

ATTESTATION PAPER.

No. 1049038

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Inhancer*
- 1a. What are your Christian names? *Joseph Adeland*
- 1b. What is your present address? *Port Moody B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Quebec City P.Q.*
- 3. What is the name of your next-of-kin? *Meluna Inhancer*
- 4. What is the address of your next-of-kin? *Port Moody B.C.*
- 4a. What is the relationship of your next-of-kin? *Wife*
- 5. What is the date of your birth? *29th April 1888*
- 6. What is your Trade or Calling? *Fireman*
- 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? *Yes 9th Batt. Quebec*
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, *Joseph Adeland Inhancer*, 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 *Sept 8* 191*6*. *Joseph Adeland Inhancer* (Signature of Recruit)
Chas Hillier (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Adeland Jos Inhancer*, 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 *Sept 8* 191*6*. *Joseph Adeland Inhancer* (Signature of Recruit)
Chas Hillier (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 *Quebec* this *8th* day of *Sept* 191*6*.
Chas Hillier J. (Signature of Justice)

*noted
3-11-16
H.C.*

Description of Joseph Adelard Trepanier on Enlistment.

Apparent Age.....28.....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.....5 ft. 6-1/4 ins.

Chest measurement. { Girth when fully expanded.....32 1/2 ins.
 Range of expansion.....3 ins.

Complexion.....Sallow

Eyes.....Brown

Hair.....Dark

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

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.....8th September.....1916

Place.....Vancouver B.C.

[Signature]
 Medical Officer.

*Insert here 'fit' or 'unfit.'

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph A. Trepanier.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date.....8. 9......1916
[Signature].....(Signature of Officer)
 Lt. Col.
 242nd. Can. Forestry Battalion, C. E. F.



ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

OCT 22 1918

1. What is your surname?..... Trépanier
- 1a. What are your Christian names?..... Joseph Adelard
- 1b. What is your present address?..... 4 Rue Burton, Quebec
2. In what Town, Township or Parish, and in what Country were you born?..... Quebec
3. What is the name of your next-of kin?..... Mrs. J.A. Trépanier
4. What is the address of your next-of-kin?..... 4 Rue Burton Quebec
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... 29 th April, 1888
6. What is your Trade or Calling?..... Oilman
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?..... Yes, 9th R.V. de Q.,
10. Have you ever served in any Military Force?..... Yes, 242 nd Battalion C.E.F.,
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. Yes.
14. If so, what was the nature of the disability? (Being categorised C.III)
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... Yes.
16. If so, what was the reason?..... Defective sight.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. A. Trépanier, 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.

J. A. Trépanier (Signature of Recruit)

Date 13.5.18 191 . R. R. Lawrence (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. A. Trépanier, 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.

J. A. Trépanier (Signature of Recruit)

Date 13.5.18. 191 . R. R. Lawrence (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 Citadel, Quebec this 13th day of May 1918. 191 .

J. A. Trépanier (Signature of Justice)

15

Description of Japanese on Enlistment.

Apparent Age 28 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 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 3 ins.

Complexion fair

Eyes Brown

Hair Dark

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

None

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 C¹¹ for the Canadian Over-Seas Expeditionary Force.

Date May 1 1918

Place Quebec

[Signature]

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Adilard Tjepanovic 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] Lieut.-Col. (Signature of Officer)
D. C., 5th Battalion C. G. R.

Date May 15 1918 1918

hi

21. 11-18

Deceased

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 23

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

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..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 2

Inventory of Kit.....

Last Pay Certificate..... 1

D.O.C. I.F. # 10-
M.Y.B. 303-
M.Y.B. 465-
A.Y.B. 122-
M.Y.W. 113-
M.F.W. 62.

50M.-9-18.
H. Q. 1772-39-935.

Name TREPANIER, JOSEPH, ADELARD.

Regt. No. 26976767 Rank Plt

Corps 5th Am. C. G. Regt.

