

Card
4.1.

A 54771

ATTESTATION PAPER
Duplicate
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. "6"
Folio. 9

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

- 1. What is your name?..... *Alphonse St. Germain*
- 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?..... *Azeline St. Germain*
- 4. What is the address of your next-of-kin?..... *379 Ave. Lartigue St. Montreal*
- 5. What is the date of your birth?..... *Aug. 6th., 1882*
- 6. What is your trade or calling?..... *Driver*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*

Alphonse St. Germain (Signature of Man.)
C. H. Thoburn (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alphonse St. Germain*, 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.

Alphonse St. Germain (Signature of Recruit.)
C. H. Thoburn (Signature of Witness.)

Date *Ottawa, July 10th., 1915*

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alphonse St. Germain*, 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.

Alphonse St. Germain (Signature of Recruit.)
C. H. Thoburn (Signature of Witness.)

Date *Ottawa July 10 1915*

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Ottawa* this *10* day of *July* 1915

W. H. Dawson (Signature of Justice.)

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

W. H. Dawson Lt. Col. (Approving Officer.)
O. C. 59th Bn. C. E. F.

X.B.D.

DESCRIPTION OF Alphonse St. Germain ON ENLISTMENT.

Apparent Age 33 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 35 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion dark
 Eyes brown
 Hair black

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic ✓
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date July 10 1915

Place Ottawa

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Alphonse St. Germain 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.

Date July 13 1915

[Signature] Lt. Col. (Signature of Officer.)
 O. C. 59th Bn. C. E. F.

and

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

S

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 51
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men..... 1
- Regimental Conduct Sheet.....
- Compulsory Stoppages..... 1
- Casualty Forms..... 1
- Proceedings on discharge..... 2
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 1
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power..... 1
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

20

Name ST. GERMAIN ALPHONSE

Regt. No. 45-4771 Rank Pl

Corps Med. Dept.

Med. Dept.

00380

H

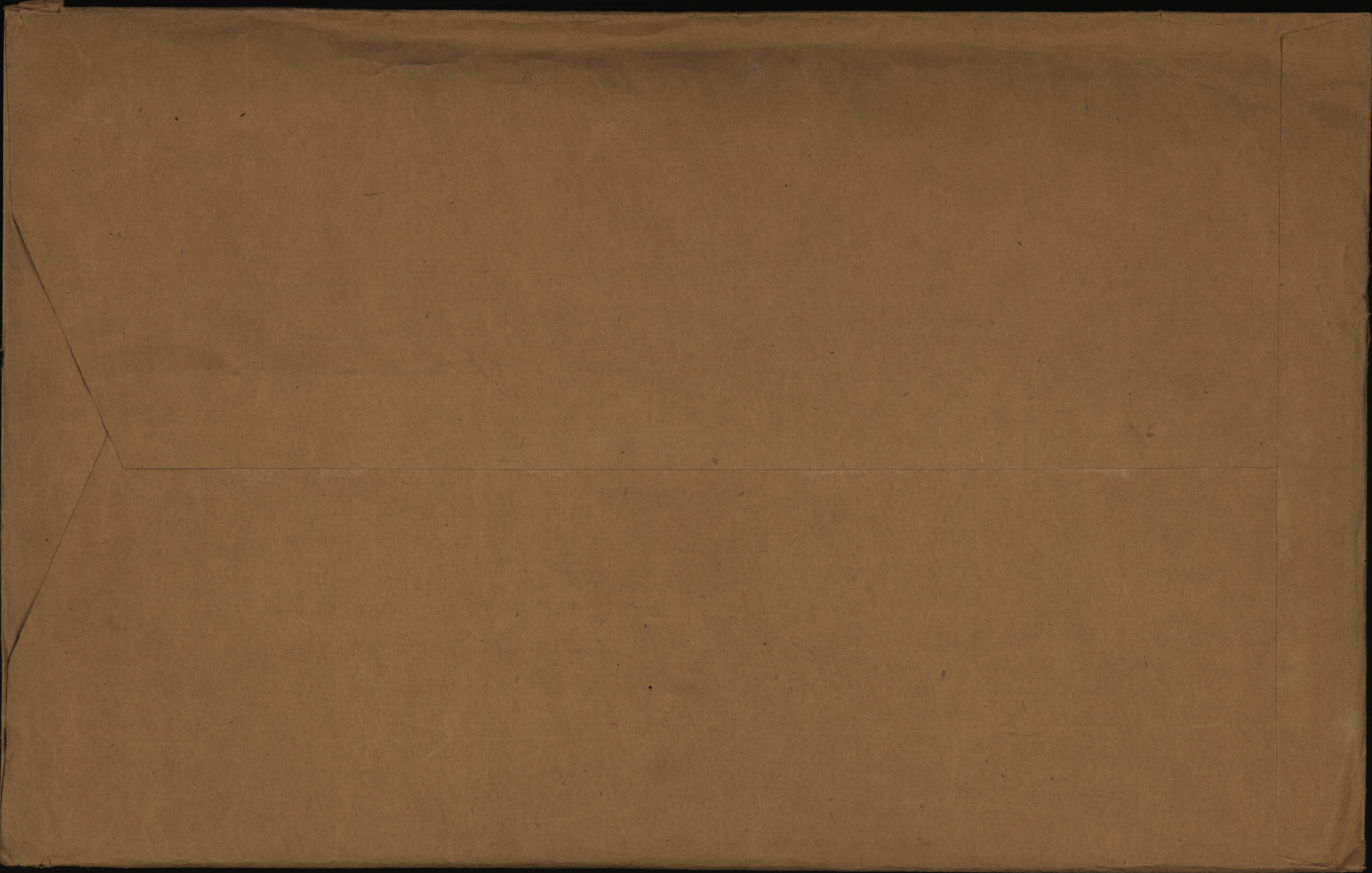
5/23/20
8/3/20

H

29-19
23-19
2-20

A/B 122
1a + B
cashed
mm

P122-1 1-2P149



M04

Number

454771

Rank

Pte

B

Surname

STGERMAIN

Christian Name

Alphonse

X

Units

20th Can Coy

Theatre of War

France

Date of Service

8-6-16.

