

TRIPLICATE

ATTESTATION PAPER. C

No. **748017**
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Mercur*
- 1a. What are your Christian names? *Adelard*
- 1b. What is your present address? *Bookshire Ave*
- 2. In what Town, Township or Parish, and in what Country were you born? *St Tide Que*
- 3. What is the name of your next-of-kin? *Joseph Mercur*
- 4. What is the address of your next-of-kin? *Farnham*
- 4a. What is the relationship of your next-of-kin? *father*
- 5. What is the date of your birth? *Dec. 16-1896*
- 6. What is your Trade or Calling? *Labourer*
- 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, *Adelard Mercur*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Nov 26* 191*5* *Adelard Mercur* (Signature of Recruit)
..... *A Whitehead* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Adelard Mercur*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Nov 26* 191*5* *Adelard Mercur* (Signature of Recruit)
..... *A Whitehead* (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 *Beauve* this *26* day of *Nov* 191*5*
..... *Abel Whitehead Jr* (Signature of Justice)

DEC 1 1915

Description of Adelard Mercure on Enlistment.

Apparent Age... 20 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..... 5 ft. 2 1/2 ins.

Chest measurement. { Girth when fully expanded..... 33 ins.
 Range of expansion..... 4 ins.

Complexion..... Fair

Eyes..... Brown

Hair..... Dark Brown

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic..... yes
 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 declares that he is not subject to fits of any description.

I consider him*..... fit..... for the Canadian Over-Seas Expeditionary Force.

Date..... Nov 26..... 1915..... W. Macdonald

Place..... Bury Que..... Major A. C. M.
 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.

..... Adelard Mercure..... 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.

..... [Signature]..... (Signature of Officer)

Date..... DEC 7 1915..... 1915

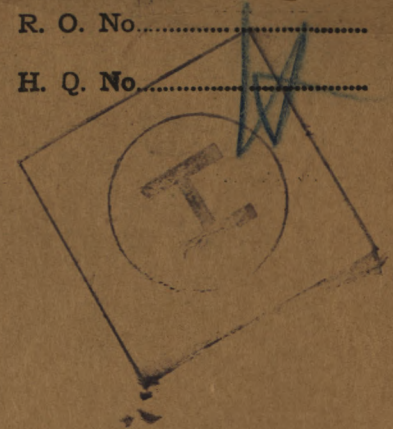
117TH EASTERN TOWNSHIPS,
 Q/8 BATTALION C. E. F.

43
7/12/18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



S

M

181

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

A. J. B. 122 - 1
M. J. W. 192 - 1
C. A. D. C. 5009 - 1
M. J. W. 399 - 1
Form 5e - 1

R 14 9 - 1
M J W 67 - 1
A 122 - 1

Name MERCURE ADELARD.

Regt. No. 748017 Rank Cpl.

Corps 117th Bn.

med. unfit.

17843

H

53. 9
249
69

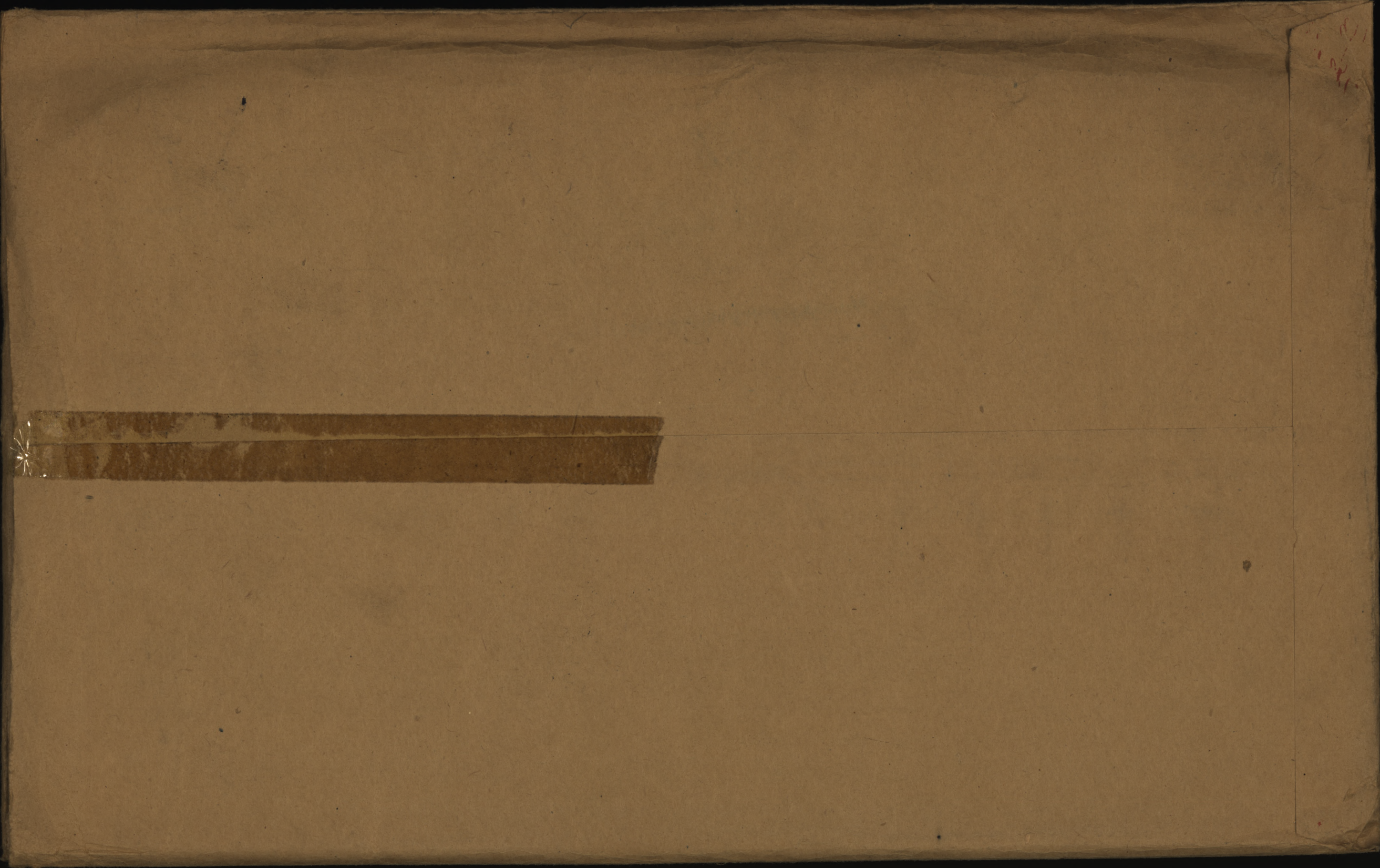
20

30

M. J. W.
14/10/18

M. F. W. 62.
100m. - 8-17.
H. Q. 1778-30-935.
FB 3118

Adelard



NAME

Mercure, Adelard,

S.O.S. Dis. 21/11/18-4 ✓
Do. 2248 26/11/18
M.A. #4 DD

RANK & No.

Pte.

748014.

CORPS

1174

#4 DD.

Batt.

ENLISTMENT, PLACE

Bury. P.Q.

DATE

Nov: 26th 1915.

S.

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada. St. Tite, P.Q.

NEXT OF KIN

Mercure, Joseph.

ADDRESS OF NEXT OF KIN

*156 Orleans St. Montreal P.Q.
L.P.A.A.P. 4/5/17.*

DISCHARGE, PLACE

DATE

D.S. 14. 8. 16. $\frac{517}{9}$



P.C. 27. 10. 18 $\frac{282}{18}$ 4

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

REMARKS:

Name **Mercure Adelard** Rank **Cpl.**

Reg. No. **748017**

Unit **14th. Batt.**

Next of Kin **Canada.**

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|----------------|---------------------------|---------------------|---------------------|-------------|-----------------|--------------|
| | | | SW Head Back | | | |
| 20-8-17 | K.G. Hos | Stamford St. | L. Leg | B439 | M5934 | 23-8 |
| <i>27-1-18</i> | <i>Still in Hos</i> | <i>4202</i> | | | | |
| <i>17-5-18</i> | <i>Still in Hos</i> | | | | | |
| 30 9 | Can Spc. M. Leuhau | do | 4th Pub | B336 | | 27759 |
| 14 10 | Inval. to Canada | | | B348 | | 3214 |

LEDGER NO. ~~400~~ - 322(2)500.466

SERIAL NO. 3070B

REG. NUMBER 748017 NAME Mercure A

RANK cpl CORPS 554

AGE SERVICE D-MCH PLACE Montreal

DATE OF ADMISSION 30-10-18 23-11-18

DISEASE ? Pul T B. 500 322 S.S. W Leg Replaced 10.6 (466)

TRANSFERRED TO OTHER HOSPITALS

OPERATION Died 7-12-18

DISCHARGED TO July 8/11/18 IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

E.M. ✓

Number.

748017 ✓

Rank.

A/Sgt ✓

~~B~~
~~X~~

Surname.

MERCURE ✓

Christian Name.

Adelard ✓

Units.

14th Bn Can Inf Theatre of War ✓

France ✓

Date of Service.

26/4/17 ✓

10

Remarks.

(Father) Mr Joseph Mercure 156 Orleans Ave., Montreal.

Latest Address.

~~156 Orleans Ave.~~
~~Massonville~~

Roll No.

B Page 6068.

P.Q

No

RANK

NAME

T. O. S.

UNIT

M. D.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

DESP. OCT 15 1926

REGN. NO. 296163

649-M-21383

Mercure, Adelard, #748017 Cpl. 14 R.M.R.

Medals & Decs. *not elig. for star* Father Mr. Joseph Mercure,
156 Orleans Ave.,
Montreal, P.Q.

P. & S. Father See above.

Mem. Cross Mother Mrs. Joseph Mercure,
Address as above.

19093

mf.
Desp. AUG 20 1920 (M.) C 19366.

M.

251

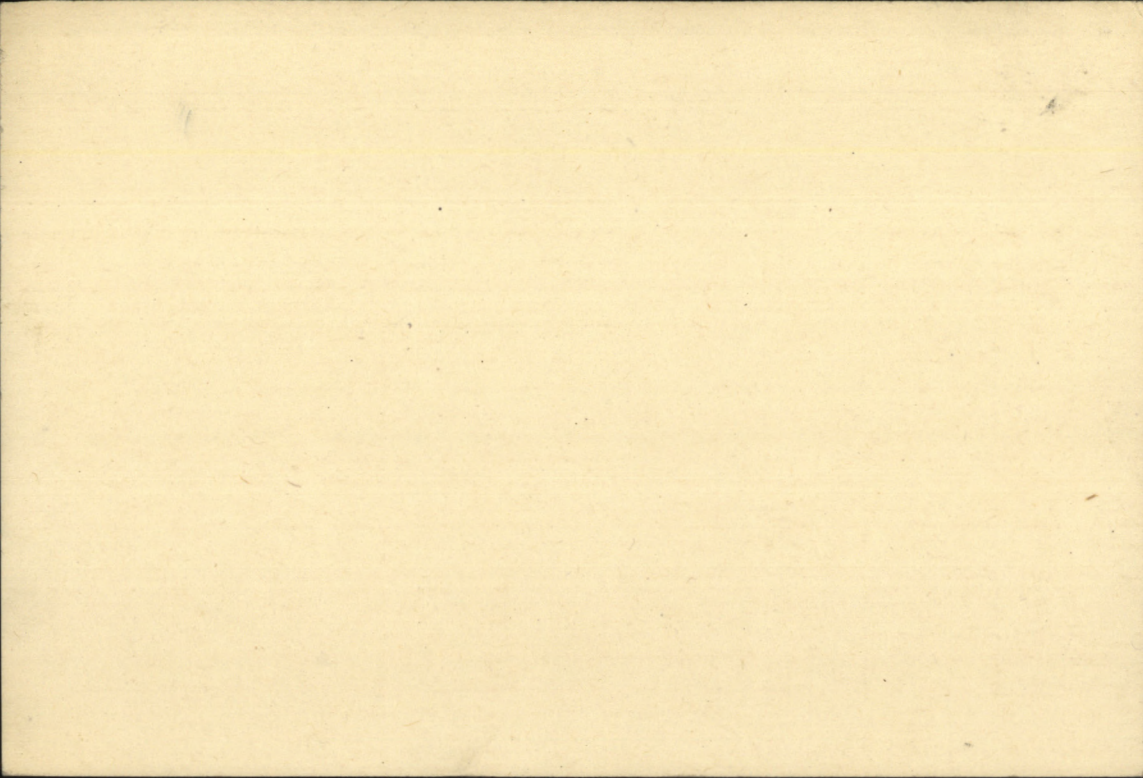
No 748617.