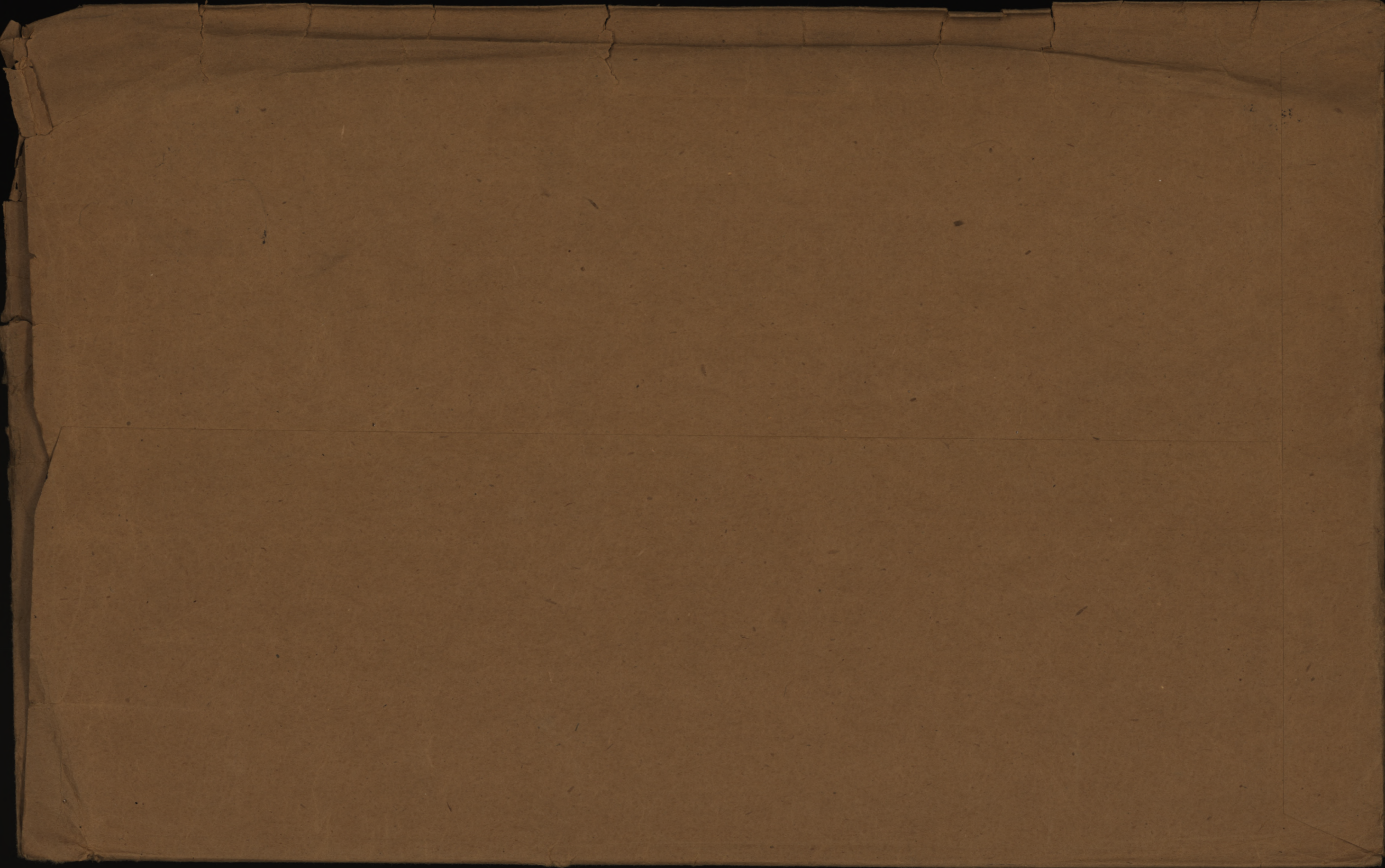
S.O.S. 11-10-18

M.D. 5

17615



MX 303-21 ac



SURNAME.

Trepanier

649-J-2803.

CARD NO.

✓

CHRISTIAN NAMES

Joseph Adelaud.

S. O. S. *Dis M U.*

FOLL. 4
25/10/16.

REGL. No.

1049038

RANK

Pte.

UNIT

242nd.

Ber.

FORMER CORPS

9th. Ber.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Trepanier. Mrs. Melvina

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Port Moody, B. C.

COUNTRY OF BIRTH

Canada. Quebec City

DATE

Apr. 29th 1885.

