

889537

Original

ATTESTATION PAPER.

1896 BAT., F.E.C.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 889537

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... *Sivierin Roy*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St Fabien Co. Arrouaish. P. 2. Can.*
- 3. What is the name of your next-of kin?..... *Arthur Larivee. Katherine Lat*
- 4. What is the address of your next-of-kin?..... *St Fabien Co. Arrouaish. P. 2.*
- 5. What is the date of your birth?..... *4th September 1896*
- 6. What is your Trade or Calling?..... *malon*
- 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?.. *yes 9th Regiment for Home services*
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*

Sivierin Roy.....(Signature of Man.)
J. P. G. Gifford.....(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Sivierin Roy*....., 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 *Dec 17 Dec* 1910..... *Sivierin Roy*.....(Signature of Recruit)
J. P. G. Gifford.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Sivierin Roy*....., 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 *Dec 17 Dec* 1910..... *Sivierin Roy*.....(Signature of Recruit)
J. P. G. Gifford.....(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 *Dec*.....this *17th*.....day of *December*.....1910.

J. P. G. Gifford.....(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
.....(Approving Officer)

Description of Severin Roy on Enlistment.

Apparent Age... 19 years 4 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 3/4 ins.

Chest measurement. (Girth when fully expanded..... 36 1/2 ins.
 Range of expansion..... 32 ins.)

Complexion..... ruddy

Eyes..... grey (blue)

Hair..... flaxen

Religious denominations.
 Church of England.....
 Presbyterian.....
~~Wesleyan~~ Methodist.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.)
 Roman Catholic..... 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..... 17 December 1915

Place..... Beechworth John W. D. [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.

Severin Roy.....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 of Officer)

Date..... MAY 16 1916 1916

[Signature] Lt.-Colonel.
 B. C. 189th Battalion, C. F., F. E. C.

Just

23/2/18

- 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.....

Sivirin
 Name Roy. Sivirin
 Regt. No 889537 Rank Pte
 Corps 22nd Bn

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



Physically unfit



27049

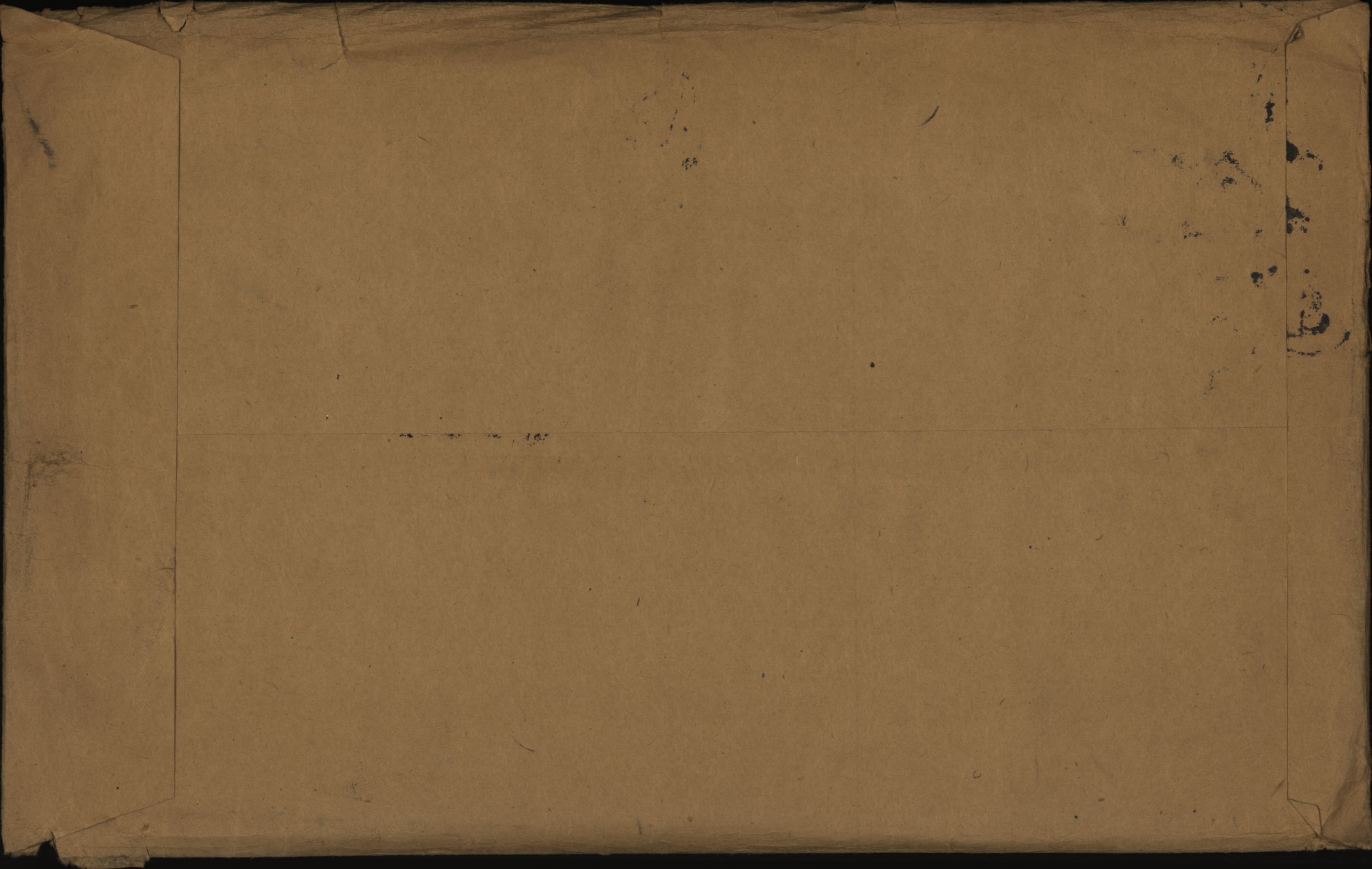
22



40-14
 21-14
 13-14
 2

*M-X
 15-2-21
 R.P.*

11/11/18



FRENCH.

649-R-6210

✓ Roy

✓ Beverin

✓ #889537

✓ Pte., C.M.F.

Meds. & Decs

Mother

Mrs. Arthur Larrivee

St. Rabien

Co. Rimouski, P.Q.

P. & S.

Mother

Same as above.

Mem. Cross

Mother

SAME AS ABOVE.

(File # 88427)

Scroll Desc. MAY 7 - 1921

Regn. No. 2.41256

1411518 St. JEAN

7 1922

48685

98845

Not eligible for 1411518

*2.M
2.M
2.M
2.M*

R.P.

M

22 Jan

1087

M 4609 FEB 22 1927

EXHIBIT

EXHIBIT

Q12
SMD

~~B~~
~~X~~

Number 889337 Rank Rte.

Surname ROY

Christian Name Severin

Units 22nd Bn Cany Theatre of War France

Date of Service 13-11-16

Remarks Mother

Latest Address Mrs. Arthur Larriver
St. Fabien

Roll No B Co. Rimouski

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P. 8

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.

DESP 10/17/21
REGN. NO. 9469322

Reg. No. 889537 Name Roy Severain
Rank Pte Corps 2nd Age 20 Service 667 24/12
Ledger No. Serial No. 10466 ✓

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS
Rockhead Halifax	26-11-17	G-I-J
His Station	6-12-17	Growth Leg amp all
W. M. C. H. Toronto	9-4-18	Scarlet fever
died	11-4-18	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Name **ROY Severin** Rank **Private** Reg. No. **889537**
 Unit **22nd Battalion**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
21-4	O.C.18 G.H. Camiers Reports Seriously Ill		SW thigh Amptd	A489	M2749	24-4
12-5	Removed from Ser	Ill List	do	A507	M4410	
13-5	King George H	Stamford J.	do	B35		
6-9	Ontario mil. (1629)	H. Orpington	do	B.5		
25-10	No. 5 Can. Gen. H.	Liverpool	G.S.W.L. Leg (amp.) In Foot R. (amp.)		B.45	
15-11	Invalided to Canada 1786		do		B.68	

No 128
899537 (mat Rayloch)

RANK

Pte

NAME

Roy Sévère

T. O. S.

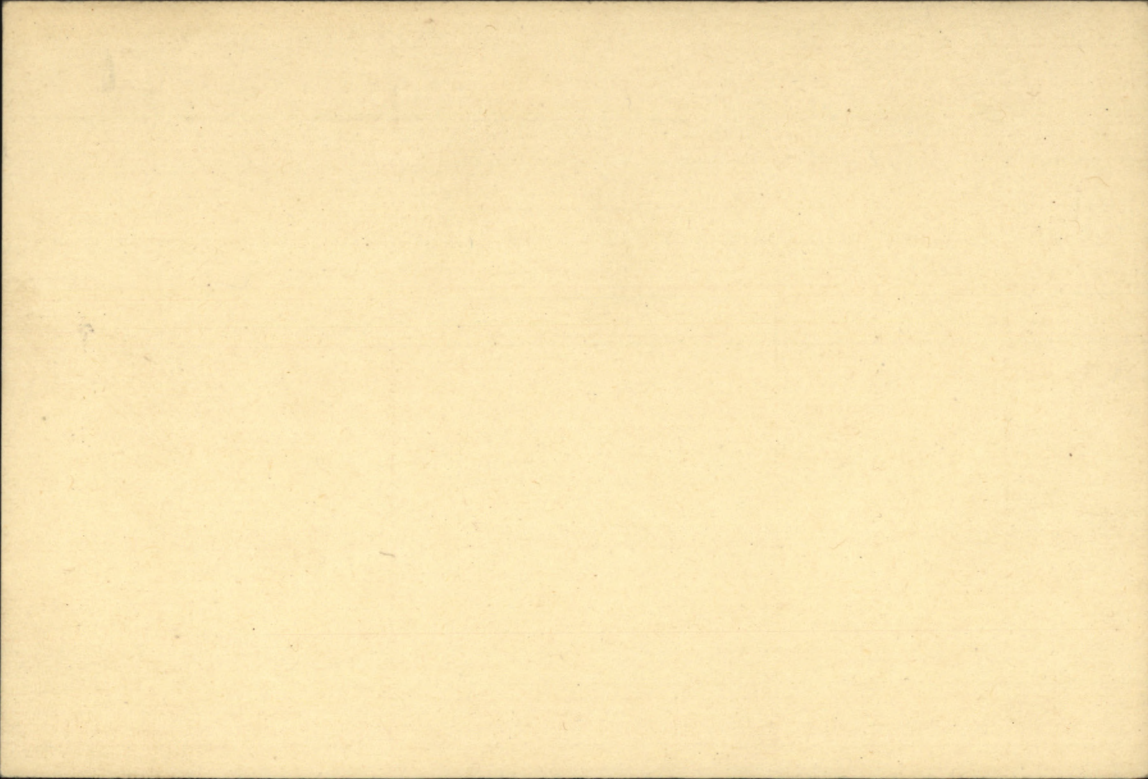
UNIT *189th Battalion*

M. D. *5*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Jan</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb</i>		<i>✓</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>n</i>	<i>2 Days pay 22 hrs Detention</i>	<i>D.O. 1849 8-8-16</i>
			<i>a. w. L. 14-9-16 on Board.</i>	<i>D.O. 225 of 18-9-16</i>

UNIT SAILED

SEP 23 1916



SURNAME.

Roy

CHRISTIAN NAMES

Sivérin

REGL. No.

889537

RANK

Pte.

UNIT

189th

Bn.

FORMER CORPS

9th. Regt. (Home Service)

✓
L. S. Recense
#148
R. G. no. 105 - Date 15-4-18
-10" unit - m. H. C. C.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Larivée, Arthur

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

St Fabien, Co. Rimouski,
P. Q.

