

ATTESTATION PAPER.

No.

Folio. *VC*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

139TH B.N.

- 1. What is your name?..... *Odilon Poirier.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Springfield, Mass., U.S.A.*
- 3. What is the name of your next-of-kin?..... *Mr. A. Poirier (Father)*
- 4. What is the address of your next-of-kin?..... *387 Sixth Ave., Montreal, P.Q.*
- 5. What is the date of your birth?..... *Nov. 16th., 1898.*
- 6. What is your Trade or Calling?..... *Furrier.*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
AND INOCULATION
- 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*

Odilon Poirier (Signature of Man.)
J. M. Leclerc (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Odilon Poirier*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Odilon Poirier (Signature of Recruit)
J. M. Leclerc (Signature of Witness)

Date *Ottawa, Feb. 22nd., 1916*

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Odilon Poirier*, 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.

Odilon Poirier (Signature of Recruit)
J. M. Leclerc (Signature of Witness)

Date *Ottawa, Feb. 22nd., 1916*
~~Gatlen-Poirier~~

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 *Ottawa* this *22nd.* day of *Feb.* 191*6*.

C. S. Burtch (Signature of Justice)

JUSTICE OF THE PEACE
FOR CARLETON COUNTY

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

W. P. Lloyd (Approving Officer)
 Lt. Colonel

Description of ODILON POIRIER. on Enlistment.

Apparent Age 18 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft 3 ins.

Nil

Chest measurement { Girth when fully expanded 34½ ins.
 Range of expansion 3½ ins.

Complexion Dark

Eyes Brown

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic X.....
 Jewish.....

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Feb. 22nd. 1916

Place Ottawa.

[Signature]
 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.

ODILON POIRIER. 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 22nd February 1916

Lt. Colonel
 O.C. 13th OVERSEAS BATTALION, C.E.F.

REGIMENTAL DOCUMENTS

NAME

HOIRIER

Dillon

REGT. NO

814915

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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

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

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

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

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

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

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

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

8149
mass
Bar Can
A7B 191
A7 2-237
A7 203 212
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buy well
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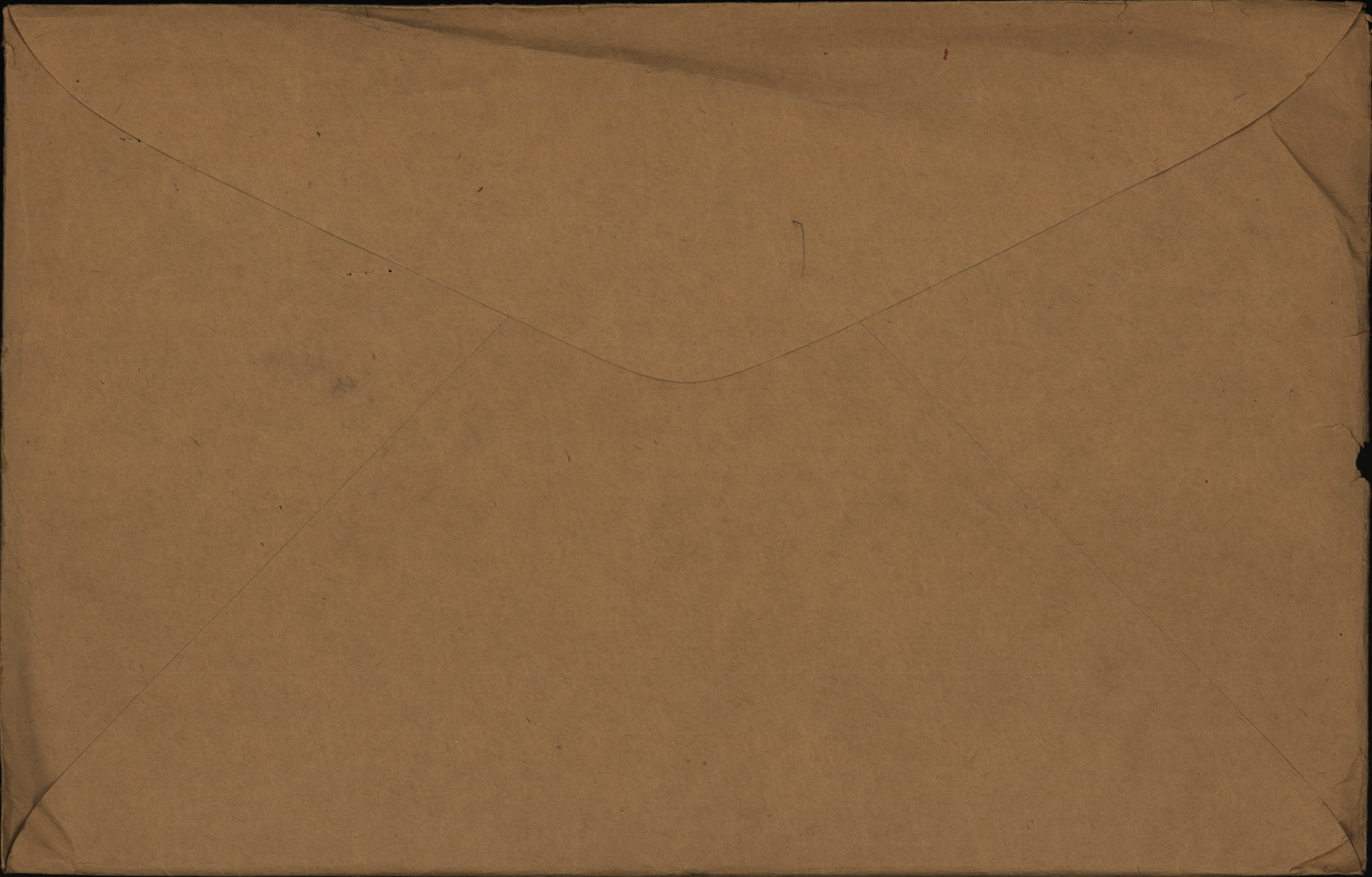
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Number

814915

Rank

Pvt

~~B~~

Surname

POIRIER

Christian Name

Odilon

~~V~~

Units

14th Canadian Inf.

