

PIÈCE D'ATTESTATION.
CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

No. 856692
 Folio

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- | | |
|---|----------------------|
| 1. Quel est votre nom de famille?..... | Theriacult |
| 1a. Quels sont vos noms de baptême?..... | Romain |
| 2. Quelle est votre présente adresse?..... | St. Godefroi, P. Q. |
| 3. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... | St. Godefroi, P. Q. |
| 3. Quel est le nom de votre plus proche parent?.. | Catherine Theriacult |
| 4. Quelle est l'adresse de votre plus proche parent? | St. Godefroi, P. Q. |
| 4a. Quel est votre degré de parenté avec icelui?.... | Mother |
| 5. Quelle est la date de votre naissance?..... | May 27th. 1889 |
| 6. Quel est votre métier ou profession?..... | Fareman |
| 7. Êtes-vous marié?..... | No |
| 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... | Yes |
| 9. Faites-vous déjà partie de la Milice active?..... | No |
| 10. Avez-vous déjà fait du service militaire?.....
(En ce cas, mentionner les états de service) | No |
| 11. Comprenez-vous bien la nature et les termes de votre engagement?..... | Yes |
| 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... | Yes |

DÉCLARATION REQUISE DU SUJET

Je, Romain Theriacult déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Date August 24th. 1916.
 Signature de la Recrue: Romain Theriacult
 Signature du Témoin: Louis Carrière

SERMENT REQUIS DU SUJET

Je, Romain Theriacult prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Date August 24th. 1916.
 Signature de la Recrue: Romain Theriacult
 Signature du Témoin: Louis Carrière

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence. J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 24th jour de August 1916.

Signature du Juge: [Signature]

Handwritten note:
 Done - noted
 2. 2. 19. 2. 19. 1916

Signalement de Romain Hérisault à l'Enrolement

Age apparent..... 27 ans..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille 5 pieds. 3 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 33 pouces
 Marge d'expansion 37 pouces

Teint..... Brun

Yeux..... bleus

Chevelure..... brun

Confession religieuse { Anglican.....
 Presbytérien.....
 Méthodiste.....
 Baptiste ou Congregationaliste.....
 Catholique Romain..... x
 Juif.....
 Autres dénominations.....
(Indiquer laquelle)

*Tatoos on right forearms
 Mole on right hip*

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère*..... fit pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... Aug 24th 1916.

Lieu..... Montreal.

A. Khulson Capp
 Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

CERTIFICAT DE L'OFFICIER COMMANDANT

..... Romain Hérisault ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... *[Signature]* (Signature de l'officier.)

Date..... 24-8-16 1916.

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.....

DISCHARGE DOCUMENTS

Name *Jheriault Romain*

Regt. No. *856692* Rank *Pte.*

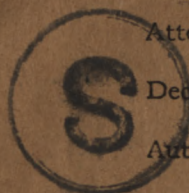
Corps *150th, Bn. (Form 171 st. Bn.)*

med. unfit.

R. O. No.....

H. Q. No.....

*To B.C.C.
Spec. 6245
d 29/5/20
[Signature]*



06149

*a. F. B. 122-1
med sheets 1 Eng Cas Cd*

mx cas cad

*21-2-21
Missis
1 Form 901
L-OP. 92E*

*15-27
15-27
11-27
1*

M. F. W. 62.
100m.-6-17.
H. Q. 1772-33-935.

med.

f

x

649 J-3397.

CARD NO.

SURNAME. *Sheriault*

CHRISTIAN NAMES *Romain*

REGL. No. *856692*

RANK *pte*

UNIT *148th 150th*

FORMER CORPS *Nil*

S. O. S. Dis

31/12/17. 3

Bu

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Sheriault Mrs Catherine*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *St Godfrey. P.Q.*

COUNTRY OF BIRTH *Canada* *St Godfrey P.Q.* DATE *May 24th 1889*

PLACE OF ATTESTATION *Montreal. P.Q.* DATE *Aug 24th 1916*

Trans. from 128th to 150th Brn. auth. 150th Brn. P.Q. 23-9-16.

Sailed from Halifax per S.S. "Capland" 23-9-16. med. unfit (aet 5-318)
Returned to ~~Canada~~ per S.S. Esquibo 19-2-17.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

27

YEARS

MONTHS

HEIGHT

5

FEET

5 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

4

INCHES

COMPLEXION

Brown

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Tattoo on R. forearms, mole
on R. hip.

MEDICAL EXAMINATION.

PLACE

Montreal. P. Q.

DATE

Aug 24th 1916

Present Address.

St. Godfroy. P. Q.

NAME

Theravault R.

REGT'L NO

856692

RANK AND CORPS

Pte. 150th Bn.

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

9318

25-2-17

Sailed from Liverpool for Canada
per the (Hosp Ship. Esquibo) on the
19th Feb. 1917 (Epilepsy)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
4	Mil, Bramshott	¹⁴ 15-11-16	N. Y. D. (Q)
6	Lissex " "	<u>28-11-16</u>	V. D. N.
13	Mil, Bramshott	27-12-16	N. Y. D. (Q)
15	20 Moore Barr, Shorncliffe	30-12-16	Epilepsy
23	Moore Barr, Shorncliffe	17-2-17	Epilepsy (disch)
97.	M. H. C. Montreal	5-4-17	adm. by M. C. H. cl 2
256	" " "	12/10/17	G. N. C. H. to D. L. H.
244	M. H. C. Montreal	7-11-17	Trans D. C. H to Hq. Unit
" " "	" " "	7-11-17	Outp L. O. L Hq. Unit
307.	" " " " "	30-11-17.	Disch from Wis. Service. C.C.S. conduct. Good.

Name ~~Bernam~~ ~~Romain~~ Romain
 Theriault Rank Pte.

Reg. No. 856692.

Unit 150th Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
15-11.	Mil. Post.		N.Y.C.	4		
28-11	Died.		D.O.H.	6		
27-12	Mil. Hosp.	B' Shott.	N.Y.C.	13		
30-12	Brook Park Hosp.	S'cliffe	Epilepsy	15		
17-2-17	Died			23		

No. 856692 RANK

Pte.

NAME

Chirault. R.

