

157th OVERSEAS BN.
ATTESTATION PAPER.
76th O'SEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL
 No. 643935
 Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? *Plante*
- 1a. What are your Christian names? *Henry*
- 1b. What is your present address? *10 Mrs Robinsons Front St Orillia*
2. In what Town, Township or Parish, and in what Country were you born? *St Germain St. Montreal*
3. What is the name of your next-of-kin? *Mrs. Alphonsine Gaddais*
4. What is the address of your next-of-kin? *143 St Germain Hochelaga Montreal*
- 4a. What is the relationship of your next-of-kin? *mother (step)*
5. What is the date of your birth? *12/7/1891*
6. What is your Trade or Calling? *laborer*
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, *Henry Plante*, 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.

..... *Henry Plante* (Signature of Recruit)
 Date *Jan. 27* 191 *6* *J. A. Wheatley* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Henry Plante*, 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.

..... *Henry Plante* (Signature of Recruit)
 Date *Jan. 27* 191 *6* *J. A. Wheatley* (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 *Orillia* this *7th* day of *February* 191 *6*.
 *George H. Clark* (Signature of Justice)

Description of Henry Plante on Enlistment.

Apparent Age. 25 years 7 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 ins.

Chest measurement. { Girth when fully expanded 35½ ins.
 Range of expansion 3 ins.

Complexion ruddy

Eyes brown

Hair 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 Feb 10 1916

Place Orillia

J. W. Macpherson Capt
 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.

H. Plante 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.

D. H. Macpherson (Signature of Officer)

Date FEB 10 1916 191

Lt. Col.
Com'd'g, 157th, Battn, C.E.F, Barrie

8M 22-11-18



R. O. No.
H. Q. No.

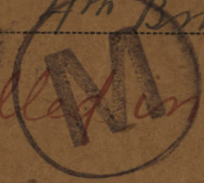
DISCHARGE DOCUMENTS

Name PLANTE HENRY

Regt. No. 643935 Rank Plt

Corps 4th Bn. (157th Infn.)

Killed in action 8-10-16.



404

20 -
20 -
7 -
+
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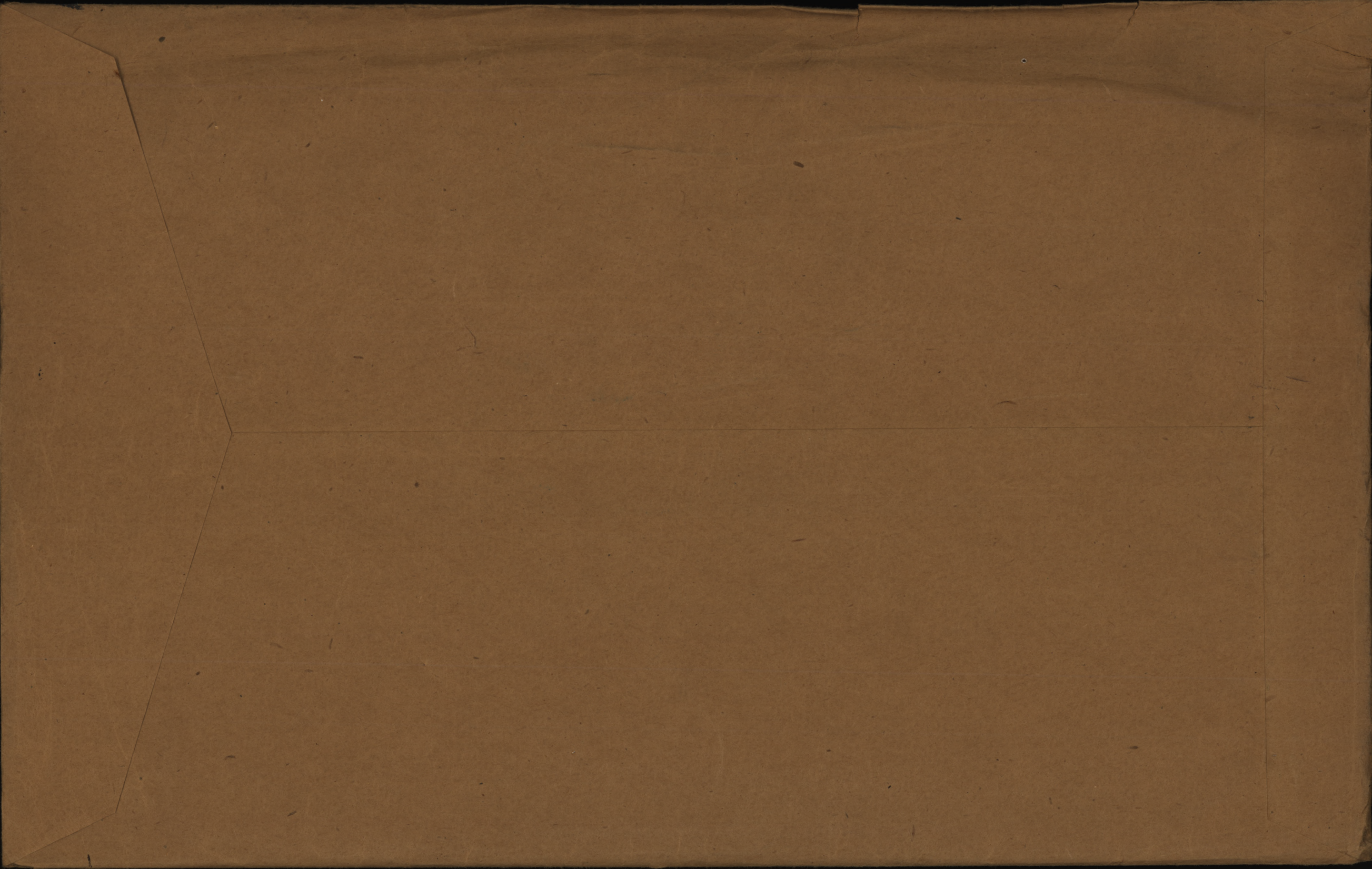


- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2X - 1*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

A. S. B 122 - card paycard 1

3M 14-6-21 B 122-1





SURNAME.

Plante

(649-DB-9258)

CARD NO.

CHRISTIAN NAMES

Henry

FOL

D

REGL. No. *643935*

RANK

Pte

UNIT ~~*154th*~~ *76th* *4th*

Battn.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gadbois Mrs Alphonsine

RELATIONSHIP TO SOLDIER

Stepmother

ADDRESS

*143 St. Germain Hochelaga
Montreal
P. Que.*

COUNTRY OF BIRTH

Canada *St Germain St Montreal*

DATE

July 12-1891

PLACE OF ATTESTATION

Ouelia Ont.

DATE

Feb. 7-1916

Trans from 157th to 76th Bn. with 76th Bn. h.R. 19/4/16.

O.S. 23.4.16. 401/35

Sailed from Halifax 23-4-16 per S.S. Empress of Britain

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

R. Catholic

DESCRIPTION.

APPARENT AGE

25

YEARS

7

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Ruddy

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Fil

MEDICAL EXAMINATION.

PLACE

Orillia, Ont.

DATE

Feb. 10th 1916.

Present address: - Mrs. Robinson, Front St., Orillia, Ont.

Wash
2/21

Number, *643935.* Rank, *Pte.*

Surname, *PLANTE*

Christian Name, *Henry*

Units, *4 Pm Can. Inf.* Theatre of war, *France*

Date of Service, *28-6-16.* *I.*

Remarks, *Unable to locate N/K*

Latest Address,

Roll No. *B Page 11803*

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date Character on discharge

Previous occupation Date and place of enlistment

Diagnosis Date of Medical Boards

Date	Remarks

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

Name **PLANTE Henry**

Rank

Pte

Reg. No. 643935

Unit **4th Battalion**

P 1197

Next of Kin **Canada**

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
	<p data-bbox="178 412 783 453">8-10-16 Killed in Action</p> <p data-bbox="329 500 556 541">D.C.S.381</p> <p data-bbox="480 541 684 583">24-10-16</p>			<p data-bbox="1032 412 1289 453">A493 03775</p> <p data-bbox="1085 453 1289 495">27-10-16</p>		<p data-bbox="1350 370 1493 464">P 28-10</p>

H. Q. FILE No. 649-

NAME Plante Henry.

REG'T'L. No. 643935.

RANK AND CORPS Pte.

14th Bn. (From 157th Bn.)

CABLE

NATURE OF CASUALTY

NO.