COUNTRY OF BIRTH

Canada, St. Fabien, P. Q. ^{Co. Rimouski}

DATE

Sept. 4th 1896

PLACE OF ATTESTATION

Bic, P. Q.

DATE

Dec. 17th 1915

O/S. 28/9/16. 547
24

r/c 26/11/17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

mason

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

19 YEARS

4 MONTHS

HEIGHT

5 FEET

7³/₄ INCHES

CHEST MEASUREMENT

36¹/₂ INCHES

EXPANSION

4 INCHES

COMPLEXION

Good

EYES

Grey

HAIR

Fair

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

Bic, Co. Rimouski

DATE

P.Q. Dec. 17th 1915

Present address: St. Fabien, Co. Rimouski, P.Q.

Surname **Roy.** Christian Name or Names **S.** Reg. No. **889537.**
 Rank **Pte.** Unit **22nd. Bn.** Co. **2nd Que.** Troop **Que.** Batty.
 Hospital **Ontario Milit. Bexington.** Date of Admission **21-4-17.**

Transferred **18. Cas. Olg. Stn.** Hosp. **21-4-17.**
18. S. Hosp. Camiers Hosp. **12-5-17**
King Ges. Stamford St. Hosp. **13-5-17**
Ontario Milit. Bexington. Hosp. **6-9-17**
5 Can. Gen. Liverpool Hosp. **25-10-17**

Diagnosis

(1) **G.S.W. Thigh. Amp. R.**
 Later Diagnosis (if changed) **G.S.W. L. Leg. Amp. R. Foot**
 (2) **add.**
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Rem'd f. ser. ill list 12-5-17 Date

C.L. **24-4-17.** A/489.

REMARKS

" **15-5-17** A507
 " **17-5-17** B357

Invarious Bexington. 16. 11. 17.

" **8-9-17** B5

30-10-17 B45

" **12-17** B69

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LTR

Rank Name ROY, Severin ✓ Reg'l No.
 Unit 189th, Bn. If in perm. Corps, } Married or Single Single ✓
 What Unit? }
 Place and Date of Enlistment Bie, 17th, December, 1915. ✓ Place of Birth St Fabien, Co
 Name and Address, Next-of-Kin Arthur Larrivée. Romoski. P. Q. Ca ✓
 St Fabien, Co Romouski. P. Q. Relationship Father-in-Law. ✓
 Assigned Pay Monthly \$ Payable to

*M.X.
15-2-21
RR*

Separation Allowance \$ Payable to Relationship
 Relationship

NIE R.D. No. 10510
 File R.L.
 Category M.U. Can.

Discharge, Date and Place Reason Character

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.				
		Arrived in England	St Loiland	6-10-16	
11-10-16	6972	Taken on strength.	diogare	6-10-16	P.A.C. 248. W.R.
12-11-16	"	T.O.S. Trans to 22nd Bn	"	12-11-16	" 248
30-11-16	22nd Bn	T.O.S. from 69th	" Field	13-11-16	" 57
24-4-17	---	O.C. 18 Genl Hosp. (Seriously Ill)	baniers	21-4-17	624489. G.S.H. High Amp.
15-5-17	---	Removed from seriously ill list	"	12-5-17	C.F. 4507 " "
17-5-17	"	To King George Hosp	Stamford St	13-5-17	C.F. 13051
21-5-17	2nd Q.R.D.	T.O.S. from 22nd Bn	Shoreham	13-5-17	P.H.O. 73
29-5-17	22nd Bn	Inv'd posted to 2nd Q.R.D.	Field	12-5-17	P.H.O. 63
7-9-17	2nd Q.R.	Ifd out milit Hosp	Orpington	6-9-17	C.L.B. 5

R.F.B. 103 CHUCKED
 21 NOV 1917

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.				
29.10.17	2 nd GR	Yfd #5 Ban Gen Hosp	Kirkdale	25.10.17	CB45
30.11.17	✓	Invalided to Canada	.	15.11.17	- 68
3.12.17	✓	S.O.S. to Canada no longer fit for war service.	B'stort.	15.11.17	D. O. 262.

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *189th Bn.*

Regimental No. *889 537* Rank. *Pte* Name *Roy Severin*

Enlisted (a) *17-12-15* Terms of Service (a) *D of W* Service reckons from (a) *17-12-15*

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. 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				
<i>7.9.17.</i>	<i>2nd Q.R.</i>	<i>Lfd. Ont. Mil. Hosp.</i>	<i>Orpington</i>	<i>6.9.17.</i>	<i>CL B 5.</i>
<i>29.10.17.</i>	<i>"</i>	<i>Lfd. #5 Can. Gen. Hosp.</i>	<i>Kirkdale</i>	<i>25.10.17.</i>	<i>CL B 45.</i>
<i>30.11.17.</i>	<i>"</i>	<i>Invalided to Canada</i>	<i>"</i>	<i>15.11.17</i>	<i>— 68.</i>
<i>3.12.17.</i>	<i>"</i>	<i>S.O.S. to Canada no longer fit for war service</i>	<i>B. shot.</i>	<i>15.11.17</i>	<i>DO 262.</i>
		<i>S.O.S. Having died</i>	<i>Toronto</i>	<i>11.4.18.</i>	<i>H.Q. 649-R. 6210. (folio 21)</i>

W. Sullivan

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

Capt. Roy Severin
D of R.
 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				

Military Hospitals Commission
CANADIAN CONTINGENT EXPEDITIONARY FORCE
COMMAND "D" UNIT **M. D. 2**

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

Regimental No. **889537** Rank **Pte.** Name **S. Roy, 189th Bn** No. **7**
MILITARY & DEFENCE
MAY 6 1918

Corps **MHCC "D" Unit** who was* **Deceased**

On **April 11** 191**8** to **a/c Transferred to Officer i/c Estates**
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **April 1,** 191**8**, to **April 30,** 191**8**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by } No.....			Regt'l Pay 30 days at \$ 1 c.	30	00
Cheques } No.....			Field Allow. 30 days at \$ 10 c.	3	00
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly)		
Other charges			Other Allowances*		
Payment on transfer or discharge No.....			Other Credits*.....		
Balance Cr. (to be paid by the new unit).....	33	00	Bal. Dr. (to be deducted by new unit).....		
Total	33	00	Total	33	00

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of Assigned Pay for the month of.....191..... } (to) Assignee.....
 and Sep'n Allee. for month of **Nil**.....191..... }

(Address) **St. Fabien, Que. (Rimcusi) County P.O.**

(†) 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
- (2) if married and if a Separation Allowance Card has been submitted..... **Nil**
- (3) cause of discharge..... **Deceased**..... authority **D.O. 105**
- (4) authority for transfer

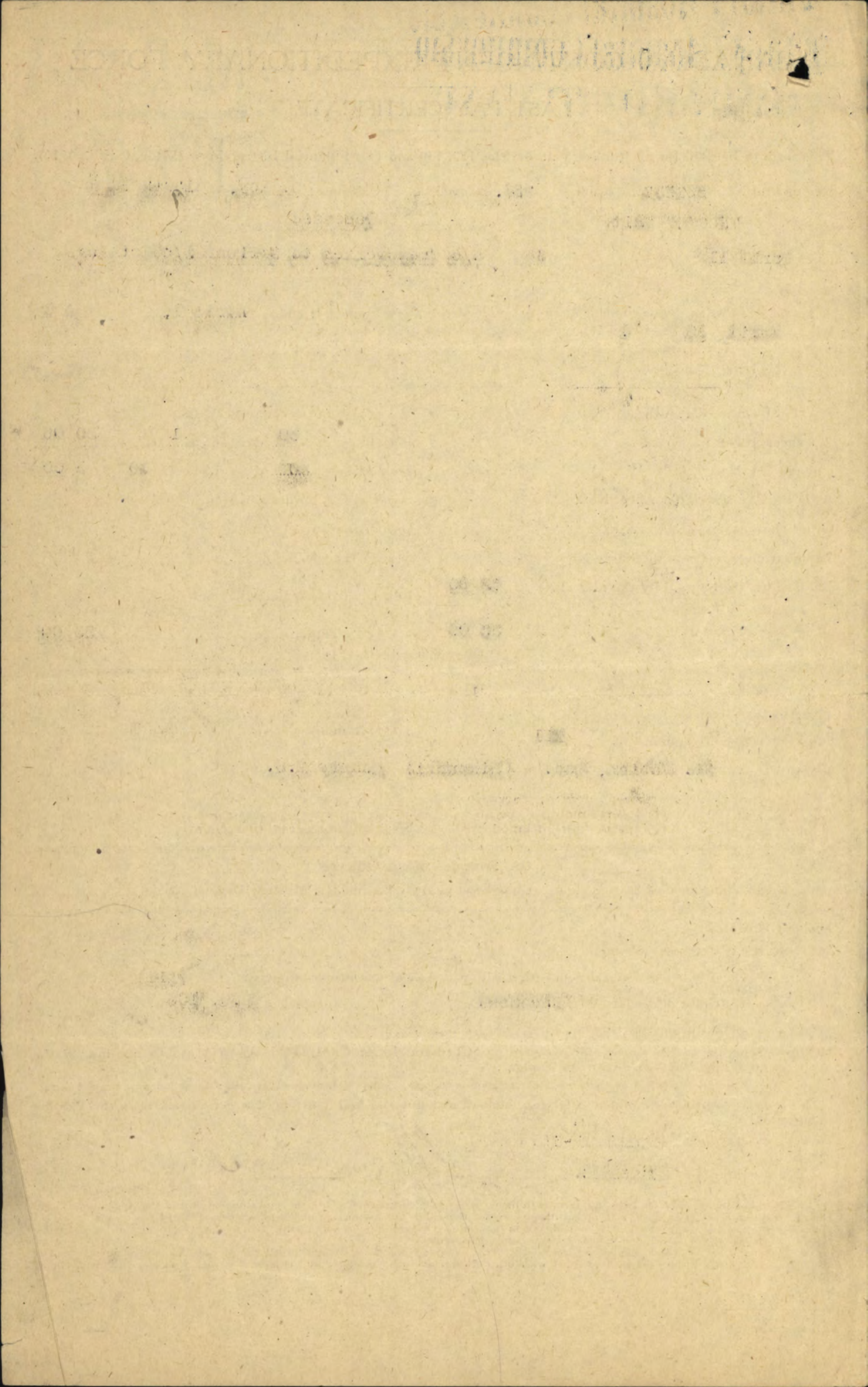
NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date.....**18.**.....

Place..... *St. Fabien, Que.*
W. A. Coakley
PAYMASTER, M.H.C.C. "D" UNIT, 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.



Duplicate

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

189e BAT., F.E.C.

- (1) Name of Overseas Unit which Soldier joins.....
- (2) Regimental Number..... 889537
- (3) Full Name of Soldier..... Severin Roy
- (4) Place of Birth..... St. Fabien Co. Rimouski
- (5) Are you married, or not?..... SINGLE
- (6) If married, state,
 - (a) Full name of your wife.....
 - (b) Present Postal Address.....
- (7) Are you a widower?.....
- (8) Have you any children?.....
 - If so, give number of boys and girls.....
 - Also their names and ages.....

Yes

(9) Is your Father alive?.....

If so, state name and address..... Arthur Larivee St, Fabien Co, Rimouk

Yes

(10) Is your Mother alive?.....

If so, state name and address..... Mrs A, Laribee St, Fabien

Nil

(11) If your Mother is a widow.....

Are you her sole support, or not?..... Nil

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

Nil

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

Nil

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

Nil

No

(15) Are you insured?.....

If so, in what Company?..... No

Have you made arrangements for payment of your Insurance premium..... **B**

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

W. G. Lach

Officer Commanding.

O.C, 189th. Battalion

Date..... Sept. 15th. 1916

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

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

350M.—5-16

H. Q. 1772-39-920.

W.L.H.

Casualty Form—Active Service.

189e BATT. F.E.C.

