

Trip.

69749
Campbellton

ATTESTATION PAPER.

No. ~~1187~~

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Philus Poirier*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Matapedia P.Q.*
 3. What is the name of your next-of-kin?..... *Father Octave Poirier*
 4. What is the address of your next-of-kin?..... *Trauscona Man.*
 5. What is the date of your birth?..... *Aug 29 1890*
 6. What is your Trade or Calling?..... *Brakeman*
 7. Are you married?..... *no*
 8. Are you willing to be vaccinated or re-vaccinated?..... *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) *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}
- P. Poirier* (Signature of Man).
St. Wood (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *P. 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.

Date *Nov 27* 191 . *P. Poirier* (Signature of Recruit)
St. Wood (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *P. 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.

Date *Nov 27* 191 . *P. Poirier* (Signature of Recruit)
St. Wood (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 *St. John* this *27* day of *Nov* 191 .

St. Wood (Signature of Justice)

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

St. Wood (Approving Officer)

Description of P. Poirier on Enlistment.

Apparent Age 24 years 3 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. 7 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 4 ins.

Complexion Med

Eyes Brown

Hair Brown

Religious denominations. { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.) RC
 Roman Catholic
 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 Dec 3rd 1914

Place St John

L R Murray
 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.

Philip 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.

A. G. Guchon Lt Col
 (Signature of Officer)
 Command 26 Batta

Date Dec 3 1914

AB 12/6/18

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.....

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.....

A.F.B. 122-1

7149 - 1

Misc - 1 i.p. card

Asst. Surg.

R122

M.X. 137-21

DISCHARGE
Name Pairier Phileas
Regt. No 69749 Rank Pte
Corps 26th Bn.

Killed in action 2-2-16

~~Index Card.....
Casualty Card.....
Non-Effective Card.....
Part II Card.....
Change of Address Card.....
Honour & Award Card.....~~

M

1712

H

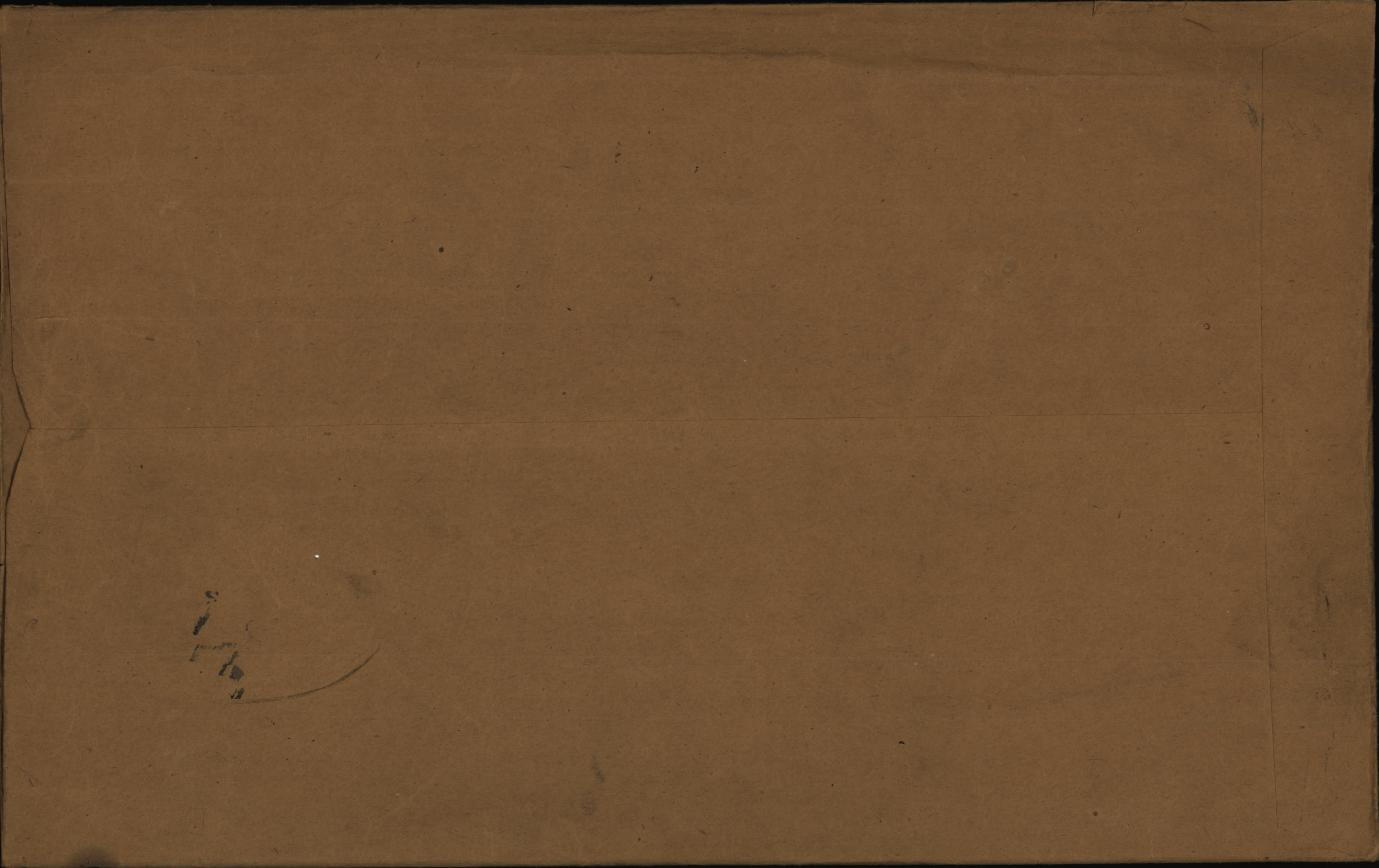
R. O. No.....

