

ORIGINAL.

Original

C

ATTESTATION PAPER.

No. 8473.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

11
28
31
33
37

- 1. What is your name? *Léonel Laqueux*
 - 2. In what Town, Township or Parish, and in what Country were you born? *82 Joseph de Beauce Prov Quebec.*
 - 3. What is the name of your next-of-kin? *82 Joseph de Beauce Côte Beauce PQ Can.*
 - 4. What is the address of your next-of-kin? *Mrs Laqueux*
 - 5. What is the date of your birth? *1st April 1883.*
 - 6. What is your Trade or Calling? *Soldier*
 - 7. Are you married? *No.*
 - 8. Are you willing to be vaccinated or re-vaccinated? *No*
 - 9. Do you now belong to the Active Militia? *No*
 - 10. Have you ever served in any Military Force? *No 3 yrs R.C.F.*
If so, state particulars of former Service.
 - 11. Do you understand the nature and terms of your engagement? *No.*
 - 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*
- L. Laqueux* (Signature of Man).
H. Boule (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,, 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.

16
83

L. Laqueux (Signature of Recruit)
H. Boule (Signature of Witness)
Date *22. 8. 15* 191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

L. Laqueux (Signature of Recruit)
H. Boule (Signature of Witness)
Date *22. 8. 15* 191 .

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 *Halifax* this *22* day of *August* 191 *5*

J. P. Williams (Signature of Justice)
J. P. for City and County of Halifax

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

..... (Approving Officer)

Description of Leonce Laqueux on Enlistment.

Apparent Age.....years.....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..... 7 ft. 7 ins.

Slightly bow legged

Chest measurement { Girth when fully expanded..... 36 1/2 ins.
 Range of expansion..... 3 1/2 ins.

Complexion..... *Medium*

Eyes..... *Hazel*

Hair..... *Dark Brown*

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants (Denomination to be stated.).....
 Roman Catholic..... *Yes*
 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*..... for the Canadian Over-Seas Expeditionary Force.

Date..... 1911



Place.....

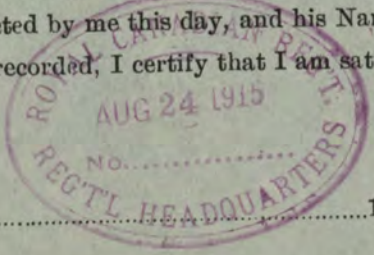
W. H. ...
 Medical Officer.
Ret.

*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.

Leonce Laqueux..... 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.



W. H. ...
 (Signature of Officer)

Date..... 1911

Commandg. Ret.

REGIMENTAL DOCUMENTS

NAME

Lagueux

Leonce

REGT. NO.

477502

UNIT

RCR Regt West

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

Category

DEATH

M

DISCHARGE

Category

03126

DESERTION

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

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

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

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

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

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

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

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)

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)

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)