Unit, Regiment or Corps.....
 Regimental No. 889537 Rank Pte Name ROY SEVERIN
 Enlisted (a) 17-12-15 Terms of Service (a) all of War Service reckons from (a) 17-12-15
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended..... Re-engaged..... Qualification (b) Mason

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 Y.O.S. Disembarked	Canada England.	27-9-16 6-10-16	
	<u>69th Bn</u> <u>B.O. 3746</u>	<u>69 Bn C.E.F.</u>	<u>Detachment</u>	<u>6-10-16</u>	<u>D.P. 11-0-248</u> <u>J.P. Pinnaugh</u> <u>Inf. 189 Bn C.E.F.</u>
	<u>69th Bn.</u>	<u>Transferred to 22nd Bn.</u>	<u>Detachment</u>	<u>12-11-16</u>	<u>D.O. Part II 278</u> <u>Major J. J. Galt</u> <u>Adj. 69th Bn. C.E.F.</u>
<u>13 11/16</u>	<u>CRD</u>	<u>Reinf from 69th Bn</u>	<u>CRD.</u>	<u>13 11/16</u>	<u>NR - M.I. 57-30 1/16</u>
<u>2 12/16</u>	<u>"</u>	<u>Left CRD</u>	<u>Field</u>	<u>2 12/16</u>	<u>"</u>
<u>6 12/16</u>	<u>Ent Bn</u>	<u>Joined 2nd Can Ent Bn</u>	<u>5th</u>	<u>6 12/16</u>	<u>"</u>

CERTIFIED CORRECT.
 11
 22 NOV 1917
 W.A. RECORDS, LONDON.
 12-11-16

W.A. District No. 5
 No. 5
 DEC 21 1917
 17-1-18

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

No 889537 Pte Coy. S.

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				
18-1-17	2 nd Enty. In	Sentenced to 14 days J.P. No. 1, 16-1-17, for when on active service; malingering 14-1-17.	Field	16-1-17	Bl 069. Ft. II. O. 7925 1/7.
20 2/17	do	Left for Unit	do	21 2/17	Roll - File 14 2/23 1/7
24-2-17.	22nd. Bn.	Joined Unit	do	21-2-17.	B. 213 D.C.S. 228/3-3-17.
19 4/17	do.	Wounded	do.	9 4/17	Letter of 19 4/17. File R J. 16. 340.
21 4/17.	18 Genl.	S.S.W. Fract. Femur L. Adm. (rev.)	18 Genl.	21-4-17	Wtd. 25 10/26. 4-17. - 20304-288.
22 4/17.	50-	S.S.W. High. L. Amp. ; Foot R. amp. Condition improving	50-	22 4/17.	" - 292.
29 4/17	50-	Genl High. Foot R. amputated Condition improving	50-	29 4/17	" 305.
12 5/17	"Newhaven"	Invalided 'wounded' and posted to 2 nd Quebec Regt. Depot. Shoreham.	England	12 5/17	103083 - 23961 - Ft. II. O. 63 1/29 5/7
			Whogau		Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
21 5 17	2 nd QRD	Taken On Strength	Shoreham	13 5/17	0073 J. Seybold Lieut for Colonel i/c Records, 60m7

Diets and Extras must be in accordance with Pay and Allowance Regulations.

HOSPITAL DIET-SHEET.

BASE Hospital at TORONTO Month of _____ 1918

DIET SHEET OF	RANK AND NAME (Surname first)	CORPS	Regt'l. No.	Squadron, Troop, Compy. or Battery	Age	DISEASE
	<u>Mr. Roy. Severin</u>	<u>1st Lieut. Mil Hosp</u>	<u>889537</u>		<u>20</u>	<u>Scarlet Fever</u>
Ward No.	Number in Admission and Discharge Book	Admitted into Hospital	Discharged from Hospital		Religious Denomination	
<u>104</u>	<u>10994</u>	<u>Apr 9</u> 19 <u>18</u>	<u>Apr 11</u> 19 <u>18</u>		}	

If allowed up, the hours, and if fit for light hospital duty state so.	Date	Diet, first time name in full, afterwards by initials	DIET, DRINKS AND EXTRAS (Quantities in words)							Initials of Medical Officer (First time name in full.) All spaces in which no entries have been made must be severally obliterated by the Medical Officer thus before he signs his name or initials.
			Milk	Eggs	Ice Cream	Oranges				

APR 9 1918		Apr. 10									W. J. Johnston J. M. Callum		
		Milk	Ice cream										
TOTALS IN FIGURES													

I CERTIFY that the above Diets, Drinks and Extras, were prescribed by me solely for the use of the above-named Patient, for whom I consider them necessary.

J. M. Callum Medical Officer in Charge.

Diets and Extras to be filled in by the prescribing Medical Officer when a change is made and on discharge of a patient a diagonal line to be ruled from last day's Diet to right hand lower corner. The date of discharge is invariably to be filled in by prescribing Medical Officer. No erasures to be made on this Form, any alterations of Diet or Extras prescribed must be in the handwriting of the prescribing Medical Officer and initialed by him.

10466

HOSPITAL DIST-SHEET

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps M.H.C. 22nd Bn. Cent-Mil Hosp.

Hospital Station

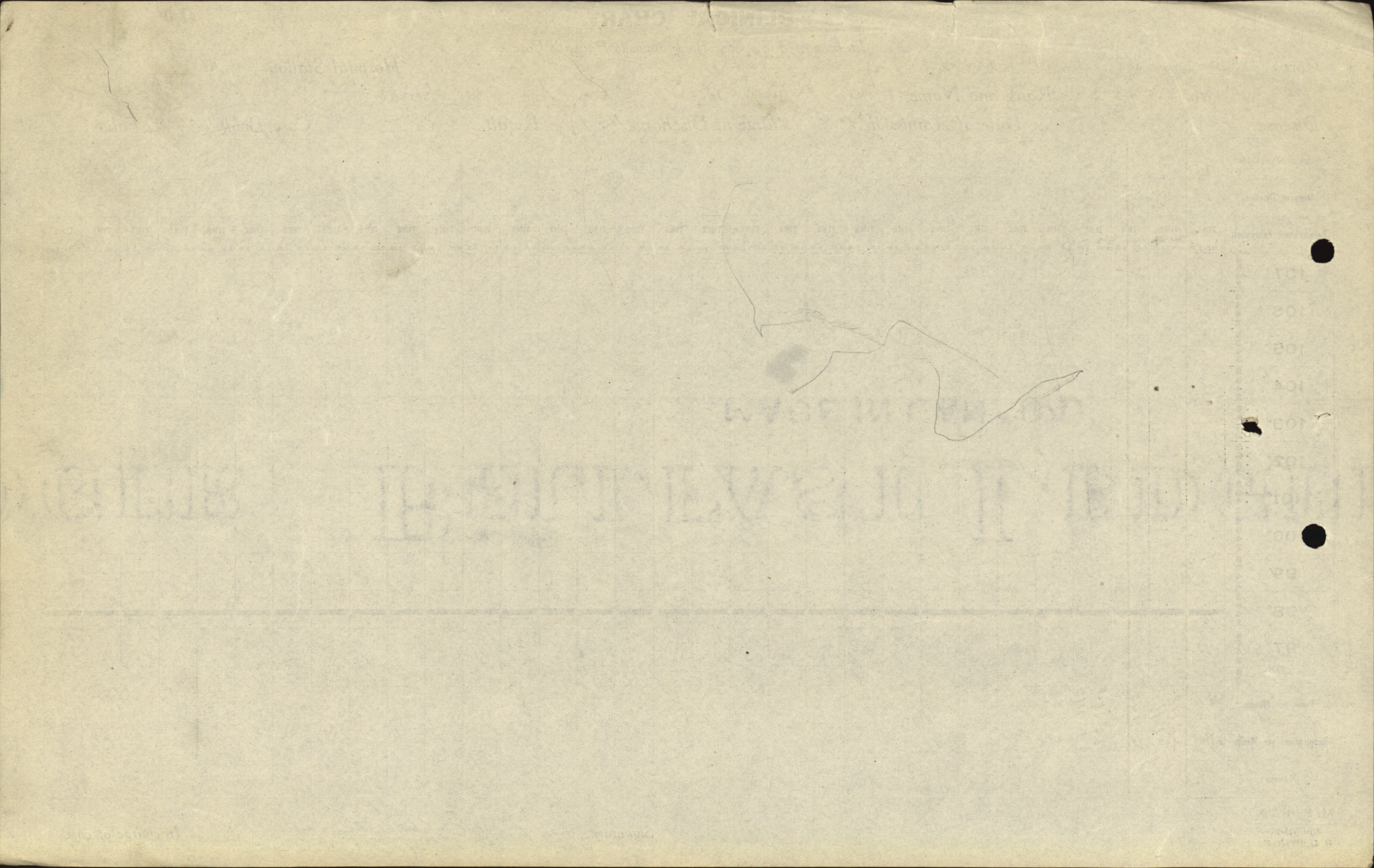
No. 889537 Rank and Name Pte. Roy. # Severin. Age 20 Service $\frac{24}{12}$

Disease _____ Date of Admission Apr 9/18 Date of Discharge 4/4/18 Result Healed Case Book 10994 Folio

10994

Dates of Observation	9		10		11																																					
	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				
Days of Disease	1		2		3																																					
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.				
107°			
106°	
105°	
104°	
103°	
102°	
101°	
100°	
99°	
98°	
97°	
Pulse per Minute	140 140		22/12 36/20		30/140 140/136		40/104 56/142		60/60 52/148																																	
Respirations per Minute	24 24		22/12 36/20		30/140 140/136		40/104 56/142		60/60 52/148																																	
Motions																																										

Signature *R. C. Allen* In charge of case.



MEDICAL CASE SHEET.*

No. in mission and Discharge Book.	Regimental No. <i>889537</i>	Rank. <i>Pte.</i>	Surname. <i>Roy S.</i>	Christian Name. <i>S.</i>
Year	Unit. <i>22. Cons.</i>	Age. <i>21</i>	Service. <i>2 yrs</i>	
Station and Date. <i>5-9-17</i>	Disease <i>Grd Lt thigh (Comp.) Lt leg Rt foot. Trench next of kin Penela Roy. St. Falean. Quebec.</i>			
	Enlisted Quebec 189 th Bn June 1916. England Sept. 1916. France Oct. 1916. Patient states -			
	Wounded Vimy Ridge April 9 th 1917 fragment of shell left thigh. fracture of Femur.			
	F.F.A. at advanced dressing station, then to No 10 C.B.S A.S. injected. Amputation at left thigh for Comp Fract.			
	Femur. Sent to No 18 Gen. Hosp. Etaples two weeks later, amputation right foot 4/5/17 for gangrene (trench foot) according to card. Left for King George Hosp. via Calais & Dover 12-5-17.			
	25-5-17 Abscess in left stump opened & tube inserted			
	18-7-17 Operation to reamputate Rt leg. 26-7-17 operation to reamputate left thigh. Admitted O.M.H. Orington 5-9-17			
	B.O.A.			
6-9-17	Healthy stump, entirely healed right leg about 6" below knee. Stump of left thigh, slight discharge from three small areas. suture wounds. General condition good.			
16-9-17	Left stump, still some discharge			
25-9-17	Left stump improving, very little discharge.			
30-9-17	Board papers prepared.			
11-10-17	Small suture wound discharging left stump			
18-10-17	General condition good. Small area centre of st scar roving slightly			
24-10-17	Discharged, invalid to Canada			

H.W. Martin Coaff

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

Station
and Date.

No 5 E.G.H
Siverpool

Stumps heaped - not tender.

2/nov/17

15. 11. 17.

Good condition -

A. B. Walters

Capt. Lane

CASE HISTORY SHEET.