RANK *Pte.*

NAME

*Mercure, Adelard*T. O. S. 1-12-15.
(D.O.) of 2-12-15.)UNIT *117th. Battalion.*M. D. *4.*

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|--------------------------|---------------------------|---------------------|---|--|
| | | | PARTICULARS | AUTHORITY |
| <i>1915. Dec. 1.</i> | <i>1915. Dec. 31.</i> | <i>✓</i> | | |
| | <i>1916. Jan.</i> | <i>✓</i> | | |
| | <i>Feb.</i> | <i>✓</i> | | |
| | <i>Mar.</i> | <i>✓</i> | | |
| | <i>Apr.</i> | <i>✓</i> | | |
| | <i>May</i> | <i>✓</i> | | |
| | <i>June</i> | <i>✓</i> | | |
| | <i>July</i> | <i>✓</i> | | |
| | <i>Aug.</i> | <i>✓</i> | | |
| | | | <i>Prom. 1/16 pl. 1-3-16. pro. Sgt 1-5-16</i> | <i>D.O. 51 of 1-3-16. D.O. #114-13-5-16.</i> |
| | | | | UNIT SAILED AUG 14 1918 |



REG'T L No. 748017
H. Q. FILE No. 649.

NAME Mercure Adelard

RANK AND CORPS Cpl. 14th. Bn. Form. 117th. (Bn.)

FOLLOWS
NO. _____
FOLLOWS

CABLE

NATURE OF CASUALTY

| NO. | DATE |
|---------|--------------|
| 41-5 | |
| m. 5934 | 24-8-17 |
| m 6039 | WS m 11-9-17 |

C.
Adm. to King George Mil. Hosp. Aug 20th. 1917.
G. S. W. Face. ✓
Doing very well.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| | | | |
|---------------------|--------------------------------|----------|---------------------------------|
| B439 | N. George Stamford St. 208 1/2 | 20.8.17 | Left Face |
| B336 ⁽³⁾ | Coventry, Lenham | 30.9.18 | " Head back L. Leg T B. Pulm |
| B348 ⁽¹⁾ | Invalided to Can | 14/10/18 | SW head, back & leg |

*Name Mercure, Adelard Rank Cpl. Regtl. No. 784017

Fyle Depot 19-M-37777

Original unit 117th Bn Present unit DD#4 M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival EX.HM.SH-3 14-10-18. Halifax

Next of kin Joseph Mercure (F) 156 Orleans Ave. Montreal, PQ

Address on leave

Address on discharge

Transportation issued No Yes Date Character on discharge

Previous occupation Mechinist Date and place of enlistment 26-11-1915

Diagnosis Cat "D" Date of Medical Boards

| Date. | Remarks | Pt. 2 Order No. |
|------------------|--|-----------------|
| <u>30-10-18.</u> | <u>TOS.DD#4 effect 14-10-18 posted to Hospital Section effective 30-10-18.</u> | <u>195-p-1</u> |
| <u>9-11-18.</u> | <u>SOS.Hosp.Sec.on Trans to Dis Sec.W/Sub 8-11-18.</u> | <u>205-p-2</u> |

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

(over)

Date.

Remarks

Pt. 2 Order No.

21-11-18 KE&O 377 (10) C.M. 1917 MD4 22-M-4266 Category "E" R.O.693

Mediavally Unfot To I.S.C.

Surname **MERCURE** Christian Name or Names **A.** Reg. No. **748017**
Rank **Cpl.** Unit **14th Bn.** Co. **Que.** Troop Batty.

Hospital **King George Stamford Street.** Date of Admission **20-8-17.**

Transferred **Can. Spec. Lenham.** Hosp. **30-9-18.**

Hosp.

Hosp.

Hosp.

Diagnosis **GSW Face. R.**
(1) **SW. Head. Back. L. Leg. (J.B. Palm.)**
(2)
(3)

Additional Diagnosis: if more than one state present

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

DISPOSITION Date

CL. 23-8-17. B439
4-10-18 B336 (3)

REMARKS

18. 10. 18 B 348-5.

Inv. to Canada. 14. 10. 18. 7

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O. ①

No. of C.C.S. 1

Date of entry

15-8-17

No. of Hospital 18

Date of entry

16-8-17

SSW R face - Entrance

R. angle jaw - Exit tip of
L. chin - a fracture Right
inf mandible.

W.D. Thompson
for more use

| Temp | M | E |
|------|-----------------|---|
| 16 | 98 ⁴ | |

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

FIELD MEDICAL CARD.

A.T. Serum }
Dose and date } 1st

A.T.S. 500.

AUG 15 1917

18 gm

2nd 500 Aug 17-1917

FIELD AMBULANCE NOTES.

Morphia }
Dose and time }Date of wound or }
onset of illness }

AUG 15 1917

Religion R.C.

No. 748017. Rank CPL.

Name MERCURE. A.

Unit 14 BN. CDN.

Battle Casualty ~~Accidentally Wounded.~~ "Sick"
(Strike out description which does not apply)

No. of F.A.

No. 2 CDN. F.A.

Date of admission

F.A. diagnosis

AUG 15 1917

G.S.W. FACE

J. Asponagh
R. L. L. L. L. L.

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

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

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

Casualty Form—Active Service.

117th EASTERN TOWNSHIPS

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

Regimental No. 748017 Rank Private Name Adelard Mercure
26 11
C. E. F.

Enlisted (a) 12/1/15 Terms of Service (a) Duration of War. Service reckons from (a) 12-1-15.
26-11

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) Sergeant *Lubauer* *(A.F.B.)*

| 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. |
|-------------|--------------------|---|-------|------|--|
|-------------|--------------------|---|-------|------|--|

| | | | | | |
|----------------|--|------------------------------|------------------|------------------|------------------------------|
| | | <u>Embarkation</u> | <u>Canada</u> | <u>Aug 14/16</u> | |
| | | <u>Arrival</u> | <u>England</u> | <u>Aug 24/16</u> | |
| <u>27-5-16</u> | | <u>Appointed as Sergeant</u> | <u>Bramshott</u> | <u>Aug 14/16</u> | <u>Part 2 #193 Aug 27/16</u> |

| | | | | | |
|---------------|-----------------|--|-----------------|---------------|---------------------|
| <u>6-1-17</u> | <u>117th Bn</u> | <u>Transferred to 23rd Reserve Battalion, C.E.F.</u> | <u>Shoreham</u> | <u>6.1.17</u> | <u>D.P. II 0.6A</u> |
|---------------|-----------------|--|-----------------|---------------|---------------------|

Whitehead
 Captain
 Adjutant 117th Bn. C.E.F.

| | | | | | |
|---------------|--------------------|---|-----------------|---------------|--------------------|
| <u>6.1.17</u> | <u>23rd R. Bn.</u> | <u>Taken on strength from 117th Battalion, C.E.F.</u> | <u>Shoreham</u> | <u>6.1.17</u> | <u>D.P. II 0.3</u> |
|---------------|--------------------|---|-----------------|---------------|--------------------|

CERTIFIED CORRECT
 JUN 1917
 CAN. RECORDS, LONDON

| | | | | | |
|----------------|------------------|---|-----------------|----------------|----------------------|
| <u>25-4-17</u> | <u>23rd Res.</u> | <u>Returns to Private at own Request.</u> | <u>Shoreham</u> | <u>25-4-17</u> | <u>D.P. II 0.112</u> |
|----------------|------------------|---|-----------------|----------------|----------------------|

| | | | | | |
|----------------|----------------------|---------------------------|-----------------|----------------|----------------------|
| <u>25-4-17</u> | <u>23rd Res. Bn.</u> | <u>Posted to 14th Bn.</u> | <u>Shoreham</u> | <u>25-4-17</u> | <u>D.P. II 0.112</u> |
|----------------|----------------------|---------------------------|-----------------|----------------|----------------------|

W. H. Chalmer Lieut.
 For D.O. 23rd Can. Res. Batin.

OCT 14 1918 *75* T. O. S. District Depot No. 4 Montreal OCT 14 1918 AUTHY. PT. IHD. O. No. 195

(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. [P.T.O.]

Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.

| 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 | | | | |
| | C. B. D. | ARRIVED C. B. D. | FRANCE | 26 4/17 | N. R. D. 26 4/17 PART II ORDERS No. 46 D. 5 7/17 |
| | C. B. D. | LEFT C. B. D. FOR | 14 th Bn | 13 7/17 | N. R. D. 13 7/17 |
| | O. C. BN | ARRIVED 14 th BN. | FIELD | 19 7/17 | B. 213 D. 26 7/17 J.V.O. |
| 21. 7. 17 | Unit | <u>Appointed by Capt. Paid</u> | 14 th Bn | 17 7/17 | B 213. No 75 - 1917. |
| 4. 8. 17 | Unit | <u>To be Corporal</u> | 14 th Bn | 1.8.17 | B 213. 83 - 1917. |
| 19.8.17. | 18 General. | G.S.W. Face. To England per Princews Elizabeth and posted to 1st Que Reg Depot, Shoreham, 19.8.17. | | | W3083/3787. Pt II Orders No 85 August 1917. |
| 24-8-17 | Q.R.D. | T.O.S. from 14 th Bn on adm to N.S.P. | S. Namv | 19-8-17 | Pt II 149 Lieutenant. for Lt-Col. A.A.G., Canadian Section. for Colonel i/c Records, G.O.M.S. |
| 21-11-18 | KR&P 377 (10) | C?M. 1917 MD4 22-M-4266 | Cate ory "E" | Med Unf | RO.693 to I.S.C. |

Discharge Section, District Depot No.

C.A.D.C. 5009.

20M-19-2-18.

48014

Cpl
Mercurie A

DENTAL CERTIFICATE.

The following Certificates will

be attached to the Medical History Sheets of all

14 Bn

Other Ranks being returned to Canada for disposal.

| Date of Examination. | Present Dental Condition. | In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service? | Has he ever declined Dental Treatment. | Recommendation. |
|---|---------------------------|--|--|-------------------------------|
| 10.10.18 CANADIAN SPECIAL HOSPITAL, LENHAM, KENT. | Good | | | AP Thompson Capt. C.A.D.C. |

MA 8 014
J. H. L.
The Province of
14 B. B.

DENTAL CERTIFICATE

The following Certificates will
be attached to the Medical History Sheets of all
persons who are referred to Canada for dental

| | | | | |
|------------------------------|---|---|---|----------------------------|
| <p>Personnel Station</p> | <p>Has he ever declined dental treatment?</p> | <p>Is there a loss of teeth? If so, due to trauma, injury or disease directly attributed to active service?</p> | <p>Present dental condition</p> | <p>Name of dentist</p> |
| <p></p> | <p></p> | <p></p> | <p></p> | <p></p> |

10.10.18
J. H. L.

J. H. L.
10.10.18

CASE HISTORY SHEET.