DATE

03775.	27-10-16.
B2090a	Sporen
	24-10-16

Killed in action Oct 8. 1916. ✓
 " " " " " " " " " " " "

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

0493 Rep. from Base, 8-18-16 Killed in action

No. 643935 RANK Pte.

NAME Plante, H.

T. O. S. 22-12-15
D. O. 27 21-12-15

UNIT 167th Battalion. C. E. F.

M. D. 2.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG OR REC'T	PARTICULARS	AUTHORITY
1915 Dec. 22	1916 Dec. 31	—		
Jan.		—		
Feb.		—		
Mar.		—		
Apr. 1	Apr. 6	—	Trans. 16th Bn. 6-4-16.	D. O. 2008-4-16.
17	30	—	Does show on 16th Bn.	April Pay book



Surname

Christian Name or Names

Reg. No.

Plante

H.

643,935.

Rank

Unit

Co.

Troop

Batty

Pvt.

4th Bn.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Repts from Base: -
Killed in action 8-10-16.*

DISPOSITION

Date

Cl. 28-10-16. A493.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

CERTIFIED CORRECT.

Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Army Form B. 103.

Plante
Casualty Form—Active Service.

Wood
Regimental Number 643935

Regiment or Corps 76th O'SEAS BATTALION G.E.F.
Rank Pl Surname Plante Christian Name L. Rowy
Religion R.C. Age on Enlistment 25 years 7 months.
Enlisted (a) 27/1/16 Terms of Service (a) D of W Service reckons from (a) 27/1/16
Date of promotion to present rank _____ Date of appointment to lance rank _____
Extended { X } Re-engaged { X } Qualification (b) _____
or Corps Trade and Rate Musketry
away from unit Capt
Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	<i>Halsbury</i>	23-4-16	
		Disembarked ...	<i>Liverpool</i>	5-5-16	
<i>Transferred to 4th Bn. 6.2.1. June 28/16.</i>					
			<i>H. V. Rissler</i> <i>Capt + adjt</i>		
29-6-16	O.C. C.B.D.	Reinforcement	Can. Base. Dep	29-6-16	P. 2. O. No. 28 d7- 14-7-16
10-7-16	do	Left for unit	4th Bn	10-7-16	N.R. D.C.R. 338
16-7-16	O.C. 4th Bn	Joined Unit	do	12-7-16	B. 213 " 338
30-7-16	O.C. 1st Bde S.E.	Attached 1st Bde Waring Party	3rd Bn	26-7-16	B. 213. O.B.R. 347 <i>Part # 10/1643</i> <i>1st Can Div 9.10/1643</i> <i>d/18-6-16</i>
13-8-16	do	joined unit	4th Bn	8-8-16	B. 213 O.C.R. 359

(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) Signaller, Shoeing Smith, &c.

[P.T.O.]

J.P.

Rank _____ Name **PLANTE, Henry** ✓
 Unit ⁷⁶ ~~87th~~ Bn. If in perm. Corps, }
 What Unit? } Married or Single **Single** ✓

Reg'l No. **643935** ✓

*m + 6.21
14-6-28*

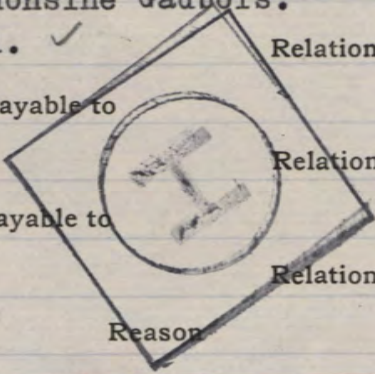
Place and Date of Enlistment **Orillia. 27th. Jan. 1916.** ✓ Place of Birth **St. Germain. St. Montreal.** ✓

Name and Address, Next-of-Kin **Mrs. Alphonsine Gadbois.** ✓
143 St. Germain Hochlega. Montreal. ✓ Relationship **Step-Mother.** ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character **WELBY**



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.				
	<u>C</u>	Arrived in England			
28-6-16	OC 76th Bn	Transferred to 4th Bn	West Sandling	28/6/16	PT II - 131
14 JUL 1916	H ^c "	Taken on strength.	Field	29 JUN 1916	PT II - 28
24.10.16	4th Bn.	Killed in Action	Field	8.10.16	PT II - 57
28/10/16	---	---	---	8/10/16	B/WA493

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
15m. - 3-16.
H. Q. 1772-39-819.