16994

No. 889537 Rank Pte Name Roy SEVERAIN Age 20
Unit MHC 228m Cent-mil Hosp. Completed years of service 24 Where and how long 24
Date of admission apr 9/18 Date of discharge 11/4/18
Diagnosis Scarlet Fever Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

Bright scarlet rash over arms body & legs: throat acutely inflamed & reddened tip of tongue reddened. Heart & lungs normal Patient had both legs amputated

10/4/18 Patient developed slight cough later in day became very febrile & irrational

11/4/18 Breathing rapid & labored patient cyanosed: some symptoms of laryngitis: throat acutely inflamed Examine lungs by Max Gluck: few moist rales over upper & apex with some decreased resonance Trachea every 4th pulse became weak: appeared very toxic

FAMILY HISTORY (Tuberculosis, mental or nervous diseases)

father rapid & weak: Respiration rapid Cyanosis developed Patient died 7:20 pm Cause cardiac failure

TREATMENT

Aspirin 20" massaged to throat Saline irrigation Strychnine 1/40 q 6h Potassium 2val 1/2 q 6h

CONDITION ON DISCHARGE

(and disposal made of case)

Date

J. Melchior Medical Officer i/c case. 10466

CASE HISTORY SHEET

April 10-18. 1023 acid - alb. + - many leucocytes
Uratcs.

MEDICAL CASE SHEET.*

MA 22

No. in
admission
and
discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

Year

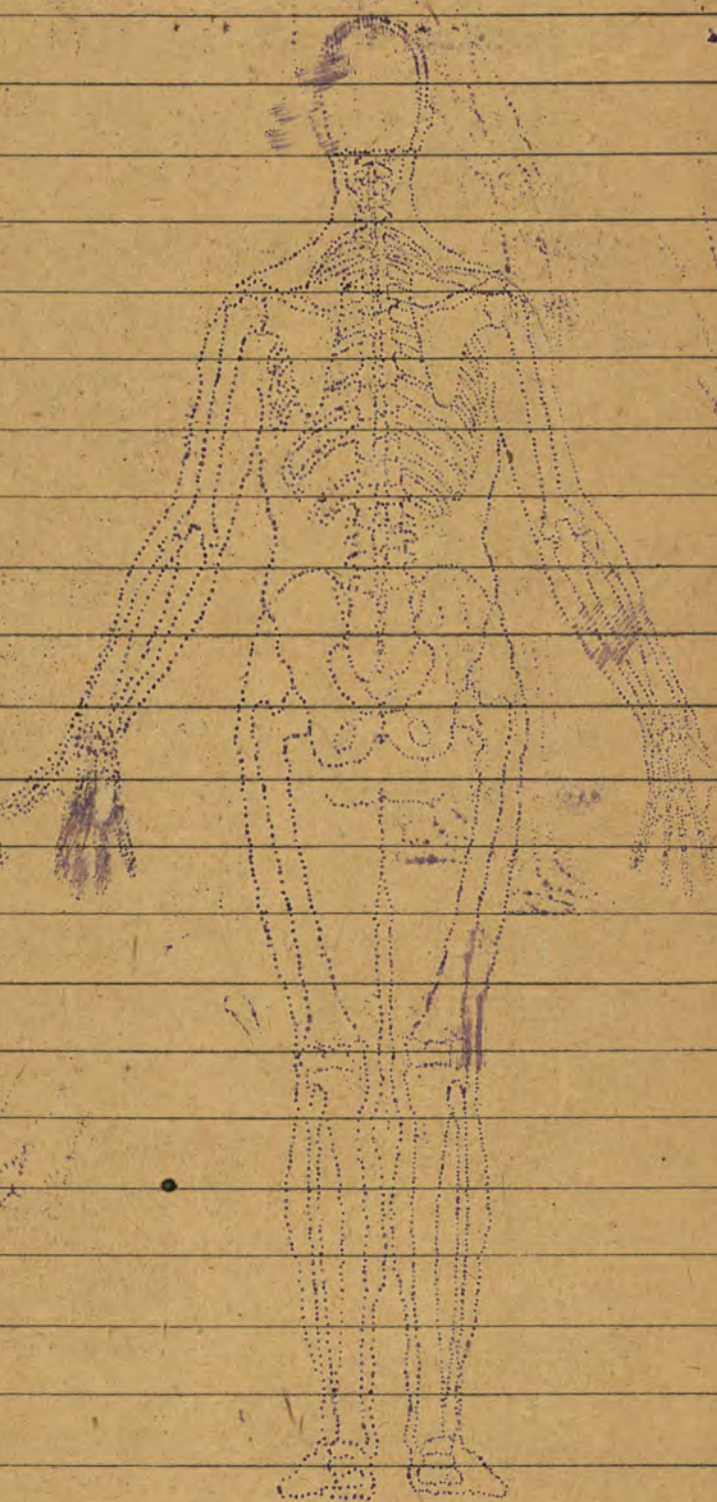
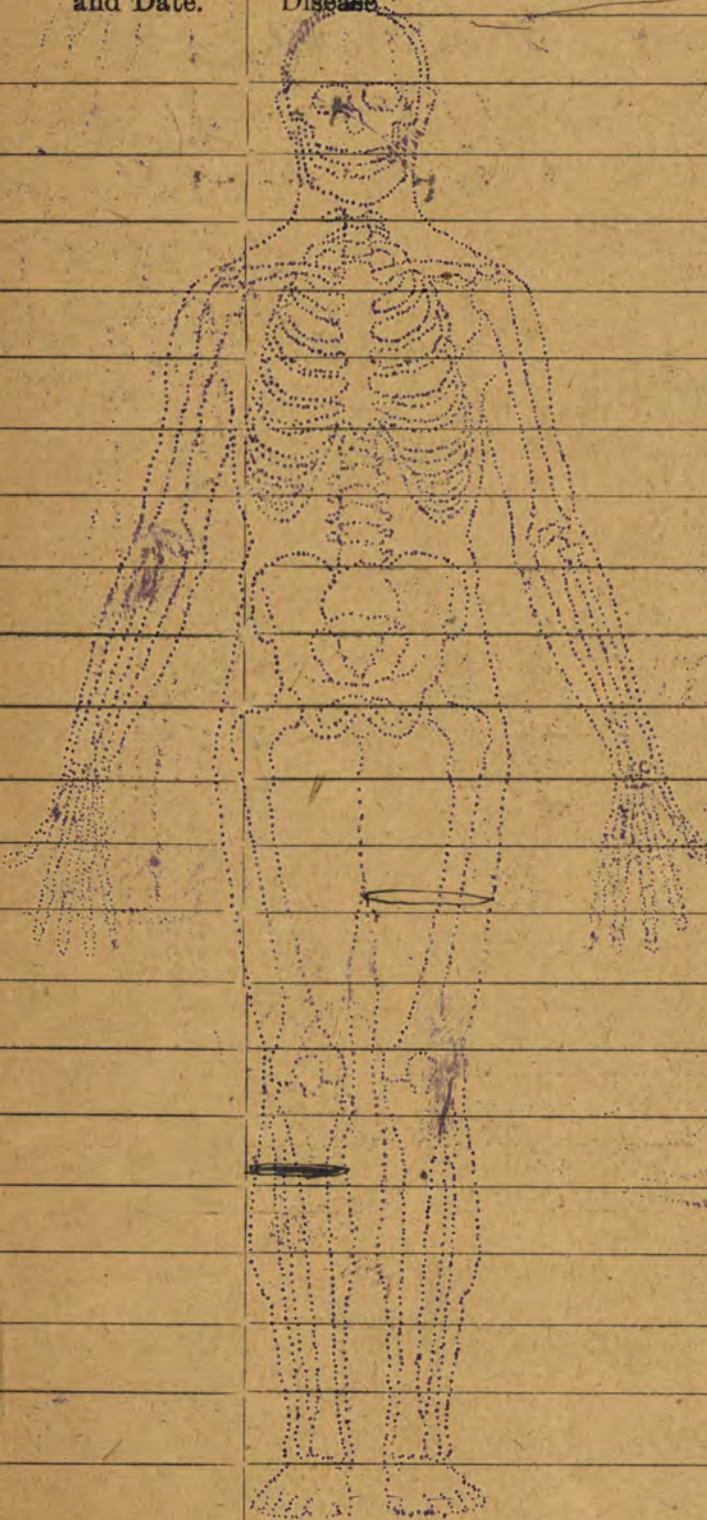
Unit.

Age.

Service.

Station
and Date.

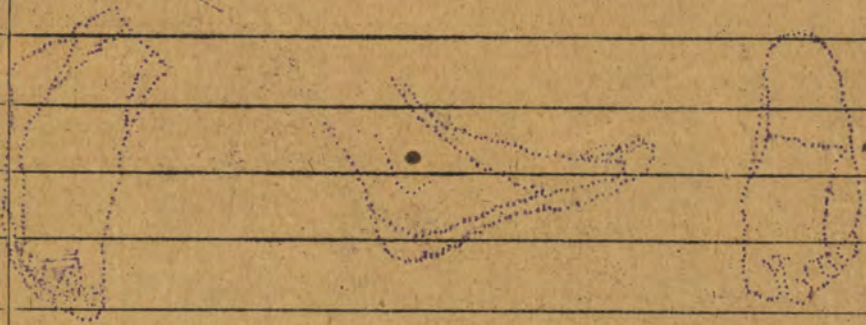
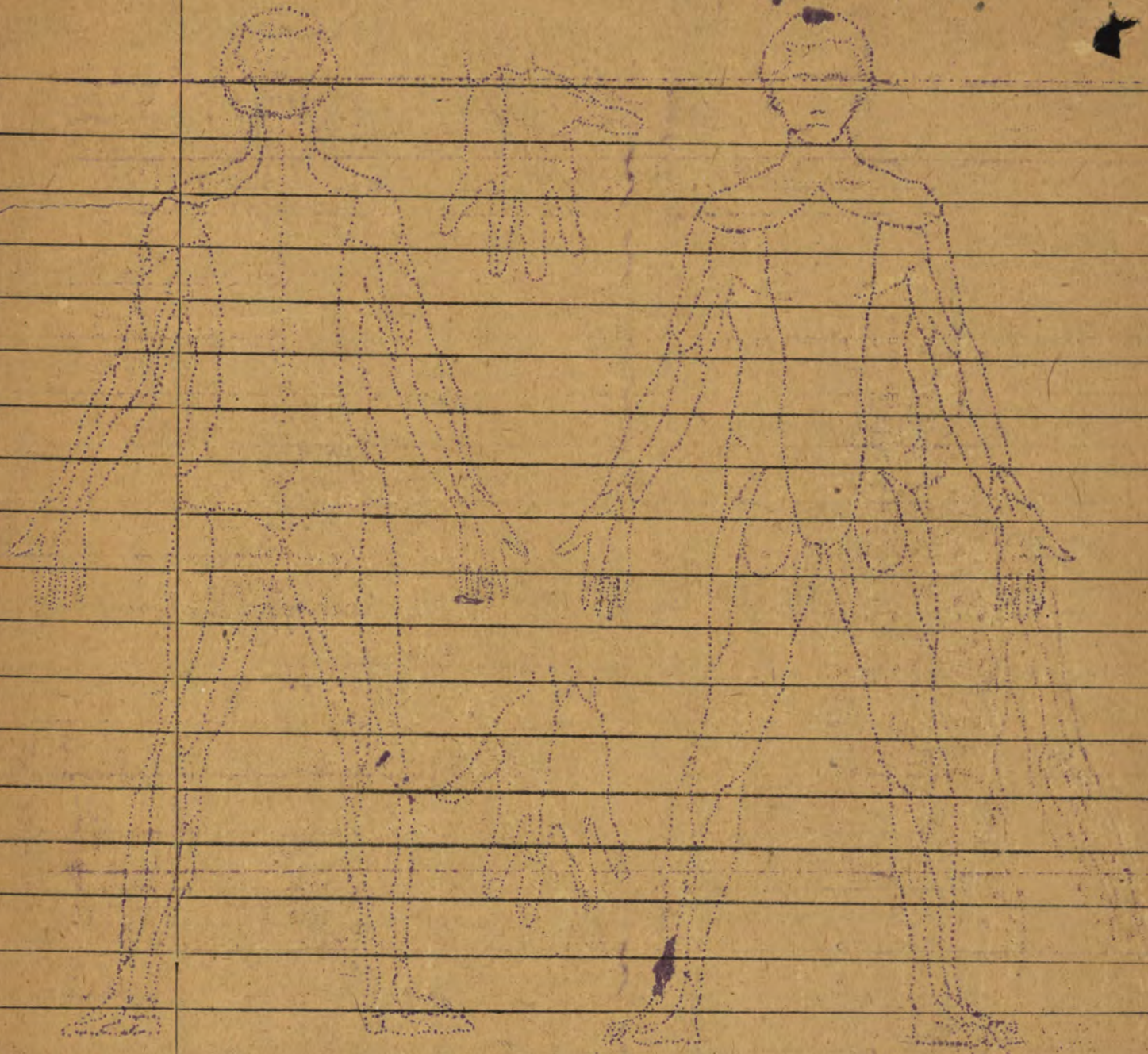
Disease.