PLACE OF ATTESTATION

Vancouver, B. C.

DATE

Sept. 8th 1916.

Th.

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

28.

YEARS

MONTHS

HEIGHT

5

FEET

6 1/4.

INCHES

CHEST MEASUREMENT

32 1/2.

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Pallid.

EYES

Brown.

HAIR

Dark.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

Sept. 8th 1916.

Present Address. Port Moody, B.C.

D. 11/10/18
(with 649-J-2803)

Surname Trepanier
Christian names Joseph Adelard
Regtl. No. 2697677 Rank Plé
Unit Can. Cav. Regt. (5th Bn)
H. Q. 649-J-2803
M. D. No. 5
T. O. S. May 7th 1918
D. O. Pt. II 18 of 14-5-18
S. O. S. 13-10-1918
Reason Deceased
Auth. 8-10-194 of 8/11/18
6109R

Next of kin Trepanier, Mrs. J. A. Relationship Wife
Address 4 Burston St.,
Quebec, P. Q.
Also notify:

BORN—Place Canada, Quebec P. Q. Date Apr. 29th, 1888
ATTESTED—Place Quebec P. Q. Date May 13th, 1918
O/S..... R/C.....



Trepanier, Jos., A., Pte. 2697677 5th Bn. 649-T22803
✓ Joseph ✓ deland ✓ c. s. R

Med. & Dec. (Widow) Mrs. M. Desorcy,
Villemontel, Co., Pontiac.
P. Q. ** 5*

P. & S (Widow) Address as above.

Per # 808732

Mem. Cross. (Widow) " " "

Mem. Cross. (Widow) MAY 9 - 1926 " " " Reqn. No. 2 41994

Canada only

JUN 26 1922

Widow - 2 X'S. Reqn. No. 5 2321

N.B. Mother died subsequently.