748017 D.M.C. Hospital. Montreal. Station.
No. 748017 Rank Corp. Name Mercure, A. Age 23.
Unit D.D.#4. Completed years of service ^{Where and how long} } C. 9/12 - E. 21/12. - F. 4 $\frac{1}{2}$ /12.
Date of admission 30.10.18 Date of discharge Nov. 5th 1918
Diagnosis Pulmonary Tbc. Place of origin.

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Invalided from England for tbc.
Complains of morning cough with much expectoration.
H.P.I. First noticed the cough in April 1918 but had no night sweats nor loss of weight. First noticed he was loosing weight in Sept. of this year.
F.H. Negative.
P.H. Pneumonia at 8 years.
P.C. Of slight physique, good colour. Eyes, ears & nose negative. Has had commuted fracture of lower jaw partially healed.
Chest:- Expansion limited bilaterally shows much emaciation.
Both supra & infra clavic fossae very marked on both sides.
Hyperresonant note over right apex and below right clavicle.
Prolonged expiration over this area with few moist persistent rales.
Scattered rales over left chest.V.R. greatly increased over upper right chest in front.
Sputum Exam:- Large no Tbc. bacilli present. Abdomen Neg-to palpable.
Reflexes:- present equal and active.
Urinalysis:- Clear 1020 neg. Loco. Integ. System. Has ununited fracture of lower jaw right side.
Other systems negative.
Condition on Discharge:- To I.S.C. for Sanatarium treatment.
4.11.18. (Sd). F.C.Greenwood.Lt.
M.O. i/c case.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case.

CASE HISTORY SHEET

YACOVY D.M.C. 1901
D.O.B. 1/12/1881
D.O.A. 1/12/1951
D.O.H. 1/12/1951
D.O.M. 1/12/1951
D.O.F. 1/12/1951
D.O.S. 1/12/1951
D.O.T. 1/12/1951
D.O.U. 1/12/1951
D.O.V. 1/12/1951
D.O.W. 1/12/1951
D.O.X. 1/12/1951
D.O.Y. 1/12/1951
D.O.Z. 1/12/1951

Presented with acute onset of weakness and numbness in both lower extremities. History of chronic back pain. Physical examination shows mild weakness and sensory deficit in the lower extremities. Laboratory studies are negative. Diagnosis: Acute demyelinating polyneuropathy. Treatment: Supportive care and physical therapy.

Condition on Discharge: - to J.C.C. for rehabilitation treatment.
(See J.C.C. Greenwood, p. 100 in case.)
J.C.C. 1/12/1951

MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|-------|----------|-----------------|
| | 748017 | Cpl. | Myrcune | H. |
| Year | Unit. | Age. | Service. | |
| | | | | |
| Station and Date. | Disease | | | |
| 24/4-18 | Report on X-Ray - Fracture, comminuted, longitudinal at angle of Left Mandible. - Involvement of teeth. | | | |
| 6/5-18 | Operation - | | | |
| 16/5-18 | X-Ray after operation - postero-antero plane showing line of fracture | | | |
| 29/5-18 | Ordered X-Ray. | | | |
| 4-6-18 | X-Ray shows fracture of Horizontal Ramus on both sides. Circumferential wire was removed a week ago - slight discharge from left side for 2 days following removal - all healed now - Rt. side still discharging. | | | |
| 10 9-6-18 | Operation - Bone Wiring - Intraoral Areas. Large U-shaped incision made from 'L' Angle to symphysis - skin flap turned up - Bone exposed - plate secured to each fragment by two screws & fragments freshened & wired together. | | | |
| 14-6-18 | Unsuccessful recovery so far | | | |
| 28-6-18 | Suppuration on Rt side continuing - pt was again anaesthetized - simple Ether - & sinus curettes several small specula of bone being removed. | | | |
| 1-7-18 | Recommended by Mr. Cole for Auxiliary Hosp. Y.S. | | | |

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

2-7-18 10 aux. H. Isleworth

6-9-18 Readmitted for dental treatment

10-9-18 Specimen to Lab for T. B. Exam

18-9-18 Of Lieut. Cloufours Beriswood
Tooth Extract

25-9-18 Report on T. B. Exam. specimen was Positive.

Patient to be x-rayed and recommended to be
evacuated home. Further operative treatment
not advised at this time. WSK.

30-9-18 Trans to Canadian Hosp Lenham.

CANADIAN SPECIAL HOSPITAL,
REGISTRAR'S
30 SEP 1918
OFFICE,
LENHAM, KENT.

W. Isabel Jackson

Lieut. Col. I. M. S.

Tull Bk I

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps _____

Military Hospital _____

No. _____

Rank and Name _____

Age _____ Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

| Dates of Observation | Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time |
| Temperature Fahrenheit | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature _____ In charge of case.

THE KING GEORGE HOSPITAL.

MASSAGE AND ELECTRICAL DEPARTMENT.

Ward 79 Physician or Surgeon Col Aernau
Name of Patient Mercure Regiment 16 batteries
Date Nov 28/17 Diagnosis S S W Jaw

The following examination is required:-

The following treatment is required:-

Massage.

Passive movement.

Hot Air Application.

Electrical Treatment.

Ionisation.

*L. Lanning, Lieut.
Incar. M. Chuk*

Treatment to be given in Ward.

" " " " " Massage Room.

11.0

J. W. Cleveland
Signature of Physician or Surgeon.

7

Name of patient _____
 Date of admission _____
 Name of physician _____
 Date of examination _____

The following examination is reported:

The following treatment is reported:

1. Massage
 2. Hot Air Application
 3. Electrical Treatment
 4. Massage

Massage.
 Passive movement.
 Hot Air Application.
 Electrical treatment.
 Massage.

Treatment to be given in ward.
 Massage Room.

Signature of Physician or Surgeon

Pos
MEDICAL CASE SHEET.*

| | | | | |
|--------------------------------------|----------------|-------|----------|-----------------|
| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
| | 748017 | chf | Murphy | Adelard |
| Year | Unit. | | Age. | Service. |
| | 14 Bn | | | |

Station and Date. *C. S. M. Linton 30/9/18.*

Disease *Tubercle of Lung*

Complained Bad cough - weakness + shortness of breath on exertion. Difficulty in swallowing.

F. H. reg. post. B.

P. P. Examination between 5 x 12 on two occasions, but has been null since.

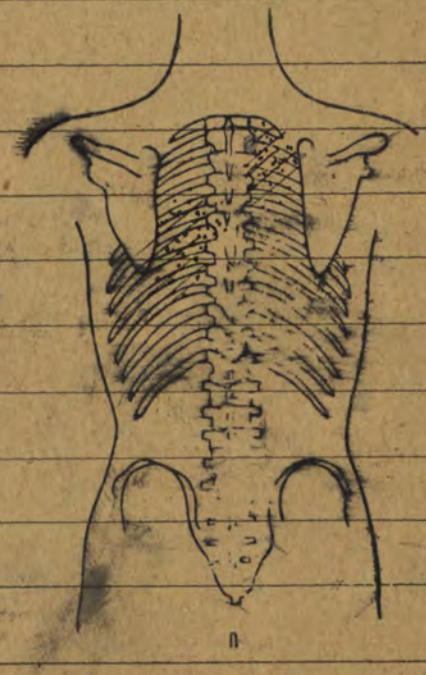
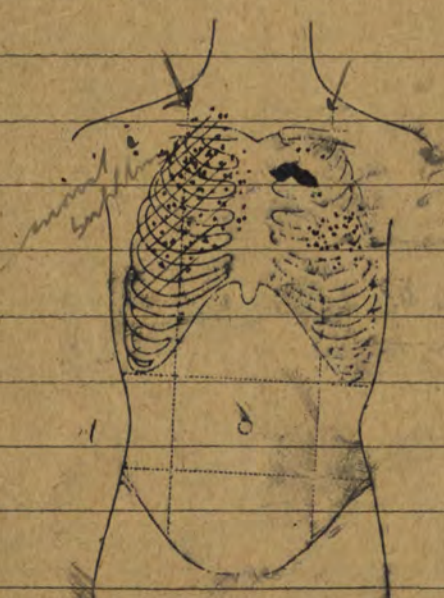
Present. Entered serv. 18 - Entered Army 16

France April 17. Wounded Aug 15/1917

S. S. W. face (right) - because of which was transferred to Army Gen. Hosp. London 19/8/17

S. S. W. face + Fract. lower jaw. Very septic lacerated wound angle of lower jaw. Extensive comminution. Chn. Fragments of bone removed. X-Ray. Comminuted fracture

Emaciation marked



* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

right lower jaw. No signs of
dysentery. Gums demarcated.

General condition became very
poor. Ground of sibilic wound.
In about 1/5 developed a cough
Expectoration followed. Weakness &
loss of int. progressive since.
Night sweats July 18. Has had
General operations on jaw since &
teeth extracted. - Lenham

30/9/18. Weakness & emaciation
apparent. Sputum on 1/18
T. B. pos. Temp 102 when
admitted 100 now 110-120.
Base Extensive T. B.
Lesion both sides worse so
the night as depicted.

Board papers prepared
and I to Canada. Recommended.

H. H. ... Major ...

FORM OF WILL

I, **Sgt. Adelard Mercure.** (Name in full)

Regimental Number **748017** serving in **117th E.T. Batt.**

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

.....
.....
.....
.....

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

absolutely, and my personal estate I bequeath to

Mr. Joseph Mercure.

245 Bourbonniere,

Maisonneuve, Montreal, P.que, Canada.

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

NOTE

This space for the
appointment of
Executor if
necessary.

In Witness whereof I have hereunto set my hand
IMPORTANT NOTE this **13th** day of **October** A.D. 191**6**

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Sgt. A. Mercure.

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 **Geo. E. Morris, Lieut.**

Address of Witness **117th E.T. Batt. C.E.F.**

THE TWO
WITNESSES

Occupation of Witness.....

MUST
SIGN HERE

Signature of Second Witness **A. E. Shorman.**

Address of Witness **Branshott Camp, Eng.**

Occupation of Witness **Pte. 117 E.T. Batt. C.E.F.**

FORM OF WALL

BRITISH

BRITISH

BRITISH

DUPLICATE
ORIGINAL

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 117th EASTERN TOWNSHIPS
OVERSEAS BATT., C. E. F.

(2) Regimental Number..... 748 017

(3) Full Name of Soldier..... Sgt. Richard Mercure

(4) Place of Birth..... St. John, Que.

(5) Are you married, or not?..... No

(6) If married, state,
 (a) Full name of your wife.....
 (b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *yes*
If so, state name and address *yes. Mercure, 7 Hornham Ave*

(10) Is your Mother alive? *yes.*
If so, state name and address *Corinne Mercure Hornham Ave*

(11) If your Mother is a widow.....
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
.....

(15) Are you insured? *yes*
If so, in what Company? *Prudential Life Ins*
Have you made arrangements for payment of your Insurance premium? *no*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

yearly premium
A. Whitehead

CAPT. & AD
FOR O. C. 117th E. T. O/S BATT. C. E. F.
Officer Commanding.

Date *AUG 2 1919*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 748017. (Rank) Corporal.

Name (in full) MERCURE, Adolard. enlisted in

the 117th. Battalion,

CANADIAN EXPEDITIONARY FORCE at Bury, QUEBEC. on the 26th,

day of November, 19 15.

HE served in France.

and is now discharged from the service by reason of K.R.S.O. 377 (10) C.M. 1917.

MD4. 22-N-4266. Category "B". Medically Unfit. R.O. #695.

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

Age 22 yrs. 11 mos.

Height 5 ft. 2 1/2 ins.

Complexion Fair.

Eyes Brown.

Hair Brown.

A. Mercure

Signature of Soldier

Marks or Scars

G.S.W. scar on face.