Remarks

Latest Address

379 Loartigue Ave
Montreal, Que

Roll No

B Page 9866

200m. - 2-21 M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

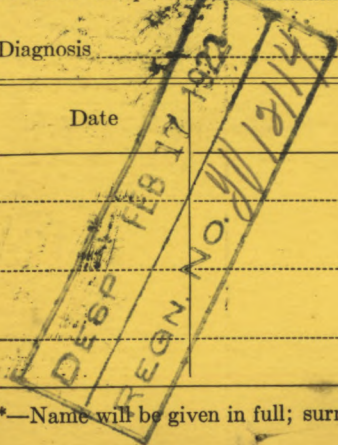
Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks

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



Registrar, Canadian Convalescent Hospital,

Bear Wood, Wokingham, Berks.

HOSPITAL.

A. & D. No.

05. 6906

Ward

~~221 D~~ 102A

Unit

20th Batt

Sick or Wounded.

Regtl. No.

H 54771

Pl. of Act'n

Rank

Pte

Name

St Germain, A.

Age

32

Religion

R. C.

Service Compl'd

20/12

Time with Field Force

1/12

Diagnosis

Piles & nephritis

Admitted

15 FEB 1917

Discharged

11 JUN 1917

Transferred

Admitted to Canada

June 24. 17

25

July 3

Oct 8

Miss
S. B. Bantam

Wilmington

Delaware

Me. Rain since ref. departure
in flesh

D. R.

L49-8-143207

SURNAME. *St. Germain*

S. O. S. Div
4/2/18 3/63 4

CHRISTIAN NAMES *Alphonse.*

REGL. No. *454771*

RANK *Pte.*

UNIT *59th*

Batt

FORMER CORPS *Inf.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *St. Germain. Agaline.*

RELATIONSHIP TO SOLDIER *R. h. S.*

ADDRESS *379 Harbue St. Montreal. P. Q.*

COUNTRY OF BIRTH *Canada. Montreal. P. Q.*

DATE *Aug 6th 1889.*

PLACE OF ATTESTATION *Ottawa.*

brl.

DATE *July 10th 1915.*

Sailed from Halifax per



S.S. Olympic 1-4-16.
Emb. R/C 11-6-17

Bo

Returning to Canada S.S. Araguay June 11, 1917.
Med. Unfit. T. 337

248

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Driver.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33, YEARS

11, MONTHS

HEIGHT

5, FEET

3, INCHES

CHEST MEASUREMENT

35- $\frac{1}{2}$, INCHES

EXPANSION

2- $\frac{1}{2}$, INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Ottawa.

by

DATE

July 10th 1915.

NAME *St. Germain, A*

H. Q. FILE No. 649-

REGT'L. No. *454771*

RANK AND CORPS

Pte. 20th Battr.

CABLE

NO.

DATE

NATURE OF CASUALTY

T337 18-6-17

*Sailed from Liverpool for Canada
per the Hosp. Ship "Uruguay" on
June 11th. 1917. (Nephritis)*

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A/259(1)	No 3 Can. Gen. Hospital	24-6-16	Piles Slts.
B 99	Milit Bagthorpe Nottingham	3-7-16	Haemorrhoids
B 173	to Killington House Conv. Lxbridge	10-10-16	" Nephritis
B 276	Can. Conv. Bearwood Wokingham	18-2-17	"
B 338 (4)	Discharged	11-6-17	Haemorrhoids
259	M. H. C. C. Montreal	17-10-17	S. U. C. H. to L. C. H.
285	" " " " "	15-11-17	D. C. H. to H. G. "A" Unit
285	" " " " "	15-11-17	Def. (with subs) Pend. Disch. H. G. "A" Unit
29 - mtd 4			

No. 54771

RANK

Pvt

NAME

St Germain, Alp.

