

ORIGINAL

ATTESTATION PAPER.
204th Batt'n

No. 238084

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... L A F L A M M E
- 1a. What are your Christian names?..... Charles Ernest
- 1b. What is your present address?..... 376 Queen St, West, Toronto, Ont,
- 2. In what Town, Township or Parish, and in what Country were you born?..... Loriginal, Ont, Canada
- 3. What is the name of your next-of kin?..... Mary Louisa Laflamme
- 4. What is the address of your next-of-kin?..... 50 Dagnais St, Montreal, Quebec.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... Feb 25th, 1880
- 6. What is your Trade or Calling?..... Metal Plater
- 7. Are you married?..... Married
- 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, Charles Ernest Laflamme....., 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.

Chas. E. Laflamme..... (Signature of Recruit)

Date July 20th, 1916 191 . *M. H. Flood*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Ernest Laflamme....., 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.

Chas. E. Laflamme..... (Signature of Recruit)

Date July 20th, 1916 191 . *M. H. Flood*..... (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 Toronto this 20th day of July, 1916 191 .

M. H. Flood..... (Signature of Justice)

1917
5080
57

17
80
37

Description of Charles Ernest Laflamme on Enlistment.

Apparent Age.....36.....years 5.....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.

Scar on little finger right hand,

Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....4 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....R. C.
 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.....July 20th, 1916.....191

Place.....Toronto, Ont

J. S. Minnis
 Medical Officer. W. Rame

Toronto Recruiting Depot

*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.

.....Charles Ernest Laflamme.....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

William H. Mac
 LT. COL (Signature of Officer)

O. C. 204th BATTALION, C. E. F.

"BEAVERS"

Date.....July 24.....1916.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

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.....

Name Lafontaine Charles Ernest

Regt. No. 238084 Rank Whe

Corps 258th Bn C E 7 Form 204th Bn

Deceased

6

2 sent to B.P. 6. 13-3-18

P of Family 2 Index
M & W 607

1 m & w 182, Pay

H

02210

- 1 -
4-5
31 5
30 7
1

H

PM

SURNAME.

Laflamme

649-R-7831

CARD NO.

✓

CHRISTIAN NAMES

Charles Ernest

FOLL.

REGL. No.

238084

RANK

Pte.

UNIT

~~204th~~258th~~Bn.~~

FORMER COPPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Laflamme Mrs Mary Louisa

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

~~50 Dagnais St., Montreal~~
555-th Casgrain P.Q.

COUNTRY OF BIRTH

Canada, L'Orignal

DATE

Ont. Feb. 25th 1880

PLACE OF ATTESTATION

Toronto, Ont.

DATE

July 20th 1916Tr. from 204th Bn to 258th Bn. auth weekly.

N.R. 30-6-17.

L. L. 6015. M. & D. 6094.

M. F. W. 22. 100M. -8 1/4. H. Q. 177-30-330.

From Halifax Per. S. "Larsonia" 28-3-17.

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Metal Plater

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

36

YEARS

5 MONTHS

HEIGHT

5

FEET

6 INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

4 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

*Scar on little finger
right hand.*

MEDICAL EXAMINATION.

PLACE

Toronto, Ont

DATE

July 20th 1916

*Present address, 376 Queen St. W. Toronto,
Ont.*

OK

f me - - -
Laflamp. Chas.E., Pte. 238084 *204 Rue* 258thEn. 649-L-7831

Laflamme

Med. & Dec. (Widow) Mrs. Chas. LaFlam,
1768 A rue Henri Julien,
Montreal. P. Q. *#4*

P. & S. (Widow) Address as above.,

Rev # 807695
Mem. Cross. (Widow) " " "

Mem. Cross. (Mother) Mrs. Sophie LaFlam,

Scroll Dec **APR 1 1922**
~~50 Dagenais St.,
St. Henri, Montreal, Que.~~

Magie Dem.

6661 12 NOV

P33903

3006 Christopher Columbus St.

*Canada only
M.J.*

253474

*54165
Montreal. P.Q.*

4/3/22

W
M
50529

JUN 9 1921

1181

M
M
57530

JUN 9 1921

Mem. X. re deep. 8³/₂₂X2979

Scroll ret'd 13,422

M. X. ret'd. 15-7-21 not at address

No. 258684 RANK Pte

NAME Laflamme. C. C.