H. Q. No.....



26-3
17-3
9-3

1



Name Poirier, P. Rank Private.

Reg. No. 69749

Unit 26th. Battalion.

R.L. 25-P-321.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1918 2	2 O.C Batt. Rpts.	KILLED IN ACTION		141	M3842	15/2
		Graves R. Report made	out	28-2-16		

486

Number..... 69749 Rank..... P6- B

Surname..... POIRIER

Christian Name..... Philias ✓

Units..... 26^e Br. Can. Inf. Theatre of War..... France D

Date of Service..... 15-9-15-

Remarks..... Father,

Latest Address..... Mr. Octave Poirier,
..... Transcona, Man.

Roll No.

B Page 9630.

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

Next of kin.....

Address on leave.....

Address on discharge.....

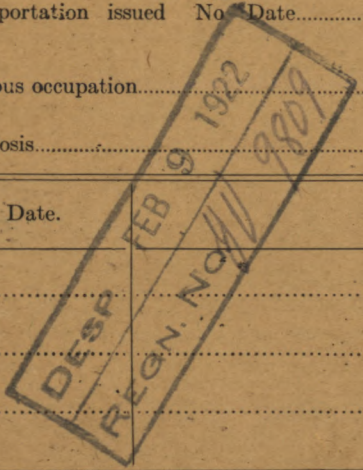
Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....

Diagnosis..... Date of Medical Boards.....

Date.

Remarks



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

No. 1187

RANK Pte

NAME Poirier P.

