

TRIPPLICATE

ATTESTATION PAPER.

No.

Folio.

B

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *LaRoche*
- 1a. What are your Christian names?..... *William Henry*
- 1b. What is your present address?..... *Richmond Ave*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Richmond, Que.*
- 3. What is the name of your next-of-kin?..... *Mrs Mary Ellen LaRoche*
- 4. What is the address of your next-of-kin?..... *Richmond, Que.*
- 4a. What is the relationship of your next-of-kin?..... *mother*
- 5. What is the date of your birth?..... *28th Oct 1882*
- 6. What is your Trade or Calling?..... *Conductor (G.P.R.)*
- 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, *William Henry LaRoche*, 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.

W H LaRoche (Signature of Recruit)

Date *Dec 16th* 191*5*. *W Adams* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Henry LaRoche*, 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.

W H LaRoche (Signature of Recruit)

Date *Dec 16th* 191*5*. *W Adams* (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 Que* this *16th* day of *Dec* 191*5*.

J Ogilvie (Signature of Justice)

Triplicate.

Description of *Wm Henry LaRoche* on Enlistment.

Apparent Age *27* years *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. *6* ins.

Chest measurement: { Girth when fully expanded *34 1/2* ins.
Range of expansion *3 1/2* ins.

Complexion *Dark*

Eyes *Brown*

Hair *Black*

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 *Dec 16* 191 *5*.

Place *Richmond Ave*

R. 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Henry LaRoche 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.

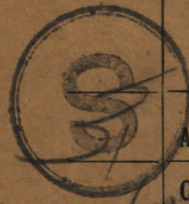
R. Del Johnson (Signature of Officer)

Date *DEC 18 1915* 191 *5*.

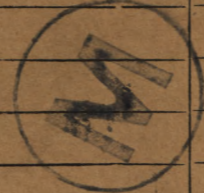
117TH EASTERN TOWNSHIPS,
O/S BATTALION C. E. F.

REGIMENTAL DOCUMENTS

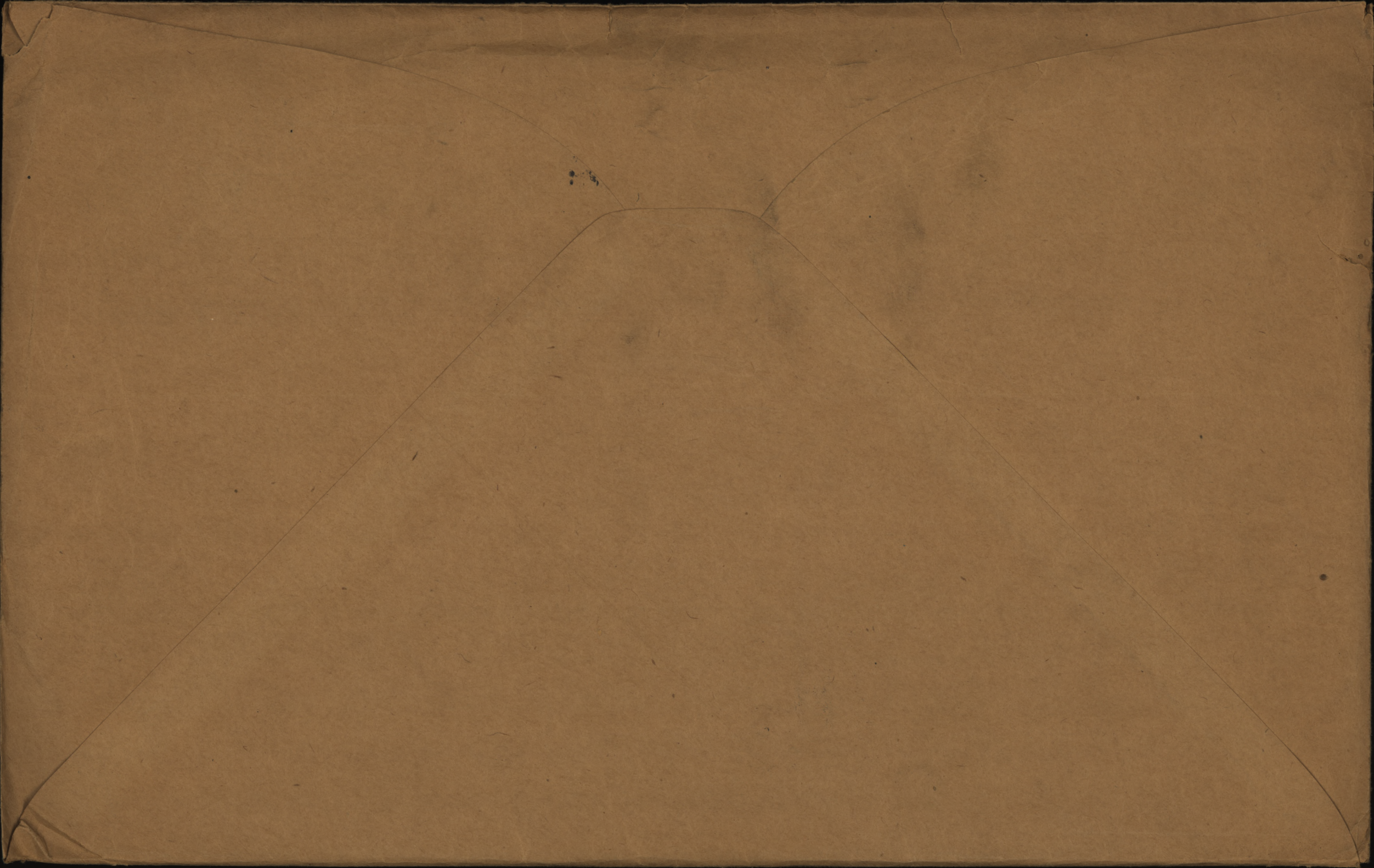
NAME *Laroche, William Henry* REGT. NO. *748176* UNIT _____ H. Q. FILE NO. _____



