

Original

ATTESTATION PAPER.

No. 896958

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Sanschagrin
- 1a. What are your Christian names?..... Adelard
- 1b. What is your present address?..... 255 St. Ferdinand, St. Henri, Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... St. Roch de Quebec, P.
- 3. What is the name of your next-of kin?..... Joseph Gagnon
- 4. What is the address of your next-of-kin?..... 350 St. Antoine, Montreal
- 4a. What is the relationship of your next-of-kin?..... Beau pere
- 5. What is the date of your birth?..... Novembre 17 1880
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date August 23rd. 1916. Adelard Sanschagrin (Signature of Recruit)  
Louis Carrier (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Adelard Sanschagrin, 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 August 23rd. 1916. Adelard Sanschagrin (Signature of Recruit)  
Louis Carrier (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal this 23rd. day of August 1916.

L. E. Sturton (Signature of Justice)

# Description of Adelard Sauochagin on Enlistment.

Apparent Age 36 years ..... 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 ..... 6 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded ..... 33 1/2 ins.  
 Range of expansion ..... 38 1/2 ins.

Complexion ..... Brown

Eyes ..... br

Hair ..... br

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

Small Scar on left Shank  
 Callus of old fracture palpable at junction of lower + middle thirds of tibia

## 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 ..... 23 August 1916 .....  
 Place ..... Montreal .....  
 Medical Officer. [Signature]

\*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.

Adelard Sauochagin ..... 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 ..... 23-8-16 ..... 1916 [Signature]

REGIMENTAL DOCUMENTS

NAME

*Sanschagin Adela*

REGT. NO.