Left leg had been removed at thigh.
Right leg about 6" below knee (trough foot)

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

Station
and Date.



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs. A. Larivee
 (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier Ray, S.
889537 pt. 189 d. En.

Month.	Year.	Cheque No.	Am't.	Remarks
				20. ⁰⁰ OCT 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		D 24441	20	
Nov.		B 30814	20	
Dec.		Y 34347	20	
Jan.	1917	E 41097	20	
Feb.		E 47566	20	
March		P 52928	20	20.C.
April		P 4628	20	20.E.
May		P 47276	20	P11216 Can. En.
June		O 18785	20	20 B.
July		P 24787	20	J
Aug.		Y 31848	20	
Sept.		M 40814	20	B
Oct.		B 48674	20	
Nov.		Y 52883	20	
Dec.		M 63095	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$
 300 ⁰⁰ Date Closed 31-12-17
 Ret'd per. Slenart Castle
 Date 12-11-17 F. X 10-12-17
 Clerk P.S.

(Handwritten initials)

W.B.

300
16

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. A. Larivee,*
 Address *St. Fabien,*
Co. Rimouski, Que.

By Whom Assigned *Roy, S.*
 Regtl. No. *889 537*
 Rank *pte.*
 Corps *189th Bato.*

Rate *20⁰⁰*

OCT 1916

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				



11 11 11
11 11 11
11 11 11

P. 559 MARRIED OR SINGLE

Single.

PLACE OF BIRTH

St. Fabien, Que.

NAME AND ADDRESS OF NEXT OF KIN

Mr. Oesker Larrivée

RELATIONSHIP OF NEXT OF KIN

St. Fabien, Co. Rimouski P. Que.

Step-Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L No. *889537* RANK *Private* NAME *Roy Severin*

IF IN PERM. CORPS
WHAT UNIT

UNIT *189 Batt*

TRANSFERRED TO *69 Batt* DATE *6-10-16* AUTHORITY *Part II 248*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *22nd Bn.* DATE *16-12-16* AUTHORITY *CLB 351 17.5/16*

PLACE OF ATTESTATION

St. Fabien, Que.

TRANSFERRED TO *2nd Juba R.D.* DATE *21.6.17* AUTHORITY *CLB 351 17.5/17*

DATE OF ATTESTATION

17-12-15

TRANSFERRED TO *pay 2 P. Dist. Que.* DATE *27-10-17* AUTHORITY *CLB 351 17.5/17*

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1-10-16*

PAYABLE TO

Mrs. Oesker Larrivée, St. Fabien, Co. Rimouski, P. Que.

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

Sioppet

EFFECTIVE

1.11.17

REASON *Dis. to Canada.*

DISCHARGE DATE AND PLACE

Canada, 26/10/17.

REASON AND AUTHORITY

Completion of 8th year 22/10/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

Switzerland.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
1916																																				
Oct. 5	5	1 ⁰⁰	5	00	5	10	5	00																												
6-31	26	"	26	-	26	"	26	00																												
Nov. 1-30	30	"	30	-	30	"	30	00																												
Dec. 1-15	15	"	15	-	15	"	15	00																												
" 16-31	16	"	16	-	16	10	1	60																												
1917																																				
Jan. 31	31	1 ¹⁰	3	4	10																															
1-31	31	1 ¹⁰	3	0	80																															
1-31	31	1 ¹⁰	3	4	10																															
30	4	7	30		33																															
1/31	5	17	31	1 ¹⁰	3	4	10																													
1/30	6	17	20	1 ¹⁰	22																															



Entered on N.E. Roll

Part II 248
CLB 351 17.5/16
CLB 351 17.5/17

RELATIONSHIP

REMARKS

Transf. to 22nd Bn. CLB 351 17.5/16

Transf. to 69th Batt.

1st day 11.17.1917

Hosp. 13.5.17 CLB 351 17.5/17

Transf. to 7th Juba R.D. 21.6.17

#889537 P. Roy. S.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			389	30										18	307	30					486	1965	2578	2578	974	180	2655	766	58	140	72			
			11												11																51	72		
			34	10											34	10										20		20		65	82			
			34	10											34	10										20		20	74	70	18			
Sept		30	33												33	00										20		20		83	18			
			401	50										18	419	50					486	1965	2578	2578	1948	240	2655	336	32	83	18			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLE. ENG.
Sept 30									8318		
Oct 26	26 days P _{to}	2860		A.P.					9178		
Jan				Dr 781 Amt M & L Hoop 19/9/17	487				3824		
				835 " 22/10/17	4867				5354		
Balance transferred to N. E. Branch.									nil		

Indo by 2^d 27-10-17

FORM-RENDA...
 DISCHARGED TO... DATE...
 PAYBOOK VERIFIED...
 AUTHY... 18...
 Checked [Signature] P_B

This space to be left blank for the Chelsea Number.



GLEVART CASTLE

Proceedings on Discharge.

* 1917 *

Army Form B. 268.

60
60

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

Military District No. 5
Quebec, Que.

DEC 21 1917

M. D. No. 5

No. 889537.

Army Rank Private

Name Roy Sivirin

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 2nd Quebec

Battalion, Battery, Company, Depot, &c. 22nd Bn. (10th Res)

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

Place of discharge

1. Description at the time of discharge.

Age _____ years _____ months

Height _____ feet _____ inches

Chest measurement { girth when fully expanded _____ ins.
range of expansion _____ ins.

Complexion _____

Eyes _____

Hair _____

Trade _____

Intended place of residence (To be given as fully as practicable) _____

Descriptive marks.

22

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service para 392. Sec 16. 11 Nov 1917.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaigns, Medals and Decorations

Four horizontal lines for listing campaigns, medals, and decorations.

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE: Majr
ONTARIO MILITARY HOSPITAL, ORPINGTON
Commanding for A. S. Canadian Btltn. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (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 at 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 towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

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.

1. Proceedings on discharge.
(Army Form B. 268.)
2. Proceedings on transfer to re-serve (if any).
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).
Army Form B. 136.
7. Authority for continuance, or extension, of service (if any).
Army Form B. 221.)
8. Court of Inquiry on an injury (if any).
(Army Form A 2.)
9. Regimental conduct sheet.
(Army Form B. 120).
10. Company conduct sheet.
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.
(Army Form B. 178)
13. Medical report on invalid (if any).
(Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D 400), where required. See section 11 on second page.
19. Active service casualty form.
(Army Form B. 103).
20. Employment sheet.
(Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any).
(Army Form B. 178).

Instructions as to the preparation, dispatch,
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character Certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

78562 ✓

No. 889537 RANK Pte
NAME Roy Severin
UNIT 69th Bu

20

Perforated sheet for Will from Pay Book of Reg.

No. ~~889537~~
Name Severin Roy
Unit 69th Bu

Military Will

En cas de mort
je veux que tout ce
qui sera en ma
possession soit remis
à ma mère
Mde Art. Larivie
St Fabien
Co Remouski
P.F.

Signature S. Roy
and Regt. Pte 69th Bu
8-11-16

821287
1871
1871

CLINICAL CHART.

Army Form B. 101

Corps 22 Cans

(To be attached to Case Sheet.)

Military Hospital Dep H. S. H.

No. 889534

Rank and Name Plt. Roy L.

Age 21

Service 2 yrs 10

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

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

CLINICAL CHART.

Army Form B. 1

(To be attached to Case Sheet.)

Corps 22nd Canadian

No. 889539

Rank and Name Pte Roy Severin

Age 21

Military Hospital John Hope

Service 24/12 6/12 -

Disease Abuse

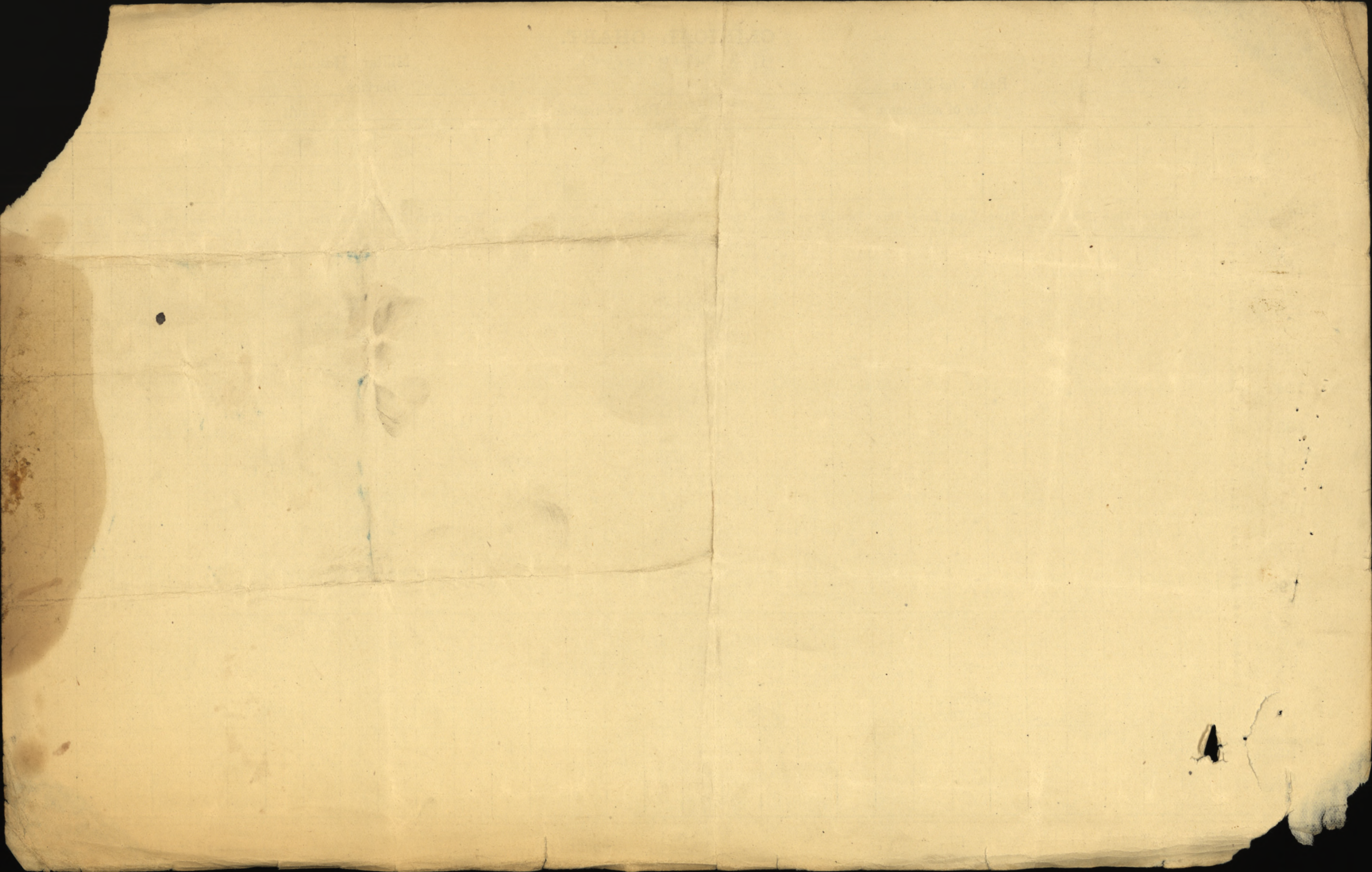
Date of admission 21-4-17

Date of discharge _____

Result _____

Dates of Observation	Days of Disease																												
	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9										
Temperature Fahrenheit	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°																													
Pulse per Minute	118	120	112	112	112	120	116	132	112	116	118	116	120	118	103	100	100	96	116	92	112	106	109	106	105	100			
Respirations per Minute																													
Movements per 24 hours	/	/	/	/	0	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Signature _____ In charge _____



CLINICAL CHART.

