

## ATTESTATION PAPER.

No. 2522722

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Primeau
- 1a. What are your Christian names?..... George
- 1b. What is your present address?..... 57 Anderson St. Montreal, Que.
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal, Que.
3. What is the name of your next-of-kin?..... Mrs. A. Primeau
4. What is the address of your next-of-kin?..... 57 Anderson St. Montreal, Que.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... 23rd August, 1898
6. What is your Trade or Calling?..... Typist
7. Are you married?..... Single
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. Naval?
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
14. If so, what was the nature of the disability?..... Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
16. If so, what was the reason?..... Not applicable

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, George Primeau, 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 20th May 1918. George Primeau (Signature of Recruit)  
W. Wasselin (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George Primeau, 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 20th May 1918. George Primeau (Signature of Recruit)  
W. Wasselin (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 Montreal, Que. this 20th day of May 1918.

W. Wasselin Capt. (Signature of Justice)  
O.C. 79th Depot Battery C.F.A. C.F.

**Description of George Primesu on Enlistment.**

Apparent Age...**19**.....years.....**9**.....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. **9 1/4** in.

Chest measurement { Girth when fully expanded.....**34 1/2** ins.  
 { Range of expansion.....**2 1/2** ins.

Complexion.....**Fair**

Eyes.....**Brown**

Hair.....**Brown**

Religious denominations. { Church of England.....  
 { Presbyterian.....  
 { Methodist.....  
 { Baptist or Congregationalist.....  
 { Roman Catholic.....**XXXXXX**  
 { Jewish.....  
 { Other denominations.....  
 (Denomination to be stated.)

R. D. =	<b>20</b>
L. D. =	<b>30</b>
R. EAR	<b>OK</b>
L. EAR	<b>OK</b>

**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\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....**MAY 20 1918**.....191

Place.....

Declared **FIT** by **MEDICAL BOARD**  
**MOBILIZATION CENTRE, M. D. #4**  
*[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:—

**"A" Fit for General Service**

**CERTIFICATE OF OFFICER COMMANDING UNIT.**

.....**George Primesu**.....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]*  
 Capt. (Signature of Officer)  
**O.C. 79th Depot Battery CFA.CEF.**

Date.....**20th May 1918**.....191

B.P. 19, 12, 18

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

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.....



Name PRIMEAU, GEORGE.

Regt. No. 2522722 Rank G.M.

Corps 4th Art. Dep. G.M. C.E.T.  
Demobilization.