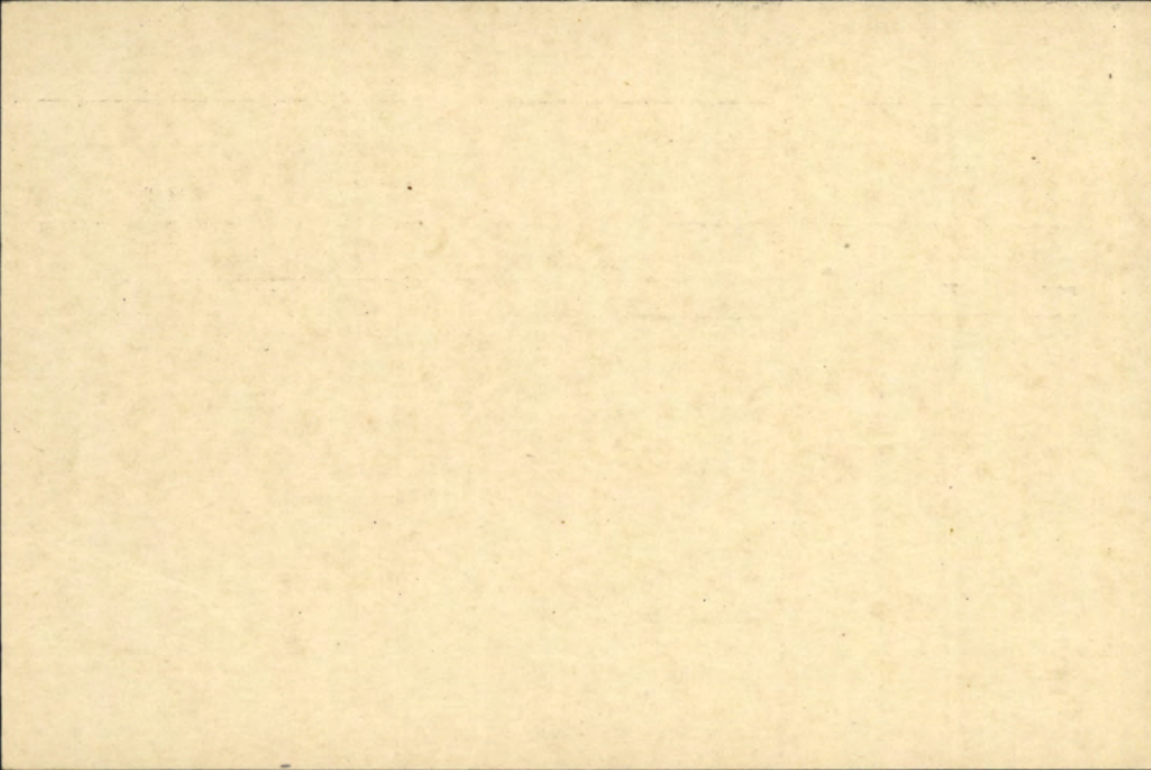
T. O. S.

UNIT 25-8th Battalion C.E. S.

Transfd from Co. M 2226-6-17
No 63 of 27-6-17

M. D. X

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June 26	1917 June 30	✓	transfd to A unit. 26-7-17.	co-
July 1	July 26	✓		