T. O. S.

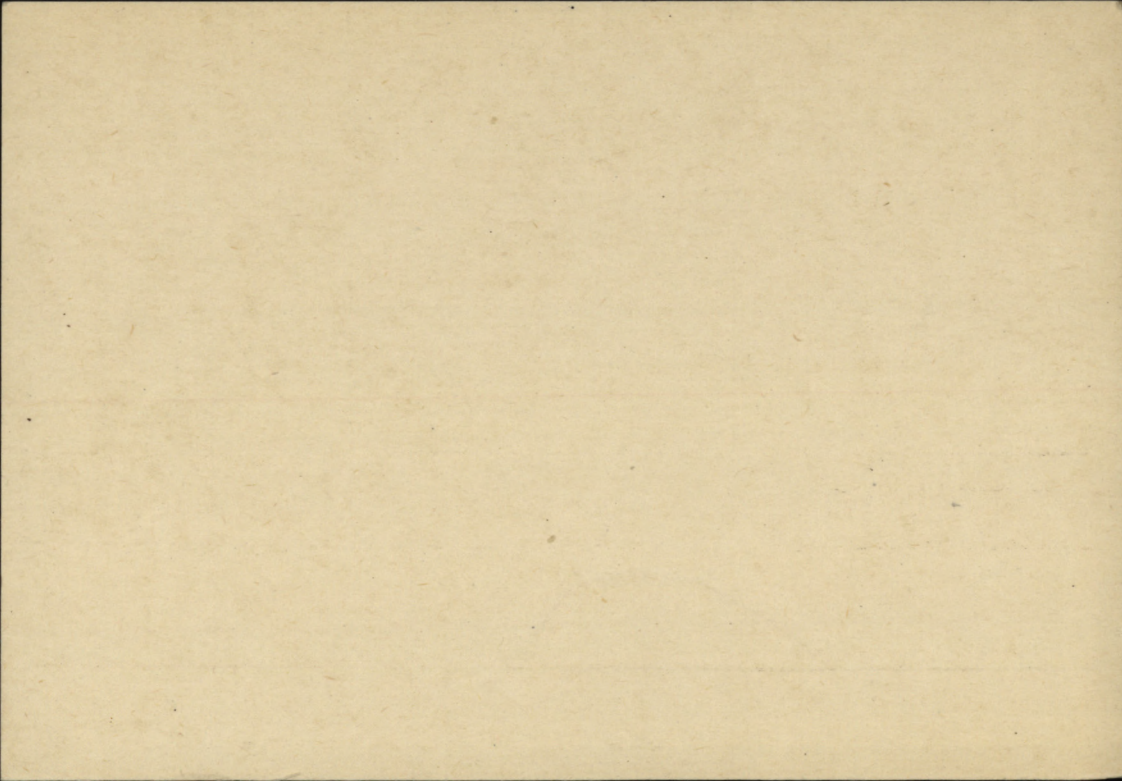
UNIT

Discharged depot. Seeber

M. D.

5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Mar no date	1917.	✓	150 ch.	



R. & O. 6034.

REGTL. NO.

RANK

NAME

COY.

FOLIO

856692

Pte

Therence Romain

3

TAKEN ON FROM

DATE

PARTICULARS

M. B. C. Inf

24-8-16

PROMOTIONS OR APPOINTMENTS

AUTHORITY

DATE

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

QUALIFICATIONS

VACCINATION

DRAFTED TO

REMARKS

STRUCK OFF

LEAVE

NEXT OF KIN

FROM

TO

REMARKS

Mrs Catherine Pheriault (mother)
St Godfroy, Bonaventure Isle

LEDGER No. 11 ^{3/}817

SERIAL No. 2096613
20967

REG. NUMBER 856692 NAME Therault Romain

RANK Exc Pte CORPS I. S. C.

AGE 29 SERVICE -

NAME OF HOSPITAL Royal Victoria PLACE Montreal

DATE OF ADMISSION 15. 9. 18

DISEASE Tumor of Brain

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

IN CATEGORY

Died
16th Sep. 18
over

20967

REMARKS: Dummer's Nail . 7. 9. 18

Cerebral Tumor. Nephritis . 8. 14. 9. 18.

P.H.
R

Number 856692

Rank

Pli-
R B

Surname THERIAULT

Christian Name Romain

Units 150th Bn Can Inf Theatre of War England

Date of Service 6-10-16

1698

Remarks Mother - Mrs Andre Philippe
Tenier St Godfri Bonaventure Co

Latest Address 293 St Andre

Montreal

Roll No. A Page 2309

P.Q.

B.W.M. no. d. 16⁴/₂₅

~~DESP. APR 15 1925~~

~~REGN. NO. 12511~~



H. Q. 649- T- 3397.

150th form 178th Bm.

✓ ✓ ✓ ✓ ✓
THERIAULT, Pte. Romain, #956692,

C.E.F.

Med & D

(Mother)



Mrs. Andre Phillippe,
Tenier St., Godfroi,
Bonaventure Co., P.Q.

P & S

(Mother)

Address as above.

(Ser. #985597.)

Mem Cross

(Mother)

Address as above.

49534

*England only.
J. W. B. W. m.
21*

B-

56363

Reqd. No.

1923

Reqd. No.

49584

JUN 6

1923

P.O. No. 1099

4/11/21

FEB 26 1921

No. 56692

RANK

Pte.

NAME

Theriault R.

T. O. S. 24-8-16

UNIT

175th. Battalion, (662)

DD 129 of 26-8-16.

M. D. 4.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916

1916

Aug 24

Aug 31.

✓

Sept 1.

Sept 9.

n

Sept 10

Sept 30

✓

Trans. to 150th. Bn.

DD 194 of 10-9-16.

now shown on 150th Bn
Sept Paylist



Surname *Jherivault* Christian Name or Names *R.* Reg. No. *856697*
 Rank *Pl.* Unit *150 Batt.* Co. Troop Batty
 Hospital *mil Bramshott.* Date of Admission *15-11-16.*

Transferred *Bramshott M.d.* Hosp. *27.12.16*

Wooler Bhs. Hosp. *30.12.16*

Hosp.

Hosp.

Diagnosis *O. B. H.*

(1) Later Diagnosis (if changed) *27D?*

(2) *Epilepsy*

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis. 28. 11. 16
Disc. 17-2-17 Date

REMARKS

24-11-16 4
CL 2.12.16. 6
" 4.1.17 #13
11.1.14. 15
" 24-2-17 #23

A.M.D. 2 DEPT.

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

R x

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

5-12-1916.

No. 856692 Rank Rt Name Therivault Romain

Local Unit 150 Overseas Unit _____ Age 27

Examination held at Bramshott, Hants.

DISABILITY.

none

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

This man is suspected of having fits. His M.O. is not prepared to give a Certificate to that effect, was sent to Bramshott military hospital for observation and after 3 weeks was returned to his lines. He has a marked bruit at apex but compensation is good.

Board recommends:

Wd 10

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Class A II

Signatures:

Members { *A. Stewart Maj* Pres.
Manushkin Maj
Joseph Hammond Capt.

Approved.

Bramshott 5/12 1916.

W. J. ... Major
for A.D.M.S. *1900*
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT

BY ABILITY

Of the rank of Surgeon, R.A.M.C. (as such one and)

PRESENT CONDITION

Number

Apprentice

Practitioner

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
1916	150 Canadian		27	3/12
Station and Date.	Disease <u>Mitral Disease of Heart & Epilepsy</u>			
Novr. 14	<p>Patient arrived in Hospital to-day from his battalion direct, enlisted Aug. 22/16 and arrived in England in September /16. Was in good health when he enlisted; never had not been ^{acute} ill with Rheumatism when he was seven years of age. Father died from "lightning stroke" mother living well, brothers & sisters living and well.</p>			
	<p>Revised About a week after he enlisted patient was struck by a box which was being handed to him from an elevation of 3 feet. Patient coughed up some blood at the time and since then has fainting spells - epilepsy. Had four attacks before arriving in England and three times since arriving. Was sent to the hospital for treatment of these fainting fits.</p>			
Novr. 15	<p>Urine examination negative. Patient has a well marked mitral systolic murmur moderate transmitted to the axilla - apex heart slightly outward. Chest examination negative. Patient is advised to remain in bed & tonics advised.</p>			
Novr. 16	<p>Patient had an epileptic seizure.</p>			

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

Station
and Date.

to-day. It was preceded by a headache
but no other warning. After the
attack patient was semi-conscious for
about one hour.

Nov. 20 Patient is allowed to be up and
around the ward. He is feeling
better and has had no seizures
since

Nov 24 A.F.B. "179" is to be made out for
discharge.

Capt. J. J. O'Connell
per Capt. Webb

Dec 26-16 Re-admitted to Ward 1. Certificate of
diagnosis accompanying papers.
Capt. D. A. Webb

21-1-16
150th Overseas Bn. C.E.F.

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

M. F. W. 54. (A. F. B. 103.)
 250M.—1-16.
 H. Q. 177939-920.

Casualty Form—Active Service.

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

Regimental No. 856692 Rank Pte. Name Therriault, Romain
C. E. F.

Enlisted (a) 24/8/16 Terms of Service (a) war Service reckons from (a) 24/8/16

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. Fireman

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>Embarked Canada</i>	<i>Halifax</i>	<i>23-9-16</i>	
		<i>Disembarked England</i>	<i>Liverpool</i>	<i>6-10-16</i>	

(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.]