Bac

840

~~W
Hunt~~

49156

APR -5 1921

49157

APR -5 1921

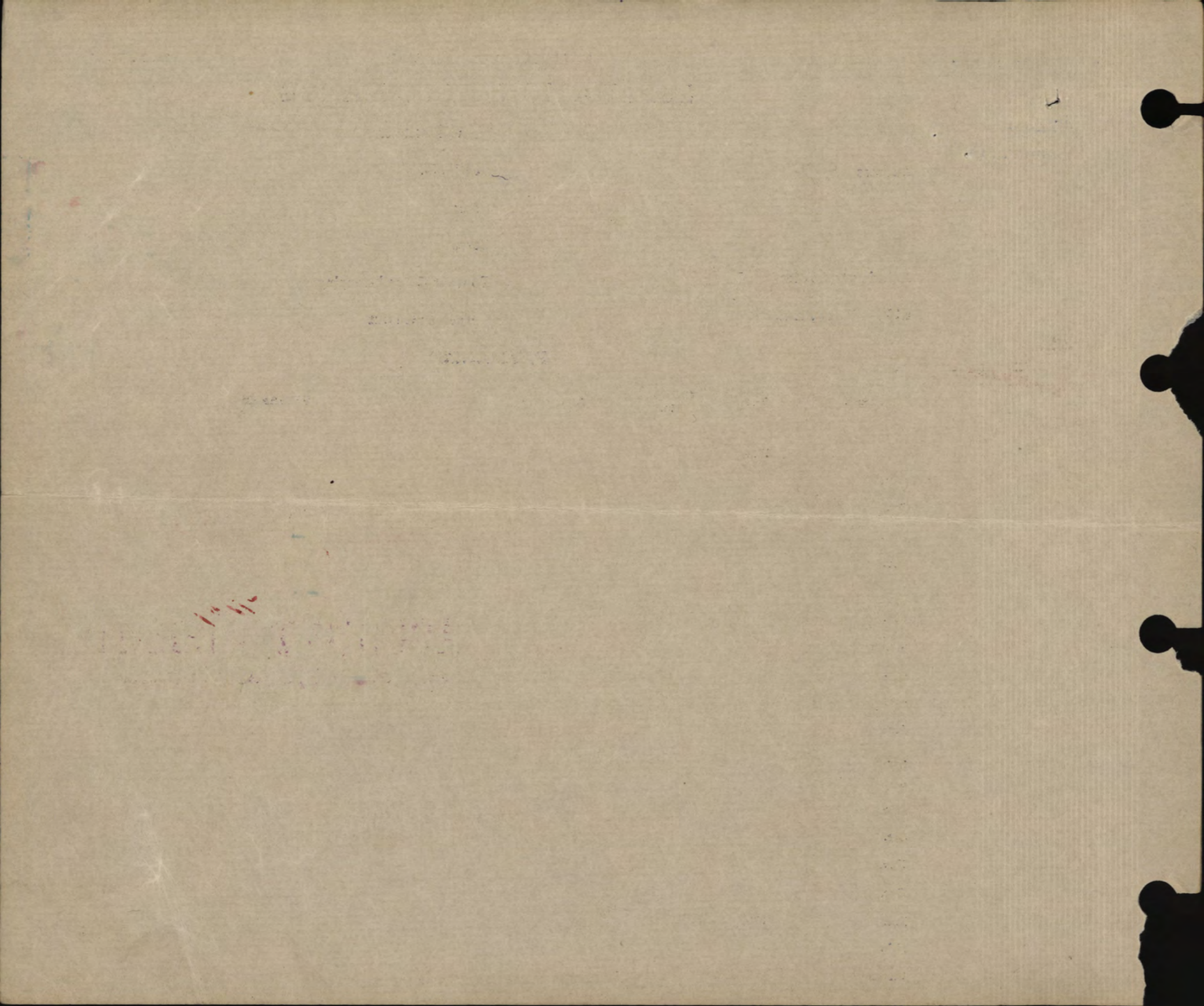
SEPARATION ALLOWANCE

Name *Melvina Trepanier* Name of Soldier *Trepanier Jos A.*
 Address *118 Datoelle St* Regtl. No. *1049038*
Inver Rank *Pvt*
Ine. Corps *242nd Batta*
 Relation to Soldier } *wife* To what Corps belonging }
 wife, child or mother } 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



MILITIA AND DEFENCE
SEPARATION ALLOWANCE

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

Sheet No. 2.

M. Trepanier

OVERSEAS CONTINGENTS

wife
PAYMENTS.

Name of Soldier

Trepanier J.A.
JR

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

4
~~100~~ < 15
16

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		L. 23714	55	55. L. 23714 - cancelled
Dec.		L. 24406	31	mailed 20-11-16
Jan.	1917			Dis 25/10/16 649-J-2803
Feb.				31⁰⁰ due to close
March				
April				
May				
June				
July				
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

22

MEDICAL HISTORY SHEET



Surname Trepaine Christian Name J.A.

Examined { on 6th day of 30 1916
 at Quebec
 Birthplace { City or Town Quebec
 County Que.

Approved by [Signature]
 Rank Capt

Apparent age 29
 Trade or occupation foundry
 Height 5 feet 6 1/2 Inches
 Weight 148 lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 35 inches
 Physical development good
 Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>4/3/18</u>	<u>III</u>	<u>Capt Powell</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm None Left
 Number None
 When Vaccinated last childhood
 (a) Marks indicating congenital peculiarities or previous disease nil

Date	Result	VACCINATIONS
<u>11/3/18</u>		<u>bub. virus</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
myopic - C III

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/3/18</u>		<u>b.v.d.</u> M.O.
<u>23/3/18</u>		<u>b.v.d.</u> M.O.
		M.O.

Enlisted on _____ day of _____ 1916 at _____

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 1049038 Rank Private Name J.A. Trepannier
 Corps 242nd. Forestry Batt. C.E.F. who was * Discharged
 On Oct. 25 th. 6 1915, to.....

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.		\$	c.	CR.		\$	c.
From.....	Bal. Dr. from previous month.....			To.....	Regimental pay <u>48</u> days at \$ <u>1.00</u>	<u>48</u>	<u>00</u>
	Total payments during period				Field allowance " \$ <u>c. 10</u>	<u>4</u>	<u>80</u>
	from <u>Oct. 15 th.</u>	<u>15</u>	<u>00</u>		Other allowances.....		
	Assigned Pay # <u>4956</u>	<u>20</u>	<u>00</u>		Other Credits (give particulars)	<u>300</u>	
	Other Charges (give particulars)				<u>5 days subsistence</u>		
	Bal. Cr. on discharge or transfer <u>\$ 20.80.</u>	<u>20</u>	<u>80</u>		Bal. Dr. on discharge or transfer		
		<u>17</u>	<u>80</u>				
	TOTAL.....	<u>52</u>	<u>80</u>	From.....	TOTAL.....	<u>52</u>	<u>80</u>
To.....				To.....			