No 238084 RANK *Pte.*

NAME

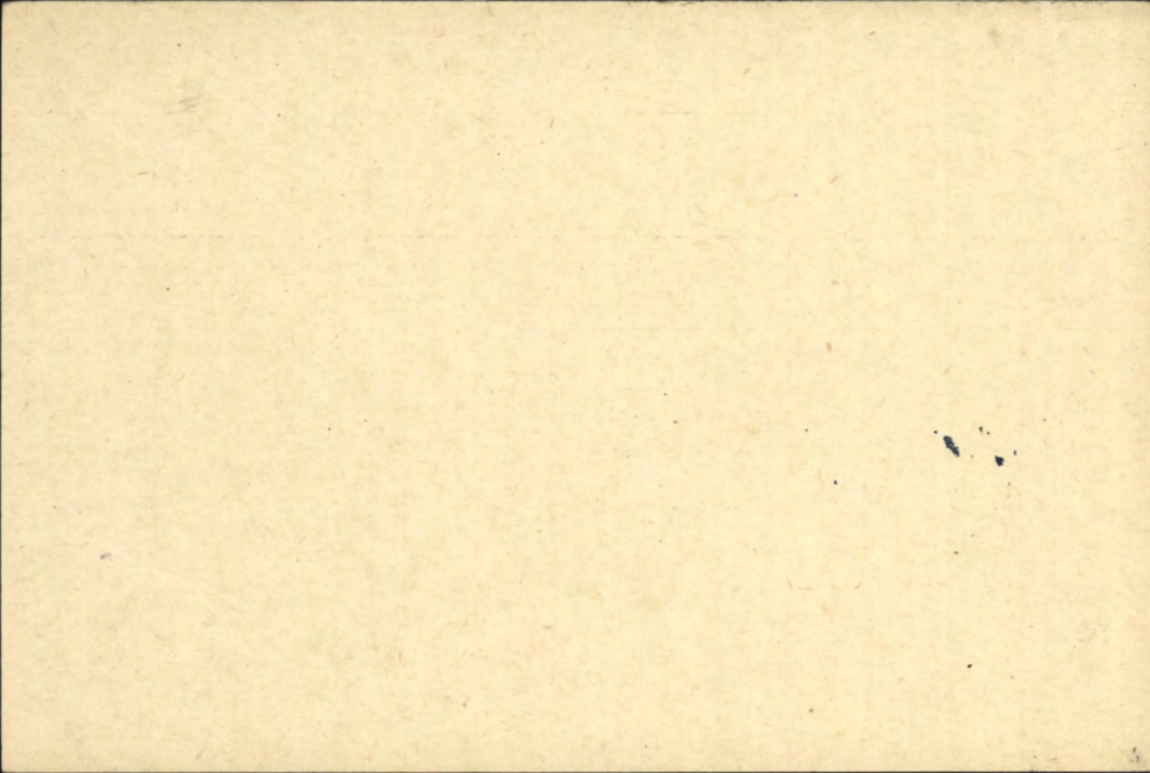
*La Flamme, C. E.**Trans*
from T. O. S. 204 of B. 22-3-17 UNIT*local casualties*M. D. *2*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1917
*Mar 23**1917*
*Mar 31**n*