Proceedings of Medical Board at Discharge Depot.

Number 856692 Rank Pte. Name and Corps of disabled soldier. Therualet Romaine - 150th
Previous Civilian Occupation. Fireman

DEPT. MILITIA & DEFENCE

MAR 19 1917
679-5-3397
CANADA

Cause of disability:-

Epilepsy V. D. H. Ventral Hernia

Condition in detail which prevent the soldier earning a Full livelihood:-

Claims that first fit occurred following injury at Valcartier, Oct. 1916. Has had about 2 fits a month since, Certificate of true epilepsy attached. A small ventral hernia above umbilicus which he says came on at time of injury above mentioned caused by lifting 500 pound weight. There is a soft systolic at apex - other systems normal. Functional murmur?

Opinion of the Board.

Degree of incapacity (Please state in fractions.) V. D. H. no disability

Probable duration of incapacity:- Epilepsy 1/4 } Due to service (according to history)
Ventral Hernia 1/4 } Reducing to nil after operations
unable to say at present

Does it render him permanently unfit for "Military Service? yes.

Would operation, special treatment or the use of appliances, etc., lessen incapacity. Convalascent Home

Signature. W. Phelps Col President.

Attaley Kirkland Capt Members.

Station. Quebec Y.M. Ontario Capt

Date 13.3.17

Approved.

Date _____ Assistant Director Medical Service.

Date 23.3.17 W. Caruold Capt Director General Medical Service.

Proceedings of the Board of Health

W

Rank _____
Name _____
Civilian Occupation _____

Cause of disability:-

George V. H. Walter

Condition in detail which prevents the holder from performing his duties:-

Chronic that first occurred during military service, characterized by 1914, has had about 2-3 attacks since, but first attack was very severe and resulted in total blindness. There was a slight improvement in vision after several months of rest and cooperation with treatment.

Opinion of the Board

Degree of incapacity (state as in regulations)

Probable duration of incapacity:-

It is considered that the holder is not fit for military service, but would operate as special operator in the case of emergencies, etc.

Signature: _____

President: _____

Station: _____

Date _____

Approved: _____

Date _____

Date _____

Director and of Health Services

Medical Officer, Health Services

A.C. Rank _____ Name THERIAULT, Romain. ✓ Reg'l No. 856692 ✓
 Unit 150th Bn. If in perm. Corps, }
 What Unit? } Married or Single Single. ✓
 Place and Date of Enlistment Montreal, Aug. 24th. 1916. ✓ Place of Birth St. Godefroi, P.Q. ✓
 Name and Address, Next-of-Kin Catherine Theriault, ✓
St. Godefroi, P.Q. Canada. ✓ Relationship Mother. ✓

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No.	1149
File R.L.	
Category	Can. M.O.

5-14

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & 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.				
		<u>Arrived in England S. S. Lapland</u>		<u>6-10-18</u>	
<u>24. 11. 16</u>	<u>150th Bn.</u>	<u>Adm. to Bram. Mil. Hosp.</u>	<u>Bramshott</u>	<u>15. 11. 16</u>	<u>Col. 4. Pt. II. D.O. 239</u> ✓
<u>2. 12. 16</u>	<u>" "</u>	<u>Discharged from</u>	<u>" "</u>	<u>28. 11. 16</u>	<u>Col. 6. Pt. II. D.O. 239</u>
<u>4. 1. 17</u>	<u>Col. 150th Bn.</u>	<u>Adm. to Bram. Mil. Hosp.</u>	<u>Bramshott</u>	<u>27. 12. 16</u>	<u>Col. 13. + Pt. II. D.O. 32</u>
<u>11. 1. 17</u>	<u>" "</u>	<u>Transf. to M. B. Hosp. Shorncliffe</u>	<u>" "</u>	<u>30. 12. 16</u>	<u>Col. 15. + Pt. II. D.O. 32</u> Epilepsy.
<u>24. 2. 17</u>	<u>" "</u>	<u>Disch. " " "</u>	<u>Witley</u>	<u>17. 2. 17</u>	<u>Col. 23</u>
<u>31. 3. 17</u>	<u>" "</u>	<u>S.O.S. on being discharged to Canada.</u>	<u>" "</u>	<u>19. 2. 17</u>	<u>Pt. II. D.O. 90.</u>
	<u>Dis Dep.</u>	<u>to leave home</u>	<u>mtd H/Montreal</u>	<u>5. 3. 17</u>	<u>TR 217.</u>

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.

150th Batt C.E.F.
1890 BAT., F.E.C.

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

150th Overseas Bn. C.E.F.

(2) Regimental Number.....

856692

(3) Full Name of Soldier.....

Romaine Theriault

(4) Place of Birth.....

*St Godfrey Que
Co. Bonaventure Que
Canada*

(5) Are you married, or not?.....

No

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

*St Godfrey
Co. Bonaventure, Que
Canada*

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... *No*

If so, state name and address

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

If so, state name and address..... *Catherine Tennier*

St. Roch - Bonaventure, Que. - Canada

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

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

(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.

fifteen dollars \$ 15⁰⁰/_{XX}

(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.

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

(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.

.....

(15) Are you insured?..... *No*

If so, in what Company?.....

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

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

Date..... *September 20th 1916*

W. Baranoff
.....
Officer Commanding.

FORM OF WILL.

93366

I, Romain Theriault (Name in full)
Regimental Number 857692 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 & Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Catherine Grenier Theriault
St. Godroy
(mother), Les Bonaventure P.Q.
} Name & Address
of person or
persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 3rd day of December A.D. 1916.

R. Theriault 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.

ESTATES
MIL. & DEF.
A.M. DEC 17 1918

Name of Witness.....
Address of Witness.....
Occupation of Witness.....
Paymaster
150th Overseas Bn. C.E.F.

Name of Witness.....
Address of Witness.....
Occupation of Witness.....
Private
150th Overseas Battalion C. E. F.

FORM OF WILL

I, *[Name]*, of the County of *[County]* State of *[State]*, do hereby make my last Will and Testament, and declare the intent to do so, in the following manner:

Name & Address
of person or
persons to whom
I give

[Faint handwritten text]

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

[Faint handwritten text]

In Witness Whereof I have hereunto set my hand and seal this *[Date]* day of *[Month]* A.D. 19*[Year]*.

[Signature]

I, *[Name]*, Clerk of the Court, do hereby certify that the foregoing is a true and correct copy of the original Will as the same appears from the records of the Court.

[Faint text at the bottom of the page]

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. 856692 Rank Pte Name Theriault R
 Corps 150th Batt who was* Discharged
 On Nov 30 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 1st 1917, to Nov 30/17 1917, the inclusive date of transfer or discharge.

Dr.		\$	c	Cr.		\$	c
Bal. Dr. from prev. month				Bal. Cr. from prev. month		106	93
Advances by Cheques	No. <u>10591</u>	50	00	Regt'l Pay	<u>30</u> days at \$ <u>1.00</u>	30	00
	No. _____			Field Allow.	<u>30</u> days at \$ <u>0.10</u>	3	00
Assigned Pay No. <u>11234</u>		15	00	Other Allowances*			
Other Charges*				Other Credits* <u>24 days Subgr^{at} 60th</u>		14	40
Payment on transfer or discharge No. <u>11984</u>		89	33	Bal. Dr. (to be deducted by new unit)			
Balance Cr. (to be paid by the new unit)				Total		154	33
Total				Total		154	33

*Give Particulars.

A monthly stoppage of \$ 15⁰⁰ (†) has _____ (‡) been paid on account of Assigned Pay for the month of Nov 1917 to (Assignee) M^r R Theriault
 (Address) St Ladpou Bonaventure City

(†) 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.

