

REGIMENTAL DOCUMENTS

14118

NAME *Benoit Adrien*

REGT. NO. *856238* UNIT

H. Q. FILE NO.



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TO WHOM FORWARDED

DATE FORWARDED

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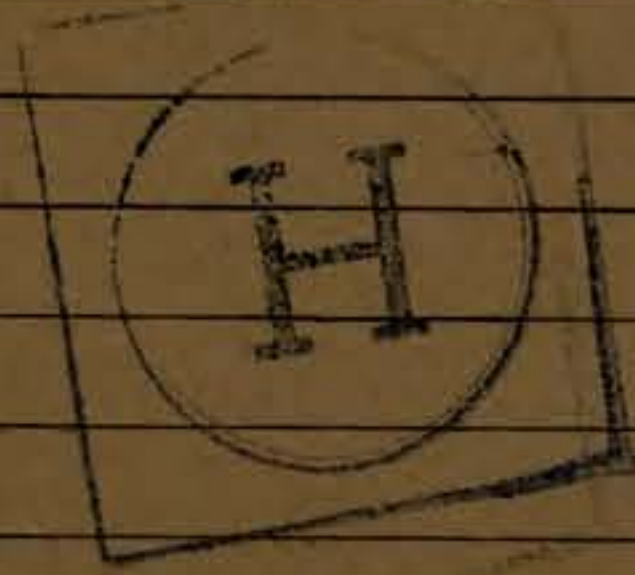
*1/14/9*  
*cas card*