R. W. Lee

Issuing Officer

Lieutenant,

Officer i/c Discharge Section Rank District Depot No. 4.

Date of Discharge November, 21st, 1918.

Appointment

Signed at Montreal, QUEBEC. this 21st, day of November, 19 18.

in Military District No. 4.

File Reference No. DD4-19-N-577.

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. **748017.** (Rank) **Corporal.** Name **MERCURE, Adelard.**

Unit **117th, Battalion, C.E.F.**

Address on Discharge **156 Orleans Avenue, Maissonneuve, P.Q.**

Character and Conduct **Very Good**

Former Occupation **Mechanics Helper.**

Special Qualifications of Value in Civil Life **Mechanics Helper.**

Medals and Decorations **NONE.**

Remarks **"EUROPEAN WAR". Service in France. 26-4-17 to 19-8-17.**

Entitled to wear one casualty stripe. 19-8-17.

Signed at **Montreal, QUEBEC.** this **21st,** day of **November,** 19 **18.**

R. W. G.
Name of Officer **Lieutenant,**

Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

de

Name *Mercure A.*
Surname Christian Name

Regimental Number *748 017* Rank *C/sgt.*

Address (in full)
Deceased.

Unit
 Original Unit
 District where paid
 Date of Discharge
 P. D. P. Filing Number

Rates:—Regimental pay \$. per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53061—M. & D. 9721

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

M. F. W. 127
 300M-1-19
 1772-89-1140

Remarks:

File No. 12691-a-29

WAR SERVICE GRATUITY.

Register No. Spec Reg
76
2264

Reg. No. 748017
Name Mercure A.
Address Deceased.

Dependent _____
Address _____

Pay Soldier \$ _____

Pay Dependent \$ _____

Days 183 Rate 70 Due 420⁰⁰
Less W.S. P.D.P. credited 350⁰⁰

Clerk _____

Less further Dr. Bal. or overpayment. _____
Net 70⁰⁰ not payable. 5-34
5-11-20

| Date | Ck. Order | Ck. No. | Amount | Remarks | Date | Ck. Order | Ck. No. | Amount |
|------|-----------|---------|--------|--|------|-----------|---------|--------|
| 1 | | | | Bal not payable prior to 12/19/19 no S.A. paid | 1 | | | |
| 2 | | | | | 2 | | | |
| 3 | | | | | 3 | | | |
| 4 | | | | | 4 | | | |
| 5 | | | | | 5 | | | |
| 6 | | | | | 6 | | | |

GEN'L AUDITOR
Posting checked by
.....
Date.....

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

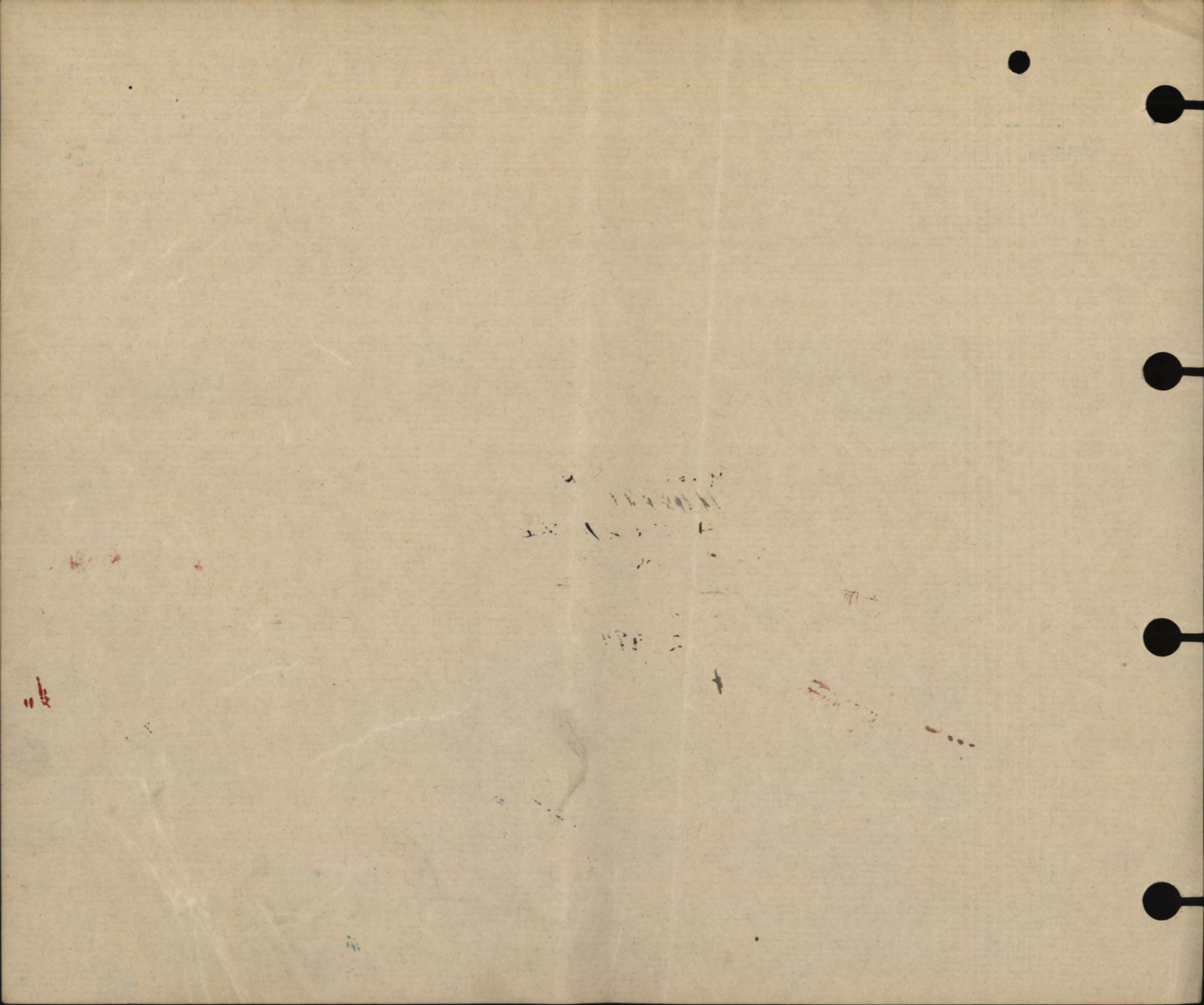
To Whom Joseph Merciere By Whom Assigned Merciere *a.*
 Address 2-5-17 Ave 156 St-Leans Ave ~~156 St-Leans Ave~~
Montreal Regtl. No. 748017
 Rank Serjt
 Corps B' Co 117 Bn
 Rate 20 ⁰⁰/_{xx} SEP 1 1918

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 | | | | |



CANADIAN
 ASSIGNED PAY ALLOCATED *OK*
CRIMMSON
 AUDIT CLERK
 DATE *12/7/15*



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Reg. 8532.

Joseph Mercure

Name of Soldier

Mercure A

PAYMENTS.

748017

C. Co 119 Em Regt

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|----------------|-----------|--|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | <i>L 17786</i> | <i>20</i> | |
| Oct. | | <i>L 22618</i> | <i>20</i> | |
| Nov. | | <i>L 27397</i> | <i>20</i> | |
| Dec. | | <i>P 31136</i> | <i>20</i> | |
| Jan. | 1917 | <i>H 39200</i> | <i>20</i> | |
| Feb. | | <i>H 45191</i> | <i>20</i> | |
| March | | <i>A 52021</i> | <i>20</i> | <i>20.8.</i> |
| April | | <i>V 3635</i> | <i>20</i> | <i>20.13.</i> |
| May | | <i>W 13698</i> | <i>20</i> | <i>10322 Conc. Fcto.</i> |
| June | | <i>U 16516</i> | <i>20</i> | <i>307156 Orleans Ave Maisonneuve Montreal</i> |
| July | | <i>V 23889</i> | <i>20</i> | <i>W.</i> |
| Aug. | | <i>J 31299</i> | <i>20</i> | <i>6</i> |
| Sept. | | <i>J 38612</i> | <i>20</i> | <i>W. J 38612 Remailed 6-10-17 C.S.</i> |
| Oct. | | <i>V 42727</i> | <i>20</i> | <i>V 42727 (signed) Remailed 10-11-17</i> |
| Nov. | | <i>K 51733</i> | <i>20</i> | |
| Dec. | | <i>X 57480</i> | <i>20</i> | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

SEP 1 1916

20

11.86

CANADIAN
 ASSIGNED PAY AUDITEE
audit
 AUDIT CLERK
 DATE *12/17/16*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|------------|------|----------|
| Aug. | 1918 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1919 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1920 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *St. Leo Que.*

NAME AND ADDRESS OF NEXT OF KIN *Joseph Mercure, Farnham Que.*

RELATIONSHIP OF NEXT OF KIN *Father*

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 |
|------------------------|----------------|-----------------------|
| <i>Reverts to Rank</i> | <i>25.4.17</i> | <i>BA 112-25.4.17</i> |
| <i>app'd a spl</i> | <i>17.7.17</i> | <i>130 vs 48/17</i> |
| <i>&c &c</i> | <i>1-8-17</i> | <i>130 83 25/17</i> |

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

REG'L No. *748017* RANK *1st Lt* NAME *Mercure Adelard*

IF IN PERM. CORPS WHAT UNIT TRANSFERRED TO *117th Eastern Townships, 9/5 Battalion C.E.F.* DATE *1-5-17* AUTHORITY *2014-17*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *14th Bn* DATE *21.8.17* AUTHORITY *411*

PLACE OF ATTESTATION *Bury Que* TRANSFERRED TO *P. Q. R. S.* DATE *1-11-17* AUTHORITY *ton. Rev.*

DATE OF ATTESTATION *Dec 1/16* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *20⁰⁰* DATE EFFECTIVE *Sept 1/16*

PAYABLE TO *Joseph Mercure* *156 Ouellet Avenue, Maitland, Montclair 15/17* RELATIONSHIP *Father*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE) *Stopped* EFFECTIVE *1/11/18* REASON

DISCHARGE DATE AND PLACE *31/10/18 Canada* REASON AND AUTHORITY *Lenham. 230/70. 8/10/18*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Invalidated*