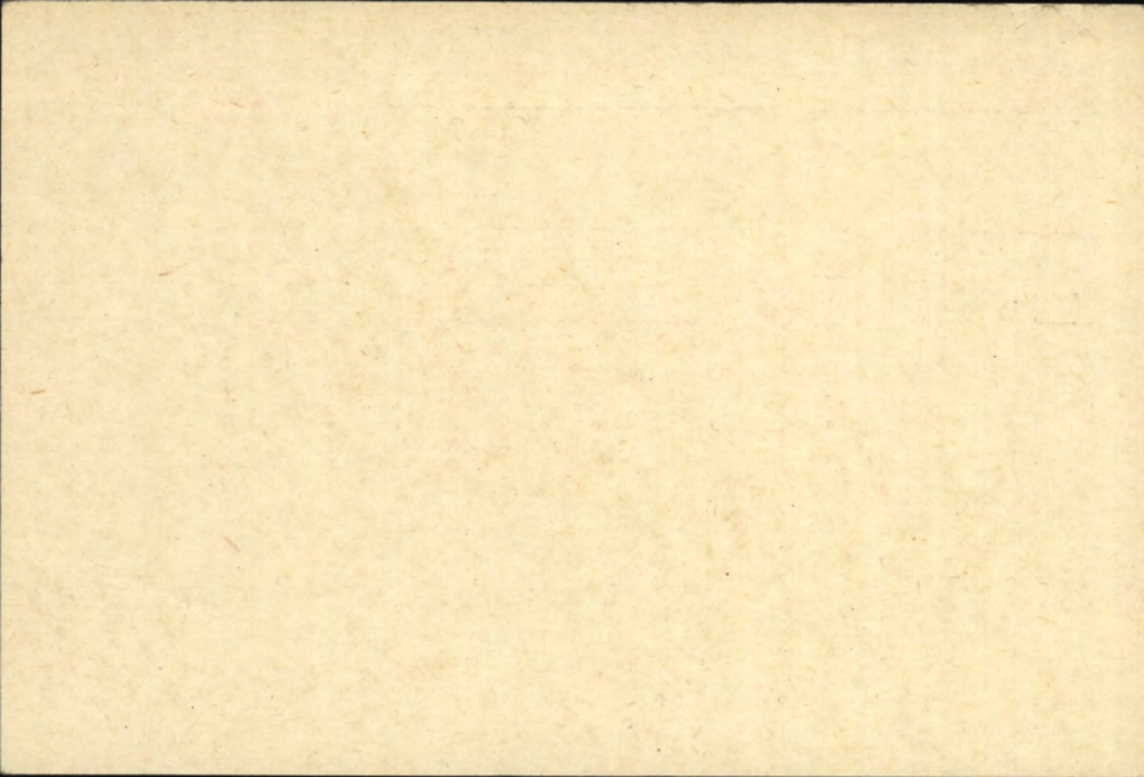
No. 238084

RANK *Pte*NAME *La Flamme, Chas. Ernest*

T. O. S. 20-7-16

UNIT *204th Battalion C & F.**(D059 of 24-7-16)*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>July 20</i>	<i>July 31</i>	<i>✓</i>		
<i>Aug</i>		<i>✓</i>		
<i>Sept</i>		<i>✓</i>		
<i>Oct</i>		<i>✓</i>		
<i>Nov</i>		<i>✓</i>	<i>aw & forfeits 6 days pay</i>	<i>D0119 of 17-11-16</i>
<i>Dec</i>		<i>✓</i>	<i>aw & forfeits 21 days pay</i>	<i>D0142 of 27-12-16</i>
<i>1917</i>				
<i>Jan 1</i>	<i>Jan 31</i>	<i>✓</i>	<i>aw & forfeits 9 days pay & awarded 216 hrs detention</i>	<i>D026 of 26-1-17</i>
<i>Feb</i>		<i>✓</i>		
<i>Mar 1</i>	<i>Mar 22</i>	<i>✓</i>	<i>Transfd to Casualties & 2-3-17 aw & forfeits 5 days pay & awarded 24 hrs detention</i>	<i>D079 of 20-3-17 D066 of 7-3-17</i>



REG. No. 238084..... NAME..... Laflamme C.E.
(SURNAME FIRST)

RANK..... Pte..... CORPS..... 258th Bn.....

AGE..... 37..... SERVICE.....

NAME OF HOSPITAL..... Royal Victoria..... PLACE..... Montreal

DATE OF ADMISSION..... 8-7-17.....

DISEASE..... Accute Dil. of Heart.....

DISCHARGE..... 7-9-17.....

OPERATION.....

DISCHARGED TO DUTY..... ~~Yes~~ Died 7.45 A.M. 7. 9.17

TRANSFERRED TO.....

DISCHARGED BY MEDICAL BOARD.....

Name... LAFHAMME P.E. Rank..... Pte. Regt. No. 238084 Unit..... A
 Battn. 258th. Camp or O. S. C File M. H. C. C. H. Q. File.....
 Next of kin... Wife- 555b Casgrain St., Montreal P.Q.
 Discharged to Class..... D. of D. Conduct.....
 Pension awarded..... Date of first payment.....
 Address on discharge. Toronto Ont.
 Diagnosis..... Date boarded.....

DATE	CLASS	REMARKS	Part 2 Order
8-7-17	2	R.V.H.	#225
7-9-17		DIED Heart and Kidney Disease	#225 #229

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.

(1) Name of Overseas Unit which Soldier joins 204th O.S. Battn C.E.F.

(2) Regimental Number 238084

(3) Full Name of Soldier Charles Ernest Laflamme

(4) Place of Birth L'Original, Ontario.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Mary Louise Laflamme.

(b) Present Postal Address 50 Dagnais Street.
Montreal, Prov. Quebec.