*856695*

UNIT

*(22)*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

1 Copy of Will

1 PR 122

1 card

2 forms of will

1 PR 122

1 card

DEATH

Category

DISCHARGE

Category

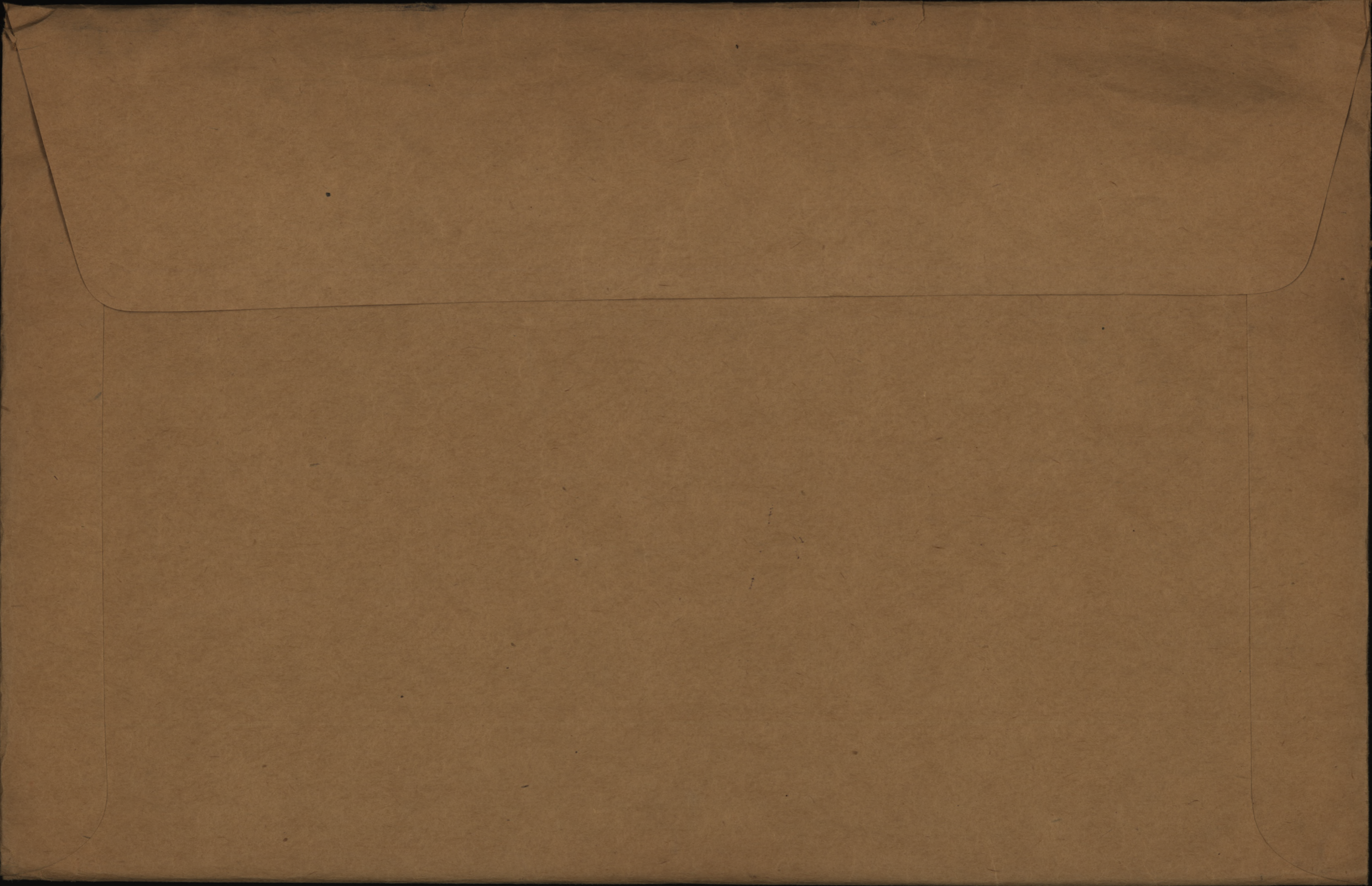
DESERTION

03812

34 ——— 22  
20 ——— 22  
7 ——— 22



1



es  
Smk

Number 856695

Rank

Pte **B**

Surname

SANSCHAGERIN

Christian Name

Adelard

Units

22<sup>nd</sup> Bu Company Theatre of War France

Date of Service

29-11-16

**D**

Remarks

Widow

Latest Address

Mrs. E. G. Seguin  
2107 St. Jacques St  
St. Henry  
Montreal P.Q.

Roll No

**B Page 11825**

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date

Remarks

DESP MAR 29 1922  
REGN. NO. 5297

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

649-S-13157, Adelard Sanschagrín, Pte. #856695. 2nd. Bu.

*Not disp. for 4-15 Star*

Medals & Dec.

*S. Seguin*  
(Widow) Mrs. E. Sanschagrín,  
2107 St. Jacques St 255 St. Ferdinand St.  
St. Henry, Montreal, P.Q.

P. & S. 2

(Widow) See Above.

Mem. Cross.

(Widow) " "

Scroll Desp. JUN 20 1921 Reqn. No. 2. 47773

11. FEB 8 1922  
1409. Plate Desp. Reqn. No. P28880


DESPATCHED.....

*A.T.6*  
Disp. 4-11. 20. (W) C 29111. B.

W

461

Wx retol 11 <sup>11</sup>/<sub>20</sub> Rem from add





SURNAME.

Sanschagrin

CHRISTIAN NAMES

Adelard

REGL. No.

856695

RANK

Pte

UNIT

150th

FORMER CORPS

nil

CARD NO.

D

FOLL.

Bw

NEXT OF KIN.

NAMES IN FULL

Gagnon Joseph

RELATIONSHIP TO SOLDIER

Father-in-Law

ADDRESS

(P) 150 St Antoine, Montreal

also notify  
~~CHANGE OF ADDRESS~~

Mrs. Emelie  
Sanschagrin wife  
255 Ferdinand St.  
Montreal P.Q.  
auth G.P.F. 28.6.17.

COUNTRY OF BIRTH

Canada, St Roch De Quebec P.Q.

DATE

Nov 17, 1880.

PLACE OF ATTESTATION

Montreal

DATE

Aug. 23, 1916.

o/s. 23-9-16 <sup>548</sup>/<sub>9</sub>

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

5

INCHES

COMPLEXION

Brown

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Small scar on left shank, Callus of old fracture palpable at junction of lower + middle of right tibia

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Aug 23, 1916

Present Address

255 1/2 St. Ferdinand, St. Henri, Montreal.





No. 856695 RANK Pte.