1 Gas Card

1 R 122

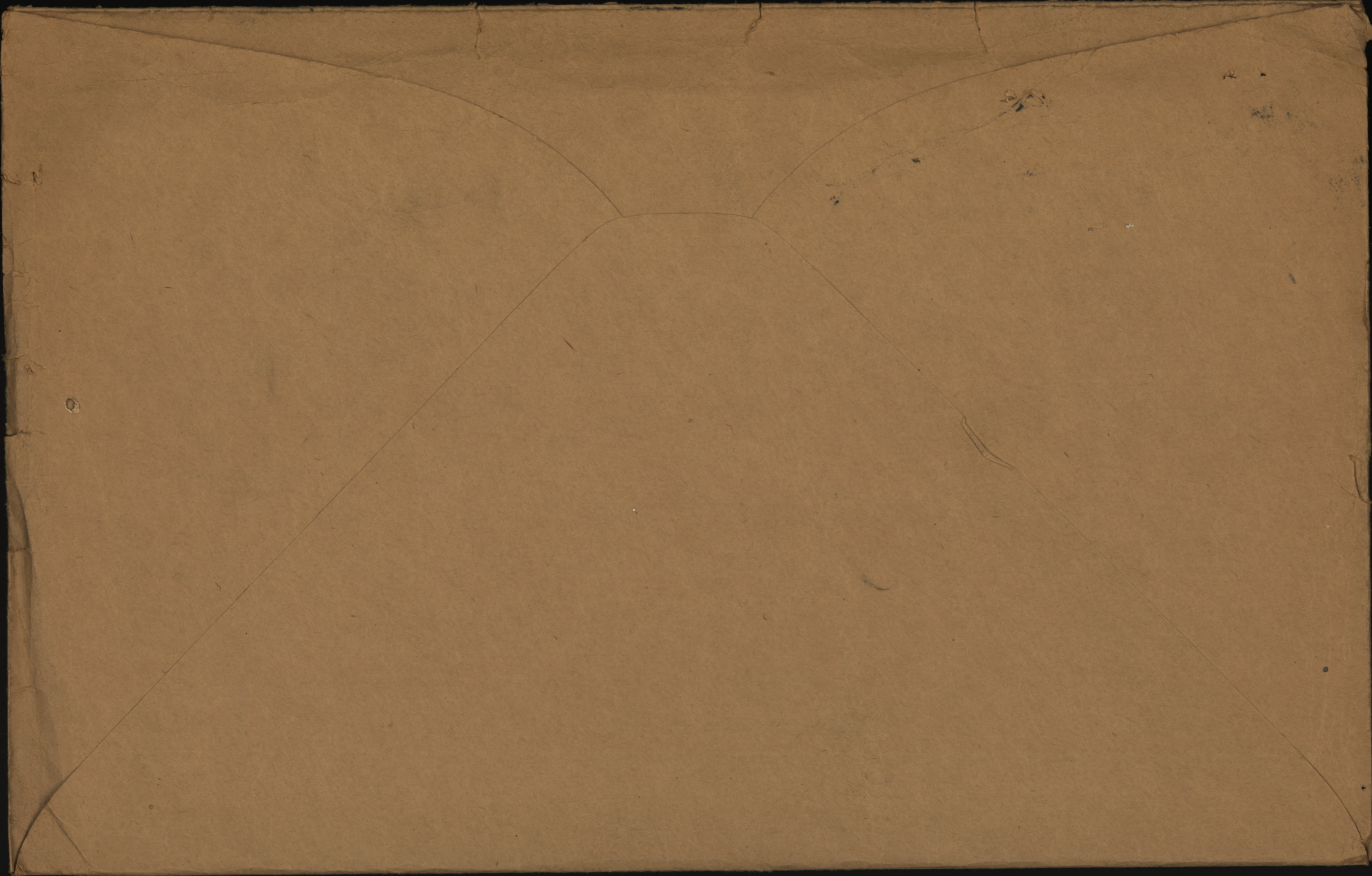
BOX

5308

*12-9
18-9
29-9*

11

M.X. 26/5/22



SURNAME.

Laqueux

CARD NO. ✓

CHRISTIAN NAMES

Leonce

FOLL.

REGL. No.

477502

RANK

Pte.

UNIT

R. C. R.

FORMER CORPS

R. C. R. (3 yrs.)

NEXT OF KIN.

NAMES IN FULL

Laqueux, Mrs.

RELATIONSHIP TO SOLDIER

not stated.

ADDRESS

St. Joseph De Beauce, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, St. Joseph De Beauce

DATE

Apr. 1st. 1883

PLACE OF ATTESTATION

Halifax, N. S.

DATE

Aug. 22nd. 1915

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Soldier

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

Not stated

YEARS

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Medium

EYES

Hazel

HAIR

Bl. Brown

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Not stated

DATE

Aug 24th 1915.

Present address, not stated.

H. Q. FILE No. 649-

REGT'L. No. 477502

NAME *Laguens*
~~Lafoux~~, Leonce

RANK AND CORPS

Rte. Royal Can Regt.

CABLE

NO.

DATE

NATURE OF CASUALTY

M5862 29-4-16

*Died of wounds No. 17 Gas. Clear.
Station, April 21st. GSW Thigh.*

OK

RCA Regt Depot

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 93

Died of Wounds.

No 17 Cas. Cl. Stn.

21-4-16

G.S.W. Thigh Right

649-2-1488

Number 477502 Rank Plt

Surname Laguens

Christian Name Leonce

Units R.C.R. Theatre of War France

Date of Service _____

Remarks _____

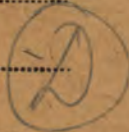
Latest Address Father Mr Evangelisto Laguens

St Joseph de Beauce P.Q.

Roll No. _____

1m-5-23-M63

B 366



B
V

DESP. JUN 20 1923

REGN. NO. 2525

Name Lagueux L. Rank Pte.

Reg. No. 477502

Unit Royal Canadian Regiment

R.I., 95, I. 462.

Next of Kin Canada

1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21.4	Died of Wounds		G.S.W. thigh Right A162		M5862.5/5/16	
Burial Report: Sheet 89						

elig for 1914-15 star Pte. R.C.R.