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				09774	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					DESERTION
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 cas card					15-14
1 M149					18-14
1 misc					29-16
1 portrait Will.					
1 R122					
1 Pay card					



M. X
19-70w



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

LAROCHE.

W.H.

748176.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

1st. QMS.

5CMR.

HOSPITAL

DATE OF ADMISSION

17. C.C.S.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

S.W. Chest Back Arm.

1.

2.

3.

DIED OF WDS. 31-10-17.

Rw.

DISPOSITION

C.L. 6-11-17. A55

DATE

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Number. 748176 Rank Plt

Surname. LAROCHE

Christian Name. William Henry

Unit 56th A Theatre of War France

Date of Service. 1-12-16

Remarks.

Latest Address Mrs. Mary Ellen La Roche (m)
Richmond P.D.

Roll No. B. Page 4790

921566 Insp

MAY 20 1921

649-L-10263

LAROCHE, William Henry - #748176 - Pte. - 5th C.M.R.

Not elig. for 14-15 Star 15931

Medals & Dec. (Mother) - Mrs. Mary Ellen LaRoche
JAN 20 1921 Richmond, Pa.
Scroll Desp. ----- Reqn. No. *11499*

Plaque Desp. *FEB 9 1922* Reqn. No. *P29027*
Plaque & Scroll (Father) - (Same address above)

Serial No 768050

Memorial Cross (Mother) - (Same as above)

AL *Dep.* JUL 24 1920 (m.) C. 16064.
(Not married)

M.

501

Name LA ROCHE Rank Pvt
 Unit 5th C. M. R.
 Next of Kin Canada

Reg. No. 748176

CS

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 30 10	8 Can 3rd Amb 7241	P. W. Chest & Back	AS7		6371	
31 10	<u>DIED OF WOUNDS at</u>					
	17 Gas. Co. Lg. Str.	SW Chest, & Back	AS7			7482

Name

~~LAROCHE~~ ^{LAROCHE}

^{William} W.E.

Rank

^{Henry} Pte.

Reg. No. 748176.

Unit

[✓] 5th. C.M.R.'s.

Next of Kin

[✓] Canada.

25 L 2152

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
------	----------	-------	----------	----------	-----------------	-----------

1917.

31-10-

O.C. 17 CAS CLR STN REPORTS.

DIED OF WOUNDS.

S.W. Chest Back &

Arm. 46303

Ass P. 90322.

70/11

Index

Date	Movement	Place	Casualty	List No. N/K O.	W. O. List
------	----------	-------	----------	--------------------	------------

NAME

RANK AND CORPS

CABLE

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

NO.

DATE

NATURE OF CASUALTY

M 6321
82-5

10-11-17

C.
Adm. to 8-B. Fed Amb. Depot.
Oct. 30th 1914 Issu Chest, back.M 6305-
9-4

5-11-17

Died of wounds. 17 Cas. Clear Str.
Oct. 31st 1917 Issu's Chest, back,
arm.