T. O. S. *Transferred from* UNIT*59th Regt 139-15
204B 16-7-15**8-9th* Battalion

M. D.

3

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

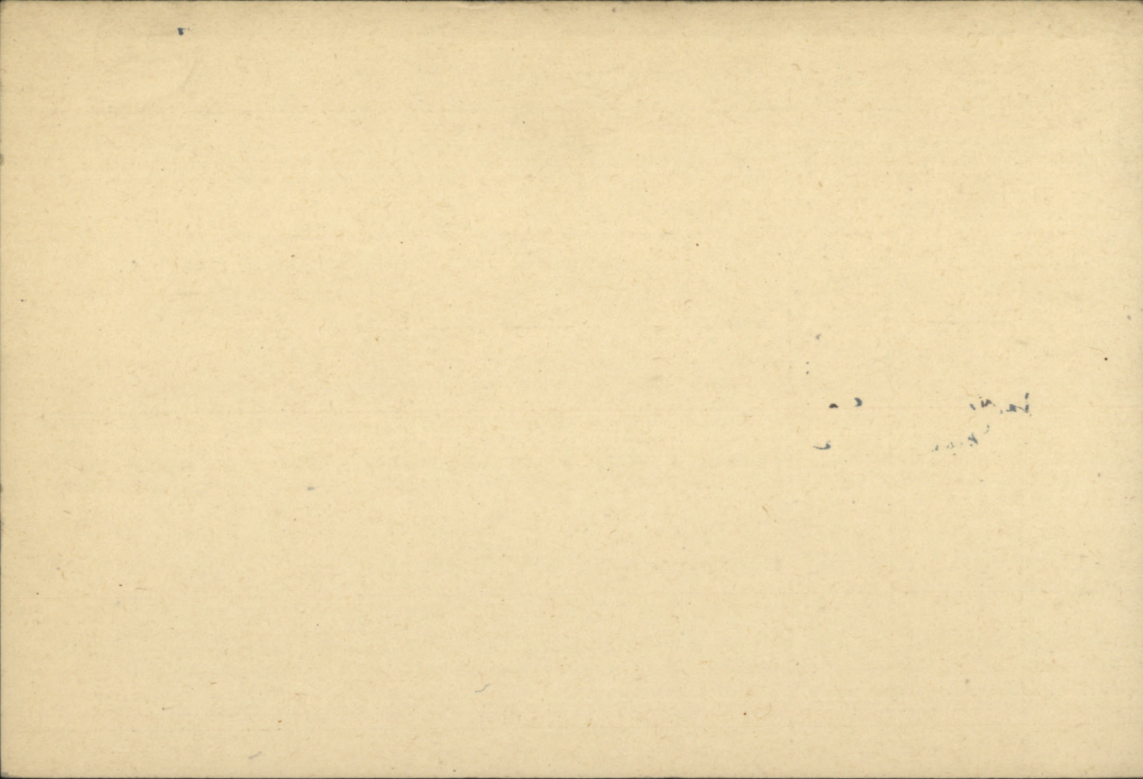
PARTICULARS

AUTHORITY

PAID FROM	PAID TO	SIG. OR REC'T
July 13 1915	July 31 1915	✓
Aug		✓
Sept		✓
Oct		✓
Nov		✓
Dec		✓
Jan 1916		✓
Feb		✓
Mar		✓
April		✓

UNIT SAILED

APR 21 1916



Alphonse.

Name St. Germain.Rank *✓*

Pte.

Reg. No. 454771.

Unit 20th. Battalion.Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24-6-16.	No. 3 Can. Gen. H.	B'logne.	Piles.	A259.		
3-7-16.	Mil. Hosp.	Bagthorpe.	do.	B99		
10.10	Hill. House Con. Hosp.	Uxbridge.	do. Nephritis.	B173.		
18-2-17	CCH., Bearwood,	Wok'ham.	Haemorrhoids.	B276		
11 6	<i>Invalided to Canada</i>			<i>B38</i>		<i>HL</i>

Surname *St Germain* Christian Name or Names *A.* Reg. No. *454771*
 Rank *Pte.* Unit *20th Bn* Co. Troop Batty.
 Hospital *# 3 Gen. Boulogne* Date of Admission *1.6.16*
 Transferred *Bapthoys Mil.* Hosp. *3.7.16*
Hullington House Con. Uxbridge Hosp. *10.10.16*
Can. Conv. Wokingham Hosp. *18-2-17*
 Hosp.

Diagnosis *Piles. sev.*
 (1) *Haemorrhoids R*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

CL 4.7.16 a259.

Dis. 11.6.17.

REMARKS

CL. 7.7.16 B99
16.10.16 B173
" 21-2-17 B276
" 17.10.17 B.38.41

To Canada per HS Araguaya
 from Liverpool. 11-6-17

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

DM

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Name. **St. Germain A.** Rank **Pte.** Regt. No. **454741** Unit **"A"**
 Battn. **59th.** Camp or O. S. **0** File M. H. C. C. H Q. File
 Next of kin **Mrs. A. St. Germain 379 Lartigne Ave., Montreal, Que.**
 Discharged to Class **3** Conduct on discharge **Fair.**
 Pension awarded Date of first payment
 Address on discharge
 Diagnosis **Nephritis** Date boarded **4-7-17** D. of D. **1/5**

DATE	CLASS	REMARKS	Part 2 Order
<u>9-7-17</u> <u>29-8-17</u>	2	G.N.C.H. Furlough Until 20-7-17	#175
<u>10-9-17</u>		A.W.L. Ffts 13 days pay	#288
<u>11-10-17</u> <u>28-9-17</u>		Smoking in the ward 3 days C.B.	#253
<u>10-10-17</u>		A.W.L. Ffts 13 days Pay	#253 #256
<u>17-10-17</u> <u>23-10-17</u>	2	D.C.H. from G.N.C.H.	#259
<u>14-11-17</u>		A.W.L. Ffts 23 days pay	#282

over

DUPLICATE D. M., C. E. F. 454771

MEDICAL HISTORY SHEET. Duplicate

Surname Sgt Germain Christian Name Alphonse

Examined { on 10 day of July 1915 Approved by J. O. Canby
at Alma, Ont
Birthplace { City or Town Montreal Rank Sgt. M.O.
County Canada

Apparent age 33-10
Trade or occupation Driver Date 7/13/15 Fit or Unfit fit EXAMINED FOR RE-ENGAGEMENT. D. E. Bell M.O.
Height 5 Feet 3 Inches. M.O.
Weight 130 Lbs. M.O.
Chest measurement { Minimum 32 inches. M.O.
Maximum expansion 35 1/2 inches. M.O.
Physical development none M.O.
Small-Pox Marks none M.O.