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls 3 Boys 1 Girl.

Also their names and ages Rene 14 yrs.
Leopold 9 "
Aurele 7 "
Emil Emil 6 yrs.

(9) Is your Father alive?.....**No**.....

If so, state name and address.....

(10) Is your Mother alive?.....**Yes**.....

If so, state name and address.....**Sophie Laflamme**.....

.....**50 Dagnais Street, Montreal, P. Que.**.....

(11) If your Mother is a widow.....**Yes**.....

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.

.....**She lives with myself & Wife.**.....

(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.

(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.

.....**Yes**.....

(15) Are you insured?.....**No**.....

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.....**9th Feb 1917**.....

.....**J. G. MacKay**.....
Officer Commanding. B Coy.
204th OSBn C. & F.

FORM OF WILL.

I, Charles Ernest Laflamme (Name in full)

Regimental Number 238084 serving in 204th O.S. Bn C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

My wife Mrs Mary Louise Laflamme
50 Dagenais Street
Montreal, P. Quebec

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My wife Mrs Mary Louise Laflamme
above mentioned

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 9 day of February A. D. 1917

C. E. Laflamme Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

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

Signature of First Witness E. G. Day

Address of Witness Exhibition Camp, Toronto Ont

Occupation of Witness Private C. E. F.

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness Frank Easterbrook

Address of Witness 7 Galley Ave Toronto

Occupation of Witness Sgt 204th O.S. Battalion C.E.F.

Register No. *DL 428*

WAR SERVICE GRATUITY

A.P. File No. *10572-64*

TO

DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *238084* Name *Charles Ernest La Flamme*
(Christian Name) (Surname)
 Unit *258th Bn* Rank *Pte.* Date of enlistment *20-7-16*
 Date of casualty *7-9-17* B.P.C. File No. *35384*
 Was service performed overseas? *No. In Canada*

DEPENDENT

Name *Mrs. Louisa La Flamme* Relationship *widow*
 Address *Rue Henri Jullien 176 E.A.,
 Montreal,
 P.Q.*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *J. Pratt*

Eligible for Gratuity \$ *90.00*
 Less amount of Special Pension Bonus paid \$ *80.00*
 Less Debit Balance of S. A. or A.P. \$

Total deductions \$ *80.00*

Balance due \$ *10.00*

Cheque No. *81894944* Date issued *26/7/20*

Clerk *A. H. Mead*

REMARKS :

Audited by
Robert Howard
 Date *23.7.20*

M.F.W. 2652
 25M-6-20.
 H.Q. 1772-39-1473

Mead

\$10

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks.

Name Pte. Chas E La Blamme

M. F. W. 41
10M-7-16
1772-39 889.

4
Blm R

Regimental No. 238084

Name and address of next-of-kin

Unit 204

Date of enlistment 20/7/16

Ottawa corps 31/3/17
to continue etc.

Place of " "

Married (yes or no) yes

Date and place discharged

Amount of pay assigned monthly \$ 15⁰⁰

Reason for discharge

To whom payable Mrs M L La Blamme
50 Dagnais St
Montreal

Character on discharge

Noted Draw 23/6/17

ob-5351-M. & D. 6880.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
Mar	23	31	9	19	9	10	90	210	12			1140	60	Not stoppage. 10069.
Apr	1	30	30	1	30	10	3	60	33	60		1860	15	Not stoppage. 62
May	1	31	31	1	31	10	3	10	15	57	10	18	1610	Not stoppage. 62
June	1	26	26	1	26	10	260	1610	45	69	5	30	3	690 22 June 100143. Not stoppage. Draw to 258 Bn 100148