69745, mar-paylist

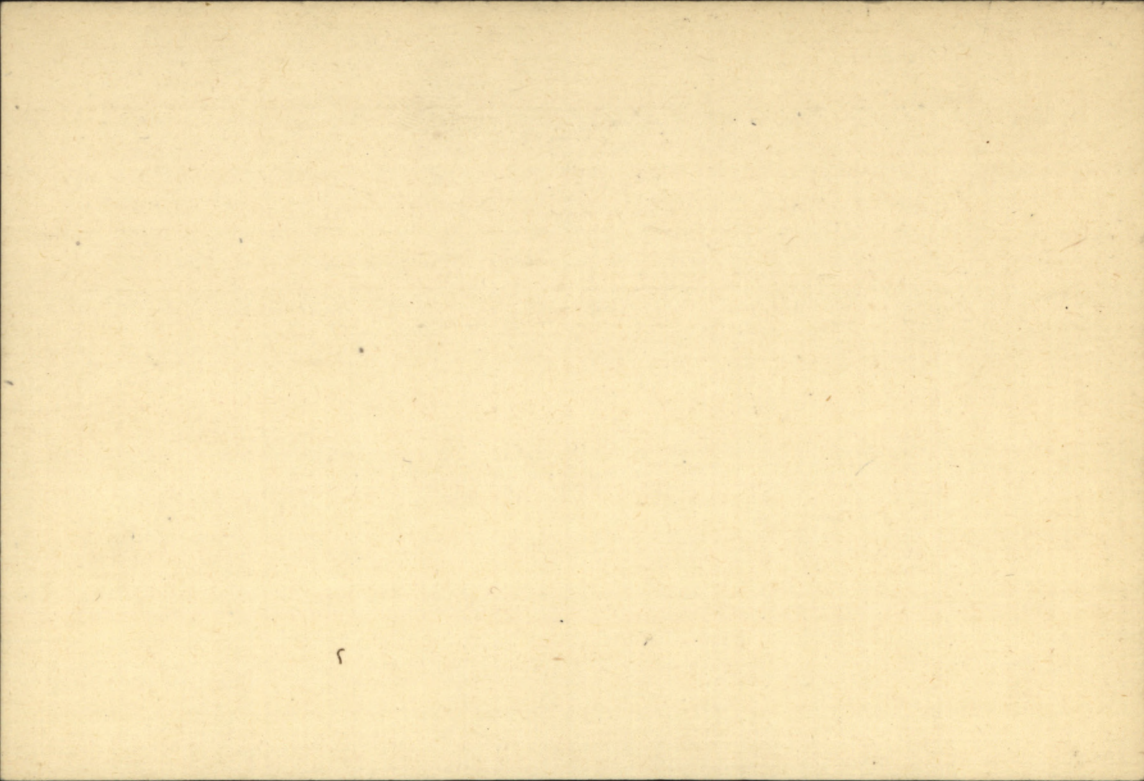
T. O. S.

UNIT 26th Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Nov. 27 th	Dec. 31 st	✓		
	1915			
Jan.		✓		
Feb.		✓		
Mar.		✓		
April.		✓		
May.		✓		
June		✓		
July		u.		

UNIT SAILED
JUN 13 1915



H. Q. FILE No. 649-

REGT'L No. 69749

NAME *Poirier, Phileas,*
RANK AND CORPS *Pt. 26th. Battalion.*

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>M3842</i>	<i>14/2/16</i>	<i>Killed in action 2nd. Feb. 1916,</i>
<i>Army form B 2190a</i>		<i>.....</i>
<i>Rover</i>	<i>14-2-16</i>	

NO. *2007XX*

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

141

D. C. Battalion reports

2/2/16

Killed in action

H.A. Q

649-P-972.

✓ ✓ ✓ ✓
Poirier P. Pte. #69749-C.E.F. 26th Bn

Medals & Dec. (father) Octave Poirier, Esq.,
Transcona, Man. JM

Scroll Desp. FEB 10 1921 Reqm No. 248805

OCT 27 1921
Plaque Despatto Reqm No. P13860

P.&S. (father)
(Serial no. 779162.)

Mem. C. (Nil)