Theatre of War

France

Date of Service

28-3-18

D

Remarks

Father

Last Address

Mr. Hermas Poirier

387 - 6th Ave.

Roll No.

Rosemount

B Page 9630. Montreal P. Q.

Port, ship, and date of arrival.....

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.....

DESP. FEB 11 1922
REGIM. NO. 86677

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

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L NO.

814915

H. Q. FILE NO. 649.

FOLLOWS

No.

FOLLOWS

Poirier Odilors.

Pte 13 Bn. (150) Btn

b. his A. Poirier form. 13^{9th} Bn.
~~A Poirier (Father)~~
~~1454 Kingston St. Rosemont. Ont.~~
~~387 6th Ave~~
 Dang. ill. b. b. s. Aug. 9. 1918. G.S.W.
 D. of W. S. C. C. S. Aug 10/18

M. of 79.

Auth. S. A. P.

Q 428

H 2 S.S.

Auth. S.A.

11-8-18

18.8.18

38 10-16-15-11-16 708

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | | | | |
|-----|---|----------|----------------------|
| 65 | Can Mil Bramshott | 6-9-17 | 1st L foot |
| 21 | Discharged | 26-9-17 | 1st L foot |
| 30 | Can Mil Bramshott | 4-10-17 | foreign body R Hand |
| 33 | Discharged | 10-10-17 | " " R Hand and one |
| 289 | No 5 base l. Stat. | | |
| | Dargill | 9-8-18 | SW |
| 292 | S. E. C. S. L. D. of W. | 10-8-18 | S. W. leg (Que Reg.) |
| 294 | Diagnosis changed to Sw. Leg | | |
| 311 | Please correct date of death to read 9-8-18 | | |

✓ POIRIER, O. 814915 Pte. 14th Bn. 649-P-8509 ✓

in stelig. for 14-15 Star.

Medals & Decorations - father - Hermas Poirier, *HP*
387-6th Ave.,
Rosemount, Montreal,
P.Q.

P & S.

Serial No. 769830

~~Memorial Cross~~

"

"

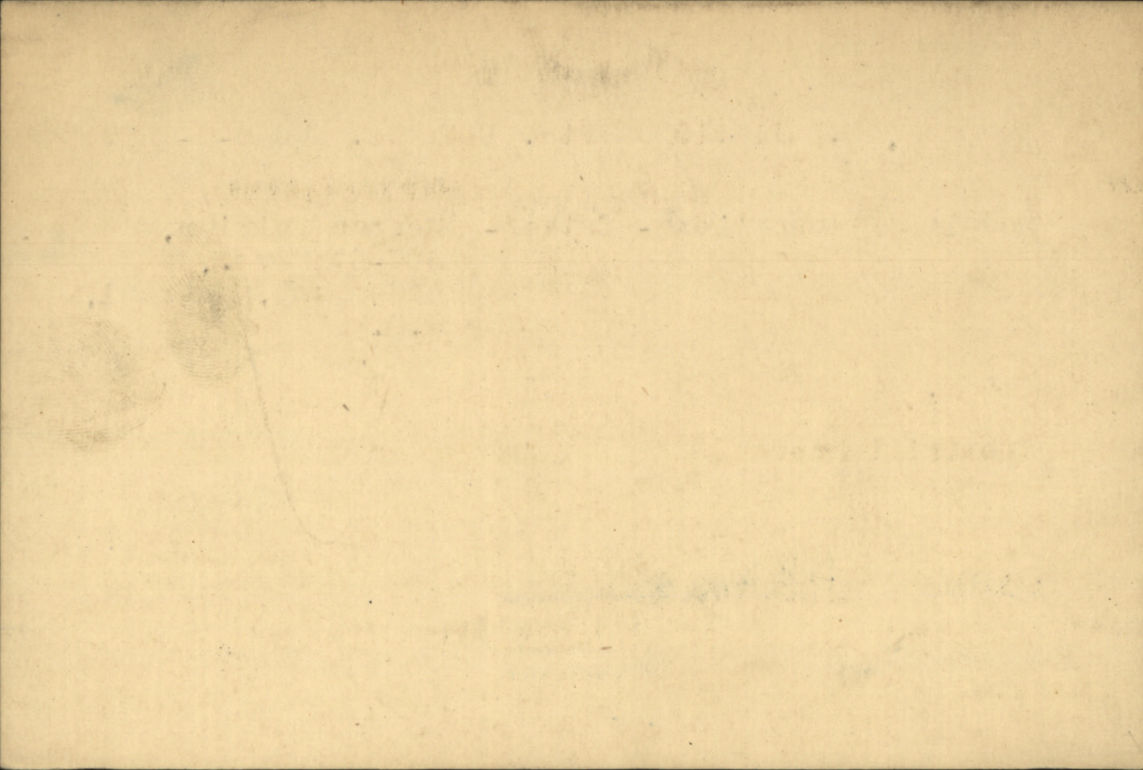
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Scroll Des. JAN 21 1923 Reqn. No. 611828 SR