U

20/7/16

1445

SEPARATION ALLOWANCE

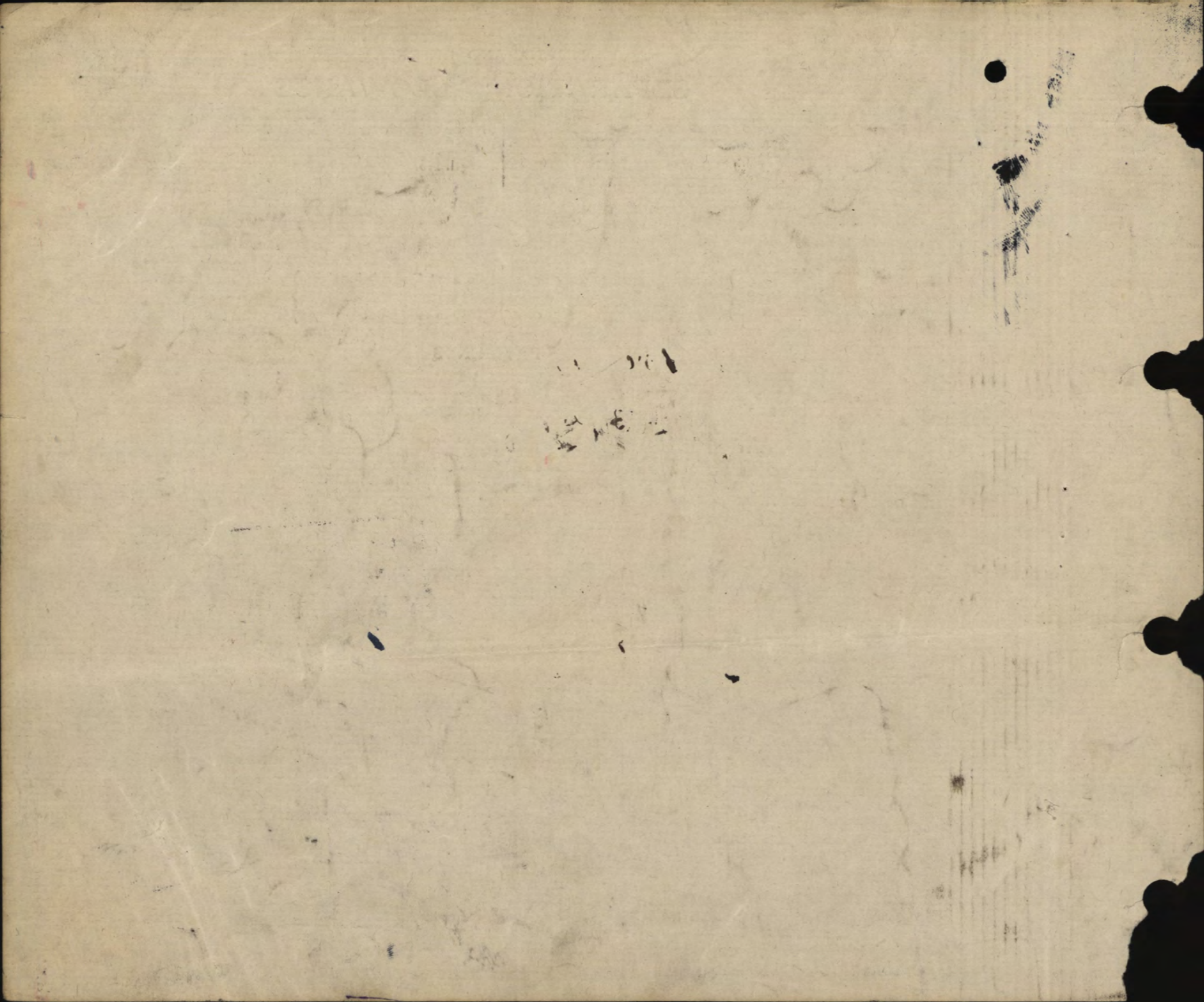
Name *Mary Louisa La Flamme* Name of Soldier *La Flamme Char. E.*
 Address ~~*59 Dagnais St*~~ Regtl. No. *238084*
~~*456 Casgrain St.*~~ *Montreal* Rank *Pvt*
#555 Casgrain St. *Que* Corps ~~*205*~~ *23/3/17* *31/3/17* *WB*
 Relation to Soldier *wife* To what Corps belonging *205* *26/7/17* *#4* *28/7/17*
 wife, child or mother } *wife* when called out } *md 3/8/17*

PAYMENTS

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



ACCOUNT CLOSED
 DATE..... PER.....
W



MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

M. R. La Flamme

Wife
PAYMENTS.

