MOBILIZATION CENTRE M. D. 5

5th. M. D. 1st. Depot Battalion 2nd. Quebec. Regiment

Regtl. No. 3290688

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class one)

1. Surname: Mercier
2. Christian name: Joseph Gilbert Valere
3. Present address: Old Lake Road Temiscouata Co. P.Q. Canada
4. Military Service Act letter and number: 179206 E.C.
5. Date of birth: 16 th. May 1893
6. Place of birth (town, township or county and country): Riviere Ouelle Kamouraska Co P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Machinist
10. Name of next-of-kin: Gilbert Mercier
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: Riviere Ouelle, Kamouraska Co. P.Q. Canada
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act:—

(a) Place Quebec (b) Date 27/7/18 (c) Category A2

DECLARATION OF RECRUIT

I, Joseph Gilbert Valere Mercier, do solemnly declare that the above particulars refer to me, and are true. Joseph Gilbert Valère Mercier

Valère Mercier (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	25	yrs	2	mths.
Height	5	ft	7	ins.
Chest measurement	fully expanded		35½	ins.
	range of expansion		1½	ins.
Complexion	Brown			
Eyes	Gray			
Hair	Black			

Distinctive marks, and marks indicating congential peculiarities or previous disease.

118

M. S. A.

O. C. Depot Btn.

O. C. MOBILIZATION CENTRE M. D. 5

Regt.

Place Quebec Date 27/7/18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class one

1. Surname	Morter
2. Christian name	Joseph Gilbert Velore
3. Present address	Old Dixie Road Cainsonville Co. L.., Canada
4. Military Service Act, 1917, Class and number	175908 C.G.
5. Date of birth	19 Jun. May 1893
6. Place of birth	Wilvore County Lamourania Co. L.., Canada
7. Married or widower or single	Single
8. Religion	Roman Catholic
9. Trade or calling	Machinist
10. Name of employer	Gilbert Morter
11. Relationship to employer	Father
12. Nature of business	River Cheese Lamourania Co. L.., Canada
13. Whether an insurer of his life under Act of Parliament	No
14. Whether in receipt of pay or allowance as naval or military	None
15. Medical Examination under Military Service Act	
16. Place	Date

DECLARATION OF RECRUIT

I, Joseph Gilbert Velore Morter

do solemnly declare that the above particulars are true and correct.

(Signature of recruit)

DESCRIPTION ON CALLING UP

Complexion	Dark		
Eyes	Brown		
Hair	Black		

Distinctive marks, and marks indicating some mental or physical peculiarities or infirmities.

MERCIER, JOSEPH GILBERT VALERÉ. Reg. no. 3290688, Pte. 2nd Gen. Reg. 7th Battn.

O. H. M. S.

Demob

17769

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UNIT [illegible] 1

M.7.20 [illegible] 1942. 1

Medical Examination upon leaving the service (AMS 1075) 1.

1 Casualty 1

R149
B122-1

M.F.B. 270.
850M-5-18
H. Q. 1772-39-67

mt 24.2.21

Bailey Aust

1
48 — 8
16 — 8
12 — 9

Reb

btg. M. 52218

B

Number. 3290688 Rank. Spr

Surname. MERCIER

Christian Name. Joseph Gilbert Valere

Units. C.R.T. Theatre of War. England

Date of Service. 9-9-18.

Remarks. Father - Gilbert Mercier (D)

D 29/20

Latest Address. Riviere Ouelle Wharf.
~~Kamouraska Co.~~, P.Q.

Roll No. a Page 863.

No. Rank Name

T. O. S. Unit

M. D.

PAID FROM	PAID TO	SIG. OR REC'T

DEEP. JAN 13 1925

REGN. NO. 9406

9406

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

LEDGER NO. _____ SERIAL NO. B20188 13

REG. NO. 3290688 NAME Mercier J G

RANK Pte CORPS J G C AGE 25 SERVICE 6 5/12 E 4/12

HOSPITALS	DATE OF ADMISSION
1 St Annes de Bellevue Montreal	25-4-19
2	
3	

DIAGNOSIS Epilepsy S C R

TRANSFERRED TO _____

DISPOSITION Dis to unit 15-1-20 CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

SOS 152-19 Demob MD4

MERCIER, Ex-~~Pte~~ Spr. Joseph Gilbert Valere. #3290688, H.Q. 649-M-52218. C.R.V.D.