Plaque Des. _____ Reqn. No. _____

26017



No. 814910- RANK *Pte.*

NAME *Forrest Odilon.*

T. O. S. 27-2-16

UNIT *139th* *Battalion.* *C. B. 7.*

DB 50 ⁴ *28-2-16*

M. D. 3

| | | | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|------------------------------|------------------------------|---------------|---|---------------------------|
| PAID FROM | PAID TO | SIG. OR REC'T | PARTICULARS | AUTHORITY |
| <i>1916</i> <i>Feb 27</i> | <i>1916</i> <i>Feb 29</i> | <i>✓</i> | <i>Forfeits 2 days pay. 10</i> <i>days detention. a.w.l.</i> | <i>S.O. 172 (22-5-16)</i> |
| | <i>Mar</i> | <i>✓</i> | | |
| | <i>April</i> | <i>✓</i> | | |
| | <i>May</i> | <i>✓</i> | | |
| | <i>June</i> | <i>✓</i> | | |
| | <i>July</i> | <i>✓</i> | | |
| | <i>Aug</i> | <i>✓</i> | | |
| | <i>Sept</i> | <i>✓</i> | | |

UNIT SAILED

SEP 25 1916

21

9-

ODILON

P-2647

Arch

Name POIRIER

Rank

PTE

Reg. No.

814915

Unit

14th Can BnMr A Poirier (Father)
387 South Avenue

Next of Kin

Canada

Montreal Canada

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---------|------------------------------------|-------|----------|----------|-----------------|-------------------|
| 9-8-18 | 5 Gas Bg Station | | | | | |
| | Dang Ill. | | S.H. | A 280 | Q428P1325+3 | |
| 10-8-18 | DIED OF WOUNDS | | do | A 291 | A 255 | P133253 |
| | Wounds now reported to be shrapnel | | | A 291 | | 34840 |
| 9-8-18 | DATE OF DEATH CORRECTED TO | | | A 311 | | 34840 x 2090 a |

No. 12 CAN: GENERAL HOSPITAL HOSPITAL.

A. & D.
CARD

AT Bramshott

A. & D. No. 5053 PLACE OF ACTION 814915

RANK PV UNIT 150 827 SICK OR WOUNDED

NAME Poulier AGE 19 RELIGION RC

PLACE IN HOSPITAL Wd 20

DIAGNOSIS J. B. R+ Hand

ADMITTED 3. 10. 17 FROM

DISCHARGED 10. 10. 17 TO lines

TRANSFERRED

SERVICE AT HOME 10/12 IN FIELD

RESULTS

REMARKS.

| |
|-----------------|
| A. & D. CARD |
|-----------------|

No 12 Cdn Trench HOSPITAL.

AT Brussels

A. & D. No. 5113 PL. OF ACTION _____

RANK PL UNIT 150 ban SICK OR WOUNDED _____

NAME Brownie O AGE 19 RELIGION A.C.

PLACE IN HOSPITAL Ward 17

DIAGNOSIS _____

ADMITTED 5.9.17 FROM _____

DISCHARGED 26.9.17 TO lines

TRANSFERRED _____

SERVICE AT HOME 1 ⁶/₁₂ 1 ⁷/₁₂ IN FIELD _____

RESULTS _____

Poirier

REMARKS.

Surname **Poirier** Christian Name or Names **P. G.** Reg. No. **814915. ✓**
 Rank **Pte.** Unit **36 Batta. 150 2nd Bn. 1st Que. Reg.** Troop **14th Bn** Batty
 Hospital **Shorncliffe** Date of Admission **29 10 16**
 Transferred **Can. Mil. Braunschweig** Hosp. **6-9-17**
Can. Mil. Braunschweig Hosp. **4-10-17**
5 c. c. S. Hosp. **9-8-18**
 Hosp.

Diagnosis **P. D. S.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds ~~10-8-18~~ 9-8-18 R

DISPOSITION

Date **Dis 15-11-16.**

REMARKS

62 6-11-16 #214

17-11-16. 219

10-9-17 65.

28-9-17 62.

9-10-17 C 30

15-10-17. C. 35

12-8-18 A289 Dang ill. 9-8-18

15-8-18 A292

17-8-18 A294-5. re A292. Dis. no "Sw. R. Leg" R

5-9-18 @ 311-7 note Ref. @ 292 Correct date of Death 9-8-18

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

10/1

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

ORIGINAL
139th CASUALTY BATTALION, C.E.F.
MEDICAL HISTORY SHEET.

Surname Poirier Christian Name Adilon

Examined { on 22 day of Feb. 1916 Approved by H. P. Mackay
 at Ottawa

Birthplace { City or Town Springfield Rank Sgt. M.O.
 County Mass U.S.A.

Apparent age 18 yrs 2 months Trade or occupation Furrier
 Date 24/4/17 Fit or Unfit Fit EXAMINED FOR RE-ENGAGEMENT. G.B. Ferguson M.O.

Height 5 Feet 3 Inches. M.O.

Weight 125 Lbs. M.O.

Chest measurement { Minimum 31 inches. M.O.
 Maximum expansion 34 1/2 inches. M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right. Left. L
 Number One

When Vaccinated last 19.11 Date 31.7.16 Result J. Campbell M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.

(b) Slight defects but not sufficient to cause rejection Date 5.7.16 Result - M.O.

Date 17.7.16 Result + M.O.

Date 22.7.16 Result + M.O.