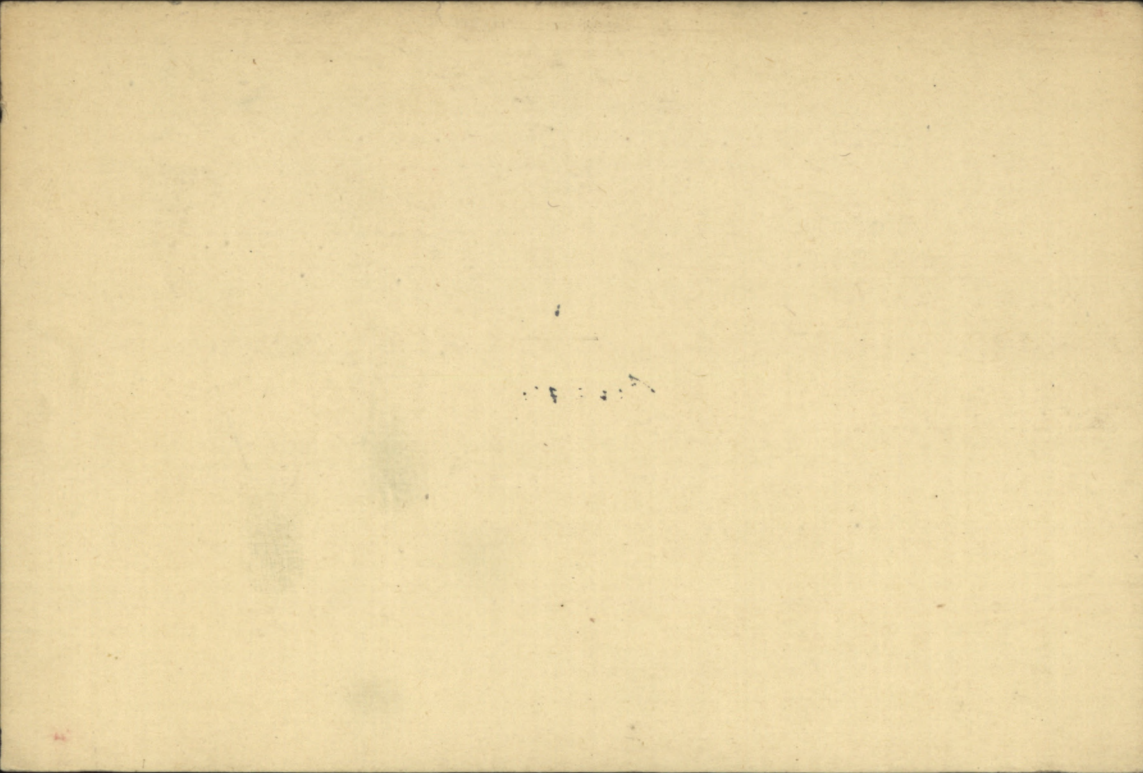
a

Eligible for 14-15 Star Pte. 26th Bn.

E. . . . V.M.
E. . . . B.W.M

243679

R.R.



Surname **Poirier.** Christian Name or Names **P.** Reg. No. **69749.**
 Rank **Pte.** Unit **26th. Battn.** Co. Troop Batty.
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

KILLED IN ACTION:- 2-2-16.

Date

REMARKS

C.L. 15-2-16.

141.

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

B

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name ^{Poirier} ~~POIRER~~. PHILIAS AUTH. A.P. Reg'l No. 69749. R-122. ✓
 Unit 26th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.

Place and Date of Enlistment St John. 27th Nov. 1914. Place of Birth P.Q.

Name and Address, Next-of-Kin ^{Poirier} Octave ~~Poirer~~. transcona. Man. Can. Relationship father

Assigned Pay Monthly \$ _____ Payable to _____ Relationship N/E, R, B 3

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

*M. X.
15-1-21
R.R.*

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				
19 SEP 1915					
15-2-16.	W.O.	<i>arrived in England per S.S. Galetonia</i>		24.6.15.	
		<i>Embarked for France</i>	Folkestone	15.9.15	Emb. Memo # 288
		<i>Killed in Action.</i>	France.	2.2.16.	O.N. Cas. Rep. 141. <i>HT 10.8</i> <i>d/14/16</i>

1

66015

Casualty Form—Active Service.

Regiment or Corps

26th Battalion 2nd C.B.I.

Regimental No. 69749

Rank

pte

Name

Povrier, P.

Enlisted (a)

27-11-14

Terms of Service (a)

Duration for 6 mos after termination of War.

Service reckons from (a)

27-11-14

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N.C.Os.