M. & D. (Father) Gilbert Mercier,
Riviere Ouelle Wharf, P.Q.

P. & S. " Ditto.

Mem. C. (Mother) Henrietta Mercier,
(Address as above)

England only

Elig for B.&W.M.

49111

MAS

Form R. 149.

JOSEPH GILBERT VALERE

N.F.

Name MERCIER Rank SPR Reg. No. 3290688

Unit CRT D

Next of Kin GILBERT MERCIER RIVIERE OUELLE KAMOURASKA CO. PQ CAN

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10.10	18	Mil. Hosp	Purfleet	Influenza	C 331		28515
15-10		Discharged		-do-	B 335		4709

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

H. Q. D 2-9-20

M. D. No. 54

Surname Mercier

T. O. S. July 27th 1918.

Christian names Joseph, Gilbert, Valere

D. O. Pt. II 231 of 19-8-18

Regtl. No. 329066 Rank Pte

S. O. S. 18-2-1919

Unit ~~2nd Que Regt 1st Dep Bn~~

Reason "Demob"

Rly. Con. Erg. Tr. Dep. (126th RD)

Auth 1005 of 20-2-19 4th C.G.B. 4

Next of kin Mercier Gilbert

Relationship Father

Address Riviere Ouelle, Kamouraska Co. P.Q.

Also notify:

BORN—Place Canada Riviere Ouelle P.Q.

Date May 16th 1893

ATTESTED—Place Quebec P.Q.

Date July 27th 1918

O/S 24-8-18 1396

R/C 14-12-18 232/264 4.

W. 22—100M-7-18. 1772-39-839

NAME Mercier J. G. V. REGT. No. 3290688

RANK AND UNIT Spr. Cav. Aly. Trps

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS CRT
C331	Mil. Purfleet	10/10/18	influenza
C331	Discharged	15/10/18	"

*Name MERCIER Joseph G Rank Spr. Regtl. No. 3290688

Fyle Depot 19-M-548

Original unit C.P.P.D Present unit DD 4 M. or S. S Age 25 Religion R.C Ref. H.Q.

Port, ship and date of arrival Halifax Olimpic 14-12-18

Next of kin Gilbert Mercier (F) Riviere Quelle Kamourasla Co. Que

Address on leave as above

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Machinist Date and place of enlistment 27-7-18 Quebec

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
19-12-18	TOS from O/S 7-12-18 posted to Casualty Co	
	15-12-18 Furlough w-s to 3-1-19	245

*—Name will be given in full; surname first.

(over)

Date	Remarks	Pt. 2 Order No.
18-1-19.	S.O.S. On transfer from Casualty Coy. to 4th. Bn. C.G.R.	
	effect. 16-1-19. Auth. MD #4 59-6-1. 18	Page 6

M. F. W. 192
5m.—12-18
1772-39-1243

Surname	Christian Name or Names	Reg. No.
Mercier	J. G. V.	3290688
Rank	Unit	
Pl.	Dp. C.R.T	

Cas. List.	
11. 10. 18 6331	Mil. Hosp. Purfleet 10.10.18
16.10.18 6335.	Influenza. Rw
	Ulo. 15.10.18.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.E.C. London.

D.M.S.1300. 50M-30-8-18.

Cas. List.

Form R 122. 126th-Dft. C. R. T. to C. R. T. D.
10287—65M—28-7-17.