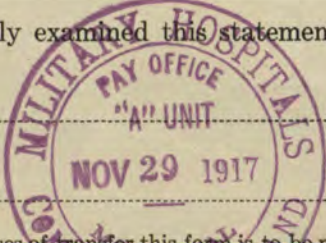
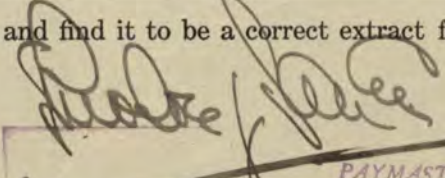
Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS:—

State (1) date of enlistment 24-8-16
 (2) if married and if a Separation Allowance Card has been submitted nil
 (3) cause of discharge and authority MD 4 (22-7-256)

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 _____


 CAPTAIN 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.

CAMPBELL CONTINGENT EXPEDITIONARY FORCE

LATINA GRATA

Mr. [illegible] [illegible]
[illegible] [illegible]
[illegible] [illegible]

1871
[illegible] [illegible]
[illegible] [illegible]

[Faint, illegible text throughout the lower half of the page, possibly bleed-through or very light handwriting.]

123691

B.P.E. 20823

EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

5-12-1916.

No. 856692 Rank Rt Name Heriault Roman

Local Unit 150 Overseas Unit _____ Age 27

Examination held at Bramshott, Hants.

DISABILITY.

none

Overseas—Local.
(scratch one out)

PRESENT CONDITION.

This man is suspected of having fits. His M.O. is not prepared to give a Certificate to that effect. Was sent to Bramshott military hospital for observation and after 3 weeks was returned to his lines. He has a marked breast at apex and compensation is good.

Board recommends:

1. Fit for Duty.
2. Fit for duty after _____ weeks physical training.
3. Fit for Base duty _____ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Class A II

Signatures:

Members { Pot Stewart Maj Pres.
W. H. ... Maj
Jas. L. ... Capt.

Approved.

Bramshott 5/12 1916.

for A.D.M.S. + 900
Canadian Troops, Bramshott.

Name: _____
Address: _____

Signature: _____

Date: _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Signature: _____

PRESENT CONDITION

(Signature) _____
 Date: _____
 Signature: _____
 Date: _____
 Signature: _____
 Date: _____

STANDARD MEDICAL BOARD, BANGALORE
OR
EXAMINATION

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

EMW

17918-R-1

Name **Therriault, Romain**
Surname

Christian Name

Regimental Number **856692**

Rank **Pte.**

Address (in full)

293 St. Andre St.,

Unit **150th Bn.**

Montreal, Que.

Original Unit

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

Date of Discharge **30-11-17.**

P. D. P. Filing Number **9-47-4.**

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

L. L. 22573—M. & D. 800P.

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	931	11-12-17	33 00	915	17-1-18	33 00	924	21-2-18	34 10		100 10

M. F. W. 127.
50M-617.
1772 39-1140.

Remarks:

File No. _____

WAR SERVICE GRATUITY.

Register No. _____

Reg. No. _____ Dependent _____

Name _____ Address _____

Address _____

Pay Soldier \$ _____ Pay Dependent \$ _____

Clerk _____ Days _____ Rate _____ Due _____

Less P.D.P. credited _____

Less further Dr. Bal. _____

or overpayment. Net _____

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR

Posting checked by

.....

Date.....

Name Bheriault R Private

M. F. W. 41
1 0M-7-16
1772-39 889.

Regimental No. 856692
Unit 150 Btm.

Σ a.B.

Name and address of next of kin Gen. Del. Montreal P.C.

Date of enlistment

Place of S.A. Mil.

Convalescent Home Rec. 13.3.17

Married (yes or no) no.

15.10 from Oct 1st to Feb 25.17

Date and place discharged

Amount of pay assigned monthly \$ mrs Catherine Bheriault St. Godfr. Bonaventure P.C.

Reason for discharge

To whom payable Essequibo 5-3-17

Character on discharge class 2 G.O. 649-T-3397

Form 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					
4 th 17	3 rd 17		56	100	56	10	560	37.93	99.53					50.00		Eng. Co. P.C. D. J. Quebec.
	31 st 17													49.53	99.53	
										<u>Bal. & Trans.</u>						
Pensioned.																
1.1.18 - 12.0.17																
<u>From 1st 17 to 4th 17 m.w.</u>																
<u>E.A.P. 28th 17</u>																

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

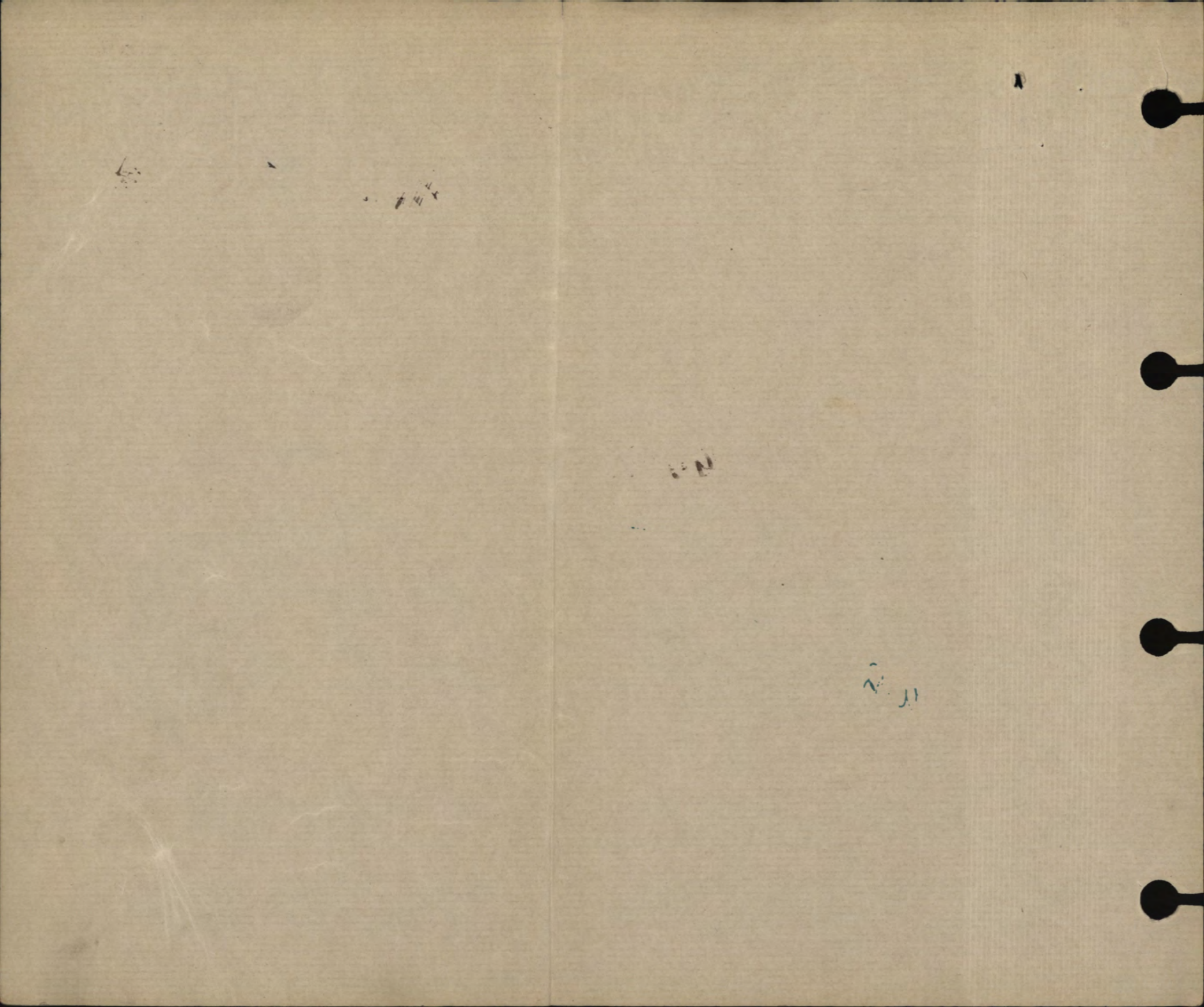
144

To Whom *Mrs Cath. Theriault* By Whom Assigned *Theriault, Romain*
Address *St. Godfroi,
Bonaventure
P.Q.* Regtl. No. *856692*
Rank *Pte*
Corps *150th Bde.*
Rate *\$15.⁰⁰*

OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>"Discharged to Canada"</i> <i>Stop 1³/₁₇ — 3 M. 3²/₁₇</i> <i>2 N. 15⁰/₁₇</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

Name of Soldier

L. L. Job 5470—Req. 6888.

PAYMENTS.