NAME *Luschagrain, A.*

T.O.S. *Trans. from* UNIT *150th. Battalion.*  
*178th Bn 9-9-16.*  
*20189 12-9-16.*

M. D. *6*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID  
FROM

PAID  
TO

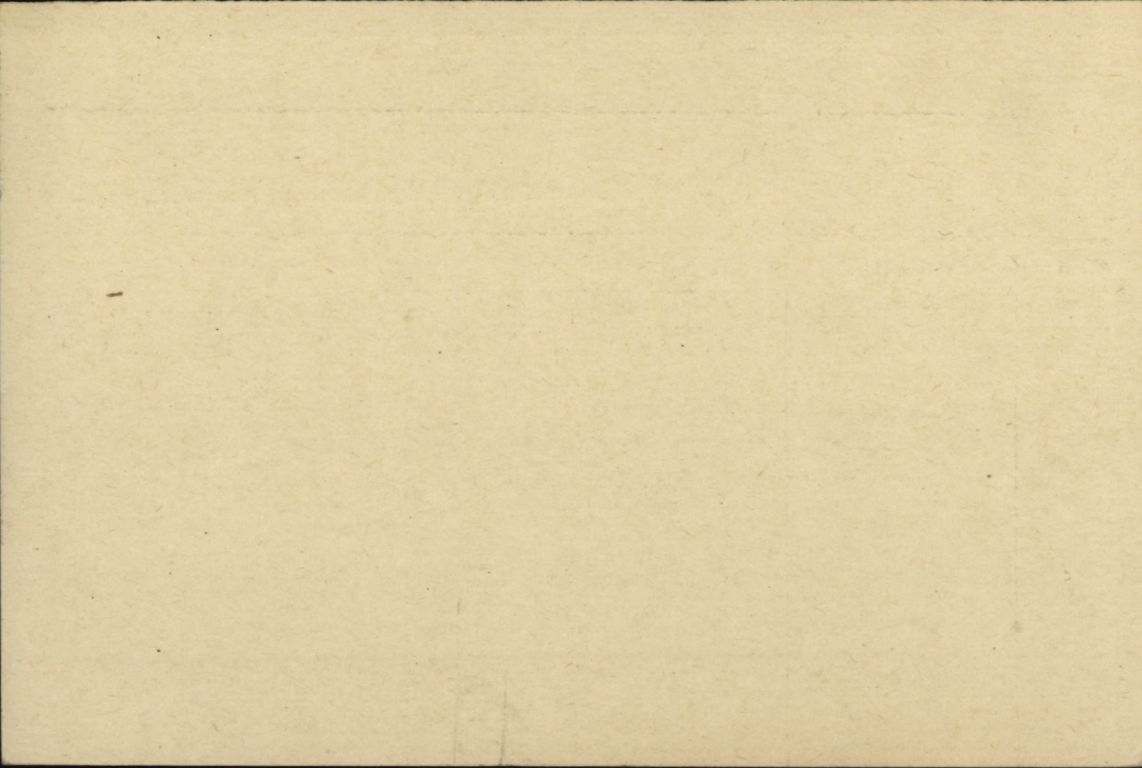
SIG.  
OR  
REC'T

*1916*  
*Sept 10*

*1916*  
*Sept 30*

*L*

*1/3 payroll only.*



No. 856695. RANK

Pte

NAME

Sanschagin, A.

T. O. S. 23.8.16

UNIT

175th. Battalion, (6<sup>th</sup> Co).

DD. 179 of 26.8.16.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Aug 23 Sept 1.	1916 Aug 31. Sept 9.	✓ n.	Trans. to 150th Bn.	DD 194 of 10-9-16





REGT'L. No. 856695

H. Q. FILE No. 649

NAME Sanschagrin, Adlard  
RANK AND CORPS Pvt. 22nd Bn.

FOLLOWS  
No. \_\_\_\_\_  
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
M4480	15-5-17	Killed in action May 4 <sup>th</sup> / 17 ✓ Killed in action, in the Field, France, May 4 <sup>th</sup> . 1917.
(A. F. B. 2090. a)		
(Rouen. 10-5-17.)		

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
"a 507"	Reported from Bose	4-5-17.	Killed in Action

Surname

Christian Name or Names

Reg. No.

Sanschagrain

A.

856695

Rank

Unit

Co.

Troop

Batty.

Pte  
Hospital

22nd <sup>D</sup>n

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action 4-5-17 *H.P.*

DISPOSITION

Date

~~C.I. 15-5-17~~ A507

REMARKS

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Out 3-11-17  
15871 Sanechagin, A. de la S.

P. 85.

64981315  
93815

FORM OF WILL.

I, Adelard de la Salle dit Sanechagin (Name in full)  
Regimental Number 856 695 serving in 150th Overseas Battalion C. E. F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

29-8-17

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

absolutely, and my personal estate I bequeath to

Mad. Emilia Sanechagin nee Pagnon } Name & Address  
255 St. Ferdinand } of person or  
St. Henry, Montreal } persons to receive  
(Wife) } personal estate\*  
(see note).