To Whom *for Plant*
Go Mrs. Alphonine Gadbois

By Whom Assigned Plante. H.

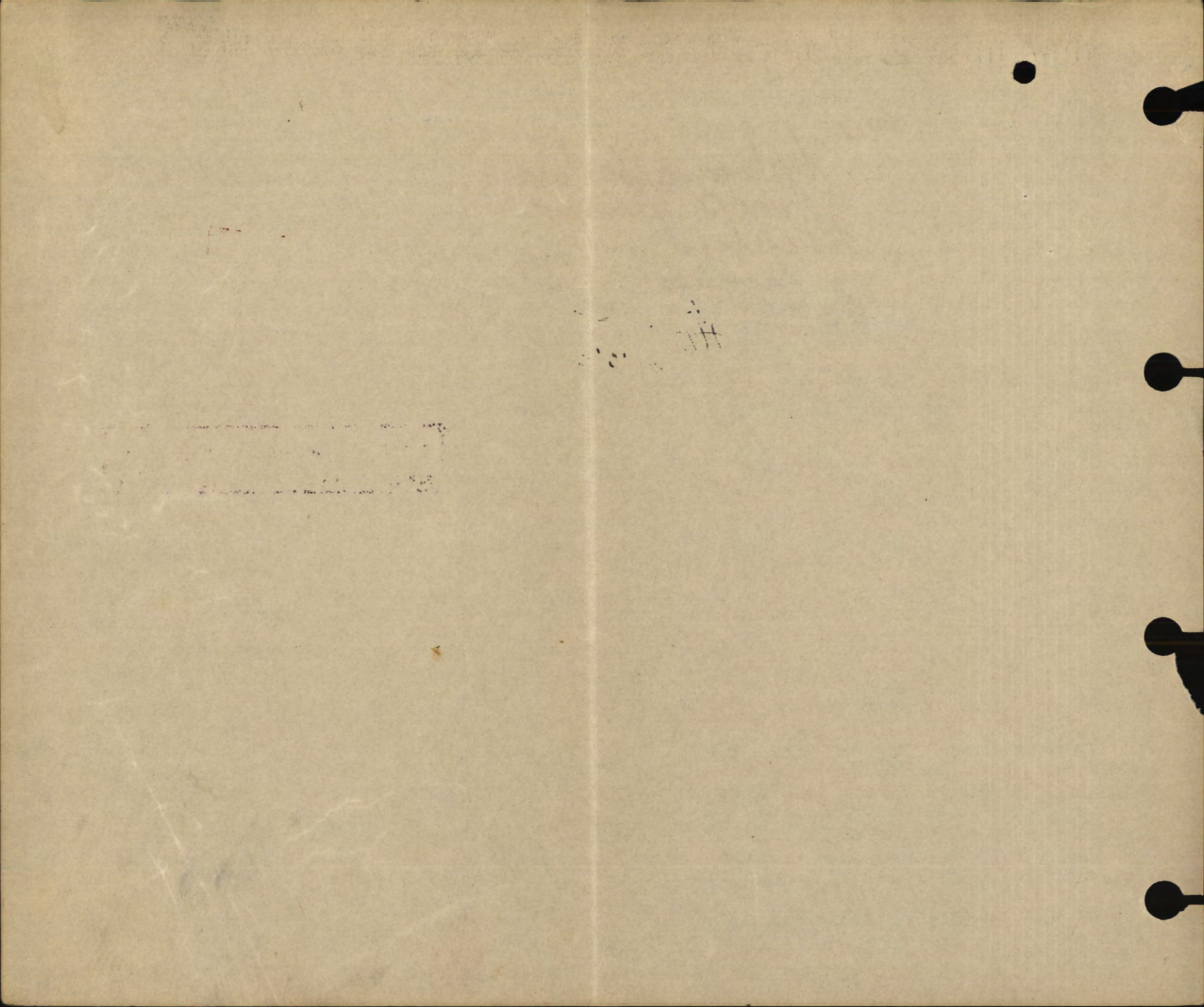
Address *lem* 143 St. Germain
Hochelaga
Montreal. P. Q.

