at Prois Rivieres P. Q.  
on 10th day of July 1915.

Corps.	Regtl. No.
<u>57th Battn.</u>	
<u>41st Battn.</u>	<u>4 1 7 3 9 3</u>

Became non-effective by

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(Signature) Henriette Betty  
(Rank)





**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature				
1901 & as a Boy,	Vaccination				
27-8-15	Inoculation	Good	A. Gaboury, Capt.		
9-9-15	"	"	"	"	"

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

I certify the foregoing to be a true copy of an original entry on the Medical History Sheet of this man. O. A. M. C. For the Officer in Charge, Records Canadian Contingents.