In Witness whereof I have hereunto set my hand  
this 26 day of Nov. A.D. 1916.

Adelard Sanechagin Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact  
everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in  
the presence of us both present at the same time, who in his presence, at  
his request, and in the presence of each other have hereunto subscribed  
our names as Witnesses.

Name of Witness Albert Pronost Lieut

Address of Witness 150th Overseas Battalion C. E. F.

Occupation of Witness

Name of Witness J. Samuelsen, Capt.

Address of Witness Paymaster

Occupation of Witness 150th Overseas Bn. C.E.F.

ESTATES BRANCH  
OCT 19 1917  
MILITIA DEPT.

FORM OF WILL

(Name in full) \_\_\_\_\_  
 of the County of \_\_\_\_\_ State of \_\_\_\_\_  
 do hereby revoke all former Wills  
 by me made and declare this to be my last Will,  
 I hereby give, devise and bequeath unto

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

\_\_\_\_\_

Name & Address  
 of person or  
 persons to receive  
 personal estate  
 (if any)

\_\_\_\_\_

I, the undersigned, do hereby appoint \_\_\_\_\_  
 my executor, and my personal representative,  
 to execute the same, and to do all such things  
 as may be necessary to carry into effect the  
 provisions hereof.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_  
 A.D. 19\_\_\_\_

\_\_\_\_\_

# FORM OF WILL

I, Adelard de la Salle dit Sanschagrin. (Name in full)  
Regimental Number 856695. serving in 150th Overseas Battalion. C.E.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and  
declare this to be my last Will.

I devise all my real estate unto

.....  
.....  
.....

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

absolutely, and my personal estate I bequeath to

Mad. Emilia Sanschagrin nee Gagnon,  
255 St Ferdinand,  
(Wife), St Henry, Montreal.

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

## NOTE

This space for the  
appointment of  
Executor if  
necessary.

## IMPORTANT NOTE

this 26 day of Nov. A.D. 194  
This must be signed  
and Dated by  
THE SOLDIER Adelard Sanchagrin. Signature of Soldier.  
HIMSELF.

\*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us  
both present at the same time, who in his presence, at his request, and in the presence of  
each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Albert Provost, Lieut.

Address of Witness 150th Overseas Battalion. C.E.F.

THE TWO  
WITNESSES

Occupation of Witness .....

MUST  
SIGN HERE

Signature of Second Witness J. O. Bamatkoss, Capt.

Paymaster.

Address of Witness 150th Overseas Bn. C.E.F.

Occupation of Witness .....

FORM OF MAIL

DECEMBER

BRITISH EAST INDIA COMPANY

MADE IN CANADA



CHS

Rank

Name SANSCHAGRIN AdelardReg'l No. 856695Unit 150th. Bn.If in perm. Corps,  
What Unit? }Married or Single MarriedPlace and Date of Enlistment Montreal. Aug. 23rd. 1916.Place of Birth St. Roch de Quebec. P. Q.Name and Address, Next-of-Kin Joseph Gagnon50 St. Antoine, Montreal.Relationship Father in Law

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No.	<u>1701</u>
File R.L.	
Category	<u>11a</u>

Discharge, Date and Place

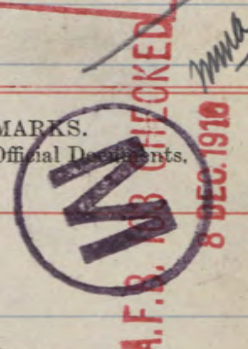
Reason

Character

H. W. &amp; V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
			Arrived in England	S.S. Lapland	6-10-16.
28.11.16	150 <sup>th</sup> Bn	Transf. to 22 <sup>nd</sup> Bn	Bramstott	28.11.16	S.F. D. O. 232
23.12.16	22 <sup>nd</sup> "	I.O.S. from 150 <sup>th</sup> "	Field	29.11.16	" 60
15.5.17	22 Bn	Reported from Base Killed in Action.	Field	4.5.17	C.L. A 507
					and P.O. 59. 10.5.17

22


  
 A.F.B. 158 CHECKED  
 8 DEC 1916

Enl.