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 | | NO. OF DAYS | | | | | RATE | | | | | AMOUNT | | CREDIT | DEBIT |
| | \$ | c. | \$ | c. | \$ | c. | \$ | c. | \$ | c. | \$ | c. | | | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | | | | | | | | | |
| <i>Aug. 1-19-16</i> | | | | | | | | | | | | | <i>16 50</i> | | <i>16 50</i> | | | | | | | | | | | <i>16 50</i> | | | <i>Released from Canada.</i> | | | | | | |
| <i>30-9-16</i> | <i>30</i> | <i>1.35</i> | <i>40 50</i> | | <i>30</i> | <i>15</i> | <i>4 50</i> | | | | | | <i>48 00</i> | | <i>48 00</i> | <i>8</i> | <i>28/9/16</i> | <i>69</i> | <i>15/9/16</i> | | | | | <i>20 00</i> | <i>57</i> | <i>54 64</i> | <i>6 86</i> | | <i>57. Payment Certificate #127</i> | | | | | | |
| <i>1-10-16</i> | | | | | | | | | | | | | <i>46 50</i> | | <i>46 50</i> | <i>146</i> | <i>14/10/16</i> | <i>193</i> | <i>27/10/16</i> | | | | | <i>20 00</i> | | <i>39 47</i> | <i>13 89</i> | | | | | | | | |
| <i>1-11-16</i> | | | | | | | | | | | | | <i>45 00</i> | | <i>45 00</i> | | | | | | | | | <i>20 00</i> | | <i>20 00</i> | <i>38 89</i> | <i>1/10</i> | | | | | | | |
| <i>1-12-16</i> | <i>31</i> | <i>1.35</i> | <i>41 85</i> | | <i>31</i> | <i>15</i> | <i>4 65</i> | | | | | | <i>46 50</i> | | <i>46 50</i> | <i>273</i> | <i>20/12/16</i> | <i>239</i> | <i>16/1/17</i> | | | | | <i>20</i> | | <i>29 46</i> | <i>45 93</i> | <i>3/30</i> | | | | | | | |
| <i>31-12-16</i> | <i>31</i> | <i>1.35</i> | <i>41 85</i> | | <i>31</i> | <i>15</i> | <i>4 65</i> | | | | | | <i>46 50</i> | | <i>46 50</i> | <i>328</i> | <i>20/12/16</i> | <i>337</i> | <i>15/1/17</i> | | | | | <i>20 00</i> | | <i>153 57</i> | <i>28 62</i> | <i>8/8</i> | | | | | | | |
| <i>1917 31-1-17</i> | <i>31</i> | <i>1.35</i> | <i>46 50</i> | | | | | | | | | | <i>46 50</i> | | <i>46 50</i> | <i>376</i> | <i>20/1/17</i> | <i>371</i> | | | | | <i>20 00</i> | <i>57</i> | <i>217 38</i> | <i>43 32</i> | | <i>Trans 23 Bn DO6A6-17</i> | | | | | | | |
| <i>Feb 1/28</i> | <i>28</i> | | <i>42 -</i> | | | | | | | | | | <i>42 -</i> | | <i>42 -</i> | <i>322</i> | <i>21/1</i> | | | | | | <i>20</i> | | <i>27 20</i> | <i>43 32</i> | | | | | | | | | |
| <i>Mar 1-31</i> | <i>31</i> | <i>1.50</i> | <i>46 50</i> | | | | | | | | | | <i>46 50</i> | | <i>46 50</i> | <i>329</i> | <i>1/28.7</i> | <i>301</i> | <i>17/9.3</i> | | | | <i>20</i> | | <i>12 16</i> | <i>12 16</i> | <i>1 75</i> | | | | | | | | |
| <i>Apr 1-24</i> | <i>24</i> | <i>1.50</i> | <i>42 60</i> | | | | | | | | | | <i>42 60</i> | | <i>42 60</i> | <i>337</i> | <i>1/28.7</i> | <i>337</i> | <i>15.3</i> | | | | <i>20</i> | | <i>68 65</i> | <i>21 17</i> | | | | | | | | | |
| <i>" 25-30</i> | <i>6</i> | <i>1.50</i> | <i>42 60</i> | | | | | | | | | | <i>42 60</i> | | <i>42 60</i> | | | <i>17</i> | <i>15.4</i> | | | | <i>20</i> | | <i>32 16</i> | <i>31 61</i> | | | | | | | | | |
| <i>May 31</i> | | | <i>34 10</i> | | | | | | | | | | <i>34 10</i> | | <i>34 10</i> | | | <i>51</i> | <i>30/4</i> | | | | <i>20</i> | | <i>27 20</i> | <i>53 54</i> | | | | | | | | | |
| <i>June 30</i> | | | <i>33 .</i> | | | | | | | | | | <i>33 .</i> | | <i>33 .</i> | | | | | <i>556 30/6.00.</i> | | | <i>20</i> | | <i>24 36</i> | <i>42 18</i> | | | | | | | | | |
| <i>July 31</i> | | | <i>34 10</i> | | | | | | | | | | <i>34 10</i> | | <i>34 10</i> | | | | | | | | <i>20</i> | | <i>20</i> | <i>56 28</i> | | | | | | | | | |
| <i>Aug 30</i> | <i>30</i> | | <i>22 .</i> | | | | | | | | | | <i>22 .</i> | | <i>22 .</i> | | | | | | | | <i>20</i> | | <i>24 87</i> | <i>24 87</i> | | <i>Trans to 12 Bn eff 2/8/17</i> | | | | | | | |
| <i>Carried Forward</i> | | | <i>483 80</i> | | | | | | | | | | <i>16 50</i> | <i>500 30</i> | <i>500 30</i> | | | | | | | | <i>4 87</i> | <i>20</i> | <i>24 87</i> | <i>4 87</i> | <i>240</i> | | | | | | | | |

CANADIAN ASSIGNED PAY AUDITED

OK Fawcett

AUDIT CLERK

DATE *12/5/19*

| | | | | | |
|--|-------------------------------|-----------------------|--------------------|------------------------------------|--------------------------------|
| ASSIGNED PAY. | ENGLAND OR CANADA. | SEPARATION ALLOWANCE. | ENGLAND OR CANADA. | NAME:- | MERCURE Adelaire |
| EFFECTIVE DATE:- | 25.12.17 | EFFECTIVE DATE:- | | NUMBER:- | 748017. |
| AMOUNT:- | 20.00 | AMOUNT:- | | PARTICULARS OF RANK OR APPOINTMENT | |
| NAME, ADDRESS, RELATIONSHIP & AUTHORITY | | | | AUTHORITY | DATE EFFECTIVE |
| Joseph Mercure (Father) 156 Orleans Ave. Maisonneuve Montreal, Que. | | | | | |
| EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | | | | UNIT AND TRANSFERS | |
| DATE OF PAYMENT | | | | ORIGINAL UNIT:- | |
| 9/18 848 Lenham 3 £ 14 60 | | | | 117 th Bn. | |
| DATE OF PAYMENT | | | | DATE ACCOUNT FIRST OPENED:- | |
| L.P.C. Bal. 31/18 P 107 39 | | | | 1.9.16. | |
| DATE OF PAYMENT | | | | AUTHORITY | DATE EFFECTIVE |
| L.P.C. Bal. 31/18 P 107 39 | | | | | |
| DATE OF PAYMENT | | | | DATE LEDGER SHEET T'S P'D | UNIT TRANSFERRED TO |
| L.P.C. Bal. 31/18 P 107 39 | | | | 1-11-18 | 10219 D. "UE" "D" |
| DATE OF PAYMENT | | | | DAILY RATES OF PAY AND ALLOWANCES | |
| L.P.C. Bal. 31/18 P 107 39 | | | | AUTHORITY | PAY F.A. P.F.A. SUBS'CE ALL'CE |
| L.P.C. Bal. 31/18 P 107 39 | | | | | 110-10 |

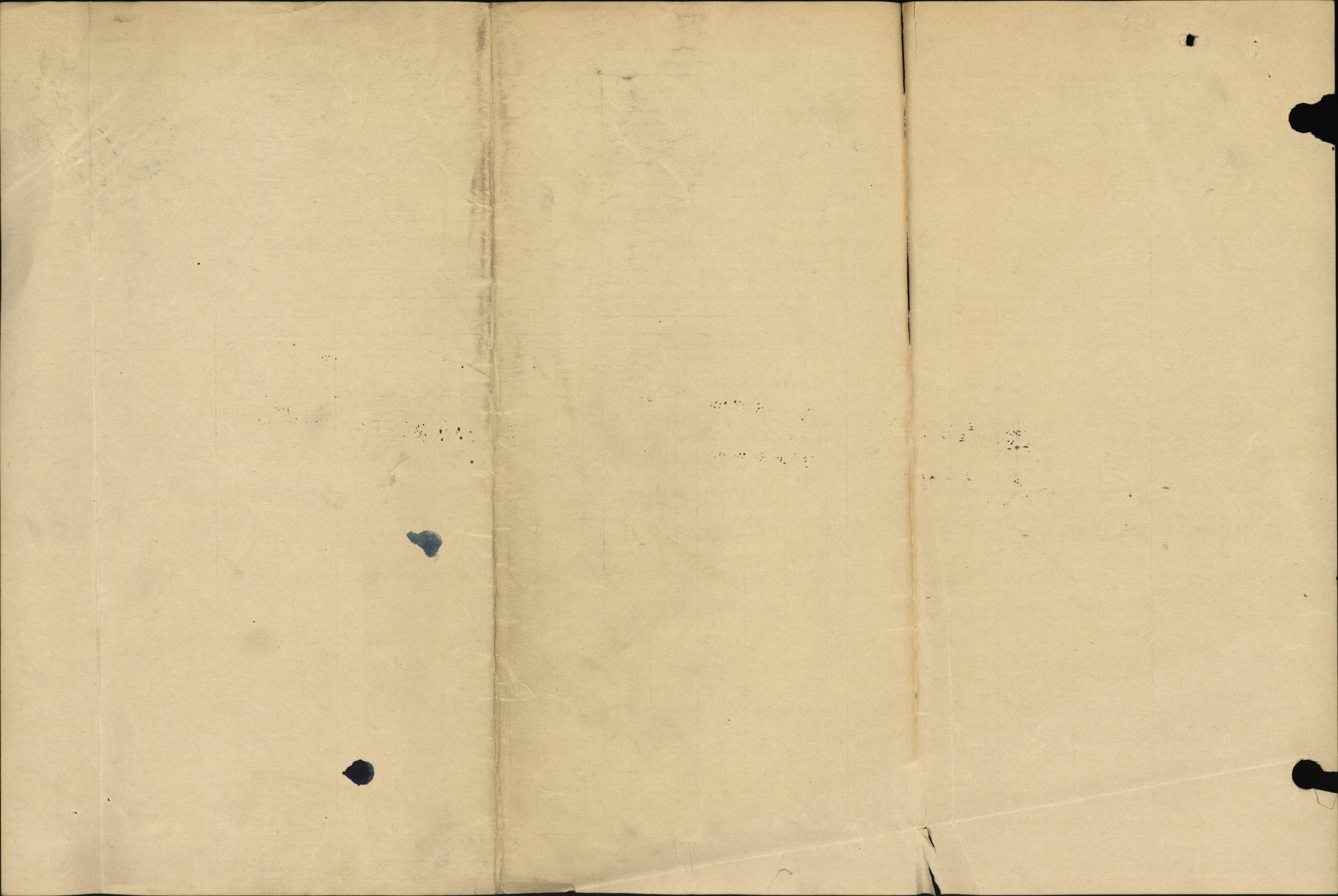
PARTICULARS OF RENDERING NON-EFFECTIVE: Transf. Canada 1/1/18 Lenham 290/70 Invalidated 5-7-18 42969

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|--------|-------------|---------|-------|---|---------|-------|-------|-------|---------|----------|------------|
| Mar 21 | Dalee Landy | | | | | | | | 78 18 | | |
| Apr | P-Cpl. | 36 - | | Cap Can. | | | | 20 | 58 18 | | |
| | | | | S.R.-4221- 25/4/18. H/Shaw West Ham 10A A 3497 | 24 33 ✓ | | | | 94 18 | | |
| | | 36 - | | | 24 33 | | | 20 - | 69 85 | ✓ | ✓ |
| May | " | 37 20 | | AP-Can. | | | | 20 | 107 05 | | |
| | | 37 20 | | | | | | 20 - | 87 05 | ✓ | ✓ |
| June | " | 36 - | | AP-Can. | | | | 20 | 123 05 | | |
| | | 36 - | | | | | | 20 - | 103 05 | ✓ | |
| July | " | 37 20 | | AP-Can. | | | | 20 | 140 25 | | |
| | | 37 20 | | S.R.-18093- 5/7 | 24 33 ✓ | | | 20 - | 120 25 | | |
| | | 37 20 | | | 24 33 | | | 20 - | 95 92 | ✓ | |
| Aug | " | 37 20 | | AP-Can. | | | | 20 | 133 12 | | |
| | | 37 20 | | S.R. 23013- 7/8- Home, Peterborough | 24 33 ✓ | | | 20 - | 113 12 | | |
| | | 37 20 | | | 24 33 | | | 20 - | 88 79 | ✓ | |
| Sep. | " | 36 - | | Cap | | | | 20 | 104 79 | ✓ | |
| | | 36 - | | | 20 | | | 20 - | | | |
| Oct | Cpl. P. | 37 20 ✓ | | c.a.p. | | | | 20 | 121 99 | ✓ | ✓ |
| | | 37 20 | | 848 Cpl Lenham 9-10-18 | 14 60 | | | 20 | 107 39 | | |
| | | 37 20 | | | 14 60 | | | 20 | | | |