Name of Soldier

La Flamme L. E.

PTC

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>23 V 18150</i>	<i>47</i>	<i>47</i>
Oct.		<i>I 18326</i>	<i>20</i>	<i>20</i>
Nov.		<i>P 22673</i>	<i>20</i>	<i>20</i>
Dec.		<i>P 26094</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>Q 28931</i>	<i>7</i>	<i>7</i>
Feb.		<i>U 31793</i>	<i>20</i>	<i>20</i>
March		<i>U 34873</i>	<i>20</i>	<i>20</i>
April		<i>V 1424</i>	<i>20</i>	<i>20</i>
May		<i>U 4488</i>	<i>20</i>	<i>20</i>
June		<i>V 7884</i>	<i>20</i>	<i>20</i>
July		<i>U 10509</i>	<i>20</i>	<i>20</i>
Aug.		<i>D 15062</i>	<i>20</i>	<i>20</i>
Sept.		<i>X X X X X</i>		
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Jan 2 from 3/12/16 to 23/12/16 (report 3/17) mailed 10-1-17

Pension Granted N.O.V. 1-17
B.P.C. to Recover \$
Clerk: *J.P.H.* Date *June 13/17*

B. L. June 14/17

217

23 7

D 15062 Cancelled. P.M.A. unit M.H.C. not.

Not till ret. C. E. F. Gmo 3/8/17.

Dis. 7/9/17. P.O.L. 11/9/17 17/9/17

close

ACCOUNT CLOSED

DATE..... PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

(W.A.)

Deceased

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).

MILITARY DISTRICT No. 4
SEP 14 1917
M. D. 4

No.	238084
Rank	Private
Surname	Laflamme
Christian Name	Charles Ernest
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	258th Bn.
Date of Discharge	7th Sept. 1917.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....37..... years.....7..... months.	Descriptive Marks
Height.....5..... feet.....6..... inches.	
Complexion Dark	Scar on middle finger
Eyes Brown	
Hair Black,	right hand.
Trade Metal Plater	
Intended place of residence } (To be given as fully as practicable.)	Deceased.

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

DECEASED.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the 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.)

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

*Disch Book
26-9-17
J.S.*

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

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

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Montreal...... (Signature of Soldier.)

(Date) 7th Sept. 1917...... (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...1 years...37 days.

11. Confirmation of Discharge.

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

(Place) Montreal......

(Date).....

(Signature)

[Handwritten Signature]

MAJOR,



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.)

List of Discharge Documents

None.

<p>Attestation Paper, Militia Form B. 232</p> <p>Proceedings on Discharge, B. 218</p>	<p>Reg. Conduct Sheet, Militia form B. 203</p> <p>Company, Battery, Squadron } Conduct Sheet, B. 263a</p>
<p>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>	<p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 213</p> <p>Medical Report for Invalids, " B. 237</p> <p>Statement of Man's Account on Transfer and Last Pay Cert., " D. 877</p> <p>*Only if discharged "Medically unfit"</p>

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.

Reservations referred to in Part 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>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>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I have of my own free will request to be discharged from His Majesty's service.

Statement of Service.

The date to which the Record of Service is completed, years

Total Service

Confirmation of Discharge.

Signature of the Soldier

Signature of the Officer

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

20.7/16

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. 238084
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Chas. C. La. Flamme*
 Battalion *A. Unit M.H.C.C.*
 Beneficiary *Mary Louisa La Flamme*
 Relationship *wife*
 Address *555 Casgrain St. Montreal Que.*

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Dec 31</i>		<i>234</i>		<i>234</i>	<i>Loat. Chk 31-7-17</i> <i>S. A. account suspended until returns to C. E. F.</i>
					<i>Closed</i>
					<i>Acct Closed 31-7-17</i> <i>Discharged</i>
					<i>Pension Granted. NOV. 1-17.</i> <i>B.P.C. to Recover \$</i> <i>Clerk J.P.H. Date June 13-18</i>

B.L. June 14th/18

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.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

Name	
Address	
	Change of Address
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 40096-6-17-1772-39-1141
 L. L. 22320-M. & D. 7198.