26-10-22

80



I, **Adelard de la Salle dit Sanschagrín** (Name in full.)  
Regimental Number **856695** serving in **150th Overseas Battalion C.E.F.**

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

I bequeath all my real estate unto

) Name and address  
) of person or  
) persons to whom  
) it is to go.

absolutely, and my personal estate I bequeath to

**Mad. Emilia Sanschagrín neé Gagnon**  
**255 St Ferdinand**  
**(wife) St Henry Montreal**

) Name and address  
) of person or  
) persons to receive  
) personal estate.  
) (See note. X

In Witness whereof I have hereunto set my hand  
this **26th** day of **Nov.** A.D.191 **6**

**Adelard Sanschagrín** Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness **Albert Provost Lieut**  
Address of Witness **150th Overseas Battalion C.E.F.**  
Occupation of Witness  
Name of Witness **J O Dannertrees . Capt**  
Address of Witness **Paymaster**  
Occupation of Witness **150th Overseas En. C.E.F.**

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

.....  
Lieut.  
.....Sept.1917. for Officer i/c Estates, O.M.F.C.

NOTE. ~~Died~~ Killed in Action 4-5-1917.

Transferred from living **10-9-1917**  
**Schagrín, No 856695, 22nd Bata.**  
**Pte. A. San**

Name in full

Residing in

Residential Number

of the Guardian Proportionary Form, do hereby revoke all former wills by me made and declare this to be my last will.

I bequeath all my real estate unto

Name and address of person to whom it is to go.

absolutely, and my personal estate I bequeath to

Name and address of person to receive personal estate.

In Witness Whereof I have hereunto set my hand

this day of

Witness

Personal estate includes any, effects, money in bank, insurance policy, in fact everything except real estate.

signed and acknowledged by the testator as and for his last will in the presence of the above named witnesses, who in his presence at the request and in the presence of each other have hereunto subscribed their names as witnesses.

Name of Witness

Address of Witness

Occupation of Witness

Name of Witness

Address of Witness

Occupation of Witness

I hereby certify the above to be a true copy of the original will

now on file in Belfast Branch.

For Officer in Charge, O.N.B.S.

Sept. 1911.

NOTE

Transferred from living

150th Overseas Bn. C.E.F.

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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 178th (F.C) Battalion, C.E.F.

Regimental No. 856695 Rank Pte Name Sanschagrin, Adelard  
C. E. F.

Enlisted (a) 23/8/16 Terms of Service (a) war Service reckons from (a) 23/8/16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Pte Labourer

CERTIFIED CORRECT.  
 11 DEC. 1916  
 CAN. RECORDS LONDON  
 28/11/16

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.
From whom received				
	Embarked Canada	Halifax	23-9-16	
	Disembarked England	Liverpool	6-10-16	
150th Bn	For service overseas with 2nd Bn	Brussels	28/11/16	D.O. Part II. No A 232/16 28/11/16 Lieut. <i>[Signature]</i>
29 1/16	CBND	Reinf from 150th Bn	O.S.D	for O.C. 150th Overseas Bn, C.E.F.
1 12/16	"	Left CBND	Field	nr. Pt. O. 60-8/23 12/16
4 12/16	Ob. Bn	Joined Unit	Field	B213. 206-8/23 12/16
6 5/17	50	Killed in action	Field	Letter 625. D 6 5/17 - perf. file X.S. 16-5339- 520.256 D 10 5/17 Part II. 059 D 10 5/17

*J. Whogan* Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				

ORIGINAL

MEDICAL HISTORY SHEET

SAMSCHAGRIN

Samschagrin 988

Adelard 988

Surname

Adelard

Christian Name

Samschagrin

Examined on 23rd day of August 1916 at Montreal

Approved by

[Signature]

Birthplace City or Town St. Roch. County Que.

Rank

[Signature]

M.O.

Apparent age 36

Trade or occupation Labourer

Height 5 feet 1/2 Inches

Weight 143 lbs.

Chest measurement Minimum 38 1/2 inches

Maximum expansion 38 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks

Arm Right Left Number 1

When Vaccinated last 1913

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

Date	Result	VACCINATIONS
25/10/16		EE
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
4/11/16		T.A.B. 100 EE
14/11/16		100 T.A.B. EE
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Hereditary Crohn's

Enlisted on 23 day of August 1916 at Montreal

	CORPS	REG'L NUMBER	H·BITS	DATE
Joined on enlistment	150th 178 0/5 Bn.	<del>856695</del>		23-8-16.
Transferred to	22nd. B.	856695		

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.