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DEATH

Category

*KA*

DISCHARGE

Category

DESERTION

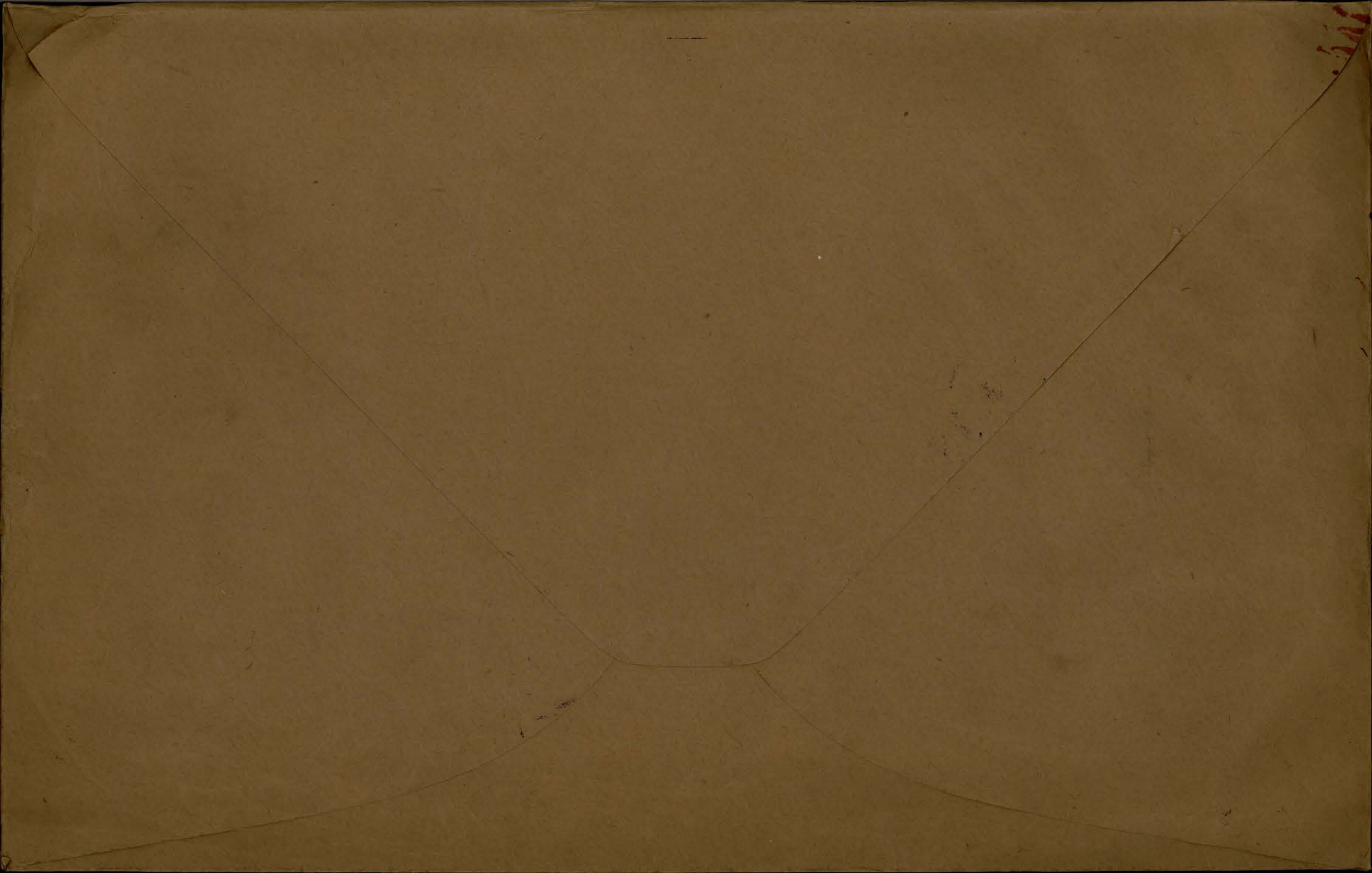
*15-13*

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Original  
PIÈCE D'ATTESTATION.

ORIGINAL

No. 856238

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)



- 1. Quel est votre nom de famille?..... *Benoit*
- 1a. Quels sont vos noms de baptême?..... *Adrien*
- 1b. Quelle est votre présente adresse?..... *11e rue St Michel St Hyacinthe*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... *Fitchburgh Mass U.S.*
- 3. Quel est le nom de votre plus proche parent?..... *Delfine Benoit*
- 4. Quelle est l'adresse de votre plus proche parent?..... *L'Ange Garden co Rouville P.Q.*
- 4a. Quel est votre degré de parenté avec icelui?..... *Tante* *leau*
- 5. Quelle est la date de votre naissance?..... *8 Mars 1898*
- 6. Quel est votre métier ou profession?..... *journalier*
- 7. Êtes-vous marié?..... *non*
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... *Oui*
- 9. Faites-vous déjà partie de la Milice active?..... *non*
- 10. Avez-vous déjà fait du service militaire?..... *non*  
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... *Oui*
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... *Oui*

DÉCLARATION REQUISE DU SUJET

Je, *Adrien Benoit* 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.

*Adrien Benoit* (Signature de la Recrue)

Date *5 Avril* 191*6*. *A. Beauchemin Capt* (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, *Adrien Benoit* 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.

*Adrien Benoit* (Signature de la Recrue)

Date *5 Avril* 191*6*. *A. Beauchemin Capt* (Signature du Témoin)

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 *Victoriaville* ce *5ème* jour de *Mars* 191*6*.

*A. B. Perreault* (Signature du Juge)



Signalement de Adrien Benoit à l'Enrolement

Age apparent 18 ans.....mois.  
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Taille ..... 5 pieds 6 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 37 pouces  
 Marge d'expansion 4 pouces

Teint..... Coloré

Yeux..... gris

Chevelure..... Châtain

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

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.

**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\* valide pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... 5 avril.....1916..... Capit. G. A. Laperrière, A.M.C.

Lieu..... St. Hyacinthe.....  
 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**

Benoit, Adrien.....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 de l'officier.)  
 Date..... 5 avril.....1916

*[Signature]*





Braunschweig  
856238

Surname Benoit Name Adrien

Examined { on 5<sup>th</sup> day of April 1916  
 at St. Hyacinthe  
 Birthplace { City or Town Fitchburgh  
 County Mass.

Approved by Capt. G. J. J. J. J.  
 Rank \_\_\_\_\_ M.O.

Apparent age 18  
 Trade or occupation Journaier  
 Height 5 Feet 6 Inches.  
 Weight 130 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.

Vaccination Marks { Arm Right 0 Left 0  
 Number 0  
 When Vaccinated last Never  
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>11-11-16</u>	<u>Good</u>	<u>EC</u>

(b) Slight defects but not sufficient to cause rejection None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19 9/16</u>	<u>1/2 cc</u>	<u>EC</u>
<u>11 7/16</u>	<u>1 cc</u>	<u>EC</u>
<u>10 8/16</u>	<u>1 cc</u>	<u>EC</u>
<u>11-11-16</u>	<u>T.A.B.</u>	<u>EC</u>

Enlisted on 5<sup>th</sup> day of April 1916 at St. Hyacinthe

	CORPS.	REG'TL. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>178th Batt. C.E.F.</u>	<u>856238</u>		<u>5/4/16</u>
Transferred to	<u>150th Bn. Canadian Infantry.</u>			<u>9-9-16</u>
	<u>89th Bn.</u>	<u>856238</u>		<u>27-2-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

TO







FORM OF WILL.