BT

Rank — Name MERCIER, Joseph Gilbert Valere — Reg'l No. 3290688

Unit — If in perm. Corps, What Unit? — Married or Single Single

Place and Date of Enlistment Quebec, 27th July 1918 — Place of Birth Riviere Ouelle Kamouraska Co. PQ

Name and Address, Next-of-Kin Gilbert Mercier

Riviere Ouelle Kamouraska, Co. P.Q. Can — Relationship Father

Assigned Pay Monthly $ — Payable to

Relationship

Separation Allowance $ — Payable to

Relationship

Discharge, Date and Place — Reason — Character

M4 24-2-21 mas

N/E. R.B. No. 5287
File R.L.
Category O R CAN

Report. Date.	Report. From whom received.	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
		Arrived in England		9-9-18	S/S KILDONAN CASTLE
9.9.18	C.R.T.D	To Ld on arrival from Canada Spr Reinflest		9.9.18	PAY. 250
7.12.18	" "	SOS of the C.R.T.D to the C.R.T. in Bonnow	"	7.12.18	-1-.339.

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.					

List 9.6

3290688

M.S.A., 15.

~~O. IN C. No. 1~~

Original

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname: Mercier — Christian name: Joseph Gilbert Valere

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule: 179206 E.C.

3. Consecutive number on schedule of men reporting for service (if he appears on it):

4. Address (including street and number, if any): old Lake road Co Temiscouata

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27 day of July 1917, by the undersigned medical board sitting at Levis

5. Age as stated: 23 Years 2 Months. 6. Apparent age: 23 Years 2 Months

7. Height: 5 Feet 7 Inches. 8. Weight: 118 Pounds.

9. Chest measurement: Minimum 34 Ins. Maximum 36½ Ins. 10. Complexion: Fair Eyes: Grey Hair: Brown

11. Physical development: Good / Fair / Poor — Good 12. Smallpox marks: None

13. Number of vaccination marks: Right arm — Left arm — 14. When vaccinated last: None

15. Distinctive marks and marks indicating congenital peculiarities or previous disease: Hernia 2 lower legs.

16. Slight defects but not sufficient to cause rejection:

The man denies having had: Rheumatism / Tuberculosis / Syphilis — We find no evidence of past: Rheumatism / Tuberculosis / Syphilis

(Strike out disease admitted or suspected.)

15-2-19

R.V. 20/30
L.V 20/30
Hearing Normal

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

H. Gillespie Lt. Col. President.

Member. Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
29-7-18		P. Stellwell M.O.	29-7-18		M.O.
		M.O.	8/8/18	1 cc sgle	R. Grand capt M.O.
		M.O.	16/8/18	1 cc sgle	R. Derick Lunt M.O.

Joined 27 day of July 1917 at Quebec

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3290688		27/7/18
Transferred to	Canadian Engineers.			17-1-19

4th Do Canadian Garrison Regiment, C.E.F. MONTREAL

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
ST. JOHNS, P.Q.	AUG 2 1918	Underdeveloped	B2 H. H. Gagne Capt. President, Medical Board, St. Johns, P.Q.
Pinfleet	12/9/18	A	E. S. French Capt.
Pinfleet.	26.11.18		A Thomas Campbell Capt.

N.B.—This sheet is 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.

Unfit — 11/4/19 — Me A2 H. E. Vincent

Surname Mulvey Christian Name Joseph Silvey

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
Military Hospital, Purfleet, Essex.		8	10	18	15	10	18	Influenza	8	Complained of pain all over T100, Sod Sal., Discharged fit to Duty	Harry R. Goos LT. MORC

MOBILIZATION CENTRE M.D. 5

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

M. F. W. 54. (A. F. B. 198.)
500M.—9-16
H. Q. 1772-39-9-10.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Bataillon 2nd Quebec Regh't C. E. F.

Regimental No. 3290688 Rank Private Name Mercier Joseph Gilbert Valere

Enlisted (a) 27/7/18 Terms of Service (a) Duration of War Service reckons from (a) 27/7/18

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) Machinist

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				
Trans to		ENGINEER TRAINING DEPOT	St. Johns P.Q.	27-7-18	#215
		Embarked.	Sydney.	27-8-18	
		Disembarked.	London	9-9-18	
9-9-18	C.R.T. Depot.	Taken on strength on arrival from Canada.	Purfleet.	9-9-18	Part 2 D.O.250
-10-18	C.R.T. Depot.	S.O.S. on transfer to 16th Reserve Battn.	Purfleet.	11-10-18	Part 2 D.O.282.
			Lieut. for O.C. Can. Railway Troops Depot.		

