

ATTESTATION PAPER.

No. 672979

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Gervais*
- 1a. What are your Christian names?..... *Edward*
- 1b. What is your present address?..... *Danville*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Sherbrooke*
- 3. What is the name of your next-of-kin?..... *Adelard Gervais*
- 4. What is the address of your next-of-kin?..... *Danville, Que.*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *5th July 1898*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edward Gervais*, 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 *Jan 25th* 1917. *Edward Gervais* (Signature of Recruit)
C. H. Groutage (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edward Gervais*, 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 *Jan 25th* 1917. *Edward Gervais* (Signature of Recruit)
C. H. Groutage (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 *Richmond* this *25th* day of *January* 1917.

J. J. [Signature] (Signature of Justice)

Description of Edward Gervais on Enlistment.

Apparent Age.....18 years.....6 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.....6 ins.

Chest measurement { Girth when fully expanded.....33 1/2 ins.
 Range of expansion.....30 ins.

Complexion Fair

Eyes.....Blue

Hair.....Brown

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

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.....January 25th 1917.

Place.....Richmond Ave

P. DeL. Johnson
 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:—

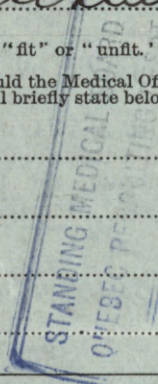
unfit — underage

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edward Gervais.....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.

Podolski Quay.....LT. COL.....(Signature of Officer)
 O/C. QUEBEC RECRUITING DEPOT.

Date.....Jan 2-17.....1917.



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

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.....

M.F.B 227-1

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

#7

Name

Gervais Edward

Regt. No.