Enlisted on 22 day of February 2 1916 at Ottawa

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|------------------------|----------------|---------|----------------------|
| Joined on enlistment | <u>139th Bn C.E.F.</u> | <u>814 915</u> | | <u>Feb. 22, 1916</u> |
| Transferred to | <u>36th Bn C.E.F.</u> | | | <u>OCT - 8 1916</u> |
| | <u>3rd Co Bn</u> | | | <u>Jan 31, 1917</u> |
| | <u>125th Bn</u> | | | <u>June 9, 1917</u> |
| | <u>150th Bn</u> | | | <u>1-3-18</u> |
| | <u>70th Bn</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.

Surname *Power*

Christian Name

Colton

| STATION. | Date of Arrival at the Station. | DATES OF | | | | | | DISEASE. | Number of days in Hospital. | Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. | Signature of Medical Officer. |
|---|---------------------------------------|-----------------------------|-------|------|-----------------------------|-------|------|------------------|-----------------------------------|--|-------------------------------------|
| | | Admission into Hospital. | | | Discharge from Hospital. | | | | | | |
| | | Day | Month | Year | Day | Month | Year | | | | |
| Military Hospital, Shorncliffe. | | 28 | 10 | 16 | 30 | OCT | 1916 | Syphilis | 3 | Transferred to Canadian Hospital, Etchinghill. | <i>W. Bagnall</i> Capt Comd |
| Canadian Hosp. Etchinghill No 12 General. | | 30 | 10 | 16 | 15 | 11 | 16 | Syphilis | 16 | Discharged to Duty (out Patient) | <i>A. M. Peates</i> Capt Comd |
| | | 5 | 9 | 17 | 26 | 9 | 17 | J.C.I. Left Foot | 22 | Abscess opened & healed. | <i>L. B. Ferguson</i> Capt |
| Brunshott | | 3 | 10 | 17 | 10 | 10 | 17 | F.B. R+Yound | 8 | Admitted for F.B in hand. X Ray shows us F.B | <i>Spencer</i> |

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps **139th OVERSEAS BATTALION, C. E. F.**
 Regimental No. **814915** Rank **Private** Name **Poirier, Odilon**
 C. E. F. **[Redacted]**
 Enlisted (a) **Feb 22/16** Terms of Service (a) **[Redacted]** Service reckons from (a) **Feb 22/16**
 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) **Furrier**

| 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 | | | | |
| | | Embarked | Halifax | 27-9-16 | [Redacted] |
| | | Disembarked | Liverpool | 6-10-16 | [Redacted] |
| 6-10-16 | O.C. 139 | Transferred to 36th Bn W Sandling | | 6-10-16 | Bde Order 3046 3rd CTE 7-10-16 |
| | | | | | [Signature] Major Adjutant 139th Bn CEF |
| 7-10-16 | O.C. 36th | Taken on strength | | 6/10/16 | Pt 2 D.O. 280 |
| JAN - 4 1917 | | TRANSFERRED TO 3rd BATTN. C.E.F. | | JAN - 4 1917 | Pt 2 Sn 04 |
| | | | | | [Signature] Lt. Col. D.O. 36th Battalion C.E.F. |
| 4 JAN 1917 | [Redacted] | Taken on strength | W Sandling | 4 JAN 1917 | Pt. BNO 1 |
| JAN 31 1917 | O.C. 3rd Res. | TRANSFERRED TO 125th BATTN. C.E.F. | do | JAN 31 1917 | A.R.O. - 28 |
| | | | | | [Signature] Lt. Col. O.C. 3RD RESERVE BN. C.E.F. |

(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.]

| 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 | | | | |
| 1-2-17 | O.C. 125 th | Taken on strength 125 th Bn | Witley | 31.1.17 | PC II D.O. 32. |
| 11-6-17 | O.C. 125 th | Transferred to 150 th Bn | Witley | 9.6.17 | PC II D.O. 162. Returned Capt. rtdy 125 th Edu Inf Bn |
| 11-6-17 | O.C. 150 th | Taken on strength | Witley | 9.6.17 | D.O. Part II of 162-17 |
| 1-3-18 | O.C. 150 th Bn. | S.O.S. on being posted to the 10th Cdn. Res. Battalion. | Witley | 28-2-18 1-3-18 | D.O. Part II No. 35-18. Lieut. & Adjutant 150th Cdn. Inf. Bn. |
| 3/3/18 | O.C. 10th Res Bn, | T.O.S. on posting from 150th, Bn, | Witley | 1/3/18 | D.O.P. 11"53 |
| 28-3-18 | O.C. 10th Res. Bn. | Transf. to 10th Bn. P. E. F. | Witley | 28-3-18 | P. 11. O. 78 |
| 8-2-18 | 150 th Bn. | Proc. to Det. Bn's Wainwright | Witley | 7.2.18 | DO 29 |
| 3.3.18 | do | Released from — | — | 2.3.18 | — 55 |

CERTIFIED CORRECT.
 APR 1918
 CAN. RECORDS, EDINBURGH

J. P. Charters
 LIEUT.
 FOR LT: COL: /C RECORDS, C.O.M.F.

Casualty Form - Active Service.