The amount shewn as Balance Cr. due on discharge or transfer has † been paid.

Monthly stoppage on account of assignment of pay is \$20.00 and has been charged in Pay-list for month of October

† Insert "been" or "not been" as case may be.

REMARKS:—

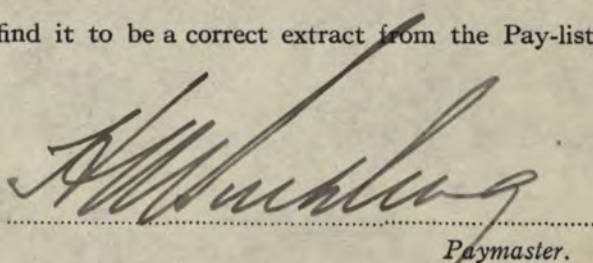
- State (1) date of enlistment 8-9-16.
 (2) if married and if a Separation Allowance Card has been submitted Yes
 (3) cause of discharge and authority Medically unfit

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Oct. 25 th. 1916

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

Date Oct. 25 th. 1916.

Place Montreal, Que.


 Paymaster.

LAST PAY CERTIFICATE

The form is to be filled in by the commanding officer of the unit (see Instructions C.E.F. 1016)

Name: Rank: Branch:
Date:
"Transferred," "discharged," or "transferred."

The following is a statement of the account of the above named to date of transfer or discharge inclusive:
US \$ Cr.

Table with columns for Description, Amount, and Balance. Rows include: Regimental pay (days at 2 1/2), Field allowances, Other allowances, Other Credits (give particulars), Bal. Dr. on discharge or transfer, and TOTAL.

The amount shown as balance on discharge or transfer has been paid.
Monthly stoppage on account of assignment of pay in ... and has been charged in Pay-list for ...

REMARKS:
State of enlistment:
If the above named soldier has been awarded a separation Allowance Card has been submitted.
I have carefully examined the statement of account and find it to be a correct extract from the Pay-list.

Signature:
Date:
M. E. W. C.
M. E. W. C.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 242nd BATTALION C. E. F.

Regimental No. 1649038 Rank Plt Name J. Trepanier }
 C. E. F. }
 Enlisted (a) 8.9.16 Terms of Service (a) 3 yrs Service reckons from (a) 8.9.16
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended Re-engaged Qualification (b) 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				
		Discharged in consequence of Medical Unfitness. Para. 322. (2) (b) K. R. & O., 1910. C.M.			
Montreal..Que. 25th. October 1916.		<u>Fred Morse</u>			<u>Capt</u> } Lt.Col. 242nd. Can. Forestry Battalion. C.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.

ARMY FORM - ACTIVE SERVICE

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

ORIGINAL

H.Q. 54-21-23-53

To be made out in duplicate.

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.

(1) Name of Overseas Unit which Soldier joins B Co. 242 Battalion
Van couver

(2) Regimental Number 1049038

(3) Full Name of Soldier Joseph Adelard Trepancier

(4) Place of Birth Quebec City P. Q.

(5) Are you married, or not? Yes

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

(b) Present Postal Address Port Moody P. Q.
B. C.

(7) Are you a widower? —

(8) Have you any children? Yes
If so, give number of boys and girls 1 Boy
Also their names and ages Adelard - 13 months

(9) Is your Father alive? Dead

If so, state name and address.....

(10) Is your Mother alive? Yes

If so, state name and address Subee City
126 Latourelle St.

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

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

(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.

Wife

(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? Yes

If so, in what Company? Merchants Casualty

Have you made arrangements for payment of your insurance premium? Yes

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

A. H. [Signature]
Officer Commanding.

Date Sept. 12/1916.

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 5th Batta C. G. R.