S·O·S C R T D 3.12.1918
ON EMBARKATION TO CANADA
7.12.18 Sailed for Canada

Lieut,
for O.C. Canadian Railway Troops Depot.

(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.

[P.T.O.

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				
16-1-19.	D.D.#4	S.O.S District Depot #4 on transfer to 4th Bn Canadian Garrison .Rgt. T	Montreal.	16-1-19.	Auth Pt.11.D.O.18 . Lieutenant, Assistant Adjutant, District Depot No. 4.
4 Egt R.	18. 2. 19	STRUCK OFF STRENGTH 4TH BN. C. G. R. C. E. F. AUTH, PP. II D. O. upon demobilization	951.	30.1.19	Lieut, Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F.

CASE HISTORY SHEET.

Military. Hospital. Ste. Anne de Bellevue, Que. Station

No. 3290688 Rank Pte. Name Mercier, J. Age 25.

Unit S.C.R. Completed years of service (Where and how long) C. 5/12. E. 4/12. F. nil.

Date of admission 25-4-19. Date of discharge JAN 15 1920

Diagnosis Epilepsy Place of origin 1919 Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints.- Weakness and inability to use right arm and leg.

History. - Present condition began about two months ago. Enlisted July 27th, 1918, got as far as England, never sick before the present time. The condition began after his discharge, with first a foot drop, right foot. There was no paralysis, or loss of sensation of the limb; following this he was seized with a severe shaking of the body on th right side only. In two months he had about twelve of these attacks. Has no idea what caused the condition. No history of trauma. No history of venereal infection

Treatment. - Capt. Robertson examined the patient this morning. He is

Dec. 8th, 1919. of the opinion that there is ankle clonus, and not sustained Babinski's Appenherms on right ~~left~~ side, and suggests a tubercular test. B.P. 125/90.

Dec. 8th, 1919.- Eyes Exam. - R.V. normal, L.V. Normal, Fundi normal. (Sgd) Lt. Col. McKee.

Dec. 15th, 1919. - Patient was given Phenarsenyl 0.5. this morning at 10 A.M. for a provocative test. Patient has had a so severe reaction; chills, vomiting, headache, flushing of face. At night about 10 P.M. blood taken for Wasserman reaction.

Dec. 16th, 1919. Blood Wasserman, positive X. (Sgd) Capt. Rabinovitc

Dec. 17th, 1919.- Urinalysis - Clear, acid, 1022, no albumen, no sugar. Micro - Negative.

Dec. 27th, 1919.- Capt. Powell and Capt. Robertson are of the opinion that a course of salvarson be given owing to the severe reaction and the positive Wasserman.

Diagnosis. - Jacksonian epilepsy, probably due to cortical meningeal irritation - With signs observed on Dec. 6th, 1919, the there is no doubt that there is no functional element in this case, but purely organic.

FAMILY HISTORY (Tuberculosis, mental or nervous disease.) Venereal diseases are denied, and there are no medical papers to show that patient has had any such diseases while in the army.

Dec. 30th, 1919.- Injection Phenarsenyl ~~0.6~~ 0.4 intravenously No reaction. Urinalysis negative.

Jan. 7th, 1920. - On swelling in wrist and ankle joint, surgical opinion is requested.

TREATMENT (Especially any specific or special form.)

CONDITION ON DISCHARGE (and disposal made of case.) 15-1-20. Discharged from Mil. Hospital on its being taken over by the S.C.R.

Date 15-1-20.