Regiment or Corps *22nd Cdn. Bn. Battr*
 Rank *Private* Surname *Fovier* Christian Name *Odilon*
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

| 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 ... | | |
| | | | Disembarked | | |
| | <i>G. B. D.</i> | <i>ARRIVED C. B. D. FRANCE</i> | | <i>29-3-18</i> | <i>29-3-18</i> |
| | | <i>for 22nd Bn.</i> | | | <i>12/14/18</i> |
| <i>3/4/18</i> | <i>G. B. D.</i> | <i>LEFT G. B. D. FOR</i> | <i>C. B. Bn.</i> | <i>3/4/18</i> | <i>1/1124</i> |
| <i>5th</i> | <i>C. B. Bn.</i> | <i>ARRIVED C. B. Bn. FIELD</i> | | <i>3/4/18</i> | <i>N.R./352</i> |
| | <i>AAG., Cdn. Section.</i> | <i>Transferred to 14th C. Bn. and struck off strength of 22nd Cdn. Bn.</i> | | <i>13-4-18</i> | <i>S.290-24101. Pt. II. 0.37/1918.</i> |
| | | <i>205</i> | <i>14th Bn</i> | <i>14.4.18</i> | <i>A2 40/1918</i> |
| <i>14.4.18</i> | <i>teleph</i> | <i>LEFT FOR UNIT</i> | | <i>14.4.18</i> | <i>NR 46</i> |
| <i>20.4.18</i> | <i>Unit</i> | <i>JOINED UNIT</i> | | <i>14.4.18</i> | <i>B23</i> |
| <i>17.7.18</i> | <i>do</i> | <i>3 days H. No. 12.7.18 for absent from Parade</i> | | | <i>B264</i> |
| | | | <i>From</i> | <i>8.7.18</i> | <i>A2 90/1918</i> |

(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, ShoenigSmith, & Co. W. 8695-12738 2000m 9/17 (6-11) C. P. & S., Ltd., Form B.103 E/1907. P.T.O.

84915 Poirier J

| 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 | | | | |
| 8.8.18 | IC7a | Swd. R. Ly. | CCs | 8.8.18 | a36 |
| 13.8.18 | 5668 | died of wounds | 5668 | 9.8.18 | a36 eff. 13.8.18 (KS 191660) Cedar Sect 1874 8693 Pt 2 8100 17.9.18 |
| <i>[Large handwritten signature]</i> | | | | | |
| <i>[Handwritten note: Hunt for Lt Col. 204 Cedar Sect 1718 3rd Echelon]</i> | | | | | |

MEDICAL CASE SHEET.*

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|---|-------|----------|-----------------|
| Year | Unit. | Age. | Service. | |
| | 814915 | Pte | Poirier | O |
| | 150 Cans | 19 | 1912 | |
| Station and Date. | Disease | | | |
| | G. C. I. Left Foot. | | | |
| 5/9/17 | Foot became painful after a days march about a week ago. | | | |
| | <u>Present Condition.</u> | | | |
| | Red and inflamed area on dorsum of foot. Fluctuation. Abscess opened - pus. | | | |
| 24/9/17 | Wound quite healed. Discharged to lines. E. B. Ferguson Capt. | | | |

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

MEDICAL CASE SHEET.*

| | | | | |
|--|-----------------------------|------------|----------------|-----------------|
| No. in Admission and Discharge Book. <u>58</u> Year <u>1917</u> | Regimental No. | Rank. | Surname. | Christian Name. |
| | <u>814915</u> | <u>Plt</u> | <u>POIRIER</u> | <u>Q</u> |
| | Unit. | Age. | Service. | |
| | <u>150th Cav</u> | <u>19</u> | <u>10/12</u> | |

| | |
|---|--|
| Station and Date. <u>Braunschweig</u> <u>3.10.17.</u> | Disease <u>F. B. R. Hand</u> |
| | <u>Fell on needle which pierced palmar surface of R. Hand. Has no attempt to remove it but was not successful. F. B. cannot be felt.</u> |
| | <u>There is no infection of wound.</u> |
| | <u>X-Ray. See _____ to F. B. present</u> |
| | <u>Fit for duty</u> |
| | <u>Chauvelon</u> |

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

Station
and Date.

Braunschweig

Hospital.

Ward 20

No. of Bed 25

Date Oct 5th 1917

| Regl. No. | Rank and Name | Corps | Part to be X-Rayed |
|-----------|---------------|-------------------|--------------------|
| 814910 | Pvt. Poirier | 150 th | R. Hand |

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case)

Fell on needle three
 or four days - Section
 broke according to
 patient - The M.O.
 attempted removal
 without success
 For localization
 please

Signature of M.O. E. MacCall

Date Oct 5/17

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 1784

No. foreign body present.

Signature of Radiographer [Signature]

Date 7.10.17

1870
1871

1872
1873

1874
1875

1876
1877

1878
1879

A.C. Rank **Name** POIRIER, Odilon. ✓ **Reg'l No.** 814915 ✓
Unit 139th. Bn. **If in perm. Corps, What Unit?** } **Married or Single** Single. ✓
Place and Date of Enlistment Ottawa, Feb. 22nd. 1916. ✓ **Place of Birth** Springfield, Mass, U.S.A. ✓
Name and Address, Next-of-Kin Mr. A. Poirier, 387, Sixth Ave., Montreal, P.Q. Canada. ✓ **Relationship** Father.