Regtl. No. 643975Rank Pte.Corps B co. 76 Bn.Rate 20 00

MAY 1 1916

PAYMENTS

Mon:h	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <i>Casualties</i> </div> <i>Stop Payments</i> <i>Nov 1/16</i> <i>Killed in action</i> <i>3 M 1/11/16 C.R.C. 21/12/16</i> <i>Killed in action Oct 8/16</i> <i>C.L. 4) 27/17/16 JB</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Mrs. Alphonsine Gadbois
Sheet No. 2.Name of Soldier Plante. H.

PAYMENTS.

643995. Pte.

B Co. 76th Bn.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20. ⁰⁰ MAY 1 1916
April	1916			
May		46663	20	Casualties
June		65080	20	
July		P12908	20	
Aug.		H13384	20	
Sept.		V19353	20	
Oct.		V24445	20	
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

o/c closed (leas) stop Nov 1/16

P. X. Rend. date	total	By	\$120.00
E.F.X.	date	By	P.M.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MEDICAL HISTORY SHEET.

Surname Plaute Christian Name Henry

Examined { on 4 day of Jan. 1916
 at Quebec
 Birthplace { City or Town Montreal
 County Canada
 Approved by J.P. Wauchope
 Rank Capt. M.O.

Apparent age 25
 Trade or occupation Laborer
 Height 5 Feet 3 Inches. M.O.
 Weight 130 Lbs. M.O.
 Chest measurement { Minimum 32 1/2 inches. M.O.
 Maximum expansion 35 1/2 inches. M.O.
 Physical development Good M.O.
 Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number
 When Vaccinated last never 17/4/16 R. A. Ireland M.O.
 (a) Marks indicating congenital peculiarities or Capt. 76th M.O.
 previous disease M.O.

(b) Slight defects but not sufficient to cause rejection
None
 Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.
1916 11 HW M.O.
" 15 HW M.O.
" 21 HW M.O.

Enlisted on day of 4/1/16 191 at Quebec

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>157 Bn</u>	<u>643935</u>	<u>Good</u>	<u>4/1/16</u>
Transferred to	<u>76 Bn</u> <u>4th. Battalion</u>	<u>"</u>	<u>"</u>	<u>6/4/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *St. Germain St Montreal Que*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. A. Gadbois*
143 St. Germain St. Hochaga, Montreal, Que.
 RELATIONSHIP OF NEXT OF KIN *Sis - Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

COMPILED BY: *M.S.D.*
 CHECKED BY: *M.S.D.*

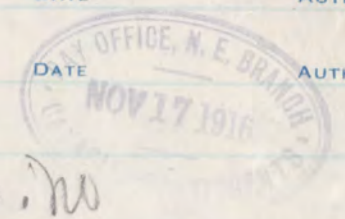
CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>8/10/16</i>	<i>CA/493 28/16</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. *643935* RANK *Private* NAME *Plant, Henry*
 IF IN PERM. CORPS WHAT UNIT *76th Bn* TRANSFERRED TO *Hth Btu* DATE *June 28-16* AUTHORITY *AO131*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *N.E.B.* DATE *9/10/16* AUTHORITY *CA/493 28/16*
 PLACE OF ATTESTATION *Orillia, Ont.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *Jan 27-16* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ ~~20.00~~ DATE EFFECTIVE *May 1/16* *J.B.M.*
 PAYABLE TO *Mrs. A. Gadbois, 143 St Germain St. Hochaga, Montreal, Que.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *3/10/16* EFFECTIVE *1/1/16* REASON *N.E. 1/10/16 6/24/16 1/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *9-10-16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Entered on N.E. Card Index...
 Relationship *H. Dillota*
 REASON *N.E. 1/10/16 6/24/16 1/16*