Vaccination Marks { Arm Right. Left. X
Number 1
When Vaccinated last Infancy Date 10/15/15 Result Good J. B. Stewart M.O.
(a) Marks indicating congenital peculiarities or previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection Date 10/15/15 Result Good J. B. Stewart M.O.
Slight Variacelle Date 10/15/15 Result Good J. B. Stewart M.O.

Enlisted on 10 day of July 1915 at Alma, Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>69th Bn</u>	<u>454771</u>		<u>10/7/15</u>
Transferred to	<u>20th Battn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

MEDICAL CASE SHEET.*

4413

No. in Admission and Discharge Book. T 858 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.		
	454771	Pte.	St Germain	A		
	Unit.		Age.	Service.		
	20th. Battalion.		32	12/12		
(Part II.)						
(a) Station and Date.	(b) Disease Nephritis and Piles					
Can. Con. Hosp. at Uxbridge 9-10-16 19...	(c) Date of origin	3-7-16	Place	Ypres	Country Belgium	
	(d) Cause	Explosion to which and during which on active services				
(e) History to Date.	Admitted to	Date.	Special Treatment, &c.	Result.	Date Discharged	
	1	B. G. S. Poperinghe	3-7-16		3-7-16	
	2	No 3 Can. Gen. Boulogne.	4-7-16		5-7-16	
	3	Bagthorpe Hos. Nottingham.	6-7-16	Operation for piles	good	9-10-16
	4	C. C. H. Uxbridge	9-10-16			
(f) X Ray Report.	none From above.					
(g) Marks of Injury.	External none.					
	Internal					
(h) Present Condition.	of physical state		Weak.	Symptoms		
	of disability		Weak.			
	Complications		Some Anem.			
(i) Prognosis.						
(j) Treatment and Semi-Weekly Progress.	Date.	Treatment.		Progress.		
	25-10-16.	Rest.		Fair.		
	28-10-16.	do. to diet. Blood		do		
	9/11/16.	pneum. 140. Remain. Eye fatigues		do.		
	16/11/16.	Board. d.				
(k) Result.						
(l) Disposal.	Transferred to	Dearwood Club		For	Treatment Discharge	
	Date	15-2-17.				
	Signed	D. B. Swivel			Capt., C.A.M.C.	

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

Station and Date.

(m)

ADDITIONAL MEMO. re Part I.

(1) Married No.

(2) Occupation Engraver

(3) Enlisted at Montreal P.Q. Date July 19145

(4) Vaccinated for Small Pox Yes

(5) Inoculated for Typhoid Yes

for Tetanus Yes

Section.

(n)

Date.

TREATMENT, &c., re Part II.—continued.

Progress.

23-12-16

Trans M. B. Condition: fair only. Complaint of prostration and myalgia panis. Constipated. Presc. # 89

24-12-16

Heart active rapid. Dyspnoea.

17-1-17

Do. Precordial pain. Feeling of fullness in chest. Pulse 100

9-2-17

Slight gastro-intestinal disturbance - Cramps and pain. S.S. enemata.

10-2-17

Better.

14-2-17

Generally poor. Pulse rapid Dyspnoea. Precordial pain. Gastro-intestinal symptoms variable

Transferred to Bearwood Treatment

Signed

Capt., C.A.M.C.

(o)

20th Bn C.C.A.C.

FILE

TO BE MADE IN TRIPLICATE

3. D. 26-5-14
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 regarded 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 man, to Officer Commanding Division or District at least seven days before man leaves his station to proceed Overseas.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F., London, immediately after arrival in England.

59th Battalion, (C.E.F.)

(1) Name of Overseas Unit which soldier joins.....

(2) Regimental Number 454771

(3) Full Name of Soldier St. Germain Alphonse

(4) Place of Birth Montreal, P. Q.

(5) Are you married, or not? No

(6) If married, state:

(a) Full name of your wife Nil

(b) Present Postal Address Nil

(7) Are you a Widower? No

(8) Have you any Children? No

If so, give number of Boys and Girls Nil

Also their Names and Ages Nil

(9) Is your Father alive? No

If so, state Name and Address in detail Nil

(10) Is your Mother alive? Yes

If so, state Name and Address in detail Mrs. Azaline St. Germain, ~~Eme~~ 379 Lartuge Ave

(11) If your Mother is a Widow ~~Nil~~ Yes Montreal, P.Q.

Are you her sole support, or not? No

(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 mother

(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

(15) Are you insured? Yes

If so, in what Company? C. O. F. Metropolitan Life

Have you made arrangements for payment of your Insurance Premium? Yes

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

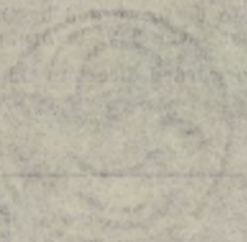
H. Dawson

Lt. Col.
O. C. 59th Bn. C. E. F.

Particulars of Family of an Officer of the British Army

1880

1. Name of the Officer: ...
2. Rank: ...
3. Regiment: ...
4. Service: ...
5. Family: ...



1880

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MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.
T. 81

Year
1916

Regimental No.
454771

Rank.
Pte

Surname.
St Germain

Christian Name.
A.

Unit.

20 Canadians

Age.

32

Service.

1

Station and Date.

Disease } Nephritis
 } Haemorrhoids



Admitted (3-7-16) with haemorrhage & diarrhoea due to Haemorrhoids. Piles have caused him trouble for several years, and has at times lost much blood.

Examinations of urine made on 3 days since admission have shown no albumin present.