on. x
27-9-20
82

Assigned Pay Monthly \$ **Payable to**

Separation Allowance \$ **Payable to**

Relationship

Relationship

N/E. R.B. No. 13364
File R.L. 25-P-264 7/27/11
Category. *7 of 15.*

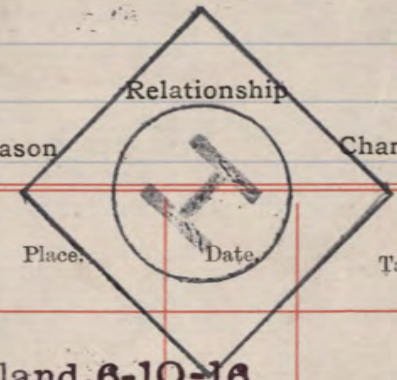
Discharge, Date and Place

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>B.</i> Arrived in England, S, S, Southland. 6-10-16. | | | | | |
| 6-10-16 | 139Bn. S. O. S. Trans. to 33th. Bn, W, Sandling | | | 6-10-16 | Pt. ii DO. 266 |
| 7-10-16 | 36th Bn | Taken on strength. | do | 6-10-16 | " 280. |
| 28-10-16 | do | Adm Mil Hosp. | S'cluffe | 28-10-16 | G.L. 214. " 301 Yea. |
| 17-11-16 | 6L do | disch from Hosp. | do | 15-11-16 | G.L. 219 PAVO. 320. Y.S. |
| 4-1-17 | 36th BN | SOS to 3RD RES BN | W, S'ling | 4-1-17 | PT. 2 D.O 4 ✓ |
| 4-1-17 | 3rd R. BN | TOS. or 3RD RES BN | W, S'ling | 4-1-17 | PT. 2 D.O 1 |
| 31-1-17 | do | SOS to 125th Bn | do | 31-1-17 | " 28. |
| 1-2-17 | 16125th Bn | TOS from 3rd Res Bn | Shilley | 31-1-17 | " 32 |
| 11-6-17 | - - - | S. I. on posting to 150th Bn. | - - - | 9-6-17 | " 1628162, 11.7, 150th |



| 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. | | | | |
| 8-9-17 | 2 nd Que Rgt | Adm Can Mil Hoop | Pte Bramkott | 6-9-17 | C.L. 65 G.C.T. 2. post |
| 27-9-17 | - | Disc " " " | " | 26-9-17 | - C. 21. |
| 8-10-17 | - | Adm Can mil Hoop | A.F.B. Bramkott | 4-10-17 | - C. 30. Foreign Body R. Ward |
| 12-10-17 | " | Disc " " " | " | 10-10-17 | - C. 33 |
| 8-2-18 | 150th Bn | Pvt to Det Barracks | Witley | 7-2-18 | P.O. 23 |
| 3-3-18 | 10th Res | S.O.S. from 150th Bn | Witley | 1-3-18 | P.O. 55 935 d/1-3-18 of 150th |
| 3-3-18 | 10th Res | Released from Det Wandsworth | Witley | 2-3-18 | P.O. 55 |
| 28-3-18 | ✓ | S.O.S. to 22nd Bn of S. | Witley | 28-3-18 | P.O. 76 + P.O. 30 d/12-4-18 of 22nd Bn |
| 26-4-18 | 14th Bn | S.O.S. from 22nd Bn | Field | 14-4-18 | P.O. 45 + P.O. 37 d/29-4-18 of 22nd Bn |
| 12-8-18 | ✓ | Wounded | " | 9-8-18 | C.P.A. 259. |
| 17-8-18 | ✓ | Died of Wounds. | Pte. - | 9-8-18 | P.O. 100 * P.O. 100 S.W.R. leg |
| 5-9-18 | ✓ | Date of Death on C.P.A. 292/15/18 amended to read Pte Fuls | | 9-8-18 | C.P.A. 311 |

GREEN ARBOUR HOUSE,
OLD BAILLY LONDON, E.C. 4.

R.L. _____

REF: TO *PAI*

26 AUG. 1918

C/O *✓* L/R _____

FILE CHARGED TO _____ SINCE _____

ACTED ON _____

FORM OF WILL.

Name in full. I Odilon Poirier

Regimental Number 814915 serving in 150th Can. Inf. Bn.

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

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

I DEVISE and BEQUEATH all my real estate unto My Sister

Miss Aurore Poirier

1754 Masson St

Rosemont, Montreal

absolutely, and my personal estate I bequeath to My Sister

Miss Aurore Poirier

1754 Masson St.

Rosemont, Montreal

Name & Address of persons or person to receive personal estate (see Note 1.)

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this Seventh day of November A.D. 1917.

O. Poirier

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Certified as a true copy of the original will of

Name of Witness J.O. Baillargeon Capt.

PAYMASTER

Address of Witness 150th CANADIAN INFANTRY Bn.

Occupation of Witness _____

Name of Witness J. Oscar Dube

Address of Witness 150th Can. Inf. Bn.

Occupation of Witness Soldier

for Lt.-Col. i/c Estates

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

NOTE. D. OF W. 10-8-18. CL-262/8.
TRANSFERRED. 10-8-18.
(BAC.) 27166.

REGISTERED
WILLS-SECTION
23 AUG 1918

*original will file
23.8.18
forbidden to Ottawa*

FORM OF WILL

REGISTERED,
WILLS SECTION
23 AUG 1918
ESTATE

1754 Masson St.
 Rosemount, Montreal
 P.Q. 2/5/17 New

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

~~421 Boulevard St. Laurent~~
 To Whom Miss Aurore Poirier,
 Address ~~1754 Masson St.,~~
~~Rosemount, Montreal,~~
 P. Q.

By Whom Assigned Poirier, Odilon

Regtl. No. 814915

Rank *pt.*

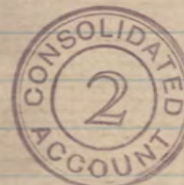
Corps 139th Batta.

Rate 15.⁰⁰ OCT 1 - 1916

2 m 5/4 (p) 8/7.