856692 - Pte - 150th Btn -*Mrs. Cath Theriault**Theriault, Romain*

145

#15.00

Month.	Year.	Cheque No.	Am ^t .	Remarks.
April	1916			OCT 1 - 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		P26678	50	
Dec.		P35838	15	
Jan.	1917	941123	15	
Feb.		D48176	15	
March				15 th a/c. closed 1 ³ / ₁₇
April				J.N. 15 ³ / ₁₇
May				\$75.00 - V.X. 31/5/17
June				Returned Esquibo 19/2/17 Q.R.
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*W.B.**W.B.*

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.				

6243



6245

[Handwritten signature]

This space to be for numbers

Proceedings on Discharge.



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

306-20873

No.	856692
Rank	Private
Surname	Therriault.
Christian Name	Romain
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	150th Battalion.
Date of Discharge	30/11/17.
Place of Discharge	Montreal.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Age	Height	Complexion	Eyes	Hair	Trade	Intended place of residence	Descriptive Marks
	28 years 6 months.	5 feet 5 1/2 inches.	Brown	Brown	Brown	Fireman.	293, St. Andre St. Montreal.	Small lump half way between sternum and umbilicus.

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

Medical Unfitness due to **Epilepsy. Endocarditis.**

Authority H.Q. 4D. 22-T-256 Dated Nov. 8th 1917.

In accordance with instruction in H.Q. 649-1-79 and M.P. 4. 54-196 of October 31st 1917.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

[Handwritten signature]

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.)

Referred to District Montreal Officer.

M. F. B. 218.
100M-1-17.
H. Q. 1772-39-113.

(OVER)

[Handwritten notes in red ink: Dis. Sent 30/12-17. om.]

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



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

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

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

6. Medals and Decorations.....

Table with columns for Name, Rank, and Squadron, Battery or Company.

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. *Therault* (Signature of Soldier.)

(Date) 30/11/17. *Shwedding* (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 1 years 96 days.

11. Confirmation of Discharge.

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

(Place) Montreal.

(Date).....

(Signature).....

G. E. Hall MAJOR, O. C. "A" Troop



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.

<p>Attestation Paper, Militia Form H. 232</p>	<p>Reg. Conduct Sheet, Militia form H. 263</p>
<p>Proceedings on Discharge</p>	<p>Conduct Sheet, B. 262</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions by C. P. in MS.</p>
<p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid*, B. 227 Statement of Man's Account on Transfer and Last Pay Certificate, D. 877 *Only if discharged "Medically unfit."</p>

Therianth. 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.

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.

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

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.

When a soldier is absent through illness or any other cause, and it is necessary to send the discharge proceedings to him for signature, a manuscript copy should be sent to him, and when returned, should be attached here.

9. Additional Certificate in the case of a soldier who is discharged on his own request.

I hereby declare that I do of my own free will request to be discharged, and that I am not under any compulsion.

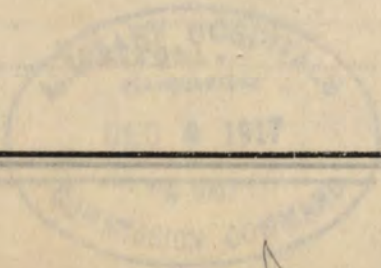
10. Statement of Service

Service toward Engagement from the date to which the Period of Service has expired.

11. Confirmation of Discharge

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

(Place)



(Signature)

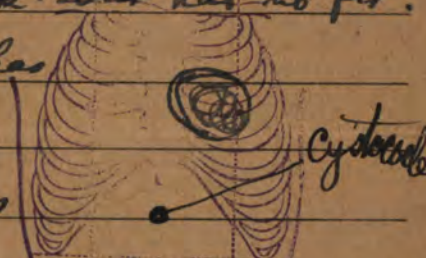
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 23603 Year 1916.	Regimental No.	Rank.	Surname.	Christian Name.
	Unit.	Age.	Service.	
	856692.	Pte	Therault	Romain
	150th Batt		27	4¹²/₁₂

Station and Date.
MOORE BARRACKS.
CANADIAN HOSPITAL
30.12.16

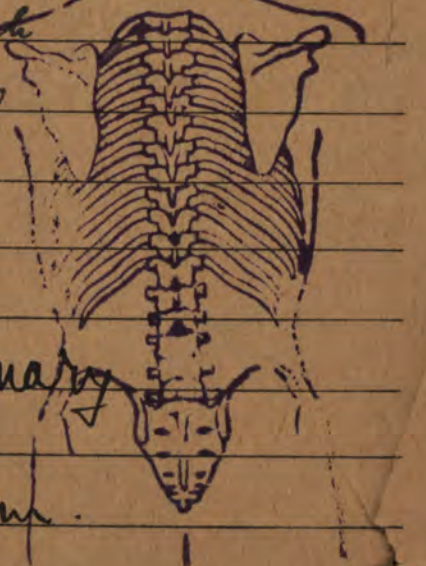
Disease **Epilepsy**
 Compl. **Fulo**
 Dur. **3 1/2 months.**

Per. Hist. - Never sick till present illness. Was fireman on an ocean steamer for several years & always well. When at Valparaiso had an accident by ~~holding~~ straining himself holding a box about 500 lbs which was about to fall on him (don't quite understand him). Says he spat blood next day & saw everything black. but had no fit. Three days later had a convulsion & has had nine since. Says he knows a couple of minutes before he has a fit, as his legs commence to jerk & he lies down. He also says he knows what happens now in the fit & he is not sleepy afterwards. Never bites his tongue.



P.H. 12 yrs. ago was struck on head (possibly by a rock) head & nose badly cut. No loss of consciousness.

Phy. Exam. Lungs - neg.
 Heart - enlarged - margin $\frac{3}{4}$ inch outside of left nipple. Soft blowing systolic apical murmur, transmitted to axilla.



Area: III
 2 cm | 10.5 cm.
 Soft diastolic murmur in pulmonary area.
 Small cystocele in epigastrium.
 Easton's syrup 3i t.i.d.

Intmt

Station
and Date.

17-1-17

Patient took real epileptic fit this morning, bit tongue, foamed at mouth, prolonged violent contraction of muscles. Went to sleep right after fit.

22-1-17

Board papers prepared recommending "Discharge as permanently unfit."

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.
MOORE BARRACKS,

CANADIAN HOSPITAL,

SHORNCLIFFE

Corps 150 Batt.

No. 856692

Rank and Name Therault, Rk. Romau

Age 27

Service 4/12

Disease Epilepsy

Date of admission 29/12/16.