CANADIAN
 ASSIGNED PAY AUDITEE
 OK. Jewellans
 AUDITELLEK
 12/5/19

31/18 L.S. Bal.
\$121 99

* Strike out whichever inapplicable.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

23041
Sept 1/18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 20 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. 748017
 Rank Sgt. Promoted Reverted Discharge
 Soldier's Name A. Mercier
 Battalion 117 Batta. (C. Co)
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Joseph Mercier
 Address 156 Orleans Ave. Maisonneuve
 Change of Address Montreal
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|-----------|------------|------------|------------|-------|---------|
| Dec 31/17 | | | 320 | 320 | ✓ |
| Jan 18 | 67249 J | | 20 | 20 | ✓ |
| Feb | 74285 Z | | 20 | 20 | ✓ |
| Mar | 94127 O | | 20 | 20 | ✓ |
| Apr | 9275 M | | 20 | 20 | ✓ |
| May | 13141 R | | 20 | 20 | ✓ |
| June | 25320 L | | 20 | 20 | ✓ |
| July | 33584 F | | 20 | 20 | ✓ |
| Aug | 36084 Q | | 20 | 20 | ✓ |
| Sept | 47332 S | | 20 | 20 | ✓ |
| Oct. | 51603 X | | 20 | 20 | ✓ |
| Nov. | 58065 T | | 20 | 20 | ✓ |
| Dec. | X | | 540 | 540 | ✓ |

..... At Closed 30-11-18
 Ret'd per Dragnaya
 Date 30/11/18 F.X. 4/11/18
 Clerk J. Gaudin

S. of S. 21-11-18 per M.O. 4-22-M-4266 25-11-18
 M. F. D. 187 issued 27/11/18

CANADIAN
 ASSIGNED PAY ADJUSTER
 CRIPSTON
 CREDIT CLERK
 D. 12/1/18

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

M. P. O. 18827 Breston 27/11/18

M. F. W. 128
 40084-6317-1772-89-1141
 L. L. 22320-M. & D. 1493.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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
 40096-6-17-1772-39-1141
 L. L. 2320-M. & D. 7483.

Pending card sent up 7/12/18
Rec 222-2



This space to be for number

Proceedings on Discharge.

MILITARY DISTRICT No. 4

NOV 27 1918

M. D. 4

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

| | | |
|---|--|----------------------|
| No. 748017. | | |
| Rank Corporal. | | |
| Surname.....MERCURE. | | |
| Christian Name.....Adelard. | | |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | | |
| Corps (Squadron, Battery or Company) 117th, Battalion, G.E.F. | | |
| Date of Discharge November, 21st, 1918. | | |
| Place of Discharge Montreal, QUEBEC. | | |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | | |
| Age.....22.....years.....11.....months. | Descriptive Marks | |
| Height.....5.....feet.....2½.....inches. | | |
| Complexion Fair. | | |
| Eyes Brown. | | G.S.W. scar on face. |
| Hair Brown. | | |
| Trade Mechanics Helper. | | |
| Intended place of residence } 156 Orleans Avenue, (To be given as fully as } practicable.) } Maissonneuve, P.Q. | | |
| 2. The above-named man is discharged in consequence of | | |
| K.R.&.O. 377 (10) C.M. 1917. MD4. 22-M-4266. Category "E". | | |
| Medically Unfit. Discharged to the I.S.C. R.O.#693. | | |
| 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. | |
| | <i>Very Good</i> | |
| | 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. | |
| To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them. | 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) | |
| | Mechanics Helper. | |

M. F. B. 218.

100M.—1-17.

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.....
Service in France.
26-4-17 to 19-8-17.

Entitled to wear one casualty
stripe. 19-8-17.

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, QUEBEC.

(Date) November, 21st, 1918.

R. D. Gye
Lieutenant,
Commanding Discharge Section, District Depot No. 4.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Montreal, QUEBEC. *A. Mercier* (Signature of Soldier.)

(Date) November, 21st, 1918. *J. P. Lemo Sgt.* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

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

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

..... (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, QUEBEC.

(Date) November, 21st, 1918.

(Signature) *R. D. Gye*
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS.

C. M. M. M.

| | |
|---|--|
| <p>Militia Form B. 232 Attestation Paper</p> | <p>Reg. Conduct Sheet Militia Form B. 203</p> |
| <p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p> | <p>Squadron } Battery } Company } Conduct Sheet Militia Form B. 203 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet Militia Form B. 216 Medical Report for Invalid* Statement of Man's Account on Transfer and Last Pay Certificate *Only if discharged "Medically unfit."</p> |

N. R.—In the case of a man discharged by purchase the date and number of Deposit Receipt with amount of same is to be noted here.

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

List of Discharge Documents.

| | |
|---|---|
| <p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p> | <p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p> |
|---|---|

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.

9. Additional Certificate in case of purchase of discharge.

I hereby declare that I shall not be re-enlisted.

Statement of Man's Account on Transfer and Last Pay Certificate.

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

Montreal, QUÉBEC,

November 21st, 1918.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

(MERCURE) CATEGORY **COT CASES M.D.#4 Tubercular**
~~MERCURE~~ **ADELAID**

Report No. **7640** Unit **4** M.D. No. **4**

| | | |
|--|-------------------|------------------|
| No. of M.H.C. File | No. of Local File | No. of H.Q. File |
| Surname | Christian Name | |
| Permanent Address 156 Orleans Ave Maisonnette, Que. | | |

No.* **748017** Rank **Cpl.** Original Unit **117th** Service Unit* **14th**
 Age* **22** Height **5 ft. 5 ins.** Complexion **Dark** Eyes **Brown** Hair **Brown** Conduct
 Date of enlistment **26/11/15** Where enlisted **Que.** Where seen service* **France**
 Ship returned by **"H-TWO"** Date of arrival **10-18** Port of arrival **Halifax, N.S.**
 Birthplace* **Canada** Religion **R.C.**
 Cause of disability **Tubercle of Lung**

Condition in detail which prevents the soldier from earning a full livelihood
Weakness and emaciation apparent sputum analysis T.B. pos. cough severe sputum copious dyspnoea on exertion chest findings B.C. lateral spiral retraction marked bubbling rales throughout right chest and to the 3 dorsal spine post moist rales scattered throughout the left more marked just below nipple and the about the ankle scapula post. advance case and active X-Ray report comminuted fracture RL lower jaw no injury otx to descending demonstrated attached the xrs surgeons remarked.

Degree of Incapacity—Eng. Board. **due** Canadian Board
 Is disability due to or aggravated by Service?
 Probable duration of incapacity
 Does it render him permanently unfit for Military Service?
 Is further treatment or use of appliances recommended, if so which? **Trans. to Hosp.**
 Destination to which transportation issued
 Members of Board **F.H. Pratten Major, T. Campbell, Capt. C.S.M. Lenham** **8-10-18**

INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME | AGE | WHERE—IF EMPLOYED | WAGES | STATE OF HEALTH |
|------------|------|-----|-------------------|-------|-----------------|
| Wife | | | | | |
| Children 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Name and address next of kin **Father Joseph Mercure**
 Notification of return to be sent to **same address**
 Occupation prior to enlistment **Round house labourer** And for how long followed **two years**
 Regular trade or occupation
 Average earnings previous to enlistment **\$75 per** Any other income?
 Name and address of last employer **C.P. Ry - Farnham**
 Rent per month If owner of or purchasing property amount due and annual payment \$
 Taxes If Homestead, or Farm, where located
 If carrying life or accident insurance, annual premium \$ **46.00** Name of Society **Prudential**
 If unable to follow previous occupation, name preference
 References **Last Supp** I declare that the above statement is correct.
 Witness **James Haughton**
 Date **10-18** Place **Halifax, N.S.** Signature **A. Mercure**

Remarks by Interviewer:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H.Q., \$ L.P.C. leaving Depot, \$
 Amount forwarded to H.Q. Unit, \$ Credit Clothing allowances, \$

PENSION—Class Amount per year, \$ Period granted for Dating from
 First payment date

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.
 E. 1. Discharge, no pensionable disability. (Yellow copies).
 E. 2. Waiting Reclassification. (Pink copies).
 E. 3. Discharge with claim for pension. (Blue copies).

Reports of men returned for duty to be typed on White (Red printed) Forms.
 A. General Service.
 B. Service abroad, not general.
 C. Service in Canada. (White red printed forms).
 D. Treatment. (Pink copies).

M-377

CONFIDENTIAL INFORMATION

WARRIOR CATEGORY

No. of H.C. Form: _____
 No. of Serial File: _____
 No. of M.H.C. File: _____

Unit: _____
 Name: _____
 Christian Name: _____
 Home Address: _____

No. _____
 Rank: _____
 Height: _____
 Date of enlistment: _____
 Date returned by: _____
 Date of arrival: _____
 Port of arrival: _____
 Where enlisted: _____
 Branch: _____
 Cause of disability: _____

Condition to detail when present as soldier from entering a full livelihood: _____

Members of Board: _____

Destination to which transportation passed: _____

Is further treatment or use of appliances recommended, if so which? _____

Does it render him permanently unfit for Military Service? _____

Probable duration of incapacity: _____

In disability due to or aggravated by Service? _____

Degree of Incapacity—Rank Grade: _____

Canadian Board: _____

INFORMATION TO BE FURNISHED BY SOLDIER

| DEPENDENTS | NAME AND | WHERE EMPLOYED | WAGES | STATE OF HEALTH |
|------------|----------|----------------|-------|-----------------|
| Wife | | | | |
| Children | | | | |

Name and address next of kin: _____

Notification of return to be sent to: _____

Occupation prior to enlistment: _____

Regular trade or occupation: _____

Average earnings previous to enlistment: _____

Name and address of last employer: _____

Last pay month: _____

Taxes: _____

Name of Soldier: _____

It is to follow, details, occupation, name, residence: _____

References: _____

Witnesses: _____

Date: _____

Place: _____

Signature: _____

I declare that the above statement is correct.