A 713 20900

Rouen
7-11-17Died of wounds received in action 17
Cas chy stat France or Belgium

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 55'	#17, Cas. Clear Stat.	31/10/17.	Died of wounds SW. Chest. back
A 57-2	#8 Can fld Amb.	30-10-17	Army SW? to Chest + Back.

649-L-10263

NAME

La Roche, William Henry

RANK & No.

Pte.

748/176.

CORPS. *117th*

Batt.

ENLISTMENT, PLACE

Richmond

DATE

Dec. 16th, 1915. S.

FORMER CORPS

Nil

COUNTRY OF BIRTH

Canada, Richmond, P. 2.

NEXT OF KIN

La Roche, Mrs. Mary Ellen (mother)

ADDRESS OF NEXT OF KIN

Richmond, P. 2.

DISCHARGE, PLACE

DATE

*Sailed from Halifax Per.
S.S. 'Empress of Britain'*

M. F. W. 22. 100 m.-9-15.

L. L. 85779-M. & D.-0011.

14-8-16⁵¹⁷

H. Q. 1772-39-839.

REMARKS:

18821

FORM OF WILL.

I, William Henry Larocke (Name in full)
 Regimental Number 748176 serving in 117th E.P. Batt.
 of the Canadian Expeditionary Force, do hereby revoke all former Wills
 by me made and declare this to be my last Will.

57895

I bequeath all my real estate unto

my mother, Mrs Mary Ellen Larocke } Name & Address
Richmond } of person or
Quebec } persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to

my mother Mrs Mary Ellen Larocke } Name & Address
Richmond, } of person or
Quebec } persons to receive
 personal estate*
 (see note).

In Witness whereof I have hereunto set my hand
 this 13th day of October A.D. 1916
W H Larocke 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 M McTier

Address of Witness Melbourne St

Occupation of Witness Capt 117th E.P. Batt

Name of Witness W M McCullough

Address of Witness Windsor Mills Quebec

Occupation of Witness Sgt 117th E.P. Battalion

ESTATES BRANCH,

DEC 3 1917

MILITIA DEPT.

FORM OF WILL

G. W. Wilson (Name in full)

Regional Number 117 residing in 117 St. Street

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 and personal estate to

Name & Address of person or persons to whom it is to go

W. Wilson
117 St. Street
absolutely and my personal estate I bequeath to

Name & Address of person or persons to receive personal estate (see note)

W. Wilson
117 St. Street

In Witness whereof I have hereunto set my hand

this 10th day of October A.D. 1917

G. W. Wilson signature

Witnesses

signed and acknowledged by the Testator as and for his last Will in the presence of at least two persons, who in the presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses

Name of Witness W. Wilson

Address of Witness 117 St. Street

Occupation of Witness 117 St. Street

Name of Witness W. Wilson

Address of Witness 117 St. Street

Occupation of Witness 117 St. Street

MEDICAL HISTORY SHEET.

Surname La Roche Christian Name William Henry

Examined { on 16th day of December 1915
at Richmond Ave
Birthplace { City or Town Richmond
County Richmond P Ave

Approved by P. De L. Johnson
Rank Richmond Ave

Apparent age 27 years
Trade or occupation Conductor on Railway
Height 5 Feet 6 Inches
Weight 145 Lbs.
Chest measurement { Minimum 31 inches
Maximum expansion 34 1/2 inches
Physical development Fair
Small-Pox Marks 0

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT, M.O.

Vaccination Marks { Arm Right 0 Left checked
Number one
When Vaccinated last 1908

Table with columns: Date, Result, VACCINATIONS, M.O.

(a) Marks indicating congenital peculiarities or previous disease 0

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC., M.O.

Enlisted on 16th day of Dec 1915 at Richmond

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 117th Eastern Townships, O/S Battalion C. E. F., 748176, and dates NOV 30 1916, NOV 27 1916.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

117th EASTERN TOWNSHIPS

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps OVERSEAS BATT., C. E. F.

Regimental No. 748176 Rank Private Name William Henry LaRoche
C. E. F.