Date of discharge 17/1/17

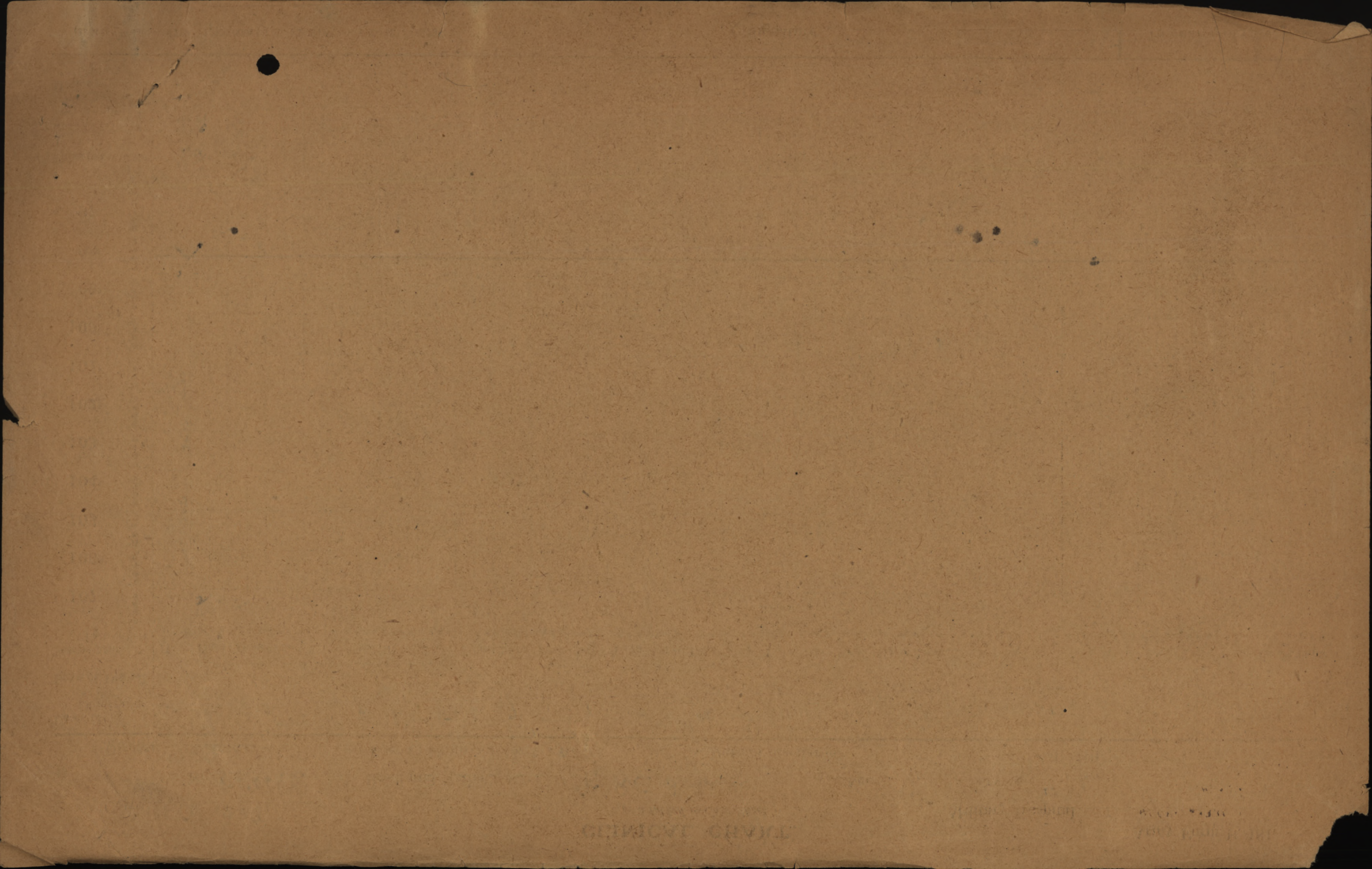
Result _____

Dates of Observation	Days of Disease																													
	29	30	31	Jan 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22					
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.
107°			9-5	9																	9-	9-5		5-						
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per minute	82	84																			84	80	80	78		72		76		
Respirations per Minute	20	20	20																		20	20	18	18		18		18		
Motions per 24 Hours	+	+																			+	+	+	+						

23603

On admission

Signature Jamesham. Capt. In charge of case.



Theriault, Romain
MEDICAL HISTORY SHEET
 Carded as "7"
 Theriault, Romain

Surname Romain Christian Name Theriault (10)

Examined { on 24th day of Aug 1916
 at Montreal
 Birthplace { City or Town St. Yedepoi
 County P. Q.

Approved by L. Chilson
 Rank Capt M.O.

Apparent age 27
 Trade or occupation Fireman
 Height 5 feet 5 1/2 Inches
 Weight 134 lbs.
 Chest measurement { Minimum 33 inches
 Maximum expansion 37 inches
 Physical development Good
 Small-pox Marks none

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

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last 1906

Date	Result	VACCINATIONS	M.O.
<u>19/11/16</u>		<u>SC</u>	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Terminal phalanges left
middle fingers gone
tendency flat feet

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>4/11/16</u>	<u>cc TAB</u>	<u>SC</u>	

Enlisted on 24 day of August 1916 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>178th Bn.</u>	<u>856 692</u>		<u>24-8-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Bramshott Camp, Hants.</u>	<u>5 Dec 1916</u>	<u>none</u>	<u>Class A fit</u>
<u>APPROVED.</u>	<u>5-12-16</u>	<u>Major, D.A.D.M.S. for A. Coy. S., Canadian Troops, Bramshott Camp</u>	<u>President</u>
<u>26 JAN 1917</u>	<u>26-1-17</u>	<u>Epilepsy?</u>	<u>Medical Board, Bramshott.</u>
		<u>Selbacher</u>	<u>President, Standing Medical Board</u>

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.

Surname *Romain* Christian Name *Theo* Surname *Romain* Christian Name *Theo*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In general cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Bramshot M.H.		14	11	16	28	11	16	Mitral disease of heart.	15.	Came here to be treated for epilepsy - Had one attack while here. Has a mitral systolic murmur. Man is returned to his M.O. to have him discharged.	<i>J. J. O'Connell</i> Capt.
Bramshot M.H.		26	12	16.	26	12	16.	Epilepsy	1	Transferred to Moore Barracks Took one epileptic fit 17-7-17 bit tongue, foamed at mouth prolonged tonic muscular contractions - unconsciousness. Heart: $\frac{111}{2. / 10.5.}$ Soft apical systolic murmur, transmitted to axilla; soft diastolic murmur in pulmonary area. Small cystocele in epigastrium. Wassermann negative. Board papers prepared recommending discharge.	<i>J. J. O'Connell</i> Capt.
		23603	29	12	16.						
Montreal Que,	G.N.C.H.	5	4	17	7	11	17	Epilepsy Endocarditis	216	Discharged to O.C. "A" Unit through the Clearing Stn. D.C.L.#236 Oct. 31st.	<i>J. J. O'Connell</i> Capt.

Moore Barracks Hpl. Gaerndiffe.

J. J. O'Connell

MEDICAL HISTORY OF AN INVALID.

B. P. C.

1. Station. **Montreal** 8. General remarks on his:—
 2. Regiment or Corps. **150th Battalion** (a) Conduct.
 3. Regimental No. and Rank. **#856692 Private** (b) Habits.
 4. Name. **R. Theriault** (c) Temperance.
 5. Age last Birthday. **29** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on **August 24th, 1915.**
 at **Montreal.**
 7. Former trade or occupation. **Fireman.** Date. **Sept. 27th, 1917.**

DEPT. MILITIA & DEFENCE

DEC -4 1917

649-7-3397
CANADA

9. Service. Years. **2** Days. **34**

PERIODS

	FROM	TO
	Aug. 24, 1915.	Sept. 27, 1917.