Extended

Re-engaged

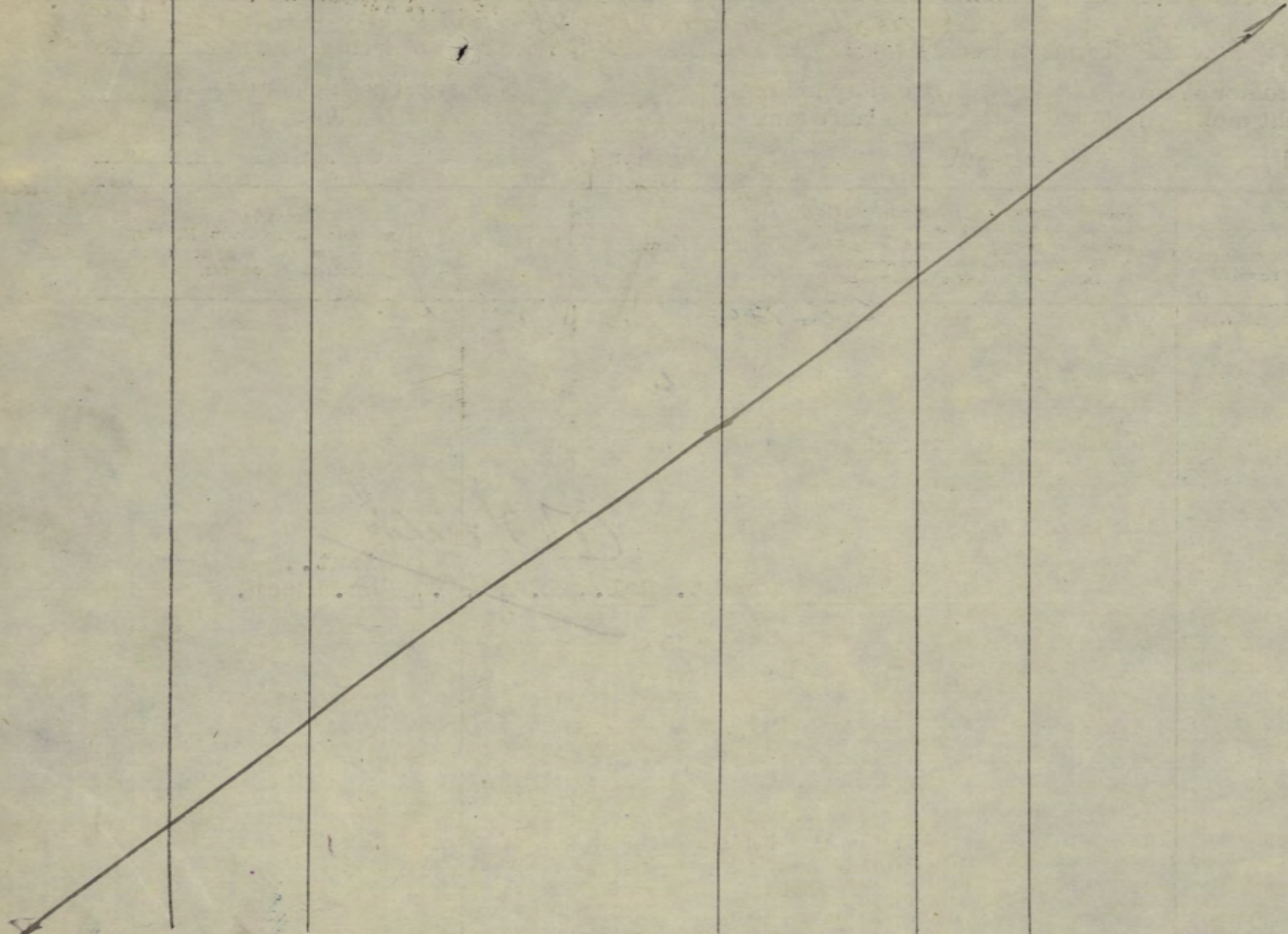
Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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				
15 ⁹ / ₁₅	O. B. 26 ⁴ / ₁₆	Disembarked	Boulogne	15-9-15	No R.
4 ² / ₁₆	" "	Killed in action	Field	2-2-16	B 213 D.C.B. 88. P.T.O. 20.8.14 ² / ₁₆

C. V. Church

Lieut.,
for Lt. Col., D.A.A.G., Can. Sect.

(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.

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				
					

DUPLICATE No card
CR 478

MEDICAL HISTORY SHEET. D Co.

Surname Poirier Christian Name Philias

Examined { on 3rd day of Dec 1914
 at St John N.D?

Birthplace { City or Town Matapedia
 County P.Q.

Apparent age 24yrs 3 mos.

Trade or occupation Brakeman

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 31 inches.
 Maximum expansion 35 inches

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left
 Number 2

When Vaccinated last 1913

(a) Marks indicating congenital peculiarities or previous disease Scar upper lip^s

(b) Slight defects but not sufficient to cause rejection

Approved by I.M.Curren.