672979

Rank

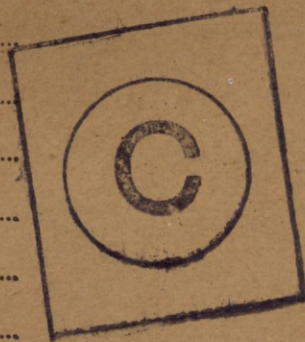
Private

Corps

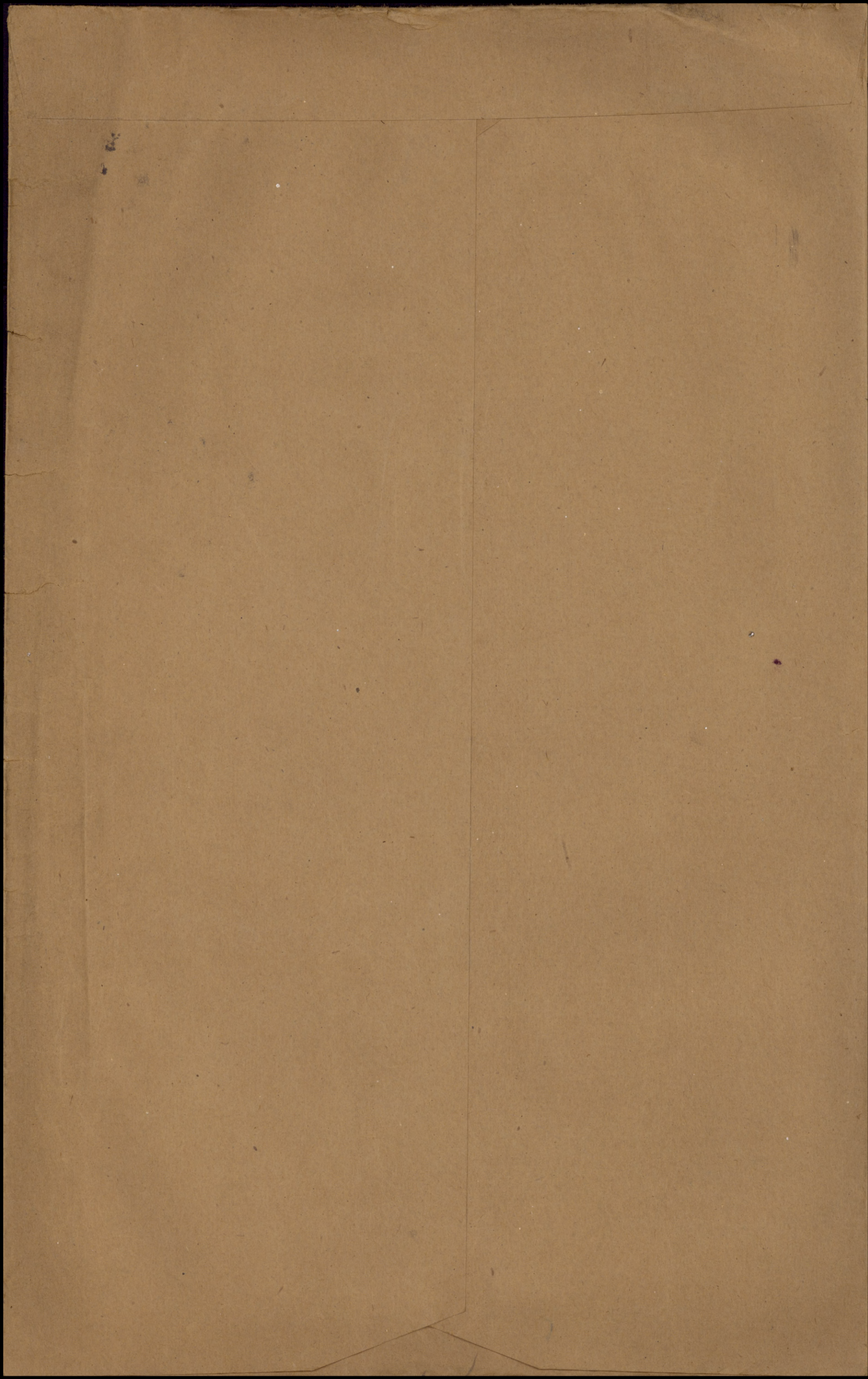
Quebec Recruiting Depot

08878

Med unfit



M.S.



Surname *Gervais* H. Q. *64935285*
Christian names *Edward* M. D. No. *5*
Regtl. No. *672979* Rank *Ptes.* T. O. S. *1* 19
Unit *167th* Bn. Reason *M. U.* S. O. S. *4-2-1917*
Auth. *dis Card*

Next of kin *Gervais Adelard* Relationship *Father*
Address *Danville* Also notify:
P. Q.

BORN—Place *Canada, Sherbrooke, P. Q.* Date *July 5th, 1898*
ATTESTED—Place *Richmond, P. Q.* Date *Jan. 25th, 1917*
O/S..... R/C.....

Complexion Fair Eyes Blue Hair Brown

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W.39)

This is to certify that No. 672379 (Rank) Private

(Name in full) GERVASIS, Richard Quebec Recruiting Depot

Enlisted in 25th

Canadian Expeditionary Force, on the 17th day of January 1919 CANADA

He served in Quebec Recruitment Depot

with the Quebec, P.Q.

and was discharged at 7th February 17

on the 19th day of MEDICAL UNFIT

by reason of G00A

His conduct and character while in the Service were nil

Medals and Decorations etc. 1

DESCRIPTION ON DISCHARGE.

Age 18 years 5'6"

Height fair

Complexion Blue

Eyes BROWN

Hair

H.Q.

(Richard R. Scott), Major, Assistant Director of Records. 5th April 32 Ottawa day of 19

NOTE - This Certificate of Service if lost will not be replaced.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 672979 Rank Private Name Ed. Gervais

Corps Quebec Recruiting Depot who was * Discharged

On February 7th. 1917 1915, to

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.		\$	c.	CR.		\$	c.
From 25-1-17 To 7-2-17	Bal. Dr. from previous month.....			Regimental pay <u>14</u> days at \$ <u>1.00</u>		<u>14</u>	<u>00</u>
	Total payments during period			Field allowance <u>14</u> " \$ <u>10</u>		<u>1</u>	<u>40</u>
	from <u>Ck. No. 1075</u>	<u>10.00</u>		Other allowances.....			
	Assigned Pay.....			Other Credits (give particulars).....			
	Other Charges (give particulars).....			Bal. Dr. on discharge or transfer.....			
	Bal. Cr. on discharge or transfer <u>1092</u>	<u>5.40</u>					
TOTAL.....		<u>\$15.40</u>		TOTAL.....		<u>\$15.40</u>	

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is -, and has been charged in Pay-list for month of -

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 25-1-17

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge and authority Med Unfit Auth. M.D.No.5--17-1-49-18

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date February 7th. 1917

Place Quebec Que.

C. H. Rouher Lieut
Paymaster

For Paymaster (capt) Quebec Recruiting Depot

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks. Vide Article 11 Financial Regulations, C.F.C. 1914.

REGIMENTAL NO. _____
COMPANY NO. _____
NAME _____
RANK _____
DATE OF ENTRY INTO SERVICE _____
DATE OF LEAVING SERVICE _____

1. Particulars of the account of the pay and allowances of the soldier during his service.

Particulars	Amount
Pay for service	
Gratuity	
Other allowances	
Other benefits	
Other charges and payments	
Balance in hand	
Total	

2. The amount of the balance of the account of the soldier at the date of his discharge or other termination of his service.