SANSCHAGRIN

~~DUPLICATE~~ MEDICAL HISTORY SHEET

856695

Surname *Adelard* Christian Name *Janoschagin* <sup>ADELARD</sup>

Examined { on *23<sup>rd</sup>* day of *Aug* 191*6*  
at *Montreal*  
Birthplace { City or Town *St Roch*  
County *Que*

Approved by *[Signature]*  
Rank *[Signature]* M.O.

Apparent age *36*  
Trade or occupation *Laborer*  
Height *5* feet *6 1/2* Inches  
Weight *143* lbs.  
Chest measurement { Minimum *33 1/2* inches  
Maximum expansion *38 1/2* inches  
Physical development *Good*  
Small-pox Marks *None*

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

Vaccination Marks { Arm Right Left  
Number *1*  
When Vaccinated last *1913*

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease  
*None*  
(b) Slight defects but not sufficient to cause rejection  
*Dental Corps*

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on *23* day of *August* 191*6* at *Montreal*

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<i>178 95 Bn.</i>	<i>832695</i>		<i>23-8-16</i>
Transferred to	<i>150<sup>th</sup> Buss</i>	<i>856695</i>		

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.



Register No. *08407*

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *15981-a-2*

Reg'tl No. *856,695* Name *Adelard Sanschagrin*  
(Christian Name) (Surname)  
Unit *22 Bn.* Rank *Pte.* Date of enlistment.....  
Date of casualty *4-5-17* B.P.C. File No. *12780*  
Was service performed overseas? *Yes*

*W.M.*

DEPENDENT

Name *Mrs. Emily Seguin (ne Sanschagrin)* Relationship *Widow*  
Address *2107 St. Jacques St.,  
St. Henri,  
Montreal, P.Q.*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *M. Ross*

Eligible for Gratuity ..... \$ *180.00*  
Less amount of Special Pension Bonus paid ..... \$ *80.00*  
Less Debit Balance of S. A. or A.P. .... \$ *✓*  
Total deductions \$ *80.00*

Balance due \$ *100.00*  
Cheque No. *19433881* Date issued *JUL 21 1920*

REMARKS: *Pensioner re-married  
7-12-18.*

Clerk *J. J. Perrier*

Audited by  
*[Signature]*  
Date *20/7/20*

*\$100.00 MW*

M.F.W. 2652  
25M-6-20  
H.Q. 1772-39-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name	<small>Surname</small>	<small>Christian Name</small>	Address (in full)
Regimental Number		Rank	
Unit			
Original Unit			
District where paid			
Date of Discharge			
P. D. P. Filing Number			
Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.			

L.L. 53961—M. & D. 3721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:

# ASSIGNED PAY

Sheet No. 2.

*Mrs. Emilia Sanschgrain - wife*  
(Assignee)

OVERSEAS CONTINGENTS

Name of Soldier

*Sanschgrain, Ad.*  
*847695 - Pte - 150<sup>th</sup> Sta.*

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
				<i>15.00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P26656</i>	<i>30.</i>	<i>167.V. 153/5/17/20 Reynolds 20/6/17</i>
Dec.		<i>E 35481</i>	<i>15.</i>	
Jan.	1917	<i>J41026</i>	<i>15.</i>	
Feb.		<del><i>I47037</i></del>	<i>15</i>	<i>J. 37037 cancelled 6/7/17. 15-1.</i>
March		<del><i>S417558</i></del>	<i>15.</i>	
April	<i>I 6024</i>	<del><i>M48080</i></del>	<i>15.</i>	<i>H6070 Cancelled 16/4/17. R.F.</i>
May		<del><i>4175</i></del>	<i>15</i>	<i>15-156 T4475 Cancelled 12/4/17. Y.F.</i>
June	<i>15-2</i>	<i>T11131</i>	<i>15.</i>	<i>15-156</i>
July		<del><i>S18319</i></del>	<i>15</i>	<i>15-156</i>
Aug.		<del><i>A. 12681</i></del>	<i>15</i>	<i>15-156</i>
Sept.		<del><i>T 25434</i></del>	<i>15</i>	<i>15-156</i>
Oct.				<i>15-156</i>
Nov.				<i>15-156</i>
Dec.				<i>15-156</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*24/11*

*8/10*

Pension Granted 1-8-17 until pension granted  
B.P.C. to Recover \$ .....  
Clerk *J. L. D.* Date *23/11/17*

F. X. Rend. Date. *Total* By *150.00*  
E. F. X. " Date *16.11.17* By *J.M.*

OCT 1 - 1916

*18,519 Cancelled 14/6/17 J.M.*  
*assignee dependent age to continue*  
*Reynolds.*  
*20/6/17.*

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.				