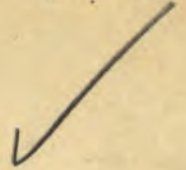
✓649-I-1488

H.A.Q.

✓ LAGUEUX, Le once, Pte. No.477502, R.C.R.

(M)

Medals (Father) Evangeliste Lagueux,
& Dec. St. Joseph de Beauce, P.Q.



10582

P.& S. (Father) (Same as above)

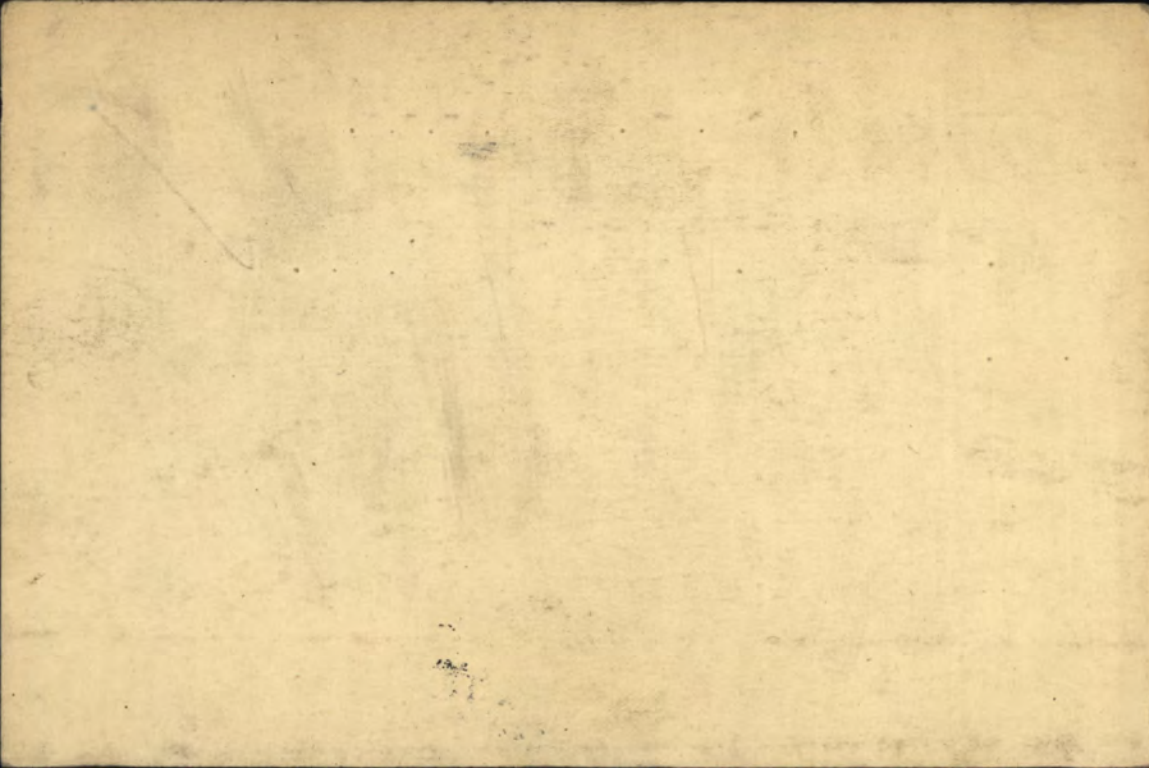
(Ser. #499456.)

Memorial Cross
(Mother deceased)

(Not married)

APR 14 1921
Serial Disp. _____ Regn. No. *2-35478*

with Pte. Disp. _____ Regn. No. *04703*



Surname *Laguena L.* Christian Name or Names Reg. No. *447502*

Rank *Pte.* Unit *Royal Can Regiment* Co. Troop Batty. Hospital Date of Admission

Transferred *# 17 Cas Coy Stet.* Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis *G. S. W. Thigh R.*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION *Died of Wounds* *21. 4. 16* Date

C.L. 1. 5. 16 493

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

R C R

Rank *PL* Name LAGUEUX Leonce

Reg'l No. 477502

Unit Royal Can. Regt If in perm. Corps, }
What Unit?

Married or Single Single

Place and Date of Enlistment 22nd Aug. 1915

Place of Birth St Joseph. de Beauce,
Prov. of Quebec.

Name and Address, Next-of-Kin Mr. Lagueux.