10. (a) Disease or disability. **1. Epilepsy. 2. Endocarditis.**
 (b) Date of origin. **1. Unknown - before enlistment. 2. Since enlistment.**
 (c) Place of origin. **1. and 2. Unknown.**
 (d) Cause. **1. and 2. Unknown.**

11. Present condition. (Most Important.) **General condition good. Has had since enlistment several typical epileptic convulsions, which he ascribes to injury at Valcartier Camp. While under observation, April 11th to Sept. 25th, he reported one slight "attack" on May 30, and one definitely observed attack on July 19th. Lungs normal. Heart: enlarged considerably to the left. A soft diastolic murmur is heard down left side of sternum and an intermittent soft systolic murmur at apex. Compensation well maintained. Half way between sternum and umbilicus is a small swelling, not increased on coughing. Other systems negative.**

12. (a) Is the disability the result of service or climate? **1. Impossible to say. 2. Yes.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **1. and 2. No.**

MEDICAL HISTORY OF AN INVALID

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Small lump half way between sternum and umbilicus.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

1. and 2. Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

1. and 2. Not exceptional.

14. Treatment.

Bramshott and Moore Barracks
Hospital, G. N. C. H.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

1. and 2. No.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

1. and 2. Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1. 1/10. 2. 2/5.

18. State if for discharge on account of unfitness for Service.

Yes, discharge Class "E".

[Handwritten Signature]

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Concur.

11. Concur.

12. Concur.

15. No. 1 Yes. (2) Aggravated by service.

16. Yes.

17. 1/10 for Epilepsy, 1/10 for Endocarditis.

18. Is he unfit for Military Service. Yes unfit.

Recommendations : That he be discharged as medically unfit for service, Category E. May pass under his own control - ~~treatment in civil life recommended.~~ *from the treatment not necessary* A.P. Compensation 1/10 for Epilepsy and 1/10 for Endocarditis - Total - 1/5 for one year - to be re-examed for re-adjustment at the end of that period.

Address: Godfrey, P.Q.

Signatures :—

A. M. Jones President.
Lt. Col.

Station. Montreal, Que.

Date. Sept. 28th, 1917.

Barbyngton
Members.

Date.

Approved.

Date.



W. J. Brown
Assr. Director of Medical Services.
Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

1288
6-12-17

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. } _____

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
200m. 8.16.
H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank
Name	Disability	Date	Hospital or Station transferred to for final disposal.
Date	Disability	Date of final disposal	How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.

B2pc 20823

CR 478

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station _____

Date 23-1-17

- 1. Unit. 150th Bn.
- 2. Regimental No. 856692
- 3. Rank Pte
- 4. Name Therivault Romain
- 5. Age last birthday 27 yrs
- 6. Enlisted on Aug. 24th 1916
at Montreal.
- 7. Former Trade or Occupation Fireman

8. Disability.

Epilepsy

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. About 1st Oct. 1916.
- 10. Place of origin of disability. Valcartier Que.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

never sick until present illness, at age of 15 severely cut about head & nose by a rock - not unconscious at Valcartier strained himself by holding up a 500 lb. wt. Says he spat blood next day & saw every thing black but had no fit. Three days later he had a convulsion & has had nine since. Says he knows a couple of minutes before he has a fit, his legs commence to jerk & he lies down

Med. Hist. Sheet: nothing of importance
- 12. (a) Give your opinion as to the causation of the disability. (a) Constitutional Tendency probably
- (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). (b) Strain & excitement of active service has set to light the tendency

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.

Well nourished intelligent man complains of considerable headache.

Somewhat depressed over his affliction Lungs negative, nervous & digestive systems negative. Heart regular area $\frac{111}{2\text{cm}/10.5\text{cm}}$ Soft apical systolic murmur; soft diastolic murmur in pulmonary area. Small cystocele in middle of epigastrium. On 17-1-17 took severe fit & a second within 24 hrs. attached is statement urine normal. Wassermann: negative see attached report

14. If the disability is an injury, was caused

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

not applicable

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

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

not applicable

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

not applicable

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

not applicable

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?

not applicable

19. Do you recommend

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

to
no
no
yes

J. Wickham, Capt. C.M.C.
Officer in medical charge of case.

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

Station



William A. Scott
OFFICER IN CHARGE OF HOSPITAL, CANADIAN HOSPITAL, SHORRCLIFF BARRACKS

Officer in charge of Hospital.

Date

* 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.

(1) No (2) No

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

Not applicable

21. Has the disability been caused or aggravated by

- (a) Intemperance? No
- (b) Misconduct? No

22. Is the disability permanent?

Impossible to say

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

Not applicable

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?

Not applicable

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? No
- (b) Fit for base duty? No
- (c) Invalided to Canada? Yes
- (d) Discharge as permanently unfit? No

G.

27. Remarks.

It is questionable if this man developed true epilepsy since enlistment. We consider it best to invalid him for further observation and inquiry into history.

Signatures:—

Station Moone B.R.O. W.M. & L. Pope President.
 Date 26 JAN 1917 E.L. Pope Capt C.M.B. Members.

Approved. [Signature]
 Station SHORNCLIFFE Administrative Medical Officer.
 (19, Westbourne Gardens, Folkestone.)
 Date 28 JAN 1917 FOR A.P.M.S. CANADIANS, SHORNCLIFFE

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at

Prior Park, Bath, England, on the _____ day of _____

191

Members of Board.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

- 20. (a) State whether the disability is the result of injuries received or illness contracted in the presence of the enemy, or on active service. If it is otherwise essential, state the cause of the disability to differentiate between them.
- (b) If due to one of these causes, to what specific condition do the Board attribute it?
- 21. Has the disability been caused or aggravated by:
 - (a) Intemperance?
 - (b) Misconduct?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be stated in words.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate that 1/2, 3/4, or total incapacity.
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend:
 - (a) P11 for duty?
 - (b) P11 for base duty?
 - (c) Invalided to Canada?
 - (d) Discharge as permanently unfit?
- 27. Remarks.

Signatures:—

President.

Signed at Prior Park, Bath, this _____ day

Members of _____ Station _____
of _____, 191 _____ Date _____

President.

Administrative Medical Officer.

Station _____
Date _____

CASE HISTORY SHEET.

Page - 2 -

Hospital..... Station.....
No..... Rank Ex-Pte. Name Therriault Age.....
Unit..... Completed years of service ^{Where} and ^{how long})
Date of admission..... Date of discharge.....
Diagnosis..... Place of origin.....

CONDITION ON ADMISSION AND PROGRESS OF CASE

No clonus.

Plantar:- Babinski right - plantar normal left. No Oppenheims.

Weakness of Vllth nerve left (slight.)

September 10th 1918.

Left grip - stronger than right (right handed)

Major Browne.

No Babinski - R. Testicular and abb. absent. Sensation unimpaired. No ataxia on Rhombbergism. Coordination good.

September 11th 1918.

Some lethargy all day. Cerebration slowed. At. 4.00 P.M. had a convulsion - right sided. Head - eyes and mouth all drawn to right - nystagmus to right fluttering of eye-lids. No biting of tongue.

Right arm and right leg first tonic and then clonic. Lasted 3 minutes. No involuntary defecation or micturition. Vomited at 12 o'clock (A.M.) No Nausea - came on suddenly.

September 12th 1918. (Nervous Exam.)

Mental:- Intelligence fair, attention good. Memory is getting poor patient states. He is not emotional, there is some insomnia but mostly he appears drowsy. There is no coma, delirium delusions or hallucinations. (Convulsion - see below.)

Special Senses. Taste, smell and hearing are not impaired, Vision is poor, fields not taken. Optic neuritis of both eyes; more marked blurring on nasal sides (Signed Capt. Tooke.)

Cranial Nerves:- 2 3 4 & 6. Pupils equal and marked mydriasis.