Enlisted (a) 12/16/15 Terms of Service (a) Duration of War Service reckons from (a) 12/16/15

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) _____

CERTIFIED CORRECT.
8 DEC. 1916
CAN. RECORDS LONDON

Report Date	From whom received	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.
		Embarkation	Canada	Aug 14/16	
		Arrival	England	Aug 24/16	
		Proceeded for Overseas Service. NOV 27 1916 Part II Order. 784 <i>Transferred to 5th C.M.P. NOV 30 1916</i> <u>Stewart</u> , Lieut. & Asst. Adjt. for O.C. 117th E.T. Batt. C.F.			
		O.C.C.B.D. Landed in France. Taken on strength 52nd ^{5th} Cdn. Bn. 1/2/16		Nom. Roll d/ Pt II D.O. 7 d/ 8/12/16	
		Left for Unit ^{3rd Cdn. Bn.} 24/12/16		Nom. Roll d/ 22/12/16	
		O.C. 52nd Bn. Arrived Unit for duty 25/12/16		B-213 d/ NK.	
29-12-16	do	Left for unit	India	29-12-16	708
30-12-16	unit	Joined do	do	29-12-16	B213. Des 193 8/17.
31.10.17.	17625.	Died of wounds (Action in action).	17.625.	21/10/17.	No 1842-52/17 of 3/10/17. file 16. 16-29276. 102 7/1/17.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

TLH. Rank Name LAROCHE, William Henry
 Unit 117th. Bn. If in perm. Corps, What Unit? Married or Single Single.
 Place and Date of Enlistment Richmond, Que. Dec. 16th. 1915. Place of Birth Richmond, Que.
 Name and Address, Next-of-Kin Mrs. Mary Ellen LaRoche,
 Richmond, Que. Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 9877
 File R.L. 252 2152
 Category D of W.

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

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.				
		Arrived in England.	Emp. of Britain	24 AUG. 1916	
1.12.16	O.C. 117	Transferred to 5 th C.M.R.	Seaford	30.11.16	S.O.P. II 284 D.S.M.
8.12.16	5th. C.M.R.	Taken on strength,	Field.	1.12.16	Pt. 2, 0-87
4.11.17	1 Q.R.	adm 8 can fld amb	96 Field	30.10.17	62 a 57 2nd Lt 130-4
5.11.17	1 Q.R.	Died of wounds 1 st Gas bearing Staf	Field	31.10.17	62 a 55 r S.O. 102 of 7.11.17 - 5 th C.M.R.

A.F.B. 100 UNLOCKED
 6 DEC. 1916



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

Mrs A. Laroché

Name of Soldier

Laroché Jm A. 117 Bat "D" pte

PAYMENTS.

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

748176
20.⁰⁰

Remarks.

SEP 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>J 149351</i>	<i>20</i>	
Oct.		<i>J 23129</i>	<i>20</i>	
Nov.		<i>J 26486</i>	<i>20</i>	
Dec.		<i>L 34975</i>	<i>20</i>	
Jan.	1917	<i>M 39173</i>	<i>20</i>	
Feb.		<i>V 41050</i>	<i>20</i>	
March		<i>M 51951</i>	<i>20</i>	<i>20 W</i>
April		<i>L 3067</i>	<i>20</i>	<i>20 Ch</i>
May		<i>L 9489</i>	<i>20</i>	
June		<i>J 15882</i>	<i>20</i>	<i>D</i>
July		<i>L 23512</i>	<i>20</i>	<i>B.</i>
Aug.		<i>V 29353</i>	<i>20</i>	
Sept.		<i>O 37477</i>	<i>20</i>	<i>J.C.F.X. \$300.⁰⁰ 30/11/17. B.M. March 20/11/17.</i>
Oct.		<i>W 44870</i>	<i>20</i>	<i>Out closed 30/11/17. Cas B.M. March 20/11/17.</i>
Nov.		<i>X 48772</i>	<i>20</i>	<i>Charge X 48772 cancelled B.M. March 20/11/17.</i>
Dec.				
Jan.	1918			<i>300.⁰⁰ B</i>
Feb.				
March				
April				
May				
June				
July				

N.B.

J

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs A. L. Laroche*
 Address *Richmond*
P. O.

By Whom Assigned *Laroche* *W. H.*
 Regtl. No. *748176*
 Rank *pte*
 Corps *117 Batt "10"*

Rate *20.⁰⁰/₁₀₀*

SEP 1 1916

PAYMENTS

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



Pensions Notified Date *20/1/17*.....
 Killed in Action
~~Died of wounds~~ Date *31/10/17*.....
 Missing
 U. I. (*48*) *6/1/17* Clerk *B. M. Marsh*
 Date Noted *20/1/17*..... 191

11.6

No. 20. GENERAL HOSPITAL, CAMIERS.