R Michaud Capt
Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

B20188

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

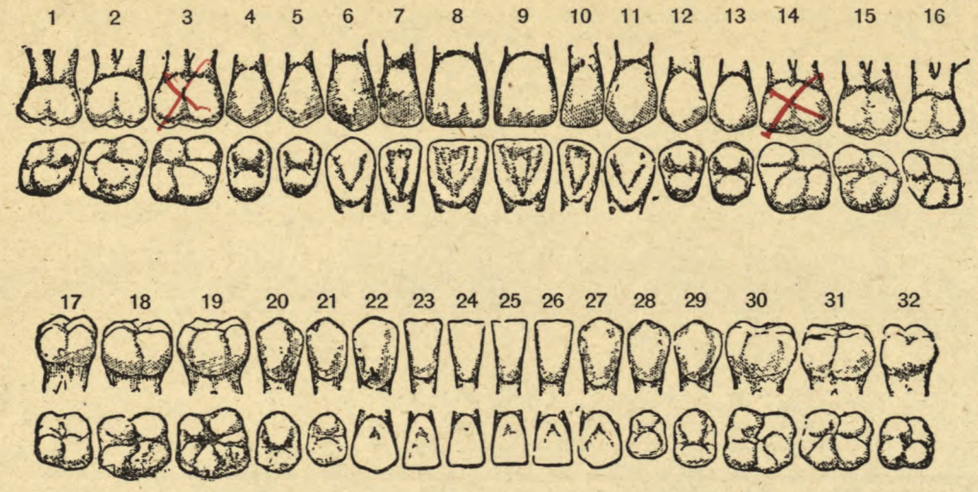
DISTRICT 5

NAME OF SOLDIER Mercier G. Pte

RANK

REGIMENT

No. 329 068 8



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	July 29	1918									2/354											15	Class 2

M.F.B. 465.
200m.—6-18.
1772-30-950.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT #4

NAME OF SOLDIER Mercier, J. G.

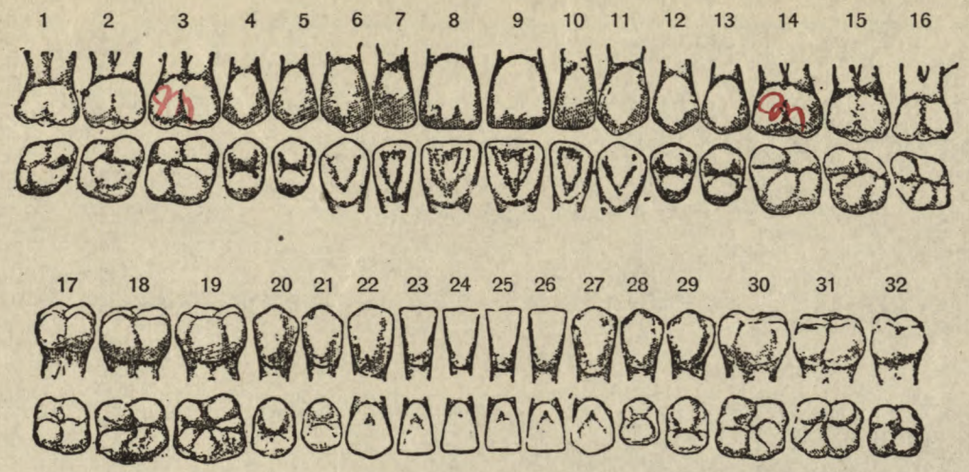
RANK Private

No. 3290688

REGIMENT 4th Div. Mobile Garrison Regiment, C.E.F.

MONTREAL

M.F.B. 465
150M—10-18
1772-39-950



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service. Good

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	Good Lab. work				Lr			Discharge													H. Blenny Capt.		Cavities	
																							Extractions	O K

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Checked by .....
Checked by .....

Regimental No. 3290688 Rank PTE. Name MERCIER J.V.
(Surname first)

Unit 4th Battn. Can. Garr. Regt. C.E.F. Who was* DISCHARGED

On 18-2-19 191....., to ----------

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 18-2-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 18 days at $ 1.00 c		18.00
Field Allowance 18 days at $ .10 c		1.80
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay W.S.S.		70.00
*Other Credits		
Canteen $6.00 28300 $35.00	41.00	
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges Shortage in Kit	2.53	
Balance on transfer or on discharge, cheque No. xxxxxxxxxxxxxx 28361 $70.00 28358 $11.27	81.27	
Total	~~xxxxxx~~	~~xxxxxx~~
*Give particulars. Total	$ ~~124.80~~	$124.80

A monthly stoppage of $ -------- (†) has ..... (‡) been paid on account of

Assigned Pay for the month of ------ 191.....
and Separation Allce. for month of ----- 191..... } (to) Assignee ---------

(Address) ----------

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 27-7-16 married or single -------

(2) Separation Allowance, entitled or not ------ (3) Reason for discharge Demob. C.E.F.