Rank Captain A.M.C. M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>26/2/15</u>	<u>T.E.Bishop</u>	M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/2/15</u>	<u>T.E.Bishop</u>	M.O.
<u>29/2/15</u>	<u>" "</u>	M.O.
		M.O.

Enlisted on 27th day of November 1914 at Campbellton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>26th Battalion</u>	<u>69749</u>	<u>Good</u>	<u>27/11/14.</u>
Transferred to.. ..				

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.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

 481
~~Poyrier~~ Poirer P
 M. F. W. 12.
 20m.-5-15.
 H. Q. 1772-39-819.

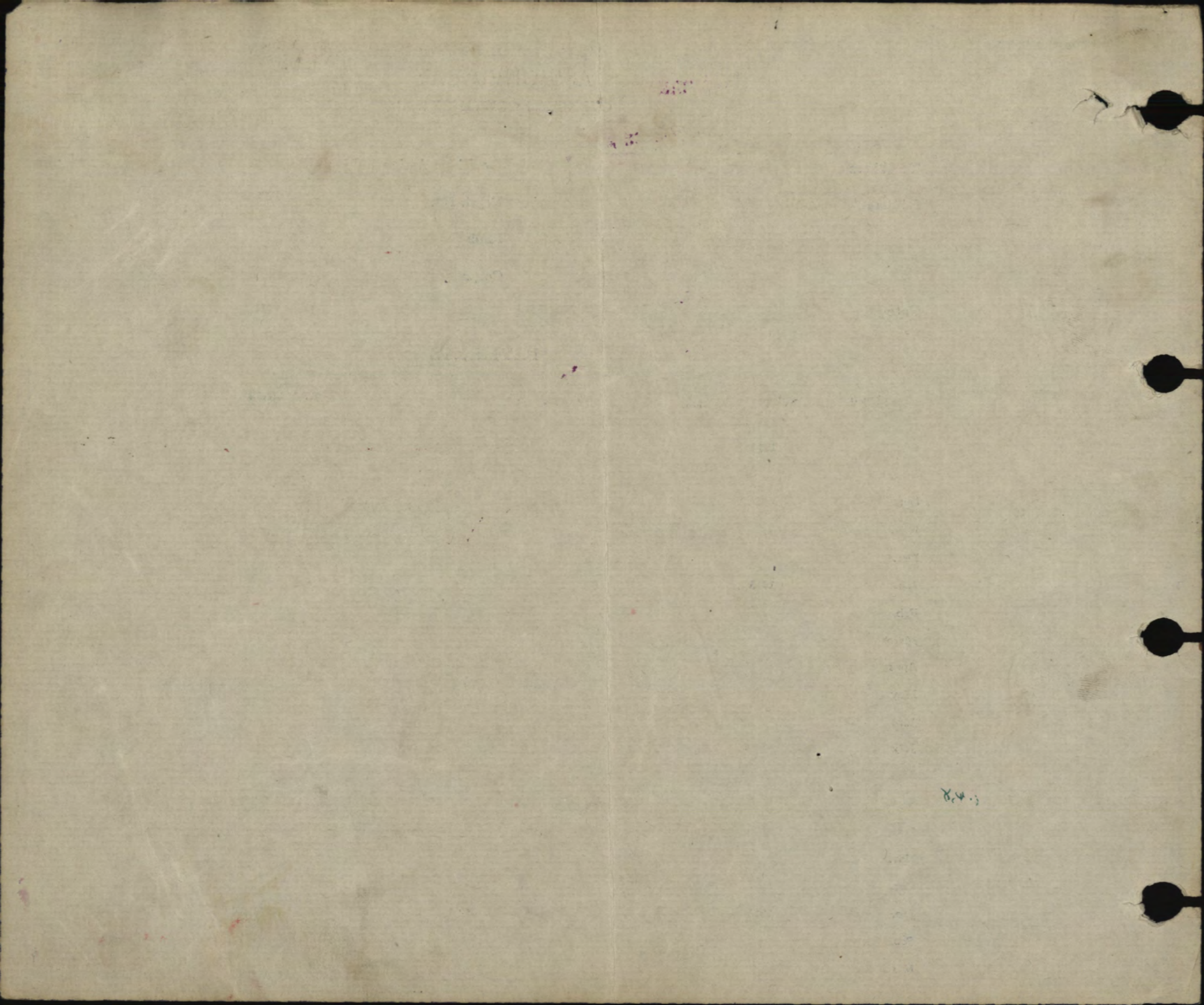
 To Whom *Octave ~~Poyrier~~ Poirer*
 Address *Trancona, Man.*
By Whom Assigned *Poirer Philas*Regtl. No. *69749*Rank *Pte.*Corps *D. Coy. 26 Ch. Battn.*Rate *\$10.00*