Discharged to Duty.

13-12-17. 189521. Taylor, H. (58) Scabies. Mild.

No. 25. GENERAL HOSPITAL, HARDELOT.

14-12-17. 746115. L/Cpl. Stafford, H. (116) F.U.O. & Scabies.

Discharged.

14-12-17. 171907. Horlock, R. (4CMR) Influenza.

No. 26. GENERAL HOSPITAL, ETAPLES.

15-12-17. 105322. Abramovitch, P. (4CMR) N.Y.D. Mild.

No. 51. GENERAL HOSPITAL, ETAPLES.

16-12-17. 1004241. Bernard, J. (4CMR) V.D.G.

16-12-17. 633515. Marier, F.O. (4CMR) V.D.G.

Discharged.

12-12-17. 633626. Howard, M.S. (4CMR) V.D.G. Mild.

15-12-17. 445044. LaPointe, A. (58) V.D.G. Mild.

15-12-17. 644693. Marshall, C.T. (116) V.D.G.

15-12-17. 158709. Williams, H.W. (4CMR) V.D.S.

No. 2. CANADIAN STATIONARY HOSPITAL, OUTREAU.

748176 Ple. La Roche, W.A.

AR 608 Sept 21/17 = 100 fcs. 17.85.
647 Oct. 4/17 20 3.57.

21.42

93.38
21.42

\$71.96 ✓

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Richmond Qu.*

NAME AND ADDRESS OF NEXT OF KIN *Mary Ellen Laroche*
Richmond Qu.

RELATIONSHIP OF NEXT OF KIN *Mother*

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 *Died of Wounds*

EFFECTIVE DATE *31/10/11*

AUTHORITY *C.L.A.S.S. 5/11/17*

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *748176* RANK *Po.* NAME *Laroche William Henry*

IF IN PERMT. CORPS WHAT UNIT *117th Eastern Townships, O/S Battalion C. E. F.* TRANSFERRED TO *5 R.M. C.* DATE *16-12-16* AUTHORITY *F.T.O. 212*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *P. Dead* DATE *1/11/17* AUTHORITY *C.L.A.S.S. 5/11/17*

PLACE OF ATTESTATION *Richmond Qu.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Dec 16/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *Sept 17/16*

PAYABLE TO *Mrs. A. L. Laroche* *Richmond Qu.* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Entered on N.E. Card Index*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Checked by C. J. J. J.*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Checked [Signature]