St Joseph de Beauce. Conte Beauce. Que

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

N. E. R. B. 7

Separation Allowance \$

Payable to

Relationship

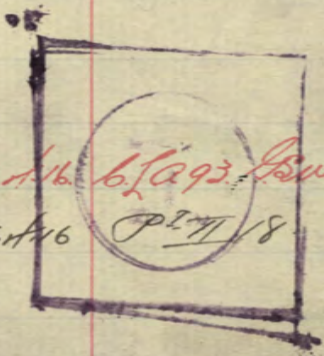
Discharge, Date and Place *Died of Wounds.*

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				
2 NOV 1915	"C"	<i>Embarked for France.</i>			
1.5.16	R. B. R.	<i>Died of Wounds.</i>	<i>17 Cas Alg St.</i>	<i>21. 11. 16</i>	<i>651293 Low High o. n.</i>
30. 1. 16	"	"	"	<i>21. 1. 16</i>	<i>P. 17/18</i>



Report

Record of promotions, reductions,
transfers, casualties, etc., during active
service. The authority to be quoted
in each case.

Place

Date

REMARKS
Taken from Official Documents

Date

From whom
received

FORM OF WILL.

I, Leona Laquer (Name in full)
Regimental Number 477502 serving in Royal Canadian
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

Evangeliste Laquer } Name & Address
St Joseph de Beauce } of person or
P. Quebec } persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Arthur Lassville } Name & Address
St Joseph de Beauce } of person or
P. Quebec } persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 13th day of October A.D. 1915.

Leona Laquer Signature.

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

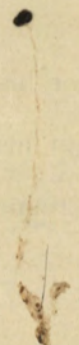
Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence, at
his request, and in the presence of each other have hereunto subscribed
our names as Witnesses.

Name of Witness W W Brighton
Address of Witness R C R
Occupation of Witness Soldier
Name of Witness G A Dryden
Address of Witness R C R
Occupation of Witness Soldier

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FORM OF WILL

Faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be a legal form with various sections and headings, but the specific words are too light to read accurately.



FORM OF WILL

I, Lionce Laqueux.....(Name in full)

Regimental Number 477502.....serving in Royal Canadian.....

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

bequeath
I ~~devise~~ all my real estate unto

Evangeliste Laqueux
St. Joseph de Beauce
P. Quebec

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

absolutely, and my personal estate I bequeath to

Arthur Sasseville
St. Joseph De Beauce
P. Quebec

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

NOTE

~~This space for the
appointment of
Executor if
necessary.~~

IMPORTANT In Witness whereof I have hereunto set my hand
NOTE this 13th day of October A.D. 191 5

This must be signed
and Dated by

THE SOLDIER
HIMSELF.

Lionce Laqueux.....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.....W.W. Creighton.....

Address of Witness.....R.C.R......

THE TWO
WITNESSES

Occupation of Witness.....Soldier.....

MUST
SIGN HERE

Signature of Second Witness.....G.A. Dryden.....

Address of Witness.....R.C.R......

Occupation of Witness.....Soldier.....

FORM OF WILL

MARSHALL

W. S. F. M. D. G. R. B. A.

B. H. T. J. L. F. A.

MARSHALL



no card 117

MEDICAL HISTORY OF

Surname Lagneux Christian Name Leonce

Examined { on 9 day of July 1913
 at Levee Camp
 Birthplace { City or Town St Joseph
 County DuRocher
 Apparent age 30 years
 Trade or occupation Soldier
 Height 5 Feet 7 Inches.
 Weight 137 Lbs.
 Chest measurement { Minimum _____ inches.
 Maximum expansion _____ inches.
 Physical Development Good.
 Small-Pox Marks nil
 Vaccination Marks { Arm Right Left.
 Number two

Approved by
J. T. Clarke Major
 (Rank) Major
 Medical Officer.

When Vaccinated last six months ago
 (a) Marks indicating congenital peculiarities or previous disease Slightly bow-legged
 (b) Slight defects but not sufficient to cause rejection

Examined for re-engagement
 day of _____ 191____
 *Considered _____
 (Signature) _____
 Medical Officer.
 *If unfit, state disability.

Re-vaccinated on 4 day of April 1914
 Arm Left Number one
 Result Successful.
 (Signature) W. P. Capron
 Medical Officer.

Enlisted on 9th day of July 1913 at St Joseph de Lewis, P. Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>P. Q. R.</u>	<u>9473</u> <u>477502</u>		<u>9.7.13.</u>
Transferred to.....				

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.