(4) Authority for discharge or transfer xxxxxxx R.O. 1328

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date February 20th. 1919

Place Montreal P.Q.

Lieut.
4th Battn. Can. Garr. Regt. C.E.F. Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:.

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

D.M S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank SPR. Name JOSEPH GILBERT VALERE Surname MERCIER

Unit or Corps C.R.T.D (If a soldier) Regtl. No. 3290668

Born at RIVER OUELLE, QUEBEC, CANADA on, date MAY. 16. 1893

Signature (for identification) Mercier J. G. Valère

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. Nil.

Weight 118 lbs.

Height 5 ft. 7 ins.

2. **NUTRITION AND DIATHESIS?**

Nutrition good No marked diathesis.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** Nil.

4. **RESPIRATORY SYSTEM.** Nil.

5. **HEART?**

Abnormal Sounds? None.

Abnormal Size? No

Pulse Rate? 80 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? Nil.

7. **DIGESTIVE SYSTEM?** Nil.

8. **GENITO-URINARY SYSTEM?** Nil.

Urinalysis—S.G.? 1016 Reaction? Acid Albumen? Neg. Sugar? No

9. **SKIN, MIDDLE EAR, EYE or any other part?** Nil.

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

11. Opinion as to the health and physical condition of the one examined? Fit

Examined at Purfleet Essex

Date 26. 11. 18

Signed F. J. Norman Major M.O.

Signed Thomas Campbell Capt Can M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

C.A.D.C.5009. 50M-[illegible]-18.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No.	* NAME	RANK	UNIT
3290688	MERCER. J. G. Y.	SPR	CRTD.

Date of Examination	20 NOV 18
Present Dental Condition	FIT
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	NO
Has he ever declined Dental Treatment?	NO
Recommendation	

CANADIAN RAILWAY TROOPS DEPOT SENIOR DENTAL OFFICER 20 NOV. 1918 PURFLEET

Date.....

Station.....

Signature of Examining Officer E. Wilbur Hounsell Capt. D.D.S.

* Name should be entered in block letters.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3290688 (Rank) Private

Name (in full) -------- Joseph Geo V. MERCIER ---------- enlisted in

the ----------1st Bn 1st Que Regiment C.E.F.----------

CANADIAN EXPEDITIONARY FORCE at Montreal Que on the 27th

day of July 1918

HE served in ---------- ENGLAND ----------

and is now discharged from the service by reason of ----Demobilization---------

---

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 25 yrs 9 mos

Height 5 ft 7 ins

Complexion Brown

Eyes Grey

Hair Black

Marks or Scars

Mercier J. G. Valère
Signature of Soldier

Issuing Officer
---- Lt-Colonel-----
Rank
O.C.4thBn Cdn Garr Regt CEF
Appointment

Date of Discharge February 18th 1919

Signed at Montreal Que this 18th day of February 1919

in Military District No. Four

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.—2-18.
H.Q. 1772-39-522

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

_____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

_____

Medals and Decorations _____

_____

Remarks _____

_____

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at _____ this _____ day of _____ 19

_____
Name of Officer

_____
Rank

_____
Appointment

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3290688 Rank Pte. Surname Mercier
(Given name in full) Joseph Gilbert Valere

Unit or Corps 4th C. G. Regt. Birthplace Riviere Ouelle Que

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 7 in. Colour of Eyes Grey.

Nutrition Good

Pulse 72

Condition of arteries normal

Vision Rt. 20/30 Left 20/30

Hearing (conversational voice) Rt. 25 ft.

Left 25 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date 11-7-2/15 Signed [illegible] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature Marcin J. G. Valin

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.) N.C.D.

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

3290688 Mercier Joseph Gilbert Fullers

P.830-25M-21-2-18.

LAST PAY CERTIFICATE. PARTICULARS.