*Ret 11/10*

*Ret 22/19*

*7633*

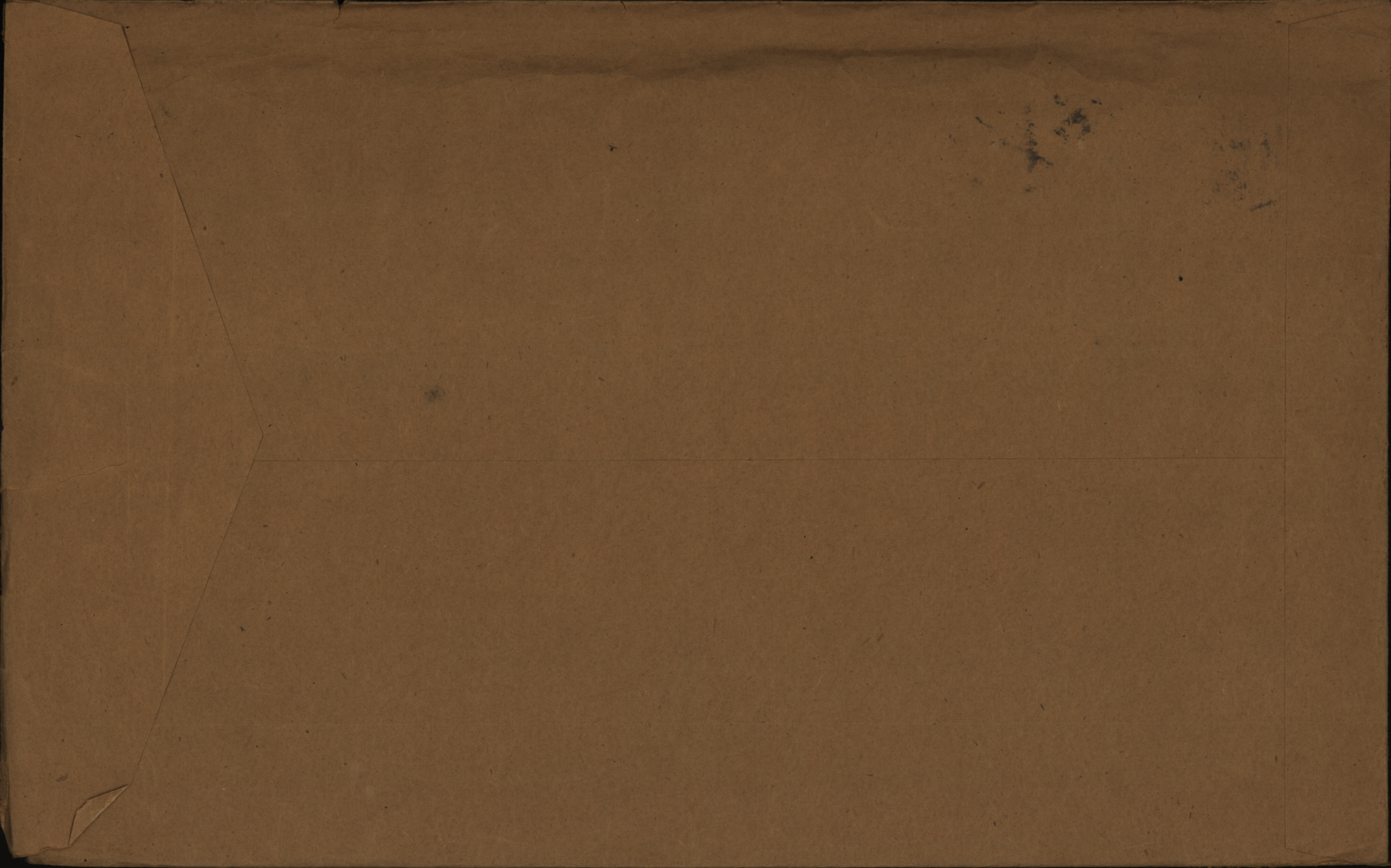
*Comp. Docs. to B.P.C.  
on M.S.N. 2505  
Ref. B.P.C. Spec. 1648  
d/27-1-20  
M.C.*

*1 p card*



*A.S. 122-1  
M.S. 465-1  
M.S. W/29-1*

*Int. 21/20*



10/1/20  
10/20

H. Q. .... ✓

M. D. No. 4

Surname Primeau ..... T. O. S. May 20th 1918 .....

Christian names George ..... D. O. Pt. II 141 of 21-5-18 .....

Regtl. No. 2522722 Rank Private ..... S. O. S. His 5-12-1918 .....

Unit 4th Depo. Coy 4th Art. Depo Reason "Demob" 4 .....

S.O.S. Oct 8th 1918  
Pt. II 1 of 8-10-18  
Auth. 10029-6/12/18  
4arty 10/20

Next of kin Primeau, Mrs A Relationship Mother .....

Address 57 Anderson St, Montreal Also notify: .....

PQ

BORN—Place Canada, Montreal PQ Date Aug 23rd 1898 .....

ATTESTED—Place Montreal, P.Q. Date May 20th 1918 .....

O/S ..... R/C .....



## 79TH BATTERY, C. E. F.

M. F. W. 71.—500M.—5-18.  
1773—39—981.

NAME

PRIMEAU, George

REGIMENTAL NO.