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 | | | | |



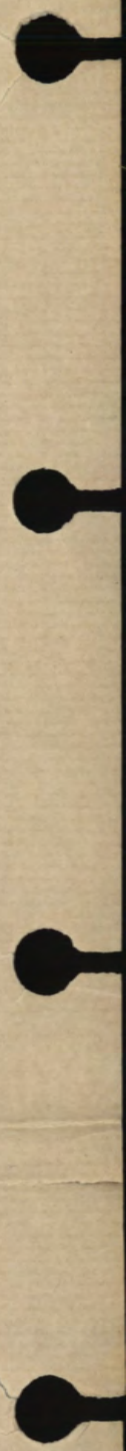


1 34 104



0 - 104

0



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. Miss Aurora Poirier
 (Assignee)

Name of Soldier Poirier, Odilon
814915 pte. 139th Bn.

PAYMENTS.

L. L. Job 5470—Req. 6888.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------|-------------------|-------------------|---|
| | | | | ⁰⁰ OCT 1 - 1916 |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | D 24394 | 15 | |
| Nov. | | B 30683 | 10 | |
| Dec. | | U 34206 | 15 | |
| Jan. | 1917 | C 47136 | 15 | 424 made of 25, to set in 1, Montreal. |
| Feb. | | 649762 | 15 | |
| March | | Q 51674 | 15 | 15 - Ch |
| April | | 04251 | 15 | 15.8. |
| May | 15-BN | 0.10665 | 15 | 1754 Masson, St. Rosemount, Montreal |
| June | | N 17993 | 15 | Pa |
| July | | 0 24934 | 15 | ln |
| Aug. | | E 11833 | 15 | |
| Sept. | | U 37910 | 15 | OB |
| Oct. | | E 44945 | 15 | |
| Nov. | | J 51723 | 16 | |
| Dec. | | U 61023 | 15 | |
| Jan. | 1918 | | 225 ⁰⁰ | 1/2 |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

PAY BOOK CHECKED.
Date: 30.8.18
By: [Signature]

* Strike out whichever inapplicable.

| | | | | |
|---|--|---|--|--|
| ASSIGNED PAY. EFFECTIVE DATE:- 1.10.16 AMOUNT:- 15 ⁰⁰ | ENGLAND OR CANADA. ENGLAND OR CANADA. | SEPARATION ALLOWANCE. EFFECTIVE DATE:- AMOUNT:- | ENGLAND OR CANADA. ENGLAND OR CANADA. | NAME:- POIRIER Odilion NUMBER:- 814915 |
| NAME, ADDRESS, RELATIONSHIP & AUTHORITY Miss Odile Poirier (Sister) 1754 Masson St Rosemount, Montreal | | | | PARTICULARS OF RANK OR APPOINTMENT AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT Private |
| EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | | | | UNIT AND TRANSFERS ORIGINAL UNIT:- 139 th Bn DATE ACCOUNT FIRST OPENED:- 1.10.16. |
| DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT | | | | AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T.S.P.D. UNIT TRANSFERRED TO 30 1-4-18 25-4-18 22 Bn C.A. 311 1.9.18 19.9.18 R.S.D. |
| DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT | | | | DAILY RATES OF PAY AND ALLOWANCES AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE 1 00 10 |

PARTICULARS OF RENDERING NON-EFFECTIVE:-

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|----------|--------------------|-------|-------|--|-------|-------|-------|-------|---------|----------|------------|
| 1918 | | | | | | | | | | | |
| March 31 | Bal fwd | | | | | | | | 8 04 | | |
| Apr | | | | 31 st 92 nd P. 2 nd Bn | | | | 15 00 | 6 96 | | |
| | | | | Apr 11 th 2 nd Bn 9/4/18 | 4 46 | | | | 11 42 | | |
| | | | | Apr 24 th 10 th Bn 5/2/18 | 1 96 | | | | 13 38 | | |
| | | | | Apr 24 th 150 th Bn 5/2/18 | 1 85 | | | | 15 23 | | |
| | | | | Apr 24 th 150 th Bn 6.2.18 | 79 | | | | 16 02 | | |
| | P Pay | 33 | | | 9 06 | | | | 16 98 | | |
| MAY | P Pay | 33 | | 15 th Bn | | | | 15 00 | 1 98 | | |
| | P Pay | 34 | | | | | | 15 00 | 36 08 | | |
| June | No Pay | 33 | | Al. Can | | | | 15 00 | 21 08 | | |
| | | | | Quar. 65 10 th Bn 16.4.16 | 3 59 | | | | 54 08 | | |
| | | | | " 109 " 2.5.18 | 4 46 | | | | | | |
| | | | | " 238 " 2.6.18 | 4 46 | | | | 41 59 | | |
| | | | | " 355 " 29.6.18 | 4 46 | | | | 37 13 | | |
| | | | | " 241 " 14.6.18 | 3 57 | | | | 33 56 | | |
| JUL | | 33 | | | 20 52 | | | 15 00 | | | |
| | | | | Al. Can | | | | 15 00 | 52 66 | | |
| | | | | On 23069 + 6367 apr 18 | 41 | | | | 52 25 | | |
| | | | | On 203 3 rd Bn 17.7.18 | 2 68 | | | | 49 57 | | |
| | | | | On 158 1 st Bn 15.5.18 | 3 57 | | | | 46 00 | | |
| | | | | Leave to 3 days 3 rd Bn 2.7.18 for absent from parade 22.90 14.18 26/7. | | 3 30 | | | 42 70 | | |
| | | | | | 6 66 | 3 30 | | 15 00 | | | |
| AUG | do. | 34 | | Al. Can | | | | 15 00 | 61 80 | | |
| | | | | Quar. 318 14 th Bn 1.8.18 | 3 59 | | | | 58 23 | | |
| | | | | | 3 59 | | | 15 00 | | | |
| SEP | Ci. 9920 CMB 2216. | | | | | | | | | | |
| | | | | 260545 Bal to Ottawa 2 1/2 | 59 12 | | | | 59 12 | | |
| | | | | | 59 17 | | | | 76 11 | | |

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ^d 150 Canadians

Military Hospital Bramshott

No. 814913.