Regimental No. 2697677 Rank Pte Name Trepannier J. A.
C. E. F.

Enlisted (a) 13-5-18 Terms of Service (a) duration of war Service reckons from (a) transferred from Comp. Batta

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

Extended Re-engaged Qualification (b)

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				
		<u>MX</u> <u>30-3-21</u> <u>ac</u>			



(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.

Pending card sent up 20/11/18

Reg. No. 2697677
Rank. Pte.
Name. Trepanier, E.A.
Unit. 5 Bn. C.G. RP.

This form to be completed and filed with the M/N Pte's documents.

H.Q. File Reference.....
Date struck off strength... 11/10/18.
Reason..... Deceased
Military District... M. D. 5

Auth. Letter Ref. 17-T-354-7/11/18

M. F. B 303-1 }
M. F. W. 82-1 } Passed
M. F. W. 44-1 } to
Estate.

Clerk's Initials... J.H.
Date... 14/11/18

For the purpose of the
Bureau of the
Army
Department

These reports are compiled and
the following are the
The Bureau of the
Army
Department
Military District

General: [illegible]
[illegible]

1871

INSTRUCTIONS

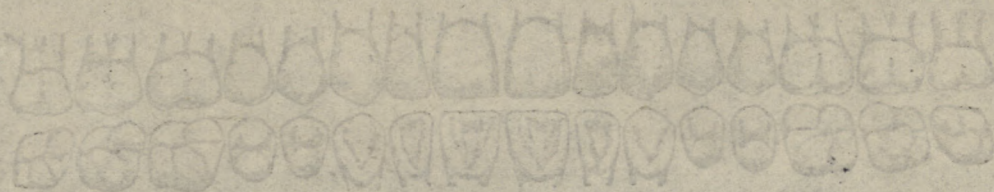
1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

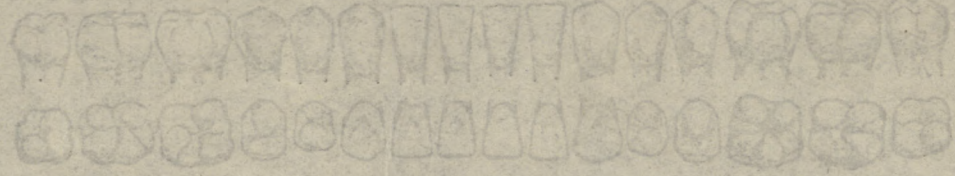
Only such entries to be made on this sheet as will show:

1. Condition on examination (in red)
2. Condition on leaving Canada
3. Condition on discharge

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



MADE IN CANADA
THE PATENT OFFICE
OTTAWA, CANADA

DEPARTMENT OF HEALTH
CANADIAN VETERINARY COLLEGE
OTTAWA, CANADA

1914



FORM OF WILL.

I, Joseph Adelard Trepanier (Name in full) 22 1918
Regimental Number 2697677 serving in 5th Batta C. E. R.

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

Mrs Aluina Trepanier
4 Burton St
Quebec, Que } Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Aluina Trepanier
4 Burton St
Quebec, Que. } Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 13 day of May A. D. 1918

J. Trepanier Signature of Soldier.

*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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness R. R. Lawrence

Address of Witness St Louis Barracks

Occupation of Witness Soldier

Signature of Second Witness A. J. [unclear]

Address of Witness 23 Dussane av.

Occupation of Witness Soldier

THE BOARD OF HEALTH

I hereby certify that the above named person is a resident of the City of New York, and is entitled to the benefits of the laws of the City of New York relating to the health of the community.

Name of Person
Address of Person
City of Person

Name of Person
Address of Person
City of Person

IMPORTANT
NOTE
The Board of Health
and City of New York
are to be held
responsible

Signature of Officer

I hereby certify that the above named person is a resident of the City of New York, and is entitled to the benefits of the laws of the City of New York relating to the health of the community.

I hereby certify that the above named person is a resident of the City of New York, and is entitled to the benefits of the laws of the City of New York relating to the health of the community.

Name of Person

Address of Person

City of Person

Name of Person

Address of Person

City of Person

THE BOARD OF HEALTH

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M. D. 5
35
S. D. NO.