2522722

RANK

Gunner

ENLISTED AT

Montreal

PROMOTIONS, &c.  
AND DATE

DATE

May 20th, 1918

IF SERVED PREVIOUSLY, STATE UNIT, &amp;c.

None

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Mrs. A. Primeau

RELATIONSHIP

Mother

ADDRESS OF

57 Anderson Street, Montreal.

ASSIGNMENT OF PAY \$

20.00

C.

TO

Mrs. A. Primeau

ADDRESS

57 Anderson Street, Montreal.

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR





No. 2522722 RANK

Sub.

NAME

Primeau

G

T. O. S.

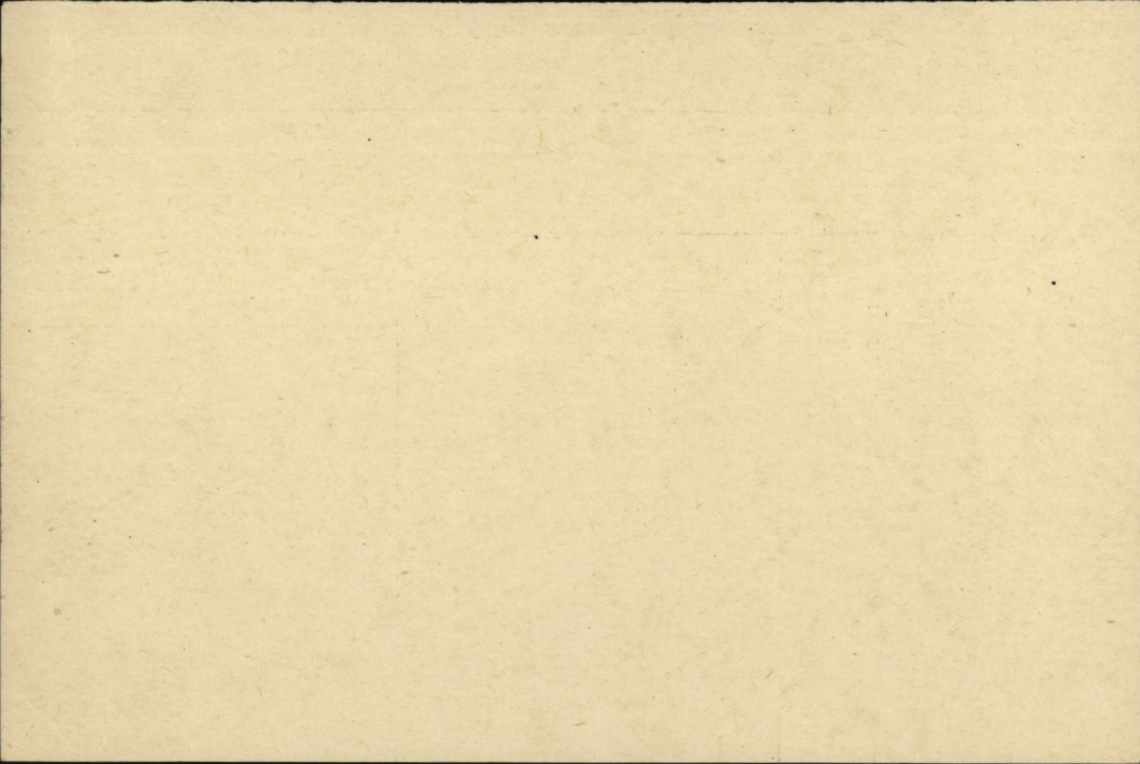
UNIT

74th Battery C. I. A

M. D.

4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 June 1	1918 June 30			



*not eligible for 14/15 Str.*

649-P-13977.

*Gr.*  
2522722 Pte. Geo. Primeau.

*A. R.*

13193

Medals & (mother) Mrs. J. Primeau,  
Dec. 57 Anderson St.,  
Montreal, P.Q.

P. & S. (mother) As above.

Mem. Cross (mother) As above.