1. L.P.C. Issued, date 18/11/18 2. Authority GRD Nt. 18/11/18.

3. Discharged to Canada 4. Pay Book Verified 18/11/18

5. Balance shown on L.P.A. $ 26 04 6. Balc. shown on Ledger Sheet $ 33 34

7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount Debit		Amount Credit	
5467	13/11/18	~~Pur Sheet~~	7	30		
			7	30		

8. Ass'd Pay Cancelled A3M forms rendered Stopped 1/12/18.

or

9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. ~~for payment~~

Certified Correct.

Officer i/c Group " "

1

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

N.R.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1-9-18		EFFECTIVE DATE:–	
AMOUNT:– 20 00		AMOUNT:–	

NAME:– MERCIER, Joseph Gilbert Valere

NUMBER:– 3290688

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Gilbert Mercier (father)
Rivière Quelle,
Ramouraska, PQ

Cancelled 1/11/18

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.6.	1-8-18	Gpr.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 126 Bn R.C.E.T.D.

DATE ACCOUNT FIRST OPENED – 1-9-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.R.T.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.6.	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis. to Canada 30/11/18. CRJD 18/11/18. A.P.C. 26.04 Pcdgr 33.34

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/8/18	Bal from Canada.								34 60		
Sep	P.P.	33		C.A.P.				20			
				AR2438. 26.9.18. CRJD 10	24 33				23 27		
		33			24 33			20			
Oct	"	34 10		C.A.P.				20	37 37		
				3126 26-10-18 CRJD 28	17 03				20 34		
		34 10			17 03			20			
Nov	"	33		C. A. PAY				20	33 34		
				NN.AR.3467. 14/11/18. CRT	7 30				26 04		
		33 –			7 30			20			
				S.O.S. to Canada 6.12.18	339 7 12/18						

CANADIAN
ASSIGNED PAY AUDITOR
AUDIT CLERK
DATE 4/12/18

NUMBER 3290688 RANK NAME MERCIER J. F. V.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION

This space to be for numbers.

6/51
202-19

24/9/57

M

Proceedings on Discharge.

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

No. 3290688

Rank Private

Surname Mercier

Christian name Jos G.V.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 4 CGR CEF

Date of discharge February 18th 1919

Place of discharge Montreal Que

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years 9 months.

Height 5 feet 7 inches.

Complexion Brown

Eyes Grey

Hair Black

Trade Machinist

Intended place of residence (To be given as fully as practicable.) Pierreville Comté Nicolet

Descriptive marks

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

Demobilization CEF RO 1328 D/ Nov 18th 1918

Authority for discharge

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.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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) Montreal Que

(Date) February 18th 1919 O/ *Commanding* 4th Bn Cdn Garr Regt CEF Lt-Colonel

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, and that I have received my permanent discharge certificate.

(Place) Montreal Que Mercier J. J. V. *(Signature of Soldier.)*

(Date) Feb 18th 1919 A. Hogeau *(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.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal Que

(Date) Feb 18th 1919

(Signature) Lt-Colonel
O.C.4th Bn Cdn Garr Regt CEF

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.)

Mercier J. F. Valee

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

CHEST

Diagnosis and Localization There is increased density all over the left lung, a mottled appearance at each apex. There is evidence of a little fluid at the extreme base of left lung. This appearance of fluid might also be accounted for by old adhesions.

Radiographs by R. S. M. Caprow. Report by Major Pirie AMC.

M.F.W. 2511c-4m-4-18-1772-39 1278

FORM 99388 5-21-18 OFFICE SPECIALTY

Name Mercier, J. Sgt.

Regimental No. 3290688.

Unit S.C.R.

Bgde. or Div.

Nationality

Injury Chest.

Received at

Referred from A4.
Capt. Coone.

RADIOGRAPHS { Scratch out parts not needed } (Plates) (~~Brom. Paper~~) (~~Stereo~~) (~~Localization~~) (~~Screened only~~)

SIZE	DATE	REMARKS
14 x 17	3-10-19	1 Plate.
x		
x		
x		
x		
x		
x		
x		
x		
x		

CHEST

Name Mercier, J. Sgt. Pte. Plate 2561

No. 3290688

Name Mercier Pte.

Regimental No. 3296688

Unit D.D.4

Bgde. or Div.