JUN 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; width: fit-content; margin: auto;">Casualties</div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>R2069</i>	<i>10 00</i>	
July		<i>04729</i>	<i>10 00</i>	
Aug.		<i>P5506</i>	<i>10 -</i>	
Sept.		<i>R7876</i>	<i>10 -</i>	
Oct.		<i>R 9124</i>	<i>10 00</i>	
Nov.		<i>218449</i>	<i>10</i>	
Dec.	<i>cancelled</i>	<i>19631</i>	<i>10</i>	
Jan.	1916	<i>X 9474</i>	<i>10 -</i>	
Feb.		<i>U12500</i>	<i>10</i>	
March				<i>Acct closed killed in action Feb 2 C.L. Feb. 15 - 1916 8m</i>

Poyrier
Poirer
Poirer
Poirer
Poirer
Poirer
Poirer
Perrier
Poyrier
Serrault
Poirer
W. J. J.



Rank *Pte.* Name **POIRER. P.**

Reg'l No. **69749.**

Unit **26th Bn.** If in perm. Corps, What Unit?

Married or Single **single.**

Place and Date of Enlistment **St John. 27th Nov. 1914.**

Place of Birth **P.Q.**

Name and Address, Next-of-Kin **Octave Poirer. Transcona. Man. Can.**

Relationship

Assigned Pay Monthly \$ **10.**

Payable to **Octave Poirer. Transcona. Manitoba.**

Stop Payroll Dec 16/16. Effect. 1/3/16. Q ✓

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place *Killed in action 2/2/16* Reason *C.R. #141-15/2/16 ✓* Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
July 1	July 31	31	1	21	31	10	3 10	5	39 10			17 50	10		27 50	11 60	Bal from prev. mth.	
" 1	" 31	Adjustment							47	12 07								
Aug 1	Aug 31	31	1	21	31	10	3 10		46 17			24 34	10		34 34	11 83		
Sept 1	Sept 30	30	1	30	30	10	3		33			17 9	10		11 79	33 04		
Oct 1	Oct 31	31	1	31	31	10	3 10		34 10			6 11	10		16 11	51 03		
Nov 1	Nov 30	30	1	30	30	10	3		23			2 68	10		12 68	71 35		
Dec 1	Dec 31	31		31	31		3 10		34 10			16 84	10		26 84	78 61		
1916 Jan 1	Jan 31	31		31	31		3 10		34 10			5 23	10		15 23	97 48		
Feb 1	Feb 2	2		2	2		20		2 20				10		10	89 68	Killed in action 2/2/16.	
Nov 30/16	Sept 1/16								89 68						89 68	89 68	\$89.68 Sent to Canada for Sept. 24/16/16	
Nov 6	June 17.								9 52.								4 96	Reb from Oct 1/16 on 24.5.17. #476 J.O. for sold. 24.5.17.
												4 76						

Statement of
JUL 15 1916
 Account rendered

W.B.

Cash found in effects

PAY BOOK CHECKED.
 Date *18/11/17*
 C. *[Signature]*

P.T.O.

69749

Poirer P.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount	No.	Date						

MONTH PARTICULARS CR1 CR2 PARTICULARS DR1 DR2 DR3 DR4 BALANCE DEFER. SER. ALICE. PAY SER.

1918
Jan

Trans. to Pay it "0"
Passed to Estates Branch 2/1/19
for information

476

Dead 2/2/16

M.G.

This Cr. Balance was transferred to Estates Branch
and distributed. Net Balance 0