Army Form B. 181

Corps 22/Canadian

(To be attached to Case Sheet.)

Military Hospital _____

No. 559537

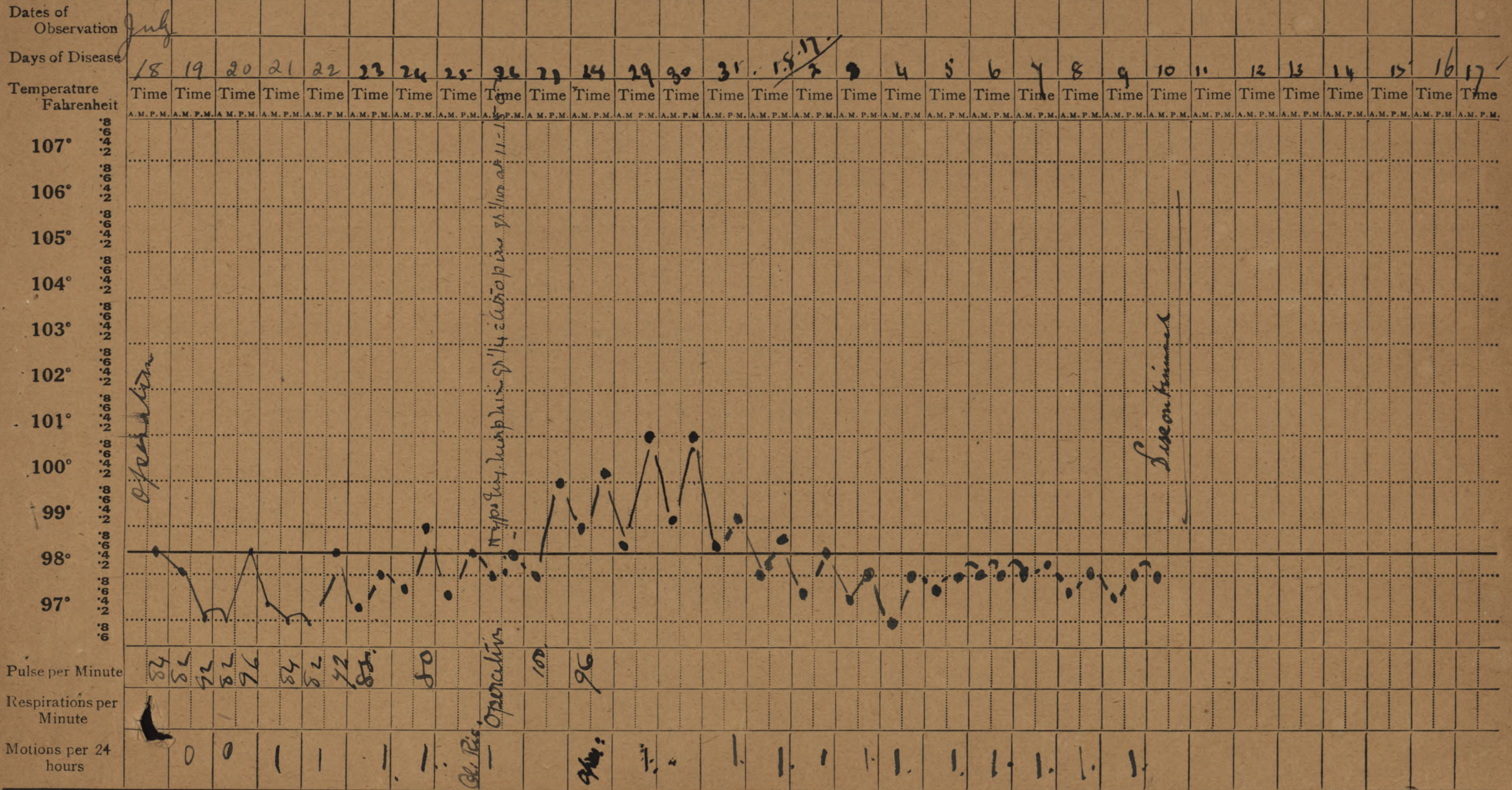
Rank and Name Pte Roy.

Age 21

Service _____

Disease _____ Date of admission 13-6-17

Date of discharge _____ Result _____



CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 24 Canadian

Military Hospital K-5

No. 889537

Rank and Name Pte Roy S

Age 21

Service 2 1/2

Disease _____

Date of admission 13. 5. 17

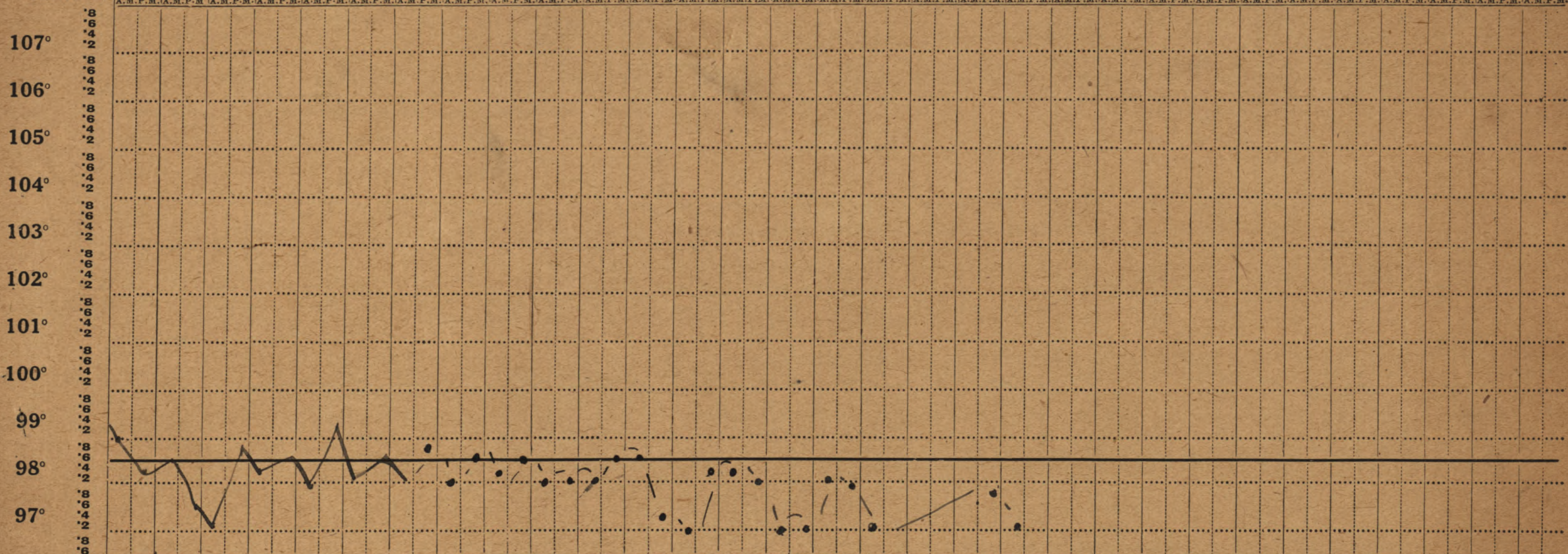
Date of discharge _____

Result _____

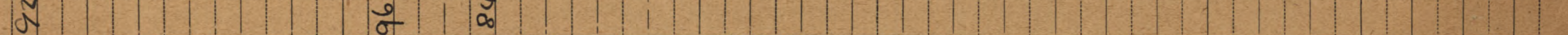
Dates of Observation

Days of Disease

Temperature Fahrenheit



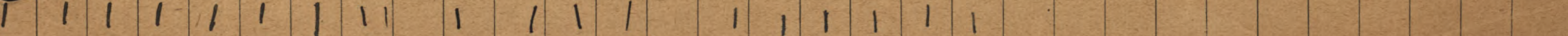
Pulse per minute



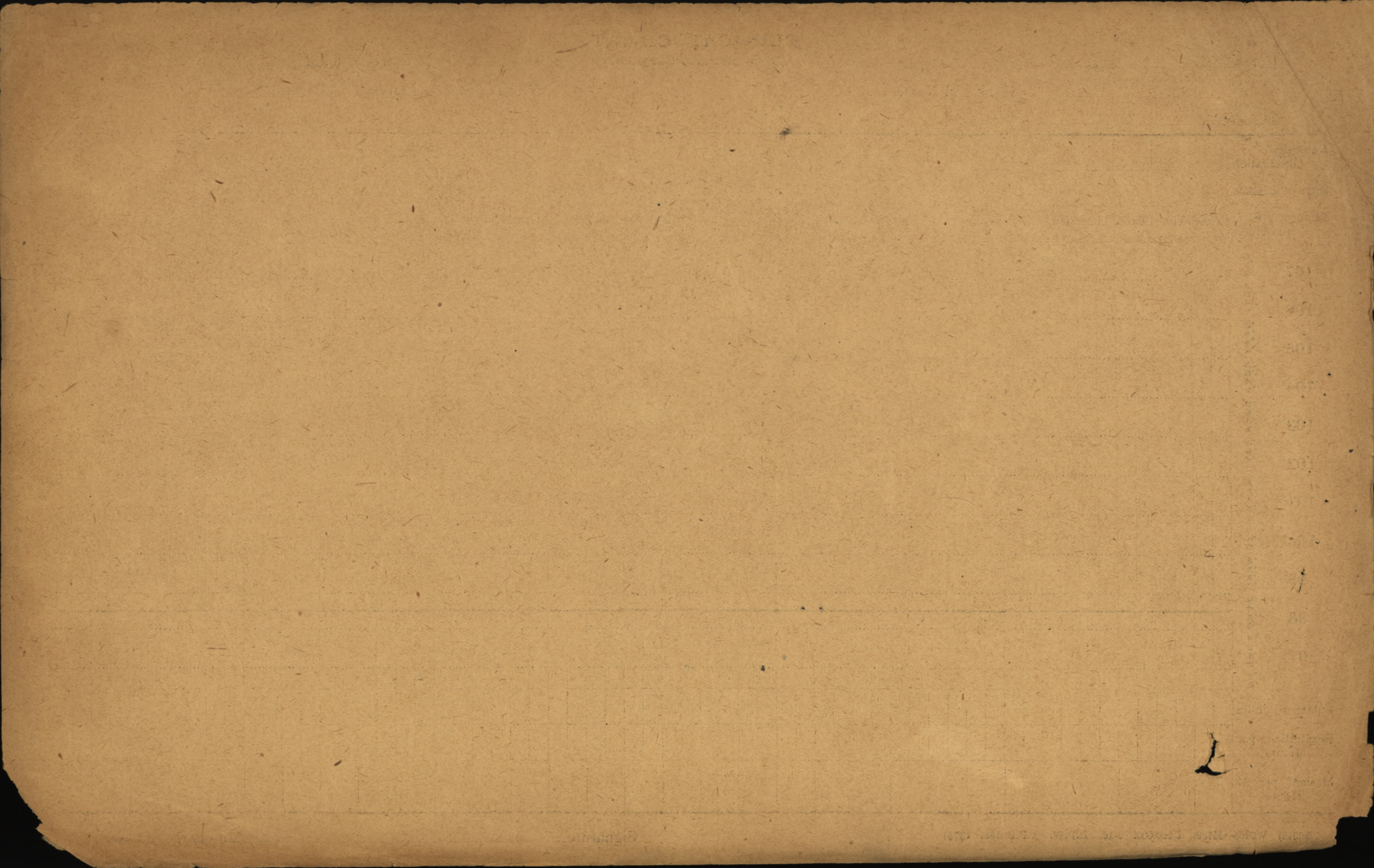
Respirations per Minute



Motions per 24 Hours



Signature _____ In charge of case.



CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps 889537

Military Hospital King George

No. 889537

Rank and Name Priv. Pk. S.

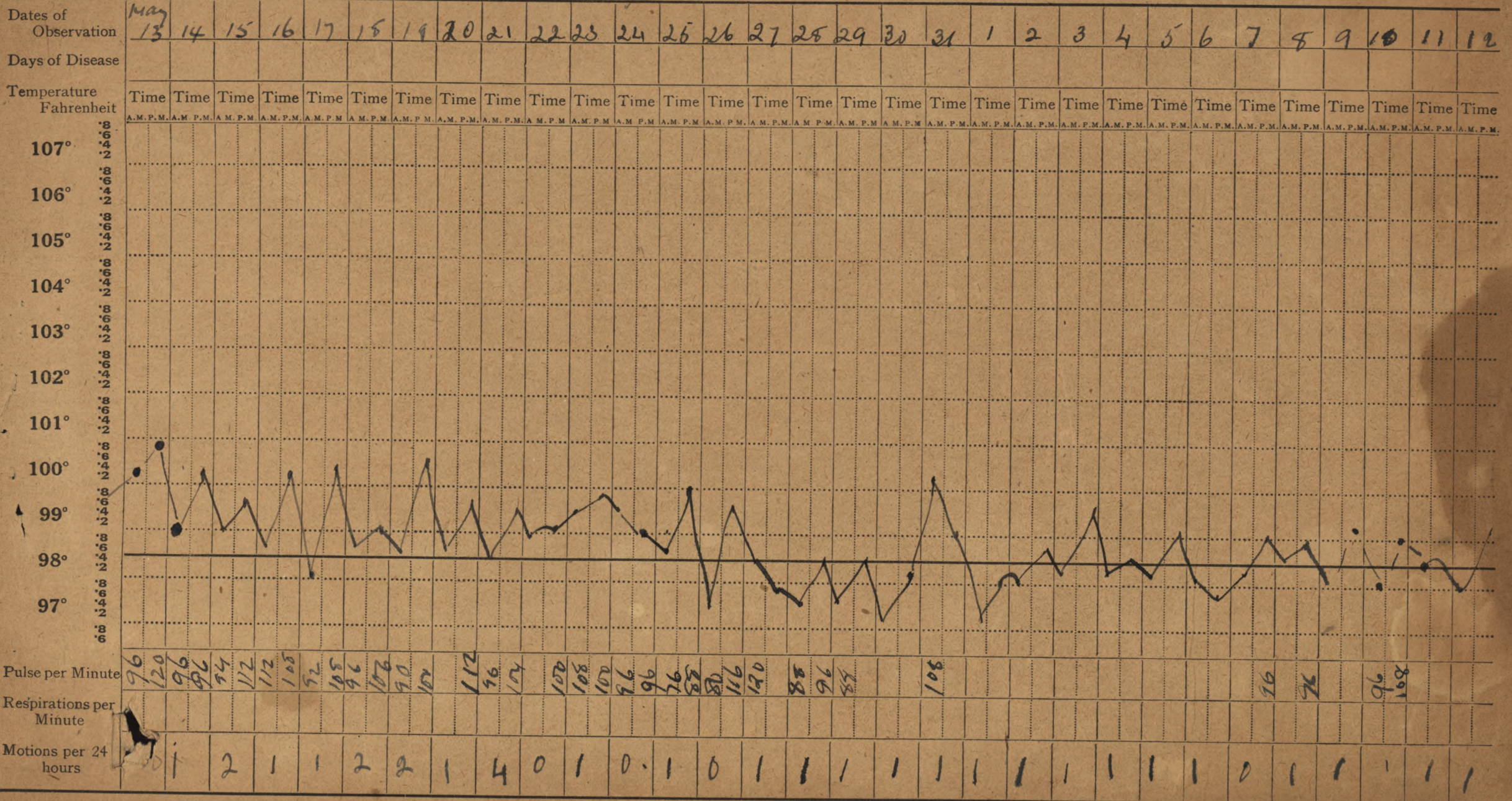
Age 21

Service 2 9/12

Disease _____ Date of admission 13 May 1917

Date of discharge _____

Result _____





CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps

Hospital Station

No. Rank and Name Pre Roy

Age Service

Disease Date of Admission 9/4/18 Date of Discharge 11/4/18 Result healed Case Book Folio 10994

Dates of Observation	6. <u>2. mid night</u>		7.		8.		9.																								
Days of Disease	6.		7.		8.		9.																								
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	
	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	20 100		114		120		104		120		140																				
Respirations per Minute	22		24		28		24																								
Motions																															

Signature J. McCallum

In charge of case.

CLINICAL CHART

(To be printed into Case Book of Hospital Patient)

Name _____ No. _____
Date of Admission _____ Sex _____
Room and Ward _____
Physician _____
Nurse _____
Hospital Station _____
Case Book _____
Folio _____

Grid area for clinical notes with a central vertical line.

Vertical text on the right edge of the grid, including numbers 100, 90, 80, 70, 60, 50, 40, 30, 20, 10.

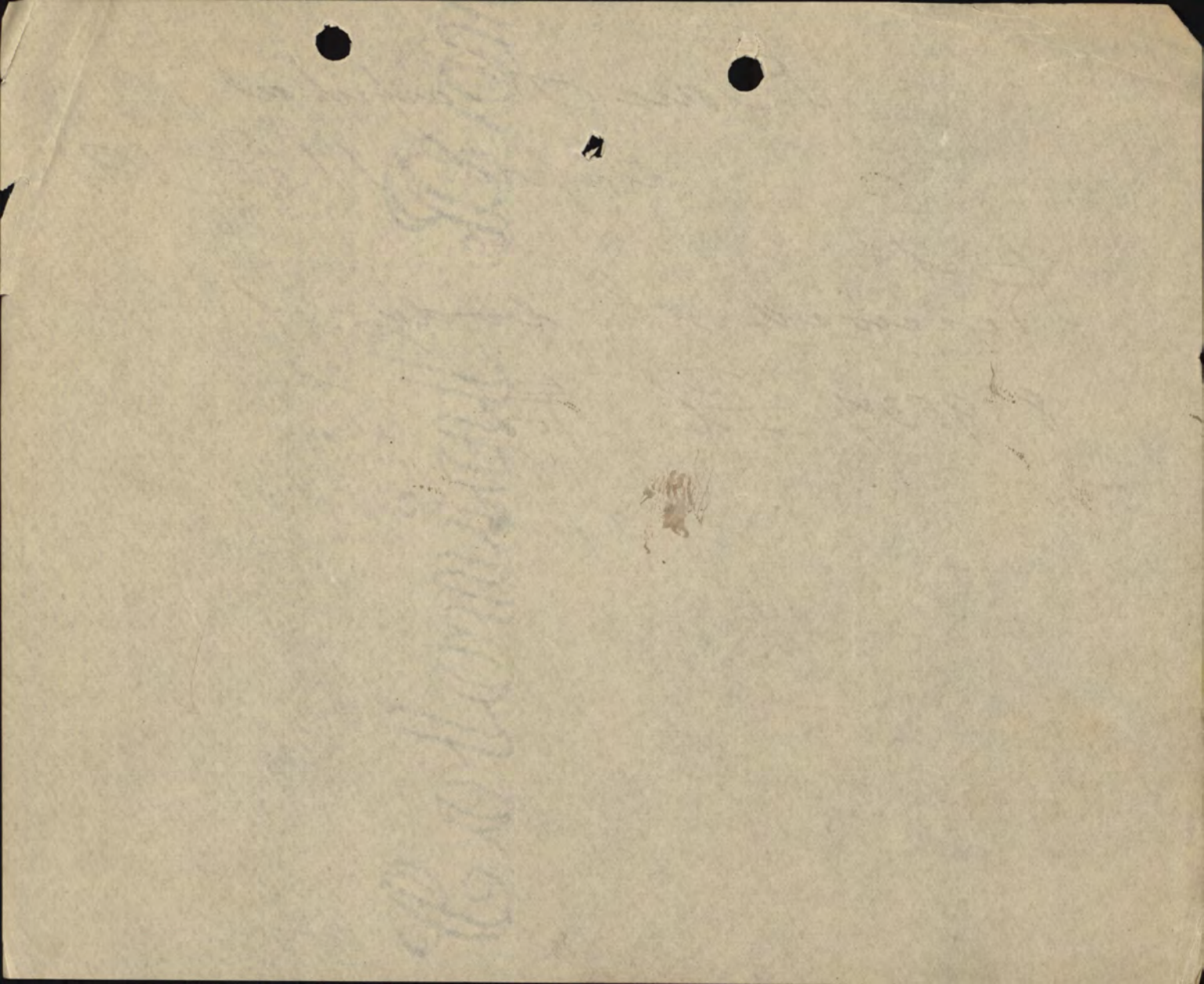
Signature _____ (In charge of case)

Bone Hospital
April 11th 1918

Received the body of
889537 Pte Roy. S.

The F W Matthews Co.
L.S.