Rank and Name Pte. Poirier

Age 19

Service 18/12

Disease _____

Date of admission 8-9-17

Date of discharge _____

Result _____

| Dates of Observation | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | |
|-------------------------|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----|--|
| | 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 | 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. | | |
| 107° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 97° | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pulse per Minute | 88 | 84 | 92 | 88 | 80 | 75 | 80 | | 89 | 84 | 82 | 76 | 72 | 70 | 74 | | 72 | 78 | 76 | 78 | 72 | 76 | 76 | 74 | 76 | | 76 | 78 | 78 | 72 | 76 | | 74 | | 76 | | | | | |
| Respirations per Minute | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | | |
| Motions per 24 Hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature C. S. Ferguson
Capt.

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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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.

CLINICAL CHART.

Army Form B. 181.

Corps 150th Cav

(To be attached to Case Sheet.)

Military Hospital BraunshottNo. 874 910Rank and Name Sgt. SerrisAge 19Service 10/12

Disease

Date of admission 3-10-17

Date of discharge

Result

Dates of Observation

Oct
3 4 5 6 7 8

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. |

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

admitted

Pulse per Minute

84 80 72 72 100 88

Respirations per Minute

18 18 18 18 20 18

Motions per 24 Hours

Signature

E. ... Sgt

In charge of case.

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 |
|-------------------------|-----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | 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. |
| Temperature, Fahrenheit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1st 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
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RATE OF ASSIGNMENT

| | | | |
|------------|--|--|--|
| <i>15-</i> | | | |
|------------|--|--|--|

P *5782*

PARTICULARS OF SEPARATION ALLOWANCE

No. *814915-*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Odilon Poirier*
 Battalion *139 Battr*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

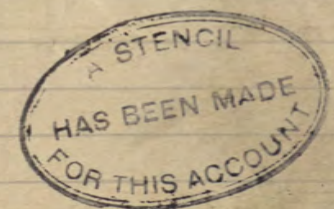
Name *Mrs Aurora Poirier*
 Address *175-4 Masson St*
 Rosemount Change of Address *Montreal P. Q.*
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total |
|---------------|----------------|---------------|------------|------------|
| <i>1911</i> | | | | |
| <i>Dec 31</i> | | | <i>225</i> | <i>225</i> |
| <i>Jan 18</i> | <i>Y 68281</i> | | <i>15</i> | <i>15</i> |
| <i>Feb 18</i> | <i>F 69366</i> | | <i>15</i> | <i>15</i> |
| <i>Feb</i> | <i>M 73513</i> | | <i>15</i> | <i>15</i> |
| <i>Mar</i> | <i>D 92590</i> | | <i>15</i> | <i>15</i> |
| <i>Apr</i> | <i>Q 9281</i> | | <i>15</i> | <i>15</i> |
| <i>May</i> | <i>U 17236</i> | | <i>15</i> | <i>15</i> |
| <i>June</i> | <i>V 22359</i> | | <i>15</i> | <i>15</i> |
| <i>July</i> | <i>J 32152</i> | | <i>15</i> | <i>15</i> |
| <i>Aug</i> | <i>W 39048</i> | | <i>15</i> | <i>15</i> |
| | | <i>\$ 345</i> | <i>345</i> | |

REMARKS *14648-0-3*

269366 Cancelled -
Died of Wounds 10-8-18
B.L. 276 H.C. 12-20-18. M.R.O. 599 828-8-18

M. F. W. 128
 400M-6-17-177-39-141
 L. L. 22320-M. & D. 1483.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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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 |
|------|------------|------------|------------|-------|---------|
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SYPHILIS CASE-SHEET.

Regtl. No. *814915* Rank and Name *Pte Poirier O* Corps *36 Res*
 Placed on Syphilis Register at *Military Hospital, Shorncliffe* on *28/10/16* No. in Register *1-125-42*
 Disease contracted at _____ Primary sore appeared on *(date) a few days ago*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Small Characteristic Chancre in Roll of Prepuce.*
 Lymphatic glands *Inguinal's Enlarged*
 Skin (nature and distribution of rash)

Mucous membranes

Other symptoms

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Present*

Examination of blood serum—(Method employed (original or modification)

Wassermann reaction (Result (positive or negative)

Station *Military Hospital, Shorncliffe.* Date *28/10/16* Signature of M.O. *AW Baginall*
Captain, C.M.C.
M.O. i/c Venereal Division,
Military Hospital,
Shorncliffe.

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

| Station | Date | Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.) | Weight clothed, without boots—lbs. | Urine | Wasser- mann Reaction | Treatment | | | | | | |
|---------|------|--|------------------------------------|-------|-----------------------------|-------------------------------|---|---|---|---|--|-----------|
| | | | | | | Normal (N.) Albumen (Alb.) | Method (Original (O.) Modification (M.) | Result { Positive (+) Negative (—) | Arsenical | Mercurial | Other Methods | |
| | | | | | | | | | Intravenous Injection. Dose in grammes | Intramuscular injection. Dose of Metallic Mercury in grains | Inunctions or Oral (Preparation and dose) | |
| | | | | | | | | | | | | Salvarsan |
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Signature of M.O.
 (Each M.O. will sign his name in full on the first occasion ; subsequent entries may be initialled)

NOV 2 1913