26-7-16 Haemorrhoids removed by Operation (Mr. Fitzgerald).

16-8-16 Since Operation, has been more comfortable, but has had some bleeding with motion at times if bowel contents are hard. - Confection of Dulphus ordered.

9-10-16 - Transferred to Unbridge.

John Lockhart
M B Ch B

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

Station
and Date.

NEPHRITIS CASE SHEET.

Name and No. *St. Germain, Alphonse 454770*
 Regiment *20 Canadian "A"*
 Age *32 yrs* Length of Service *12 mos*
 Month of arrival in France *June 1916.*
 Trenches or base work *Trenches*
 Onset with dates *10 years ago had oedema of lids & feet.*
 Illness immediately proceeding this attack *admitted for fever June 24. 16.*
 Dropsy *oedema of lids & feet June 26. 1916.*
 Dyspnoea, ? nocturnal *No.*
 Headache *Very light*
 Vomiting *Once June 26. 1916* Fits *No.*
 Bronchitis *No.*
 Heart *Normal* Aortic 2nd. *normal*
 Radial vessel (Fundus) *normal*
 Urine *1014* Albumen *+*
 blood *0* casts *granular & hyaline, few.*

Progress

Duration of dropsy *One day.*
 » » albuminuria *Three days*

Past History

Occupation in civil life *Engraver*
 Previous dropsy or renal trouble *No.*
 Scarlet fever or other infections *No Scarlet.*
 Alcohol *Beer in moderation*
 Syphilis *No history*

[Faint, illegible handwriting]

[Faint, illegible handwriting]

1011

[Faint, illegible handwriting]

454471 Pte St GERMAINE, A
20 Canadian Bn "A" Coy
England Class "C"

10 down all way back - 1/2 way up.

30 lbs

15 lbs

31 down all way back - 1/2 way up.

1011

MEDICAL CASE SHEET.*

RC.

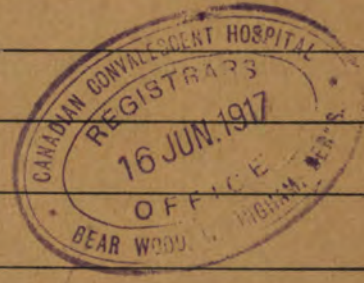
No. in Admission and Discharge Book. <i>OS. 6906</i> Year	Regimental No. <i>454771</i>	Rank. <i>Otc</i>	Surname. <i>St Germain</i>	Christian Name. <i>A</i>
	Unit. <i>20th</i>	Age. <i>32</i>	Service. <i>29/12</i>	

Station and Date. <i>221 D</i>	Disease <i>Cilia & Nephritis</i>
	<i>7 pres 24 June 1916</i>
	<i>#3 Gen Boulogne 25 - -</i>
	<i>Nottingham Bagthorpe 3 July -</i>
	<i>Uxbridge 8 Oct -</i>
	<i>Bear Wood 15 Feb 1917</i>

J.Y.
Medical

P.C.
Pain & sense of dulness in chest
G.C. Fair

Rect



June 11 1917. Invalided to Canada.

J. M. ... Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Station
and Date.

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. 454771 Rank Pte Name St Germain A

Corps 59th Batt who was* Discharged

On Feb 4th 1918, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 1918, to Feb 4 1918, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No. _____			Reg'l Pay <u>4 days at \$ 1.00</u>	<u>4</u>	<u>00</u>
Assigned Pay No. <u>16220</u>	<u>2</u>	<u>60</u>	Field Allow. <u>4 days at \$ c.10</u>		<u>40</u>
Other Charges* <u>Civ Clothes</u>	<u>13</u>	<u>00</u>	Other Allowances* <u>Civ Clothes</u>		<u>13</u> <u>00</u>
Payment on transfer or discharge No. <u>16219</u>	<u>5</u>	<u>00</u>	Other Credits* <u>4 days Subs @ 80</u>		<u>3</u> <u>20</u>
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	<u>20</u>	<u>60</u>	Total	<u>20</u>	<u>60</u>

*Give Particulars.

A monthly stoppage of \$ 20⁰⁰ (†) has _____ (†) been paid on account of Assigned Pay for the month of Feb 4th 1918 to (Assignee) Mrs A St Germain (Address) 379 Hartigue Ave
Montreal

(†) 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 10-7-15.

(2) if married and if a Separation Allowance Card has been submitted _____

(3) cause of discharge and authority 4 M.D. 22-5-679

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date _____

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

Date _____

Place _____

Wm Macduff King
PAYMASTER "A" UNIT
MILITARY HOSPITALS COMMISSION COMMAND

Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

A.C. Rank **ST. GERMAIN, Alphonse.** Reg'l No. **454771** ✓
 Unit **59th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **Ottawa, July 10th, 1915.** Place of Birth **Montreal, Que.,** ✓
 Name and Address, Next-of-Kin **Azaline St. Germin.**
379 Ave. Lartugue St. Montreal, P. Que, Canada. Relationship
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character *C/Sea bat* 50