Checked... *G. S. D. D. D.*

Checked... *J. B. M.*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS															
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT																		
<i>1916</i>																																														
<i>May 21</i>	<i>100</i>	<i>31</i>	<i>31 10</i>	<i>2 10</i>											<i>28</i>																										<i>Balance transferred from Canada.</i>					
<i>June 28</i>	<i>100</i>	<i>28</i>	<i>28 10</i>	<i>2 80</i>											<i>30 80</i>	<i>16 12/5/16</i>	<i>61 30/16</i>																													
<i>29-31/16</i>	<i>33</i>	<i>33</i>	<i>33 ..</i>	<i>3 30</i>											<i>36 30</i>																															
<i>Aug 1</i>	<i>31</i>	<i>31</i>	<i>31 ..</i>	<i>3 10</i>											<i>34 10</i>	<i>1097 2/1/16</i>																														
<i>Sept 2</i>	<i>30</i>	<i>30</i>	<i>30 ..</i>	<i>3 00</i>											<i>33 1180</i>	<i>19/16</i>	<i>1591 1587 1480 Engr 15/16</i>																													
<i>Oct 8</i>	<i>8</i>	<i>8</i>	<i>8 ..</i>	<i>8 00</i>											<i>2 80</i>	<i>1207 2/10/16</i>																														
<i>July 17</i>																																														

Statement of
 JUN 16 1917
 Account rendered

649-P-3925.

Plante H. Pte., #643935 Pte., C.E.F.

Meds. & Decs. Brother Mr. N. Plante,
143 St. Germain St
Hochelaga, Montreal,
Que. *Camb. locati.*

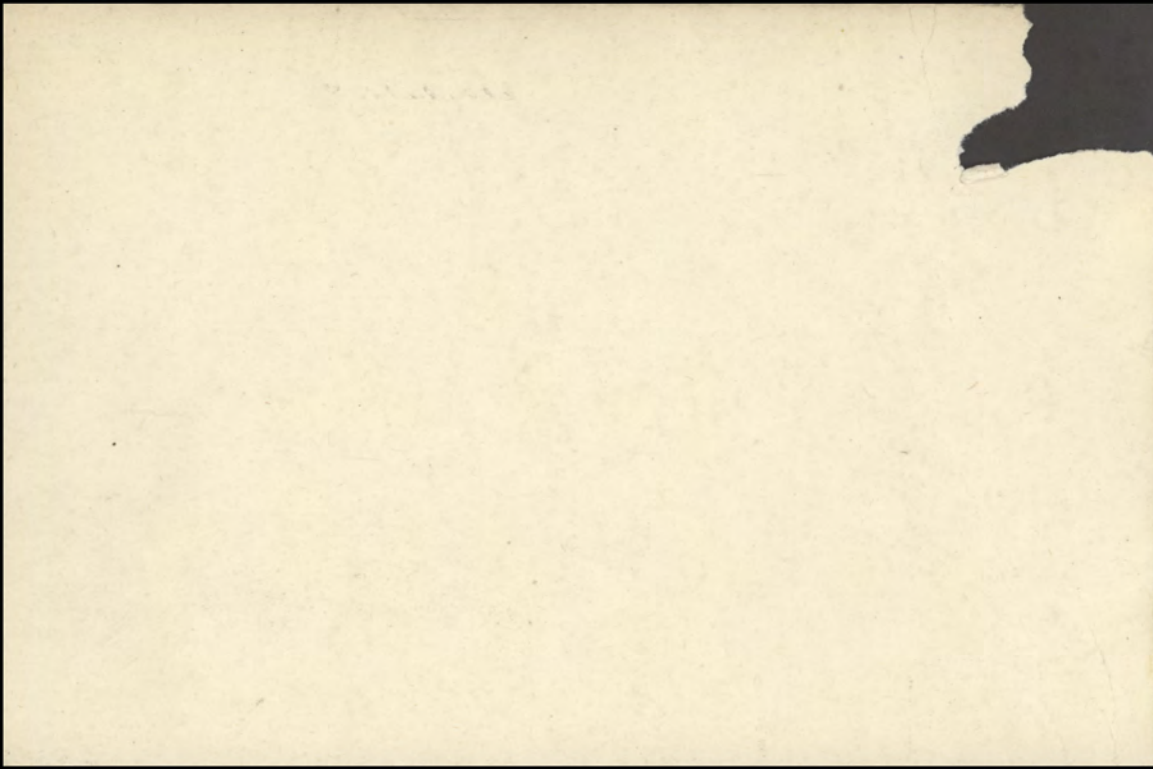
P. & S.

Brother Same as above.

Ser. #789183.

Mem. Cross

Nil.



649-P-3925.

643935 Pte. Henry Plante. CEF.,

m
4th Bn

Note. Unable to locate next of kin.

54622

Py S

Ser # 789183

not elig. 14/15 star

elig. C. m.

28 elig. B. w. m.

1
2
3
4
5
6
7
8
9
10

24