Surname *Lafayette* Christian Name *George*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day.	Month	Year.	Day.	Month	Year.				
<i>Quebec, P.Q.</i>	<i>9-7-13</i>										
<i>Bermuda</i>	<i>14-9-14</i>										
	<i>14 7 15.</i>						<i>Examined found fit for further service</i>		<i>W. A. R. R.</i>	<i>Captain Raul</i>	

Rank *5th* Name **LAGUEUX Leonce**

Reg'l No. **477502**

P-56

Unit **Royal Can. Regt**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **22nd Aug. 1915**

Place of Birth **St Joseph de Beauce,
Prov. of Quebec.**

Name and Address, Next-of-Kin **Mr. Lagueux.**

St Joseph de Beauce. Conte Beauce. Que

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason *Died of Wounds 2/4/16* Character *Casualty List No 93 RGR*



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
1 Sep.	30 Sep.	30	1 ⁰⁰	30 00	30	1 ⁰⁰	30 00		33 00			33 00			33 00		
1 Oct.	31 Oct.	31	"	31 00	31	"	31 00		34 10			146 00			146 00	19 50	
1 Nov.	30 Nov.	30	"	30 00	30	"	30 00		33 00	24	24	1 22			568	46 82	
1 Dec.	31 Dec.	31	"	31 00	31	"	31 00		34 10	71	71	4 46			1663	64 29	
1 Jan.	31 Jan.	31	"	31 00	31	"	31 00		34 10	157	157	5 23			523	93 16	
1 Feb.	29 Feb.	29	"	29 00	29	"	29 00		31 90	214	214	2 61			524	119 82	
1 Mar.	31 Mar.	31	"	31 00	31	"	31 00		34 10	259	259	2 62			523	148 69	
				21300			2130		23430	305	305	2 62			8561	148 69	
										439	439	2 61					

Statement of
AUG 7, 1915
Amount rendered

Cash found
effect
NR

BALANCE TRANSFERRED TO NEW LEDGER.

To Ottawa for
settlement see
file sheet

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *St Joseph de Beauce, Que.*
 NAME AND ADDRESS OF NEXT OF KIN *M^r Lagueux
 St Joseph de Beauce, route Beauce, Que.*
 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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. *H 47502* RANK *Private* NAME *Lagueux Leonce*
 IF IN PERM. CORPS (WHAT UNIT) UNIT *ROYAL CAN. REGT.*
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Halifax*
 DATE OF ATTESTATION *August 22/1915*
 ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE *Dis of Wounds 2/4/16* REASON AND AUTHORITY *Cas 293 & D.O. 18*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *2/4/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				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					1		2		3		4					1	2				3	4	CREDIT	DEBIT
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE												
<i>1/4 21</i>	<i>21</i>	<i>1.00</i>	<i>21.00</i>	<i>21</i>	<i>1.00</i>	<i>21.00</i>									<i>234.30</i>																				
<i>30/4</i>	<i>21</i>	<i>1.00</i>	<i>21.00</i>	<i>21</i>	<i>1.00</i>	<i>21.00</i>									<i>2310.488</i>						<i>523</i>					<i>85.61</i>	<i>14869</i>								
																																		<i>1</i>	
<i>H. E. Branch Sept 1/16</i>															<i>1665.6</i>										<i>166.56</i>									<i>To Ottawa for settlement 11/9/16.</i>	

Checked by [Signature]

Cash found in [Signature] NR.

Sageant

ANTITYPHOID INOCULATION.

FIRST INOCULATION.

Place

St. Georges Bld

Date

15-7-15

Batch Number of inoculation material

466

Date of preparation of inoculation material

Dose given

1/2 cc

Signature of Inoculator

[Handwritten signature]

SECOND INOCULATION.

Place

Date

Batch No. of inoculation material

Date of preparation of inoculation material

Dose given

Signature of Inoculator

W 5050—2296 25,000 11/12 H W V G, 06/522
1376—585 35,000 6/13

For insertion in Tablo & Medical History Sheet.



Casualty Form—Active Service.

Regiment or Corps Royal Canadian Regiment.

Regimental No. 477502. Rank Pte. Name LAGUEUX Leonce.

Enlisted (a) 22/8/15. Terms of Service (a) for 1 year or duration of War. Service reckons from (a) 22/8/15.

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				

<u>24/4/16.</u>	<u>D. B. N. C. S.</u>	<u>Died at Boulogne 21/4/16. from</u> <u>Wound thigh R.</u>	<u>Field</u>	<u>21/4/16.</u>	<u>A.A.G. Cdu See File C. 408.</u> <u>D.O.P.I.II c/o 18. dt 24/4/16.</u> <u>[Signature]</u> Lieutenant for Lt Col. A. A. G.
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(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				