H/ R.B. No. *5693*
 File R.L.
 Category *Comd 11*

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>		11 APR 1916	
<i>24/4/16</i>	<i>59th Bn</i>	<i>Proceeds of Field Engineering Detach Brunswick 23/4/16</i>	<i>Borden</i>	<i>23/4/16 P.H. D.O. 84</i>	
<i>1/5/16</i>	<i>"</i>	<i>Returned from Command. Rd in Kitching School</i>	<i>"</i>	<i>29/4/16 P.H. D.O. 93</i>	
6.6.16	<i>"</i>	<i>Pos. drafted to 20th Bn of</i>	<i>Shorncliffe</i>	<i>6.6.16</i>	<i>P.H. D.O. 125</i> <i>HACREinf/346. HACTB 2573.5</i> <i>4.6.16</i>
<i>14-6-16</i>	<i>20th Bn</i>	<i>T.O.S. from 59th Bn</i>	<i>Field</i>	<i>8-6-16</i>	<i>Pro 024</i>
<i>4-7-16</i>	<i>"</i>	<i>Adm Hqs Can Gen Hosp</i>	<i>Boulogne</i>	<i>24-6-16</i>	<i>PLA 259 Files Sgt.</i>
<i>7-7-16</i>	<i>"</i>	<i>Mail Hqs Bagthorpe</i>	<i>Hittingham</i>	<i>9/7/16</i>	<i>V399 Haemorrhoids</i>
<i>7-7-16</i>	<i>"</i>	<i>Sick and trans to CBAB</i>	<i>Folkestone</i>	<i>2/7/16</i>	<i>Pro 027</i>
<i>10-7-16</i>	<i>CBAB</i>	<i>Taken on strength.</i>	<i>Folkestone</i>	<i>3-7-16</i>	<i>Pro 364 app a</i>

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.				
16-10-16	20 th Bn	Adm Hill House C.C. Hosp	Nxbridge	10-10-16	Y.P.B. 173 ^{Sept 1916} Memor
21-2-17	20 th Bn	Lean C.C. Hosp Bearwood	Wokingham	18-2-17	C.L.B. 276
17-3-17	CCAC	S.O.S. on transfer to 1 st Central Cent Regiment	Hastings	10.3.17	Pt. II D.O. 118
16.3.17	McC	S.O.S. from p.b.a.p.	Wandling	10.3.17	Pt II D.O. 1
25.6.17		S.O.S. on dis to family		11-6-17	108
16-7-17	1 Co R (20 Bn)	Disch. fr. base camp Wokingham		11-6-17	6 th B. 38
		Dis Dept To Convalescent Home	Montreal	23-6-17	NR 204

02/20286

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

Casualty Form—Active Service.

59th B'n, C.E.F.

Unit, Regiment or Corps

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank
M.C.F. No. 54. (A. F. B. 103.)
250M 16.
H.O. 373-38-920.

Regimental No. 454771 Rank Private Name St. Germain, Alphonse
C. E. F.

Enlisted (a) 10.7.1915 Terms of Service (a) P.O.W. Service reckons from (a) 10.7.1915

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				
6.6.16	59th Bn	Embarked Canada Debarked England Drafted to 20th Battalion Royal Canadian Division	Halifax Liverpool FRANCE	5.4.16 11.4.16 6.6.16	<i>La Roche capt</i> Adjutant 59th Bn. C. E. F.
8/6/16	C.B. Dep	Arrived & taken on strength	20th Bn	8/6/16	Nom Roll Pt 2 O'rs 24d14/6/16
8/6/16	do	Left for unit	In Fld	9/6/16	do DCS 170
16/6/16	20th Bn	Joined unit	do	10/6/16	B213 DCS 174
24/6/16	5 Can F A	Haemorrhids.	adm 5 Can F A	23/6/16	A36 DCS 183
2/7/16	HS StDenis	To England	trsfd 4 Can F A adm HS StDenis	23/6/16 2/7/16	W3083 Pt 2 O'rs 27d7/7/16
<i>M. C. Lockhart</i>					
10.7.16	C.C.A.B.	T.O.S.	Folkestone	3.7.16	Pt 2. 364 App A
12.3.17	<i>14. CORB.</i>	T.O.S. on transfer to 14. CORB.	Hastings	10.3.17	" 118
16.3.17	14. CORB.	T.O.S. from C.C.A.B.	W. Sandring	"	" 7. H. R. 20
<p>INVALIDATED TO CANADA FOR FURTHER MEDICAL TREATMENT</p> <p><i>John Brown</i> Lieut. <i>J. G. Mattheis</i> Capt. HOSPITAL REPRESENTATIVE for Colonel i/c Records, COME CANADIAN CONVALESCENT HOSPITAL, BEARWOOD PARK WOKINGHAM.</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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Ms. Azelina St. Germain

Name of Soldier St. Germain Alf

L. L. Job 95618-M. & D. 6555.

PAYMENTS.

454771 -

59th Regt Coo.

Enc

MS

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 ⁰⁰ / ₁₀₀	
April	1916	32292	20	
May		36522	20	
June		5329	20	
July		13262	20	
Aug.		14704	20	
Sept.		20282	20	
Oct.		25153	20	
Nov.		28717	20	
Dec.		32577	20	
Jan.	1917	40347	20	
Feb.		46936	20	
March		51443	20	
April		3733	20	
May		11506	20	
June		17984	20	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Overpayment of 20⁰⁰ for
 June 1917 recovered by C. P.
 S.M.C. 11-8-17.

20. Ch.

B.

300⁰⁰

A/c Closed 30-6-17
 Ret'd per. Oragway
 Date 11-6-17 F. X. 22-6-17.
 Clerk S.M.C.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

2nd. Contingent

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

*Le
 mms*

To Whom *Mrs. Azelina St. Germain* By Whom Assigned *St. Germain, A.P.*
 Address *379 LaTigue Ave. Montreal. Que.* Regtl. No. *454771*
 Rank *Pte*
 Corps *59th Batt. C.*
 Rate *\$20.00* APR 1 - 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				

Account closed.