10994



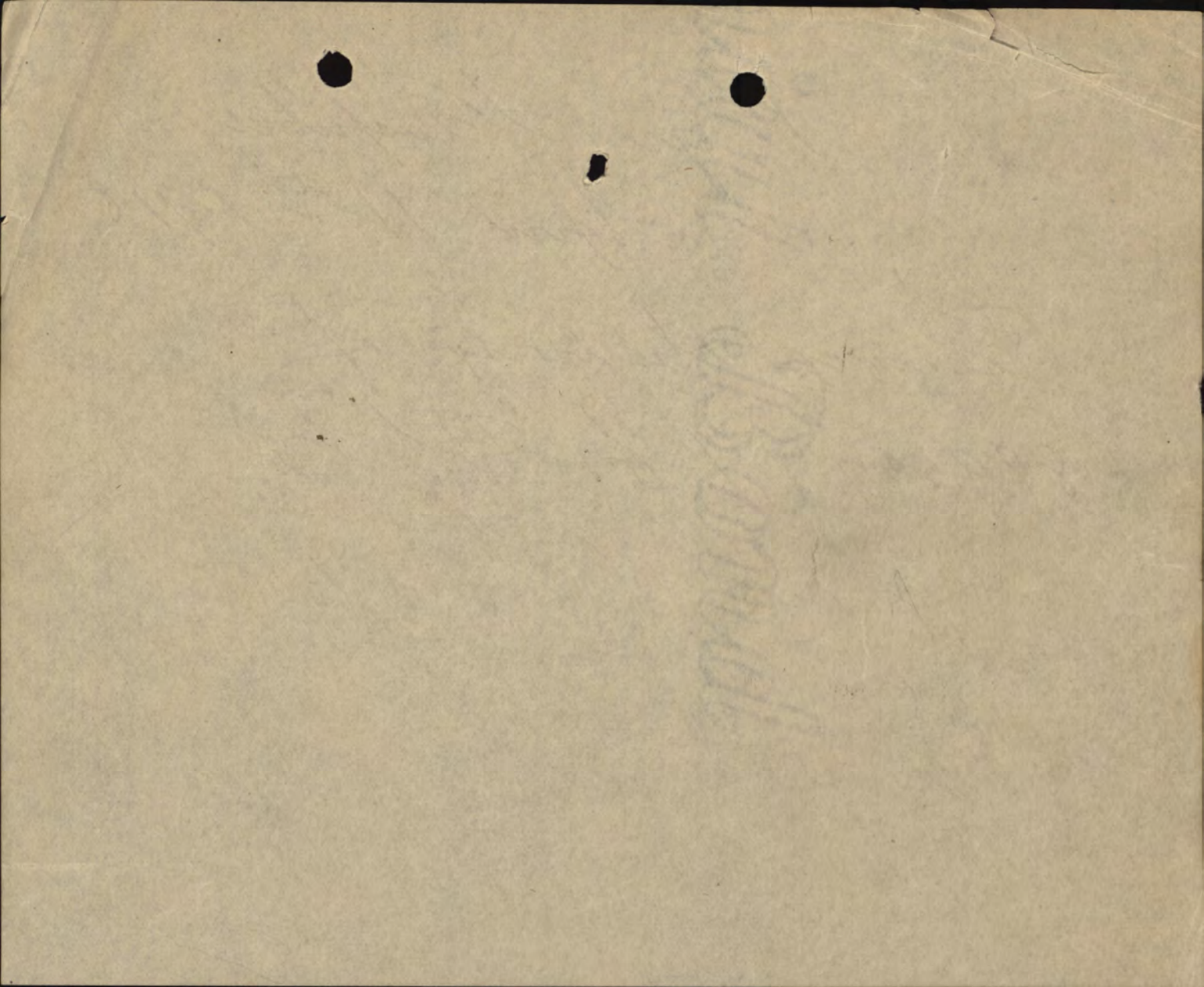
Barr. Hospital
April 11th 1918

Received the body of
889537 Pte Roy J.

The F W Matthews Co.

L.S.

10994



Reserved for M.H.C.

Regt. N^o **889537** Rank **Pte** Surname **ROY** Christian Name **SIVIRIN**
 Unit or Corps—(a) Overseas from United Kingdom **22. Btn.** (b) In United Kingdom **189 th. Btn.**
 Born at—Town **Rimoski** County or Province **Quebec** Country **Canada**
 Date of Birth—Day **4** Month **September** Year **1895** Age **22** yrs. months.
 Joined at **Rimoski Que.** Date **Dec. 13th. 1915.**
 Former Trade or Occupation **Chauffeur**

Permanent marks or peculiarities that will serve for future identification:

Stump left thigh about upper third
Stump right leg about 6" below knee.

Height—feet.....inches..... Colour of eyes **Brown**
 Signature of Soldier (for identification purposes) **Sivirin Roy.**

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted).
 (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a)

LOSS OF FUNCTION LEFT LEG.

Disabilities Group (b)

LOSS OF FUNCTION RIGHT LEG

Disabilities Group (c)

2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	IX -4 (AMP.) G.S.W. LOWER EXTREMITY LEFT	VIMY RIDGE	9.4.17.
(ii.) As to Group (b) above.	TRENCH FOOT (RIGHT LEG AMP.)	?	?
(iii.) As to Group (c) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? **No.** If yes, has Active Service aggravated it?
- (ii.) As to Group (b) above? **No.** If yes, has Active Service aggravated it?
- (iii.) As to Group (c) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

- (i.) As to Group (a) above? **Yes.**
- (ii.) As to Group (b) above? **Yes.**
- (iii.) As to Group (c) above?

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? **Yes.**

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? **Yes.**

If not, indicate it.

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier	{	Caused? No.	{	(b) Misconduct of the Soldier	Caused? No.
		Aggravated? No.			Aggravated? No.

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)
Not app.

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate.
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(Estimate at none, $\frac{1}{8}$, $\frac{2}{8}$, $\frac{3}{8}$, $\frac{4}{8}$, or all.) **Not app.**

16. Permanency of the Pensionable Disability estimated next above in (15).
(i.) Is it permanent?
Not app.
(ii.) If not permanent, what is its probable minimum duration (in months)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? **Not app.**

18. Remarks.

19. Recommendation:—(a) Fit for duty? **No.**
(b) Fit for base duty? **No.**
(c) Invalid to Canada? **Yes.**
(d) Discharge from service as permanently unfit? **No.**

Classification for the Military Hospitals Commission.

Date of Board **8 OCT 1917**

Station **ONTARIO MILITARY HOSPITAL, OBBINGTON, KENT.**

Signatures of the Board. **W.H. Merritt Major CAMC. President.**
James W Ross Capt CAMC.
Adam E Hilker Capt CAMC.

A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Approved *[Signature]* Captain C.A.M.G., A.D.M.S.

Dated at **For A.D.M.S. Canadians, London Area.** Station

8 OCT 1917 191

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? **Yes.** (ii) While off duty? _____
 (iii) Was a Court of Inquiry held? **No.** (iv) Where? _____ (v) When? _____
 (vi) Opinion of the Court? _____

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).

Patient states he was wounded at Vimy Ridge 9.4.17. fragment of shell left thigh, fracture of femur. P.F.A. at advanced Dressing Stat. then to No 10 CCS.A.T.S. injected and amputation at left thigh for a compound fracture femur. Sent to No 18 Genl. Hosp. Staples 2 weeks later Amputation right foot 4.5.17 for gangrene (trench feet) according field med. card. He states there was nothing wrong with foot until being wounded and that sister told him there was shrapnel in right foot. Left for King George Hosp. via Calais and Dover 12.5.17. 25.5.17 abscess in left stump opened and tube inserted. 18.8.17 operation to re-amputate right leg. 26.7.17. operation to re-amputate left thigh. Admitted O.M.H. Orpington; 5.9.17. C.O.A. Healthy stump entirely healed right leg about 6 inches below knee. Stump of left thigh slight discharge from three small areas, suture wounds. General condition good.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Right stump about 6" below knee entirely healed. Left stump about upper third, two small suture wounds discharging slightly, healthy in appearance. Respiratory system - normal. Circulatory system - normal. Alimentary system - normal. Nervous system normal. Genito urinary system normal.

8. OPERATION. (i) Was one performed? **Yes.**

(ii) If so, state what. **Amputations.**

(iii) Was one advised and declined? **No.**

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? **Not applicable.**

(ii) If so, describe.

10. DO YOU RECOMMEND:—

(a) Fit for duty? **No.**

(b) Fit for base duty? **No.**

(c) Invalid to Canada? **Yes.**

(d) Discharge from the Service as permanently unfit? _____

Date of Report..... **Sept. 28. 1917**.....191

Signed..... **H.W. Martin. Capt. CAMC.**

Officer in medical charge of case.

Station..... **ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT**

I have satisfied myself of the general accuracy of the above Report, and concur therein ~~except~~

sd. D.W. McPherson. Col. CAMC.

Officer in charge Hospital Strike out one S.M.O. Brigade of these.

ONTARIO MILITARY HOSPITAL

Dated at..... **ORPINGTON, KENT**..... Station, on..... **3 OCT 1917**.....191

* Delete if inapplicable.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the _____ day of _____ 191_____

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Classification for the purpose of the Pension Act

Dated at _____ this _____ day of _____ 191_____

Signatures of the Board

President.



1st CAN. GEN. H

MC 22

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Can FT 747 Year 1917	Regimental No.	Rank.	Surname.	Christian Name.
	889537.	Pte.	Roy.	J.
		Unit.	22 nd Canadians	Age.
				Service.
Station and Date.	Disease			
King George 12 May 17.	GSW left thigh; gangrene rt foot.			
May 13. 17.	He States -			
	"was hit at Noeuille St Vaast.			
	April 9. 17.			
	attached notes state -			
	I Amp. L. thigh at C.C.S. for Comp femur.			
	II Amp. R. foot 4/5/17 for gangrene (trunk ft)			
	C.O.A			
	Has a septic raw stump at			
	middle rt leg from which ends of			
	tibia and fibula protrude,			
	also a cone shaped and raw			
	stump of left thigh at middle			
	femur showing at center.			
May 16. 17.	Stump rt leg very tender			
May 28. 17	Abscess in left stump opened.			
July 1. 17	Some discharge from area of bone in			
	left stump, Right stump quite			
	clean, fibula protruding.			
July 18. 17.	Operation - to reamputate rt leg done.			
July 26 17	Operation - to reamputate left thigh			
	done.			
5-9. 17	Trans'd to Ontario Hosp. Orpington			

~~1st Lieut. Col. J. H. ...~~

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

Station
and Date.

P. 697.

889537 *Re Pay. S.*EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT					Place of Payment.	Name of Paymaster.	Remarks.
		francs	£	S.	¢	¢			
19.9.17	781					487	Opington St Taylor		
22.10.17	834		10			4867	w. a. b. hamrick		
						5354			

SUPPLIES. INDENT FOR RATIONS.

UNIT

STATION

DATE

OFFICERS AND MEN.

HEAVY DRAFT HORSES.

LIGHT DRAFT HORSES.

TOTAL STRENGTH

ATTACHED FOR RATIONS

* TOTAL

* TOTAL STRENGTH

LESS ON COMMAND

IN HOSPITAL

ON LEAVE

ABSENT WITH
OUT LEAVE

OFFICERS NOT
DRAWING
RATIONS

O.R. NOT
DRAWING
RATIONS

* TOTAL NOT DRAWING RATIONS

* TOTAL RATIONS AUTHORISED

LESS ON COMMAND

IN HOSPITAL

TOTAL NOT DRAWING RATIONS

* TOTAL DRAWING RATIONS

LESS ON COMMAND

IN HOSPITAL

TOTAL NOT DRAWING RATIONS

* TOTAL DRAWING RATIONS

* These totals must agree with the Daily Parade State accompanying this indent.

NUMBER OF DAYS RATIONS INDENTED FOR

{ MEN

{ HORSES

OFFICERS AND MEN.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

BREAD	MEAT	BACON	SUGAR	TEA	SALT	FOR BRE	
						FLOUR	YEAST

TOTAL RATIONS AUTHORISED AS ABOVE ...

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 889537
 Rank pte Promoted _____ Reverted _____ Discharge _____
 Soldier's Name S. Roy
 Battalion 189 Battrn
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name Mrs A. Larivie
 Address St Fabien co. Rimouski
 Change of Address Que
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917			300	300	✓
1918			20	20	✓
Jan.	I 65722		20	20	✓
Feb.	D 72551		20	20	✓
Mar	S 90038		20	20	✓
April	S 8768		20	20	✓
April	S 8768		20	20	✓
April	X 16440		20	20	✓
<i>Closed</i>					

015738-5-3

Pensions Notified Date... 24-4-18
 Killed in Action _____
 Died of Wounds } Date 1-4-18
 Missing }
 C. I. 133(4) 17-4-18 Clerk Larivie
 Date Noted ... 24-4-18... 191

Let X 380. to 20-4-18/24-4-18
 acc closed 30-4-18 [Larivie]

S 8768 canid ✓
 X 16440 canid ✓
 old chert says. Ret'd for Glenat Castle
 15-11-17 7X. 10-12-17
 acc't closed 31-12-17

* O.C.C. rendered on X 16440 for Apr 27/18.
 80⁰⁰ Refund requested Hth 26-4-18

Credit slip for 20⁰⁰ issued 21-5-18 Hth.
 Classification 24/21 - Ste

015738-5-3

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

MRO 2nd Rendered 26/4/18 *Lh*

3
 17 R 32
 A-G