*Ser. # 987541*

*Canada*

*W. Primeau*

*Dep. JUL 2 1920 (m.) C. 13895*

*(P)*

450

FEB 27 1924

Scroll Desp. \_\_\_\_\_ Reqn. No. \_\_\_\_\_

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Plate Desp. \_\_\_\_\_ Reqn. No. \_\_\_\_\_

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M

# 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. 2522722 Rank Gunner Name PRIMEAU, George

Corps. 4th Artillery Depot CFA who was\* S. O. S.

On 5th Decr. 1918, to.....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st Decr. 1918 to 5th Decr. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	20	50
Advances } No.....			Reg't Pay <u>5</u> days at \$ <u>1</u> c.....	5	00
by } No.....			Field Allow. <u>5</u> days at \$ <u>10</u>		50
Assigned Pay and Sep'n Allce. No. <u>3790</u>	20	00	Separation Allowances* (Monthly) <u>Dec</u>	5	00
Other charges .....			adjustment <u>Sep-Oct-Nov</u>	15	00
Payment on transfer or discharge No. <u>3790</u>	61	00	Other Allowances* .....		
Balance Cr. (to be paid by the new unit).....			Other Credits* <u>Clothing Allowance</u>	35	00
			Bal. Dr. (to be deducted by new unit).....		
Total.....	81	00	Total.....	81	00

\* Give particulars.

A monthly stoppage of \$ -- (†) has..... (‡) been paid on account of Assigned Pay for the month of paid to 1918 } (to) Assignee Mrs. A. Primeau  
 and Sep'n Allce. for month of 5th Decr. 1918 }  
 (Address) 57 Anderson Street Montreal, PQ

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

### On Transfer of an Officer

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

#### REMARKS:—

- State (1) date of enlistment 20-5-18  
 (2) if married and if a Separation Allowance Card has been submitted No Yes  
 (3) cause of discharge demobilization authority R.O. 1327-1328  
 (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 5th Decr. 1918.

Place Montreal, P.Q.

*E. R. Dalrymple*  
 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.



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

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

No. 2532722 Rank Pte Surname Primeau  
(Given name in full)  
 Unit or Corps Artill Depot Birthplace Montreal P.Q.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 123 lbs. Height 5 ft. 7 1/4 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 80  
 Condition of arteries good  
 Vision Rt. 20 Left 30  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Nil

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

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

In Montreal Genl Hospital for Infected toe 7 days  
" " " Nasal Polyp  
" " " Schen Ethmoid 9 "  
Exchanged cured 4/10/18  
no aggravation on service  
no disability

**EXAMINATIONS**  
**THIS SECTION FOR USE OVERSEAS—**

Examined at .....(Overseas)

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

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

Signature .....

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

**THIS SECTION FOR USE IN CANADA—**

Examined at *Montreal* .....(Canada)

Date *December 4<sup>th</sup> 1918* Signed *Malahan* .....M.O.

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

Signature *Sturman* .....

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

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



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. **79TH BATTERY, C. E. F.**

Regimental No. 2522722 Rank Private Name Primmer George

C. E. F.

Enlisted (a) 20-5-18 Terms of Service (a) C. E. F. Service reckons from (a) 20-5-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Clerk - Gunner

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				
		<p><i>Transferred to 2nd Trench Battalion with effect 20-9-18 (P.O. 1236 of 20-9-18)</i></p> <p><i>Major (Cancelled)</i></p> <p><i>Wm. M. Braughlin</i></p> <p><i>79th Depot Battery C. E. F.</i></p>			
		<p><i>Discharged with effect 5-12-18 (General Remobilization)</i></p> <p><i>(P.O. 1327 &amp; 1328)</i></p>			
		<p><i>E. B. D. Allyn</i></p> <p><i>Scout Major</i></p> <p><i>O. C. #4 Artillery Depot. C. F. A. C. E. F.</i></p>			