2) 22/10/21

2) 22/10/21

2) de 22/10/21
2) 22/10/21 *

Name M. Gennain A. Private

M. F. W. 41
1 OM-7-16
1772-39 889.

Regimental No. 454 771 *smelo*

Name and address of next of kin 379 Lartigue Ave Montreal

Unit 59 Btm.

Date of enlistment

Place of S/A Nil

Con. Home rec 7-7-17

Married (yes or no) No.

Date and place discharged

Amount of pay assigned monthly \$ 20.00 *f 51-4-16 to 30-6-17*

Reason for discharge

To whom payable 379 Lartigue Ave Montreal
to Mrs Angelina St Germain

Character on discharge

Arguaya 23-6-17 Class 2 H.Q. 649-5-14320

Ob 5351-M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
12 ⁵ / ₁₇	11 ⁵ / ₁₇							3425								
12 ⁵ / ₁₇	30 ⁶ / ₁₇	50	1.00	50.00	50	10	5.00	500	8925					487		Eny. L. Pl. A.R. 256 D.D. Quebec June 1917 From 1-7-17 Unit Letter to S.H.P. x June 17 A.P. 28-7-17 Pensioned. 5-2-18
												2000				Bollet Trans 1438 8925

8.0.0.0.31-5-17

POST DISCHARGE PAY OFFICE

24786/494

Three months pay and allowances after discharge.

Name **St. Germain, A.**
Surname Christian Name

15881-A-4

Regimental Number **454771** Rank **Pte.**

Address (in full) **379 Lartigne Ave.,**

Unit **59th Bn.**

Montreal, P.Q.

Original Unit

District where paid **M.D. 4.**

Date of Discharge **4-2-18.**

P. D. P. Filing Number **12-103-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 809.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	2054	12-2-18	33 00	2018	12-3-18	33 00	1994	12-4-18	34 10		100 10
	2508 ^{1st}	440545728/3119	70 00								
	2158 ^{2nd}	424786	70 00								

141

over

M. F. W. 127.
50M-6 17.
1772 88-110.

Remarks: To recover \$4.87, from A.S.S., Vol. 10, S.G.A.P. 015881 Q. 25.

Dec'n No. 24786/494 W. S. G. File No. 015881-A-25
 Award days at \$ 70.00 per day 38000
 S. A. months at \$ per mo. \$ \$ 100.10
 Less P. D. P. Credited \$24990
 Less further debit balance \$..487
 Net due paid as below 24563

TO SOLDIER		TO DEPENDENT			
Ag. No.	Ch No.	Amount	Ag. No.	Ch No.	Amount
1	2508	405457.70 00			
2	2154	70.00			
3	1508B	412760.70 00			
4	1496	35.03			
5					
6					
Total			Total		

379 Lartigue Ave
 Montreal

cheq No 35203 not used
 by dep 10/5/19. 23⁵79. *Due*

28/3/19
 2/4/19
 8/4/19
 * 23-5-19.

* Ref Req slip forwarded for last cheque for 35.03
 Cheque mailed after soldiers death.

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 18/10/19

Classified 29/11
 015881-A-25

Due

[Handwritten mark]

454771

Pte St Germain A

Asst pay \$20.00

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																
			336	60					3 10	339 70					13 39	9 98	38 95	24 33	200 -		286 65	53 05					
Feb 28	1 st		30	80						30 80	542 Wk. 25 637				-1 21				20		22 42	61 43					
Mar 31			34	10						34 10	666 Am 25 1/2 815 14 1/2 725 7 1/2 894 30 1/2	197 Wk. 10 1/2 2874 14 7/11			+2 43	-4 87	-1 21		20	990	46 92	48 61				July 2 FP. 2 day AM. 2082 coach H 7/2/17	
Apr 30			33							33					16 24	19 14	4 38		20		20	61 61					
May 11	11 th		12	10						12 10									20		20	53 71					
June												Wokingham 41 18/4/17				2 43					2 43	51 28					

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
Jan	Balance								51 28
				M. 119. CC 7-2-5-17	2 43				48 85
Apr.				L.A. Cal. 183 10/5/17 Wokingham	14 60				34 25
June				M. T Bal to Can	34 25				...
July	6th Bal to Can			4 87 L.A. Cal. 256 21/5/17 Wokingham	4 87				...

1st supply. to note
* N.P.C. Cancelled and written off Pra 11 17. 2. 27

ASM. FORM REND 12/5/17 EFFECT 1.6.17
DISCHARGED TO Canada DATE 11.6.17
PAYBOOK VERIFIED 12.6.17
by B.L. 12/5/17 L.P.C. HENRY 12.6.17
A.M.T. IV. Blackwood 12/7/17

Checked... [Signature]

Supply L.P.C. 6th Bal. 29 25
3/8/18. (at 256. not prev. chgd)

This space to be for numbers

111083
WB

Proceedings on Discharge.

MILITARY DISTRICT No. 1
FEB 20 1918

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

No.	454771
Rank	Private
Surname	St Germain
Christian Name	Alphonse
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	59th Battalion
Date of Discharge	4/2/18.
Place of Discharge	Montreal.
1. DESCRIPTION AT THE TIME OF DISCHARGE	
Age..... 35 years..... 6 months.	Descriptive Marks Angular cicatrix 1½" long over left eyebrow.
Height..... 5 feet..... 4 inches.	
Complexion Dark	
Eyes Brown	
Hair Black.	
Trade Driver	
Intended place of residence } 379, Lartigne Ave., (To be given as fully as practicable.) } Montreal.	
2. The above-named man is discharged in consequence of Medical Unfitness due to Nephritis, chronic. Authority H.Q.4D.22-S-679 Dated Jan.31st 1918	
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.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Fair.</i>
	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.) <i>By the work.</i>

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

W.S. G Comp.
21/2/19 J.M.S.