## SEPARATION ALLOWANCE

Name *Mrs. Emilia Sanschagrin* Name of Soldier *Sanschagrin. Adelard*  
 Address *255 St. Ferdinand St.,* Regtl. No. *856695.*  
*St. Henri, Montreal,* Rank *Pte 150<sup>th</sup> 9/9/16 Imh 15/9/16*  
*P. 2.* Corps *78th. Bn. C.E.F.*  
 Relation to Soldier }  
 wife, child or mother } *Wife.*  
 To what Corps belonging }  
 when called out } *✓ ✓*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED  
 DATE..... PER.....  
 W

1. 50. 28



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

*Sanschagrain*

*- wife -*

To Whom

*Mrs. Emilia Sanschagrain*

By Whom Assigned

*Sanschagrain, Ad.*

Address

*255 St. Ferdinand St.  
St. Henri,  
Montreal. Que*

Regtl. No.

*847695*

Rank

*Pte.*

Corps

*150<sup>th</sup> Btu.*

Rate

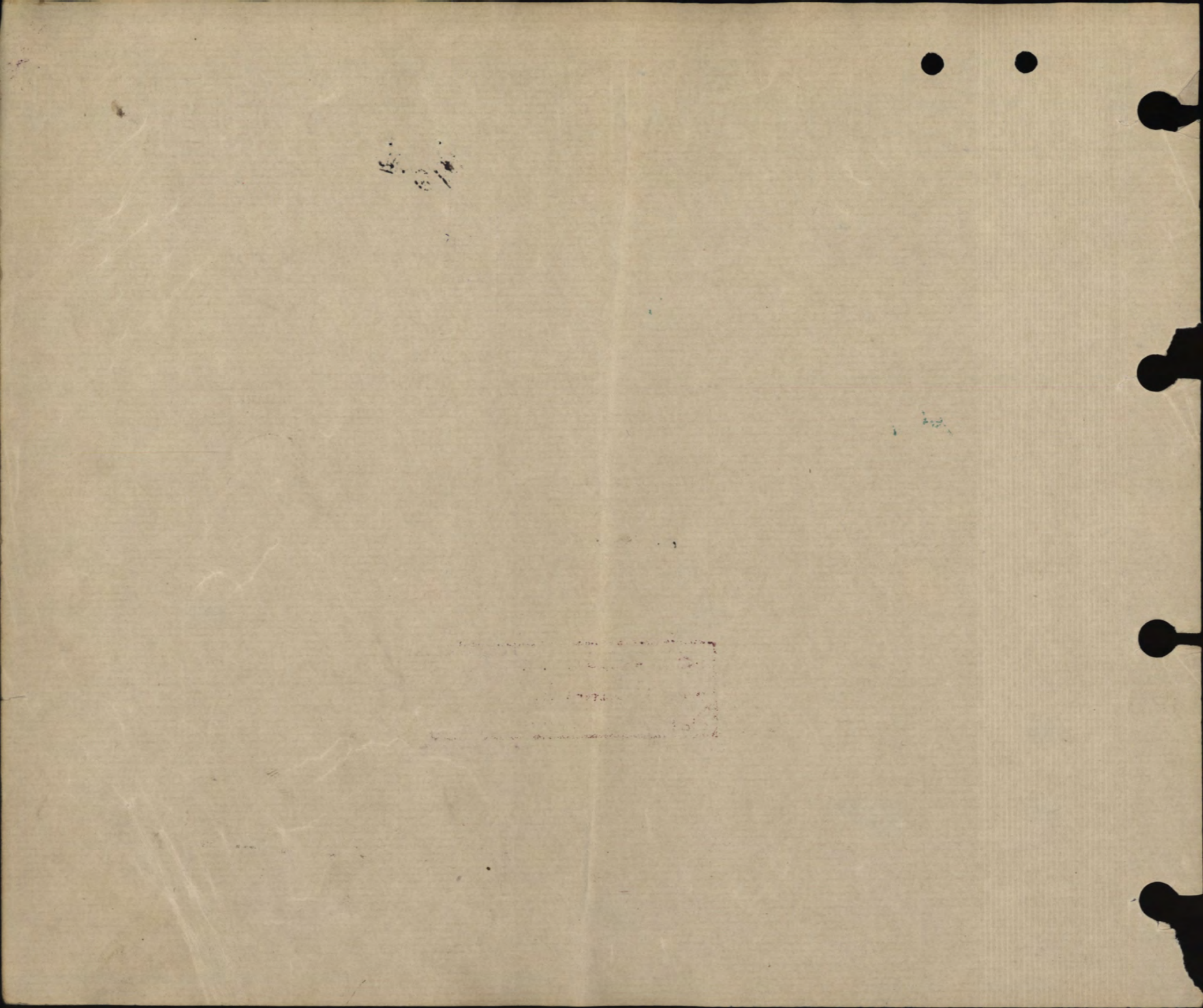
*\$15.<sup>00</sup>*

OCT 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				

Pensions Notified Date... *3/1/17*  
 Killed in Action }  
 Died of Wounds } Date... *4/5/17*  
 Missing }  
 C. L. *17/5/17* Clerk... *W. Wilson*  
 Date Noted... *3/1/17* 1917



23-8-16.

MILITIA AND DEFENCE

338

M. F. W. 11a.  
50m.-6-16.  
1772-39-318.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs. E. Sanschagriv.*  
*wife.*

Name of Soldier *Sanschagriv. A.*  
*Pte.* *178th. Bn.*

L. L. Job 4503.-Req. 6832.

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.	
April	1916			<div style="border: 1px solid red; padding: 5px;">           Pensions Notified Date <i>30/5/17</i>            Killed in Action }            Died of Wounds } Date <i>27.4.17</i>            Missing }            C. L. <i>16/12/17</i> Clerk <i>E. M. George</i>            Date Noted <i>30/5/17</i> 191         </div>	
May					
June					
July					
Aug.					
Sept.		<i>R 18364</i>	<i>25</i>		<i>25</i>
Oct.		<i>F 20687</i>	<i>20</i>		<i>20</i>
Nov.		<i>L 24212</i>	<i>20</i>		<i>20</i>
Dec.		<i>D 27966</i>	<i>20</i>		<i>20</i>
Jan.	1917	<i>M 28663</i>	<i>20</i>		<i>20</i>
Feb.		<i>M 32418</i>	<i>20</i>	<i>20</i>	
March		<i>O 39586</i>	<i>20</i>	<i>20</i>	