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *4*

NAME OF SOLDIER

*Truman George*

REGIMENT *79TH BATTERY, C.E.F.*

RANK *2522722*

No. *500*



## INSTRUCTIONS

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

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

- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G, P, (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoca	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
<i>Good</i>	<i>1918</i> <i>July 20</i> <i>1918</i> <i>Dec 4</i>																			<i>Capt McMillan 3</i>		<i>O D</i>
																				<i>W. Blumstein 4</i> <i>Capt.</i>		<i>14. 15. 18. 20. to be filled</i> <i>to Kelvin</i>

*For Discharge*



# CASE HISTORY SHEET.

MONTREAL GENERAL.

Hospital.

MONTREAL. P.Q.

Station.

No. 2522722 Rank Gunner. Name PRIMEAU. GEORGE. Age 19

Unit ~~XXXXXX~~ 1/1. Quebec. Completed years of service <sup>Where and how long</sup> Canada. 6/12

Date of admission November. 19th. 1918 Date of discharge DEC - 4 1918

Diagnosis Nasal Polyp. Chronic Ethmoidal Sinusitis. Place of origin Petawawa, Sept. 1918.

### CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient admitted to hospital complaining of obstruction of the nose. For one month he has had difficulty in breathing. He has taken colds readily. Had his tonsils removed when a child. Examination of the nose shows he has a polyp in the upper portion of the nasal cavity (lt. side). Other systems are negative. Treatment=Under Anaesthesia the anterior portions of the middle turbinates were removed, as well as some ethmoidal cells with a small polyp. The cavities were packed and later drained and syringed. On discharge from hospital -- the nose feels well. There is no obstruction of the ethmoidal cells. To Convalescent Home for ten days! Convalescence prior to his return to category "A". Category "D" to revert to Cat. "A" 2.

*A. M. G.*  
Capt. A. M. G.  
M. O. i/c Troops, M. G. H.

### FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

### TREATMENT

(Especially any specific or special form.)

### CONDITION ON DISCHARGE

(and disposal made of case.)

Condition nearly completely improved: Ft for duty. Back to light inside duty for 8 days

*P. Ostry*

Date

Medical Officer i/c case. Major A. M. G.

M. O. i/c Eye & Ear Dept.  
Drummond Military Hospital.

25589

CASE HISTORY SHEET

MONTREAL GENERAL

MONTREAL, P. Q.

No. 5523722

Guinea

FRANKLIN, GEORGE

Dr. J. J. Gosselin, Montreal, P. Q.

Diagnosis: Nasal Polyp, Chronic Ethmoiditis of the Middle Turbinates

History: The patient is a 45-year-old male who has been suffering from chronic nasal obstruction and discharge for several years. He has had multiple episodes of sinusitis and has been treated with various antibiotics and nasal sprays. He has also had a partial maxillectomy for a nasal polyp. The patient is a heavy smoker and has a long history of alcohol consumption.

Physical Examination: On examination, the nasal cavity is filled with thick, yellowish discharge. The middle turbinate is enlarged and covered with a thin layer of mucus. The ethmoidal cells are also enlarged and contain a thick, yellowish discharge. The nasal cavity is significantly narrowed.

Diagnosis: Chronic Ethmoiditis of the Middle Turbinates.

Treatment: The patient was treated with a course of antibiotics and nasal sprays. He was also advised to stop smoking and to limit his alcohol consumption. The patient has responded well to treatment and has been able to breathe more easily.

Family History

Treatment

Location of Discharge

Date

Dr. J. J. Gosselin

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Primeau* *Geo.*  
Surname Christian Name

Regimental Number *2522 773.* Rank *Capt.*

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. 53961—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  
 1772-39-1140

Remarks:

File No. 14794-4-6.

**WAR SERVICE GRATUITY.**

Register No. Spec Reg  
71/2110

Reg. No. 2522722.

Dependent Mrs A. Primeau (mother)

Name Primeau Geo

Address \_\_\_\_\_

Address Deceased.