Right one does not react to light or accommodation; left reacts to light but dilates slowly while light is continued. External ocular

movements good. No nystagmus or ptosis. Has complained of diplopia. 5th 9th 10th 11th & 12th Normal.

7th Some weakness of left Vll.

Motor System. All movements of right side weakened his grip very much. There appears to be no wasting. Coordination is good and there are no fibrillary twitchings.

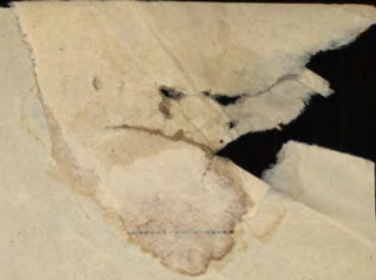
Sensory System. There is no gross involvement of his tactile pain or thermic sensation. Joint sense is good.

September 12th 1918 (Nervous Exam. continued)

Date.....

Medical Officer i/c case.

COURSE HISTORY SHEET



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CASE HISTORY SHEET.

Page - 3 -

Hospital. _____ Station. _____

No. _____ Rank. **Ex-Pte.** Name **Therriault** Age _____

Unit _____ Completed years of service _____ Where and how long

Date of admission _____ Date of discharge _____

Diagnosis _____ Place of origin _____

CONDITIONS ON ADMISSION AND PROGRESS OF CASE

Biceps Triceps and supination present and very slightly + on right. Left epigastric only abdominal reflex elicited. Cremasteric not elicited. Knee jerks present and + right side ++; ankle jerks not obtained. Left plantar present and active, right Babinski. No ankle clonus.

The gait is normal - no Romberg. Sphincters not involved. At 4.00 P.M. on Sept. 11th 1918 had a convulsion completely right sided. Head eyes and mouth drawn to right, lateral nystagmus to right. Fluttering of eye-lids. No biting of tongue. Right arm and right leg first tonic (1 minute) then clonic (2 minutes) No involuntary defecation or micturition. B.P.125-85. At 12.A.M. patient suddenly vomited about oz. VIII fluid (greenish) with undigested food. No preceding nausea. 12-9-18. Lumbar puncture. C.S.F. not under pressure. First contaminated with fresh blood, later clear. No increase in cells. Globulin not present. Specimen for Wasserman also blood.

September 13th 1918.

Headache better @ feels better generally. B.P.132-90. Pulse 64. Right pupil does not react, left slowly and poorly. Some suspicion of Kernig and neck stiffness. Babinski right foot. Urine normal. Patients sister-in-law stated today that she had seen him in a dizzy attack while walking along street. He didn't fall down but kept stumbling to the right side.

September 14th 1918.

Suspicion of Kernig and Stiffness of neck. Headache much worse. Right sided paresis as before, slightly more marked. Pulse 40 B.P.160-140. Spinal fluid Wasserman:- Negative. Blood Wasserman Negative. White Blood count 9,600 Ears Exam. Negative.

Summary:- Headaches, vomiting, convulsions and optic neuritis. Right sided paresis with increased reflexes same side. Right Babinski, double Kernig - stiffness of neck.

CONDITIONS ON DISCHARGE Blood and spinal fluid normal. Urine:- Occasional cast with trace albumin. Temp:- normal. Since Sept. 13th 1918. B.P. has been increasing and pulse slowing.

Diagnosis:- 1. Cerebral Tumor. 2. Chronic Endocarditis. 3. Chronic nephritis.

Date September 14th 1918

[Signature]
Medical Officer i/c case.
[Signature]

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CASE HISTORY SHEET.

ROYAL VICTORIA HOSPITAL. Hospital.

MONTREAL P.Q. Station.

No. 856692 Rank Ex/Private Name Romain. Theriault. Age 29

I.S.C. (150th Battn)

Unit..... Completed years of service }
Where and how long }

Date of admission 15th September 1918 Date of discharge Died 16th September 1918

Diagnosis Tumor of Brain, (Left Frontal) Place of origin.....

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient admitted in a semi-conscious state as an emergency case from the Presbyterian College Neurological Military Hospital No Complete Paralysis, but had Paresis of right side of body and left side of face and tongue. Pupils widely dilated. Pulse 70-90. No Hypertension. Respirations rapid 22-24. Condition remained about the same until 7-15 A.M. on the 16th inst., when he became suddenly worse. Completely comatose with rapid pulse and Respirations. Temperature became elevated. He expelled a moderate amount of Mucco-pus from the nose and mouth. He expired suddenly at 12-40 P.M. September 16th 1918/

The attending OtoLaryngologist reports as follows :-

Ears Normal. Right Nostril - definite pus coming from the sinuses, possibly involving both frontal sinus and Antrum. Died before I could Puncture the Antrum. Left nostril Normal.

The patient also had Multiple Endocarditis and Chronic Nephritis, ^{Optic Atrophy,} ^{double}
Post Mortem report to follow.

FAMILY HISTORY.....?

(Tuberculosis, mental or nervous diseases.).....

TREATMENT..... Under observation - not treated.

(Especially any specific or special form.).....

CONDITION ON DISCHARGE Died 12-40 P.M. September 16th 1918

(and disposal made of case.).....

Date 16th September 1918...

Almeida de Souza Collier
M.O. i/c of Troops Royal Victoria Hospital.
Medical Officer i/c case.

CASE HISTORY SHEET

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CASE HISTORY SHEET.

Drummond Military Conv. Hospital. Montreal Station.

No. Rank Ex-Pte. Name Theriahult Age 29

Unit I.S.C. Completed years of service Where and how long

Date of admission September 7, 1918. Date of discharge September 14, 1918.

Diagnosis Cerebral tumor.
Chr. endocarditis.
Chr. nephritis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints:- Headache, dizzy attacks - convulsions and occasional vomiting, (3 times in 2 years.)

History:- Dizzy attacks for 2 years.
Convulsions for 2 years.
Headaches for 2 years.
Vomiting after meals - no pain, feels nauseated before.

Only occurred three times in last two years.
Patient states that about 1 month ago while on a boat he had vomiting (nauseated first) headache and convulsions (15 minutes they lasted) Has never had any stupor, delirium, or psychical disturbances. His memory is getting worse; he has had diplopia several times - sudden in onset and termination. No history of any paralysis. Denies syphilis - ~~admitted~~? Rheumatic fever, in England (one joint involved - sick 8 days, so doubtful.)

Condition on Admission:- Pupils equal and active no ptosis or squint. Teeth good - throat negative. Chest - well formed, moves equally and well, on anterior upper half of chest are numerous small (split-pea) elongated scars suggesting trauma (cautery) healing well. Resonance good. B.S. normal. Voice sounds unaltered.

Posteriorly:- Resonance and fremitus O.K. Few moist sounds left base.

FAMILY HISTORY V.R. not changed.

(Tuberculous, mental or nervous diseases) Heart:- 111 R. P.M.L. felt in LV S.
(2) 8 cm. | 11 cm. 9 cms. from M.S.L.

A blowing systolic murmur heard almost replacing first sound transmitted to left axilla. A faint systolic whiff heard at base followed by a marked rushing, - like diastolic murmur transmitted to apex.

(Especially any specific or special forms) Sounds are regular. B.P. 120-75 m.m.
Pulse regular - 80 tension low - water hammer in character. Capillary pulsation noted in nails.

Abdomen:- No scars or bulgings. No rigidity tenderness or moveable dulness. No organs palpable. Slight separation of recti in epigastrium about 2 cms. in length. No hernia but painful.

CONDITION ON DISCHARGE Reflexes:- Supinators - extensor Biceps and triceps present and adequate. Left epigastric elicited - other abdominal ones absent. Tasticulars not elicited. Knee jerks - right ++ left normal. Ankle jerks - right obtained & left not obtained

Date Medical Officer i/c case.

20967



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