April		<del><i>H 36693</i></del>	<del><i>20</i></del>	<del><i>20</i></del>	
May		<i>I 2663</i>	<i>20</i>	<i>20</i>	
June		<i>T 5804</i>	<i>20</i>	<i>20</i>	
July		<i>N 9689</i>	<i>20</i>	<i>20</i>	
Aug.		<i>N 12289</i>	<i>20</i>	<i>20</i>	
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Pension Granted *1-8-17*  
 B.P.C. to Recover \$ .....  
 Clerk *J. P. L.* Date *24-7-17*

*N. 36693 Cancelled* WRITE

ACCOUNT CLOSED

DATE ..... PER *W* .....

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				

Married

PLACE OF BIRTH St. Roch, P.Q. Canada.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Emilia Sanschagrin

255 St. Ferdinand St. Montreal, Que.

RELATIONSHIP OF NEXT OF KIN Wife.

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.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY. Entry: Killed in Action 4/5/17 CLA 507 15/17.

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL.

REG'L No. 856,695 RANK Private

NAME Sanschagrin Adilard

IF IN PERM. CORPS WHAT UNIT 150th OVERSEAS BATTALION C.E.F.

TRANSFERRED TO 2nd Bn. DATE 28-11-16

AUTHORITY B.H. 5-1A D.O. 232.

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 1st Lt. DATE 1.6.17

AUTHORITY CLA 507 15/17

PLACE OF ATTESTATION Montreal

TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23-8-16.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Mrs. Emilia Sanschagrin 255 St. Ferdinand St. Montreal, Que. RELATIONSHIP wife

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 17/5/17 EFFECTIVE 15th June 1917 REASON Killed in action 4/5/17 CLA 507 15/17

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

1 JUN 1917

Entered on N. H. Card Index.

Checked by H. Gillison

Signature

Main accounting table with columns: 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.

Statement of OCT 8 1917 Account rendered

120<sup>th</sup> AP 1/10/16 to 31/5/17. Acc<sup>t</sup> to continue. HQ 593-1-12, 20/6/17.

Balance from Canada.

5<sup>th</sup> AP omitted in Feb. P.D.

Killed in Action 4/5/17 CLA 507 15/17 PA 5th 30th May 1917 Due to by II Lt Read 1.6.17 To Old for all V 608 3/11/17 22/6.