Sanction Branch
26/2/18
189

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

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

6. Medals and Decorations.....

Blank lines for listing medals and decorations.

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).....

(Date).....

Commanding

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.

(Place)..... Montreal.

A. G. Geymanari (Signature of Soldier.)

(Date)..... 4/2/18.

Phil W. Upton (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.....days.

Total.....years.....2 days 10

11. Confirmation of Discharge.

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

(Place)..... Montreal.

(Date)..... FEB 15 1918

(Signature)..... G. E. Hall MAJOR,



Military Hospitals Commissions Command.

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
None.

A. J. Germain

<p>Attestation Paper, Militia Form B. 223</p> <p>Proceedings on Discharge, B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 263</p> <p>Conduct Sheet, B. 263 Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been required)</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalids, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 822</p> <p>*Only if discharged "Medically unfit."</p>

N. R.—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.

In the case of a Soldier who takes his discharge

None.

Reservations referred to as Part 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.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
--	--

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.

7. Additional Certificates in the case of a soldier who is discharged by the purchase of his rank.

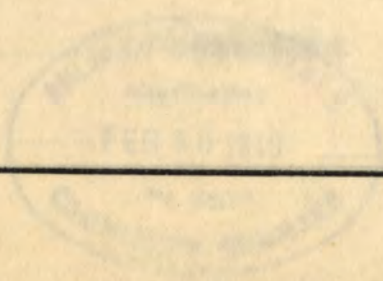
10. Statement of Service.

Service toward Engagement.

11. Certificate of Discharge.

The discharge of the soldier must be given in writing.

(Place)
(Date)



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

Certificate of education

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

Hospital Representative
(Place) _____
(Date) Canadian Convalescent Hospital
Bearwood Park, Wokingham.

J. H. Newman Major
HOSPITAL REPRESENTATIVE,
CANADIAN CONVALESCENT HOSPITAL Regiment.
Commanding BATTN. BEARWOOD PARK, WOKINGHAM.

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) _____
(Date) _____
Signature _____

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 to-
wards 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. 2070 or Army Form B. 204).
- (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.

Medical Report on an Invalid.

Station Bearwood, Wokingham, Berks.

Date April 30th, 1917.

- 1. Unit. 20th Bn.C.E.F.
- 2. Regimental No. 454771.
- 3. Rank Etc.
- 4. Name St. Germain, Alphonse.
- 5. Age last birthday 33
- 6. Enlisted on July 10th 1915.
at Ottawa.
- 7. Former Trade Engraver.
or Occupation
- 8. Disability.

Nephritis.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. June 1916.

10. Place of origin of disability. France - Ypres Salient.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Was sent down line in June 1916 for operation on hamerhoids. Three days after reaching No.3 G.H. Boulogne complained of headache, dizziness, pain in back and oedema of face, hands and legs. Was kept in bed on milk diet, improved and then transferred to ~~Canada~~ ^{England} on July 2nd 1916, ~~operated~~ ^{Operated} on for Piles then after operation did well although troubled with nocturnal incontinence and frequency.

Admitted Bearwood 25-2-17.

Officer in medical charge of case.

12. (a) Give your opinion as to the causation of the disability.

Exposure and dampness.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

(1) Yes.

(2) Yes. Exposure and dampness.



Station
Date

7 MAY 1917

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

patient pale and anaemic. Complains of general weakness and ^{nausea} dizziness on any exertion. Occasional attack of headache. No oedema.

Urine shows:-

6-4-17	acid 1020	No Alb. No casts.
18-4-17	acid 1018	Alb. trace No casts.
25-4-17	acid 1018	Alb. trace. No casts.

Age last birthday 28 P.B. 110/80.

1. Unit	20th Bn. P.W.D.
2. Regimental No.	2547 I.
3. Rank	1st Lt.
4. Name	L. C. Hutson

14. If the disability is an injury, was it caused

Disability Not applicable.

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Statement of Case.

Note—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between general weakness and specific evidence recorded in his military medical documents. He will also carefully distinguish cases due to general disease.

15. Was a Court of Inquiry held on the injury?

Not applicable.

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

No.

19. Do you recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

No.

Yes.

No.

L. C. Hutson, Capt. C.A.M.C.
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, ^{except}

Station Beaumont Wood, Wokingham, Berks. R.R. Woodhouse, Major.



Date

Officer in charge of Hospital

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1 Yes. a2 Yes.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Acute Nephritis with persisting Albuminuria. Dyspnoea and headache.

21. Has the disability been caused or aggravated by

- (a) Intemperance?
- (b) Misconduct?

No.
No.

22. Is the disability permanent?

No.

23. If not permanent, what is its probable minimum duration?

Six months.

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

3/4

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable.

26. Do the Board recommend

- (a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalided to Canada?
- (d) Discharge as permanently unfit?

No.
No.
Yes.
No.

27. Remarks.

Signatures:—

President.

Station Bearwood.

C. F. Koffatt, Capt. C.A.M.C.

Date May 2. 1917

R. P. Jordan, Capt. C.A.M.C.

} Members.

Approved.

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

[Signature]

Administrative Medical Officer,

Date 76, STRAND, LONDON, W.C.

..... Captain C.A.M.C.,
for A.D.M.S., Canadians, London Area.