REMARKS: _____

Signed _____
Date _____

This space to be for numbers.

Proceedings on Discharge.

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

No. 672979	
Rank	Private
Name	Edouard Gervais
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	Quebec Que. Rtg. Depot
Date of Discharge	7-2-17
Place of Discharge	Quebec
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....18.....years.....6.....months.	Descriptive Marks none
Height.....5.....feet.....6.....inches.	
Complexion fair	
Eyes blue	
Hair brown	
Trade laborer	
Intended place of residence } Danville, P.Q. (To be given as fully as practicable.) } CANADA.	
2. The above-named man is discharged in consequence of	
Medically Unfit	
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><i>Good</i></p> <p><i>Edouard Gervais</i> CAPT. ADJUTANT QUEBEC RECRUITING DEPOT.</p> <p>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</p>
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
	<p><i>Laborer</i></p> <p><i>Edouard Gervais</i> CAPT. ADJUTANT QUEBEC RECRUITING DEPOT.</p>

M. F. B. 218.

100m.-6-16.
H. Q. 1772-39-113

(OVER)

Carded
26-2-17
B.E.G.

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, Que.....

(Date).....7th February 1917.....

[Signature] CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.
Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....Quebec, Que. *Edouard Gervais* (Signature of Soldier.)

(Date).....7th February 1917 *P. Petitclerc Sgt.* (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.

.....nil..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years14.days.

Total.....years14.days.

11. Confirmation of Discharge.

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

(Place).....Quebec, Que.....

(Date).....7th February 1917.....

[Signature] CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.
(Signature)

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. Edouard Hervoais

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 Certificate, " 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> <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>(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.

Military District No. 5

Quebec, Que.

17-1-49-18
FEB 3 1917

MEDICAL HISTORY OF AN INVALID.

M. D. No. 5

1.—Station. *Quebec*

2.—Regiment of Corps. *Quebec Beer. Depot.*

3.—Regimental No. and Rank. } *Pt. 672970*

4.—Name. *Edouard Jencis*

5.—Age last Birthday. *17 years.*

6.—Enlisted { on *25-1-17.*
at *Richemont.*

7.—Former Trade or Occupation. } *Laborer.*

8.—General remarks on his:—

(a) Conduct. *Good*

(b) Habits. *Good*

(c) Temperance. *Good.*

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

Date *31-1-17.*

9.—Service.	Years.		Days.
	From	To	
<i>Canada</i>			
<i>Quebec Beer. Depot.</i>	<i>25-1-17</i>	<i>25-1-17</i>	<i>31-1-17.</i>

10.—Disease or Disability. *underage 17 years.*

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. *1-1-17*
Prior to enlistment.

Has it been aggravated by intemperance, vice or misconduct? *3) Temporary.*

no.

*Carded
27-2-17
B.C.E.*

Military District No. 5
Quebec, Que.
FEB 3 1917
M. D. No. 5

MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused ; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held ?

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

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

15.—Is the disability permanent ? If not, state its probable duration. To what extent will it prevent his earning a full livelihood ?

16.—Full particulars of medical treatment of case up to date of invaliding.

Temporary.
Full.

no.

1.—Station
2.—Regiment of Corps
3.—Regimental No. and Rank
4.—Name
5.—Age last Birthday
6.—Enlisted at
7.—Former Trade or Occupation
8.—Service
9.—Date of origin, name, present condition and whether the same is the result of service or climate
10.—Disease or Disability
11.—Date of origin, name, present condition and whether the same is the result of service or climate
12.—Has it been aggravated by intemperance, etc. or misconduct?

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

*Not previously proposed for discharge
by a Medical Board.*

18—State if for discharge on account of unfitness for service.

yes.

*Geo. Blumand
Capt. U.S.A.*

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

*The Board is of the opinion that this man is
too young to become an efficient Soldier
according to regulations.*

Signatures :—

Geo. Blumand Capt. U.S.A. President.

Station

Quebec Beer. Depot.

Pravetass, Captain

Members.

Date

31-1-17.

J. B. Pelvignin Capt. U.S.A.

Date

FEB 2 1917

Rawlinson, Lt Col

Assistant Director of Medical Services.

Approved.

Date

24-2-17

D. J. McKay Capt

Director of Medical Services.

[OVER]

17.—If previously proposed for discharge on medical grounds, state the date, the disability for which recommended for discharge, and the cause of remand of Corps.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

(In which it should be stated how far the Board concurs in the above Report.)

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

20 m-5-13, H. G. 1772-38-117.

Date	Name	Regimental No.	Rank	Corps	Station	Disability	Date	Hospital or Station transferred to for final disposal.	Date of final disposal	How finally disposed of

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