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

Regimental No. 2697676 Rank Pte Name Trepanier J.A.
 Corps "A" Coy 5th. Btn. C.G.R. who was* S.O.S. Having Died
 On October 11th 1918, to.....
*Insert "discharged" or "transferred."



The following is a statement of the account of the above named from October 1st 1918, to October 31st 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No. <u>6703</u>	10	00	Reg't Pay <u>31</u> days at \$ <u>1c.00</u>	31	00
by } No.....			Field Allow. <u>31</u> days at \$ <u>c.10</u>	3	10
Cheques } No.....			Separation Allowances* (Monthly).....	25	00
Assigned Pay and Sep'n Allice. No.....			Other Allowances* <u>Ration</u>	5	50
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (64 60).....	64	60			
Total.....	74	60	Total.....	74	60

* Give particulars.

A monthly stoppage of \$ 40.00 (†) has Not (‡) been paid on account of Assigned Pay for the month of October 1918 } (to) Assignee Mrs. J.A. Trepanier
 and Sep'n Allice. for month of October 1918 }
 (Address) 4 Burton St. Quebec P.O.

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 7-5-18.
 (2) if married and if a Separation Allowance Card has been submitted Yes
 (3) cause of discharge..... authority.....
 (4) authority for transfer.....

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

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

Date October 17th 1918.

Place Quebec P.Q.

J. E. Purcell Lieut.
5th. Battalion C.G.R. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

3

5715-7.

72 5.620.

ORIGINAL

MEDICAL HISTORY SHEET

Surname Trepanier Christian Name Joseph Adelard.

Enlisted { on 8th day of Sept. 1916
at Vancouver B.C.
Place { City or Town Quebec
County P.Q.

Approved by [Signature]
Rank Lieut M.O.

Apparent age 28
Trade or occupation
Height 55 feet 6 1/4 Inches
Weight 140 lbs.
Chest measurement { Minimum 32 1/2 inches
Maximum expansion 33 inches
Physical development Fair.
Small-pox Marks

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

Vaccination Marks { Arm Right Left
Number Nil

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

When Vaccinated last 1902
(a) Marks indicating congenital peculiarities or previous disease

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

(b) Slight defects but not sufficient to cause rejection

Enlisted on 8th day of September 1916 at Vancouver B.C.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>242nd Batt</u>	<u>1049038</u>		
Transferred to	<u>242ND BATTALION C. E. F.</u>			
Discharged in consequence of Medical Unfitness. Para. 322. (2) (c) K. R. & O., 1910. C.M.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Mont</u>	<u>12/10/16</u>	<u>Eyesight</u> <u>Unfit</u> <u>H. Aubrey</u> <u>Major</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.

This space to be for numbers.

Proceedings on Discharge.

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

No.	1 0 4 9 0 3 8.	
Rank	P r i v a t e.	
Name	Joseph Adelard Trepanier.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	242nd. Can. Forestry Battalion. C.E.F.	
Date of Discharge	25th. October 1916.	
Place of Discharge	Montreal. Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	28 years.....	months.
Height.....	5 feet.....	6 1/4 inches.
Complexion	Sallow.	
Eyes	Brown.	
Hair	Dark 3/4	
Trade	Fireman.	
Intended place of residence	} Port Moody. B.C.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of Medical Unfitness.		
Para. 322. (2) (c) K. R. & O., 1910.C.M.		
<small>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.</small>		
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	<i>Good</i>	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
F I R E M A N.		

M. F. B. 218.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

*Noted
3-11-16
J.B.*

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

N I L.

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

6. Medals and Decorations.....

N I L.

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

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

(Place) Montreal, Que.

Fred Morse Capt. Lt. Col.

(Date) 25th. October 1916.

Commanding 242nd. Battalion. C.E.F.

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, Que.

J. A. Dignamier (Signature of Soldier.)

(Date) 25th. October 1916.

William Pratt (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 48 days.

Total.....years 48 days.

11. Confirmation of Discharge.

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

(Place) Montreal, Que.

Fred Morse Capt Lt. Col.

(Date) 25th. October 1916.

242nd. Can. Forestry Battalion. C.E.F.

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.)

J. A. Tuzanier

Montreal. Que.

25th. October 1916.

Private.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.