Pay Soldier \$ \_\_\_\_\_

Pay Dependent \$ \_\_\_\_\_

Days \_\_\_\_\_ Rate \_\_\_\_\_ Due \_\_\_\_\_

Less P.D.P. credited \_\_\_\_\_

*R 1113  
26-10-20.*

Clerk \_\_\_\_\_

Less further Dr. Bal. \_\_\_\_\_  
or overpayment.

Net \_\_\_\_\_

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2				<i>Not eligible under P.C. 3/65.</i>				
3					3			
4					4	<i>A M White</i>		
5					5	<i>14 10/20.</i>		
6					6			

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



Register No. DP 791

WAR SERVICE GRATUITY

A.P. File No. 14794-A-6

TO  
DEPENDENTS OF DECEASED SOLDIERS

*Handwritten initials*

Regt'l No. 2522722 Name George Primeau  
(Christian Name) (Surname)  
Unit 79th Bty Rank 4th Lt. Date of enlistment 20/5/18  
Date of casualty 10/1/20 B.P.C. File No. 192999  
Was service performed overseas? No.

DEPENDENT

*Handwritten initials*

Name Mrs. Jessie Primeau Relationship W. Mother  
Address 57 Anderson Ave.  
Montreal,  
P.Q.

M.F.W. 2652  
265M-6-20.  
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ nil Abstracted by J. Leclair

Eligible for Gratuity ..... \$ .....  
Less amount of Special Pension Bonus paid ..... \$ .....  
Less Debit Balance of S. A. or A.P. .... \$ .....  
Total deductions \$ .....  
Balance due \$ .....

*Handwritten initials*

Cheque No. .... Date issued .....

Clerk N. North

REMARKS: Soldier discharged 5-12/18  
Query as to W.S.G.  
Not eligible for D.G.  
died subsequent to D.G.

Audited by  
Date .....

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

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. 53961—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. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks.

M. F. W. 127  
300M-1-19  
1772-38-1-140

16491

1648

This space to be for numbers.

# Proceedings on Discharge.



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

No.	2522722
Rank	Gunner
Surname	Primeau
Christian name	George
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#4 Artillery Depot CFA.CEF.
Date of discharge	5th December, 1918
Place of discharge	Montreal, Que.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	20	years	4	months.	Descriptive marks
Height	5	feet	7½	inches.	
Complexion	Fair				Nil
Eyes	Brown				
Hair	Brown				
Trade	Typist				
Intended place of residence	57 Anderson St. Montreal, Que.				
(To be given as fully as practicable.)					

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

Authority for discharge **R.O. 1327 & 1328**

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.

3. Conduct and character while in the service have been, according to the records, etc.

**Good**

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

**Typist**

M. F. B. 218.  
200M.—5-18.  
H. Q. 1772-39-113.

(OVER)

ERJ

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

5. He is in possession of the following number of G. C. Badges

NIL

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... MONTREAL, QUE.

*E. R. Dalrymple* LIEUT.

(Date)..... 5th December, 1918

Commanding #4 Artillery Depot CFA.CEF.

8. Certificate to be signed by the Soldier on Discharge

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

(Place)..... Montreal, Que.

*Shineau* (Signature of Soldier.)

(Date)..... 5th December, 1918

*J. H. Muett* (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..... 200 days.

Total..... years..... 200 days.

11. Confirmation of Discharge.

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

(Place)..... Montreal, Que.

(Signature)..... *E. R. Dalrymple* Lieut.

(Date)..... 5th December, 1918

O.C. #4 Artillery Depot CFA.CEF.

Reservations referred to at Para. 8.