Nationality

Injury R. Hand.

Received at

Referred from A 2
Lieut. Britton

RADIOGRAPHS { Scratch out parts not needed } (Plates) (~~Brom. Paper~~) (~~Stereo~~) (~~Localization~~) (~~Screened~~ only)

SIZE	DATE	REMARKS
8 x 10	30-5-19	2 Plates.
x		
x		
x		
x		
x		
x		
x		
x		
x		

Name Mercier, Pte. Plate 1213

No. 3296688.

ARMS ELBOWS

ARMS
ELBOWS

Diagnosis and Localization X-Ray of R. Hand shows:
no bony lesion.

Radiographs by Ann Caprow Report by: J D Morgan

M.F.W. 2511b-6m-4-18-1772-39 1278

FORM 99388 5-21-18 OFFICE SPECIALTY

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 3290688 RANK Pte NAME (IN FULL) MERCIER, Jos. J. A. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C. E. F. Eng. | IF IN P. F. WHAT UNIT? X

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Riviere Ouelle P. Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON D.O. C.E.T.D. St Johns | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $ c.	OTHER CREDITS $ c.	$ c.	TOTAL CREDITS $ c.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ c.	COL. NO. 2 $ c.	COL. NO. 3 $ c.	ASSIGNED PAY $ c.	REGIMENTAL CHARGES $ c.	OTHER CHARGES $ c.	$ c.	TOTAL DEBITS $ c.	BALANCE DEBIT $ c.	CREDIT $ c.	PARTICULARS OR REMARKS
Balance from previous account			OTHER CREDITS	W.S.C.	S.A.	Total				WAR SERVICE GRATUITY				OTHER DEBITS	W.S.C.	S.A.	Total	SOLDIER DEB'T		
				210.00	X	210.00									70.00	X	70.00	140.00	X	1st Payt 4th C.G.R.
18/3/19															70.00	X	~~140.00~~ 70	70.00	X	235406
18/4/19															70.00		70.00			232900 Funds
																	210			

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR | PAYMASTER

M. OR S.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. ~~3269688~~ 3290688 (2nd-8) RANK Pte NAME (IN FULL) MERCIER, JOS. GILBERT, V. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	7/12/18	S.O. 245/16

ORIGINAL UNIT C.E.F. 2nd G.R

IF IN P.F. WHAT UNIT? X

PLACE OF ATTESTATION

TRANSFERRED TO 4th Res. Bn. | DATE 16-1-19. | AUTHORITY Mobil. Stat. 2018/6

DATE OF ATTESTATION 27-7-18

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY. $ 20.00 | DATE EFFECTIVE 1/1/19

PAYABLE TO Mr Gilbert Mercier

ADDRESS Rivière Ouelle, Kamouraska Co, Que

RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account							17	85																														
							~~16~~	~~80~~																														2.40 Subs.
1/12/18	60	47	1.09	51	70	2	40																						33	96								D.L.R.B.
16/1/19									67	95	14/535	7/1/19					10	00													43	96			23	99		Cr Bal on Transfer.

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 27-7-18

MILITIA AND DEFENCE

M 26836

Date of Assignment 1st. Sept. 18.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Railway Construction Co. Dft 126

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 GILBERT MERCIER,
RIVIERE OUELLE,
2 KAMOURASKA CO.,P.Q. 20 20.00
% 3290688 PTE JOS.GILBERT VALIRE MERCIER
3 TWENTY DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept	S 47346		20	20	✓	12696-J-27
Oct.	X 51616		20	20	✓	
Nov.	J 58069		20	20	✓	
Dec.	Y 66100		20	20		
			80	80		

A/c Closed 31-12-18

Ret'd per Olympic

Date 14-12-18 F.X. 17-12-18

Clerk J. Goodson

CANADIAN ASSIGNED PAY AUDITEE
OK
AUDIT CLERK
DATE 4/7/19

AUTHORITY FOR NEW ACC'T. N.R.M.D. 4-B-7
G. Raymond 6-9-18

M.R.O. 51432 Destroy 19-12-18

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22520—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M—7-17—1779 39-1141
L. L. 22330—M. & D. 7993.