Remarks by Interviewer: _____

Amount to be awarded to H.C. Unit: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount to be awarded to H.C. Unit: \$ _____

Amount per year: \$ _____

Period stated for: _____

Deliver from: _____

First payment date: _____

Class: _____

Amount per year: \$ _____

Period stated for: _____

Deliver from: _____

Amount to be awarded to H.C. Unit: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount to be awarded to H.C. Unit: \$ _____

Amount per year: \$ _____

Period stated for: _____

Deliver from: _____

First payment date: _____

Class: _____

Amount per year: \$ _____

Period stated for: _____

Deliver from: _____

Amount to be awarded to H.C. Unit: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount paid at Depot H.C.: \$ _____

Amount to be awarded to H.C. Unit: \$ _____

Amount per year: \$ _____

Period stated for: _____

Deliver from: _____

First payment date: _____

Class: _____

Form No. 50
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A.C. Rank *Cpl* Name **MERCURE, Adeland.** Reg'l No. **748017**
 Unit **117th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Bury. Que., Nov. 26th. 1915.** Place of Birth **St. Tide. Que.,**
 Name and Address, Next-of-Kin **Joseph Mercure.**
P.O. Farnham, Quebec. Canada. Relationship **Father.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **14854**
 File R.L.
 Category **M U CANADA**

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—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 | | | | |
| <i>C</i> | | <i>Arrived in England.</i> | <i>Emp of Britain</i> | <i>24 AUG. 1916</i> | |
| <i>27-8-16</i> | <i>O.C. 117th</i> | <i>To be Prov. Sergeant</i> | <i>Bramshott</i> | <i>14-8-16</i> | <i>Part 2 D.O.</i> |
| <i>6.1.17</i> | <i>OC, 117th</i> | <i>S.O.S to 23rd Fes En.</i> | <i>Shoreham,</i> | <i>6.1.17.</i> | <i>Pt II. D.O. ea</i> |
| <i>6.1.17</i> | <i>OC23Bn</i> | <i>T.O.S FROM 117th. Bn</i> | <i>Shoreham</i> | <i>6.1.17</i> | <i>Pt II DO</i> |
| <i>25-4-17</i> | <i>do</i> | <i>S.O.S on posting to 14th Bn & reports to ranks</i> | <i>Overseas</i> | <i>25-4-17</i> | <i>112 DO 46 of 5.5.17</i> |
| <i>4.8.17</i> | <i>14th Bn</i> | <i>apptd as Cpl</i> | <i>Paid</i> | <i>17.7.17</i> | <i>D.O. 75</i> |
| <i>23.8.17</i> | <i>✓</i> | <i>Adm King Gen. Hosp Stamford</i> | <i>London</i> | <i>20.8.17</i> | <i>CLB 439 GSW Face</i> |
| <i>25.8.17</i> | <i>-</i> | <i>To be Corporal</i> | <i>field</i> | <i>1.8.17</i> | <i>DO 83</i> |
| <i>24.8.17</i> | <i>1st QRD</i> | <i>T.O.S on adm to hosp</i> | <i>Cpl Sham</i> | <i>19.8.17</i> | <i>DO. 149 & DO. 85 of 30.8.17</i> |
| <i>18.10.18</i> | <i>Q. R.O.</i> | <i>Invalided to Canada Ex Can Spec Hosp. Lenham</i> | <i>Cpl</i> | <i>14-10-18</i> | <i>CLB. 348. S.T. Bault L. Loop & T.B. Pulver</i> |

CHECKED
 TICKET
 F. B. 100
 31 AUG 1917

| 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. |
|----------|--------------------------------|---|--------|----------|---|
| 22-10-18 | A.F.D. | S.O. Son transferred to Canada for further medical treatment | Belott | 14-10-18 | D.C. 256 |

CLINICAL CHART.

Army Form B. 181

Corps 14. Bn. Cd.

(To be attached to Case Sheet.)

Military Hospital King George

No. 768017

Rank and Name Cpl Greene

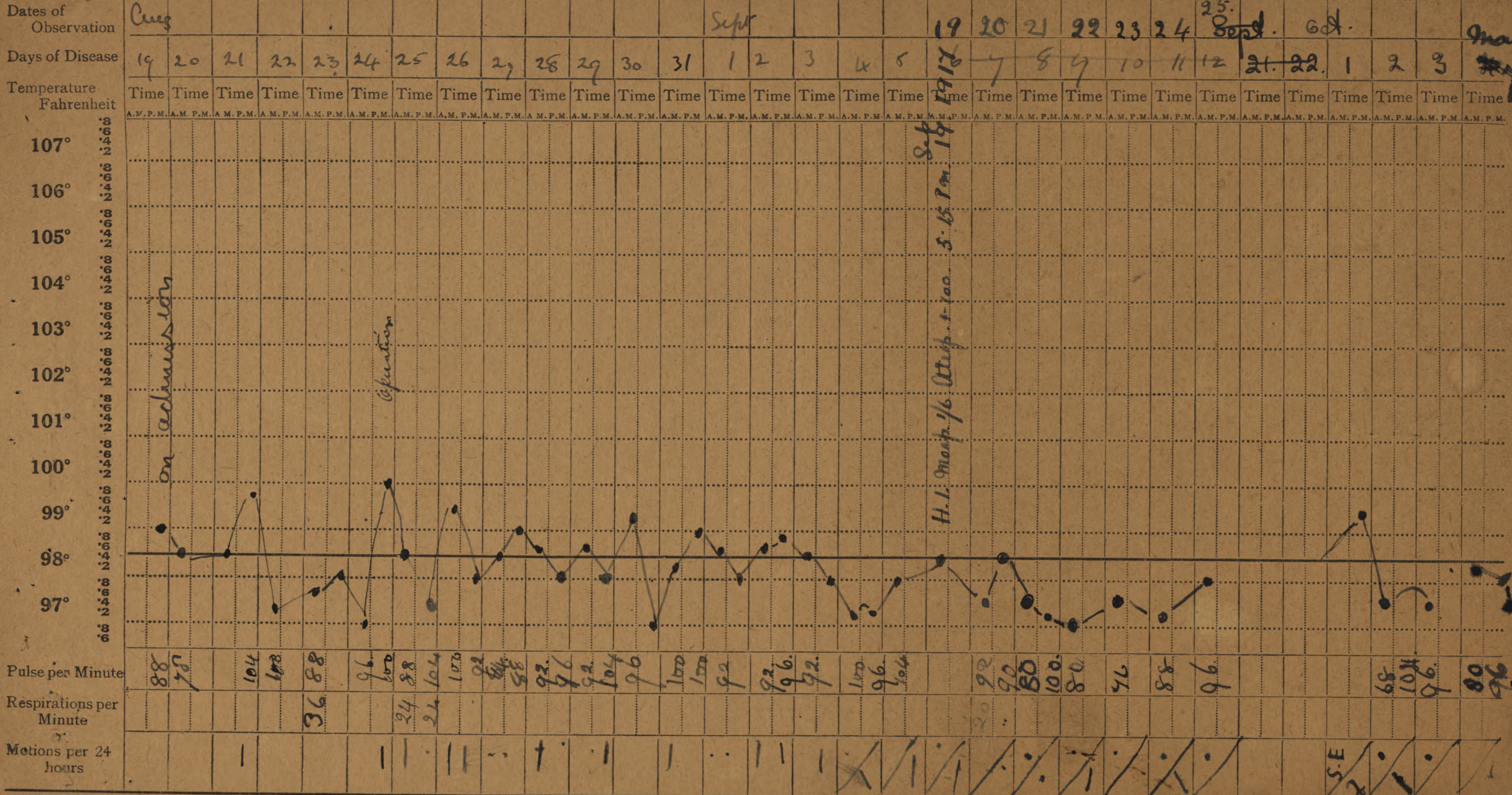
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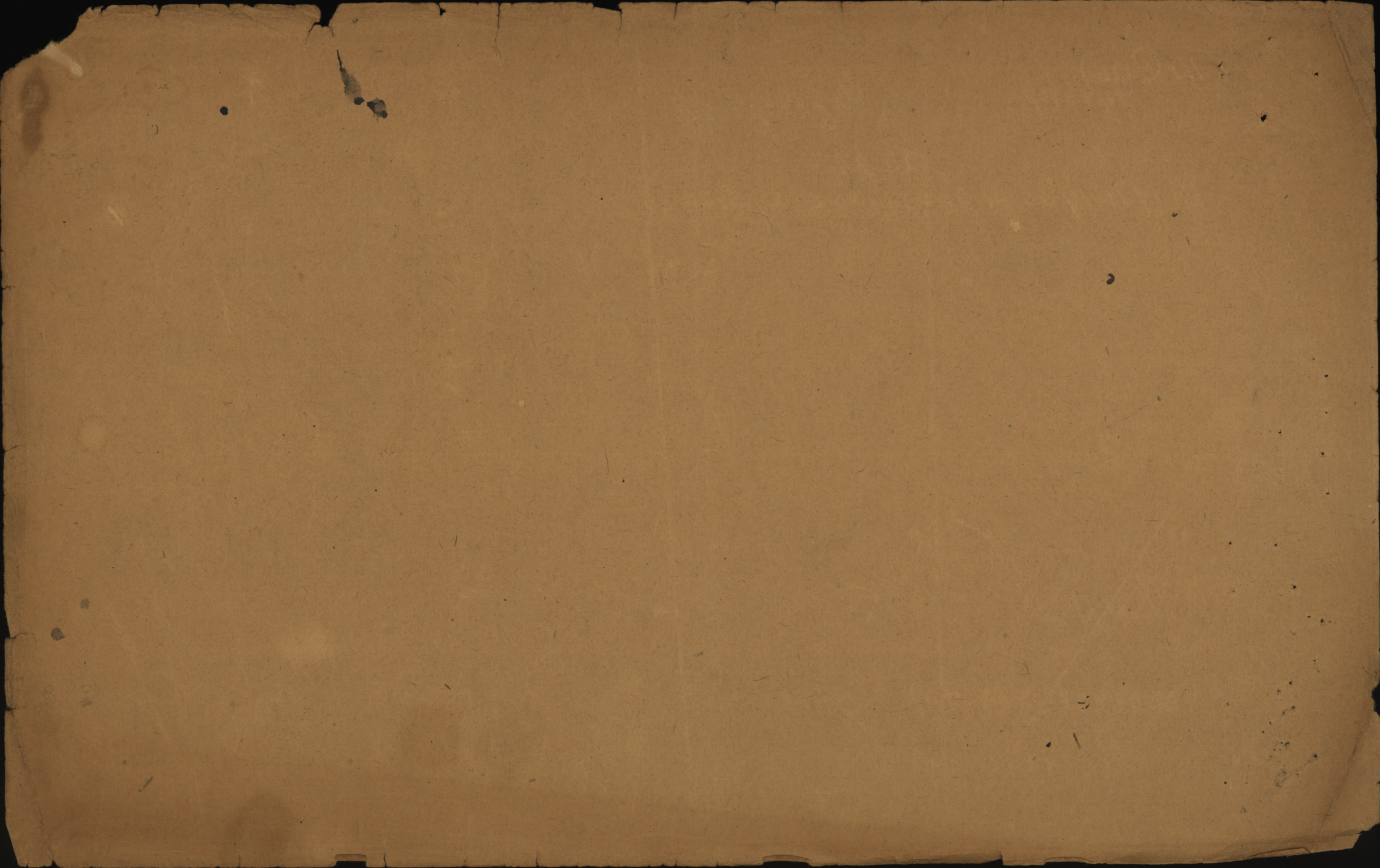
Service _____

Disease _____ Date of admission Aug. 19th

Date of discharge _____

Result _____





CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps 14 Cav.

No. 748017

Rank and Name Mercuré G.