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

List of Discharge Documents

**RESERVATIONS**

Ref. Conduct Sheet	Minutes form B. 361	Minutes form W. 37
Squadron		
Battery		
Company		
Field Conduct Sheet	W. 178	
<b>SIGNATURE OF SOLDIER</b>		
<i>J. J. Hall</i>		
<b>WITNESS</b>		
Medical Report for Invalids	H. 465	
Dental History Sheet	W. 44	
Last Pay Certificate	W. 392	
Duplicate Discharge Certificate	W. 82	
Form of Will		
Only if discharged "Medically unfit"		
Only if man has not been overseas		

I hereby certify that the following documents are unobtainable:

Documents not accompanying this form should be crossed out.

Amount of same is to be noted hereon.

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.

RECEIVED TO  
 ACTION TAKEN  
 020 14 1918  
 Doc

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }          or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23</p> <p>or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

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

MEDICAL HISTORY SHEET

2522722

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

1. Surname Primeau Christian name George

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. } Volunteer

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

4. Address (including street and number, if any) 57 Anderson St. Montreal, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of May 1918, by the undersigned medical board sitting at Montreal, Que.

5. Age as stated 19 Years 9 Months. 6. Apparent age 19 Years 9 Months

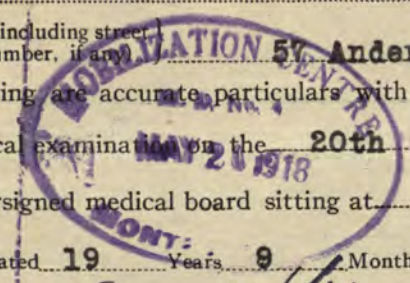
7. Height 5 Feet 7 1/4 Inches. 8. Weight 123 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion Fair { Eyes Brown  
Maximum 34 1/2 Ins. Hair Brown

11. Physical development. Good { Good  
Fair  
Poor 12. Smallpox marks. —

13. Number of vaccination marks { Right arm —  
Left arm — 14. When vaccinated last April

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil



Signature of Man  
*George Primeau*

16. Slight defects but not sufficient to cause rejection no

The man denies having had { Rheumatism  
Tuberculosis  
Syphilis We find no evidence of past { Rheumatism  
Tuberculosis  
Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A<sup>2</sup>

17. (a) Vision R. 20 L. 30  
(b) Hearing. R. — L. —

*W. J. Shaw* President.  
*J. Williams* Member.  
*R. ...* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
2-7-18		<i>C. Rep</i>	M.O. JUN 1-1918		<i>C. P. Page</i> M.O.
			M.O. JUN - 8 1918		<i>C. P. Page</i> M.O.
			M.O. 15-6-1918		<i>C. P. Page</i> M.O.

Joined 20th day of May 1918 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>79th Batty</u>	<u>2522722</u>	<u>Good</u>	<u>20-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>6/9/18</u>	<u>nil</u>	<u>A. H. J. ... Capt</u>
<u>Montreal</u>	<u>4/12/18</u>	<u>A<sup>2</sup></u>	<u>Renbaum</u>

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

Christian Name

Surname

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				
Montreal	20-5-18										
Return		16	8	18	22	8	18	Infected toe	75 days	Well on discharge	
		19	11	18	28	11	18	Nasal Polyp. Chronic Ethmoidal Sinusitis.	9	Treatment=Under Anaesthesia the anterior portions of the middle turbinates were removed, as well as some ethmoidal cells with a small polyp. The cavities were packed and later drained and syringed. On discharge from hospital -- the nose feels well. There is no obstruction of the ethmoidal cells. To Convalescent Home for ten days' convalescence prior to his return to category "A". Category "D" to revert to Category "A" 2.	
DRUMMOND MIL. HOSP.		28	11	18	4	12	18	Convalescent of nasal polyp op.		Fit to go back Unit: Light inside duty for 8 days	

Major  
M. O. Eye & Ear Dept.  
Drummond Military

*W. Johnson*

*Maxwell*  
Capt. A. M. G.  
M. O. Troops, M. G. H.

*Postiquey*

MONTEAL GENERAL HOSPITAL  
MONTEAL GENERAL HOSPITAL