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	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1	2	3	4	1	2	3	4				CREDIT	DEBIT			
<i>July 1-9-16</i>									<i>19 10</i>	<i>19 10</i>										<i>19 10</i>				<i>Released from Canada.</i>	
<i>30-9-16</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>00</i>			<i>33 00</i>	<i>102 29/16</i> <i>Leo 15/9/16</i>			<i>2 43</i>			<i>20 00</i>	<i>2 20</i>	<i>44 10</i>	<i>8 00</i>					<i>d. 20 Sept. 20yo. pay P.T.O. 212</i>	
<i>1-10-16</i>									<i>34 10</i>	<i>131 15/10/16</i> <i>184 27/10/16</i>			<i>2 43</i>	<i>4 86</i>		<i>20 00</i>		<i>27 29</i>	<i>14 51</i>						
<i>1-11-16</i>									<i>33 00</i>							<i>20 00</i>	<i>4 10</i>	<i>24 10</i>	<i>23 91</i>					<i>P. 4005-92-9-11-16.</i>	
<i>1-12-16</i>									<i>16 50</i>	<i>76 29/16</i> <i>312 19/11/16</i>			<i>7 44</i>	<i>2 43</i>		<i>20 00</i>		<i>32 87</i>	<i>15 34</i>					<i>To 5th month</i>	
<i>31 12 16</i>	<i>16</i>	<i>1</i>	<i>16</i>	<i>10</i>	<i>16</i>	<i>10</i>			<i>14 60</i>					<i>4 36</i>			<i>4 36</i>	<i>28 38</i>							
<i>1917</i>			<i>12</i>	<i>20</i>	<i>12</i>	<i>20</i>																			
<i>1/31-1-17</i>	<i>31</i>	<i>1.00</i>	<i>34</i>	<i>10</i>					<i>34 10</i>	<i>1379 5/11/17</i> <i>1410 24/1/17</i>			<i>5 24</i>	<i>4 36</i>		<i>20</i>		<i>29 60</i>	<i>33 08</i>						
<i>1/20-2-17</i>	<i>28</i>		<i>30</i>	<i>80</i>					<i>30 80</i>	<i>1534 28/1/17</i> <i>1680 28/1/17</i> <i>1570 1/17</i>			<i>3 49</i>	<i>2 61</i>		<i>20</i>		<i>23 49</i>	<i>40 39</i>						
<i>1/31-3/17</i>	<i>31</i>		<i>34</i>	<i>10</i>					<i>34 10</i>	<i>1101 5/1/17</i> <i>1642 2/17</i>			<i>2 61</i>	<i>3 49</i>		<i>20</i>		<i>40 05</i>	<i>34 44</i>						
<i>1/30-4/17</i>	<i>30</i>		<i>33</i>	<i>00</i>					<i>33 00</i>	<i>40 8/4/17</i>				<i>2 61</i>		<i>20</i>		<i>22 61</i>	<i>44 83</i>						
<i>1/31-5/17</i>	<i>31</i>		<i>34</i>	<i>10</i>					<i>34 10</i>	<i>88 30/4/17</i>			<i>2 61</i>			<i>20</i>		<i>22 61</i>	<i>56 32</i>						
<i>1/30-6/17</i>	<i>30</i>		<i>33</i>						<i>33</i>	<i>141 31/5/17</i>			<i>2 61</i>			<i>20</i>		<i>22 68</i>	<i>66 64</i>						
			<i>333</i>	<i>30</i>						<i>19 10 352 40</i>			<i>27 59</i>	<i>43 15</i>	<i>8 72</i>	<i>200</i>	<i>6 30</i>	<i>285 76</i>							

Statement of
MAR 29 1918
71.96 6/3

Pay Book Checked 15/2/18
[Signature]

748176 Pte Laroche. W. H.

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	No. OF DAYS	RATE	No. OF DAYS	RATE				1	2	3	4	1	2	3	4				CREDIT	DEBIT								
																										\$	C.	\$	C.	\$
June		333	30						19	10	352	40					27	59	43	15	8	72	200	6	30	285	76	66	64	
July 31		34	10								34	10											20		80		80	74		
Aug 31		94	10								34	10	263	197			2	68	5	35			20		28	03	86	81		
Sept 30		33									33		273 423 338	574 475			2	68					20		36	07	83	74		
	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLOC. ENG.					38	31	56	53	8	72	260	6	30	369	86			
Sept 30	Forward		83	74	117					83	74																			
Oct	P Pay		34	10						20	97	84																		
Nov.			34	10						20																				
					AR 699.5 ⁰⁰ CR 12/19	446				446																				
										9338																				
1918					Balance transferred to N. E. Branch					9338																				
1918	Mar				0 ⁰⁰ 3 ⁰⁰ AR 671 P. 04					89	81																			
					5 ⁰⁰ C.M.R. 11/10/17. V. 27. L. 1044 3 57					71	97																			
					0 ⁰⁰ 17 ⁰⁰ AR 608 P. 04 by 5 ⁰⁰ C.M.R.					69	29																			
					27/9/17 Von 27 L. 1044 17 84					2	68																			
					0 ⁰⁰ 2 ⁰⁰ AR 593 P. 04 by 5 ⁰⁰ C.M.R.					2	68																			
1918	April				19/9/17 Von 27 L. 1044 17 84					2	68																			
					41 ⁰⁰ 20 Ottawa for settlement					71	90																			
					17/11/18 Von 18. NER 32/11					2	67																			
1918	June				bal words					2	67																			
Aug	1 ⁰⁰ D. 1				Pay ii 0					NIL																				

See A.D. at 11
200. B. R. 100. 12
1918

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Sep 1/16

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20.</i>			
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26860

PARTICULARS OF SEPARATION ALLOWANCE

No.

748176

Rank

Pte. Promoted

Reverted

Discharge

Soldier's Name

Wm. H. Larroche

Battalion

117 Battr. D Coy.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Mrs. A. L. Larroche

Address

Richmond P.O.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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Nov 30

300

300

*Account closed 30. 11. 17
Died of wounds 31. 10. 17.
Pensions notified 20. 11. 17.*

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

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 25320-M. & D. 1953.