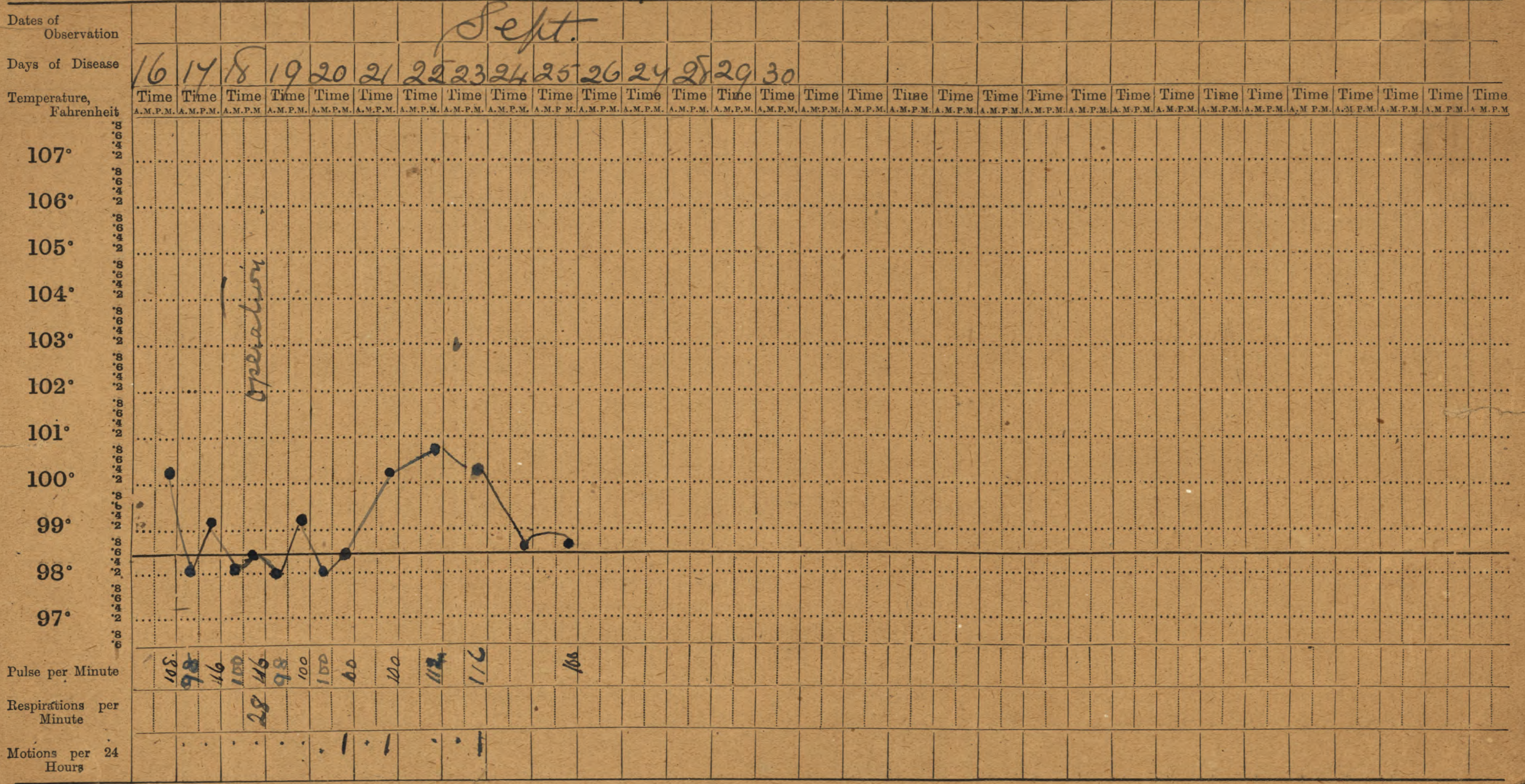
Age 21

Military Hospital R. G.

Service _____

Disease _____ Date of admission 6. 9. 18.

Date of discharge _____ Result _____



Signature _____

In charge of case _____

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

Military Hospital _____

No. _____ Rank and Name _____

Age _____ Service _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

| Dates of Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Days of Disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Temperature, Fahrenheit | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | Time | |
| | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. | A.M.P.M. |
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| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirations per Minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motions per 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature _____ In charge of case.

King George Hospital
London, Sept. 26th., 1918.

Cpl. A. Mercure, 748017- 14th. Bn.

This Patient has an ununited fracture of the body of the mandible with vast loss of substance, requiring a bone graft. The fracture of opposite mandible is united, having been wired in view of little or no loss of substance. While awaiting bone-graft, it was discovered he has Pulmonary T.B. consequently further operative interference has been discouraged by Mr. Percival Cole, his Surgeon at this Hospital, who recommends evacuation to his home, in the hope his lungs will clear sufficiently to permit further work on his jaw at some future date.

Wm. H. Smith, Lieut.
Med. Corps. U.S.A.

MUSTER RECORD

Unit

Date

MUSTER RECORD.

OBSOLETE

| Number. | Rank. | Name. | Present on Parade. | Remarks. |
|---------|-------|-------|--------------------|----------|
| | | | | |
| | | | | |

No. 748017, Cpl. Mercure, A. 14th. Bn.

C.S.H. Lenham,
Sectn 2. 1-10-18.

Tubercle of Lung.

To:- O. i/c Lab.,

Please carry out an examination of the accompanying specimen of sputum with special regard to T.B.

F.H. Pratten, Major, CAMC.

Lab Report

Pos. for T.B.

C.A. Baragar, Maj. CAMC.

O. i/c Lab.

1870
No. 1000

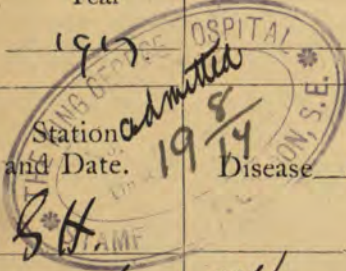
THE
OFFICE OF THE
SECRETARY OF THE
NAVY

WASHINGTON, D. C.
JANUARY 1, 1870



MEDICAL CASE SHEET.

No. in Admission and Discharge Book: **C.F.T. 930.**
 Regimental No.: **748017**
 Rank: **Cpl.**
 Surname: **Mercure**
 Christian Name: **A.**
 Unit: **14. Bn. Cd.**
 Age: **21**
 Service: **1 1/2 4/12**



Disease: **G S W Jaw. Fract Rt Inf Mand**

H. S.H.
Aug 19/17

Wounded Aug 13/17 France

Entire wound angle of jaw rt side bullet passed thro jaw. exit top of chin

COA. Rt in poor condition.
 Very septic lacerated wound angle of rt lower jaw. extensive comminution of jaw. All of mouth apparently destroyed can protrude tongue slightly and move it laterally. small septic exit over tip of chin.
 a good deal of Periculis.

21.8.17 Periculis much improved.

27.8.17. Right fragment of mandible in fair position Left fragment inverted & deflected to right. Construction of splint to begin next week. Fr

24.8.17. Operations. Many fragments of bone removed floor of mouth on rt side lacerated back base of tongue torn thro. Sutured with catgut

22.8 X ray report comminuted frac: of the right lower horizontal ramus

28.8.17 X ray report. no injury of descending ramus distinct

The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Sep 3-17

New + Ray indicates fracture of mandible on
patients left immediately behind the second molar &
between 1 & the wisdom tooth. Impression for splint to
be taken

10

Splint in process of construction. Loose fragment wired
temporarily in position 17 Splint wired

Oct 29

Nov 5

Nov 12

Impressions for splint

Further

Splints cemented

Nov 19

Splints wired

26

Dec 3

10

Impressions for upper splint

12 Dec

Aux Hospital When ready

14

Not yet ready to splint

31

May go to auxiliary & return in 4 weeks

This patient on go to auxiliary hospital for above time
as far as dental treatment is concerned no work

See Aux Hospital

J. W. Blumenthal

3-1-18

Trans: Aux Hospital

1-3-18

Returned & Readmitted. This patient has been
returned in error. A further delay is necessary so that
he needs no further dental attention for 1 month.
Amputation may be effected.

4-3-18

Trans: to Aux Hospital

12-4-18

Returned & Readmitted

Patient seen. Can a further X-ray showing present condition of Right
side of Absc. ^{of Abscess} _{be made.}

15-4-18

Impressions taken for new splints

21

Splint in progress

Apr 22/18

To have X-Ray of Left angle of lower jaw.

J. W. Blumenthal

No. 748017 Name Adelard Mercure

Sqn., Batty., or Company } C

Corps 72nd REGIMENT EASTERN TOWNSHIP
10th BATTALION C. E.

Date of enlistment } 26-11-15

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. One

Signature O.C. Company, etc. *S. H. ...*

Character Good

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | Remarks |
|-----------------|--------------------|------------|----------------------|---|--------------------|--------------------------------|---|-------------------------|------------|
| <i>Shoreham</i> | <i>25/4/17</i> | <i>Pte</i> | | <i>Drunkness to 1st Lt. ...</i> | | | | <i>W. M. ...</i> | <i>...</i> |
| | | | | <i>Invalided to Eng. Wounded + S.O. 19:8:17</i> | | | | <i>Major + Adj. ...</i> | <i>...</i> |
| <i>Montreal</i> | <i>OCT 30 1918</i> | | | T. O. S. District Depot No. 4 | <i>OCT 14 1918</i> | <i>MUTHY. PT. II D. O. No.</i> | <i>195</i> | | |

Army Form B. 122

| Place | Date of offence | Rank | Cases of Drunkenness | Offence | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | Remarks |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|---------|
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Army Form B 133

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 745017 Rank Cpl. Name Mercure Adelard.
 Corps 117th Bn. who was* Discharged
 On 21-11-18 191... to 30 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-18 191... to 21-11-18 191..., the inclusive date of transfer or discharge.

| Dr. | \$ | c. | Cr. | \$ | c. |
|---|-----|----|--|-----|----|
| Bal. Dr. from prev. month | | | Balance Cr. from prev. month | 52 | 39 |
| Advances by Cheques } No. | | | Regt'l. Pay <u>21</u> days at \$ <u>1 10</u> | 23 | 10 |
| Assigned Pay and Sep'n Allee. No. <u>xxxxxxx Ottawa</u> | 20 | 00 | Field Allow. <u>21</u> days at \$ <u>10</u> | 2 | 10 |
| Other charges <u>xxxxxxx 10550</u> | 35 | 00 | Separation Allowances* (Monthly) | | |
| Payment on transfer or discharge No. <u>xxxxxxx 10549</u> | 68 | 79 | Other Allowances* <u>Civ. Clothing</u> | 35 | 00 |
| Balance Cr. (to be paid by the new unit) | | | Other Credits* <u>Sub.D.O. 205</u> | 11 | 20 |
| Total | 123 | 79 | Bal. Dr. (to be deducted by new unit) | | |
| | | | Total | 123 | 79 |

Give particulars.

A monthly stoppage of \$ 20.00 (†) has (‡) been paid charged of Assigned Pay for the month of Nov. 191... (to) Assignee Mr. Jos. Mercure,
 and Sep'n Allee. for month of Nov. 191...
 (Address) 156 Orleans St. Maisonneuve.
Montreal.

(†) 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.

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

REMARKS:—

- State (1) date of enlistment 26-10-15
- (2) if married and if a Separation Allowance Card has been submitted Nil
- (3) cause of discharge authority MD4(22-M-4266)
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.
 Date NOV 23 1918
 Place General Store *J. Ashpury*
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

1900

UNITED STATES DEPARTMENT OF AGRICULTURE

ANNUAL REPORT

THE DEPARTMENT OF AGRICULTURE HAS THE HONOR TO ANNOUNCE THAT THE ANNUAL REPORT FOR THE YEAR 1900 HAS BEEN COMPLETED AND IS NOW BEING DISTRIBUTED TO THE MEMBERS OF THE AGRICULTURAL SOCIETY OF THE DISTRICT OF COLUMBIA. THE REPORT CONTAINS A DETAILED ACCOUNT OF THE WORK OF THE DEPARTMENT DURING THE YEAR, AND IS OF GREAT INTEREST TO ALL INTERESTED IN THE PROGRESS OF AGRICULTURE IN THIS COUNTRY.

THE REPORT IS AVAILABLE FOR SALE AT THE OFFICE OF THE SUPERINTENDENT OF PRINTING, WASHINGTON, D. C., AT THE PRICE OF FIFTY CENTS PER COPY. IT MAY ALSO BE OBTAINED FROM THE NATIONAL AGRICULTURAL LIBRARY, WASHINGTON, D. C., AT THE SAME PRICE.

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THE REPORT IS A VALUABLE SOURCE OF INFORMATION FOR ALL INTERESTED IN THE PROGRESS OF AGRICULTURE IN THIS COUNTRY. IT IS AVAILABLE FOR SALE AT THE OFFICE OF THE SUPERINTENDENT OF PRINTING, WASHINGTON, D. C., AT THE PRICE OF FIFTY CENTS PER COPY. IT MAY ALSO BE OBTAINED FROM THE NATIONAL AGRICULTURAL LIBRARY, WASHINGTON, D. C., AT THE SAME PRICE.