1. **Adrien Benoit**

(Name in full)

**C.E.F. of the**

EXPEDITIONARY  
FORCE

Regimental Number **856238** serving in **150th Overseas Battalion**

~~the Overseas Military Forces of Canada~~, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

**M. Georges, Robert.**

**L'Ange Gardien.**

**(uncle) Co. Rouville P.Q.**

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

In Witness whereof I have hereunto set my hand

this **2nd** day of **December** A.D. 191**6**.

**Adrien Benoit**

Signature.

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

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

Name of Witness **J.O. Baillargeon Capt**  
**Paymaster**

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

Occupation of Witness

Name of Witness **Albert Provost Lieut**

Address of Witness

Occupation of Witness **150th Overseas Battalion C.E.F.**

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

Lieut.

For OFFICER I/C ESTATES.

The original will was  
Date **23** **Aug. 1918.**  
Forwarded **to**

NOTE Died **K. IN A.** Date not stated (Auth. CHW.)

Transferred **17-8-18.**  
**No. 856238. Pte. A. Benoit. 150th. Bn.**  
**(BAC.) 27157.**

**1894**



FORM OF WILL

I, the undersigned, of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the foregoing is a true and correct copy of the original will of \_\_\_\_\_ deceased, as the same appears from the records of the \_\_\_\_\_ Court of \_\_\_\_\_ County, State of \_\_\_\_\_.

In testimony whereof, I have hereunto set my hand and the seal of said Court, at \_\_\_\_\_ City, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_

Witness my hand and the seal of said Court, at \_\_\_\_\_ City, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Notary Public



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

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

250M.—1-16,  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

150th Overseas Battalion C.E.F.

150th Overseas Battalion C.E.F.

Unit, Regiment or Corps 150th (F.C) Battalion, C.E.F.

Regimental No. 856238 Rank Pte Name Benoit, Adrien  
C. E. F.

Enlisted (a) 5-4-16 Terms of Service (a) War Service reckons from (a) 5-4-16

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) Private, (Labourer)

Date	Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		From whom received				
			Embarked Canada	Halifax	23-9-16	
			Disembarked England	Liverpool	6-10-16	
27-2-18		OC. 150th Bn	P.O. Dow transfer to 87th Bn Overseas	Witley	27-2-18	D.O. Pt II No 34-18 J. Primard capt for adv.
28-2-18		4 CIBD	T.O.S. 37th Bn		28-2-18	N.R. 544 DO No.14 d/6-3-18
3-3-18		"	S.O.S. to CCRC		3-3-18	N.R. 1020
9.3.18		Unit	Joined Unit		4.3.18	B 213
27-7-18		Unit	KILLED IN ACTION		26-7-18	Cas. Report DO.No.64-1918

*J. Anderson*  
Lieutenant,  
for Lieut. Col. A. A. G.  
Canadian Section, 3rd., Echelon, G. H. Q.

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

51  
856







TLH. Rank **BENOIT, Adrien,** Reg'l No. **856238.**  
 Unit **150th. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Victoriaville, 5th. April, 1916.** Place of Birth **Fitchburg, Mass.**  
 Name and Address, Next-of-Kin **Delphine Benoit, ✓** U.S.A.  
**L'Ange Gartien Co. Rouville, P.Q. Canada.** Relationship **Aunt**  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **13222**  
 File R.L. **25-B-5261**  
 Category **KIN A**

MX  
 29/6/21 mg

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England	S.S. Lapland	6-10-16	
12.10.16	150 <sup>th</sup>	Admitted to Convalescent Military Hosp. Aldershot	Witley	10.10.16	atb. 03rd - 07/10 P. H. D. O. 202 (V. 10)
16.11.16	"	Discharged from Hosp.	Bramshott.	11.11.16	621. P. H. D. O. 256
21.11.16	"	Adm. to Conv. Mil. Hosp. Aldershot	"	20.11.16	P. H. D. O. 226 (625 (V. 10))
23.12.16	"	Discharged from " "	"	1.12.16	" " 256 6218
27. 2. 18	"	Sgt. 87 <sup>th</sup> Bn	P. Witley	27.2.18	" 14/6.3.18 87 <sup>th</sup> " " 34
2. 8. 18	87 <sup>th</sup> Bn	Killed in Action	Field	26.7.18	Cha #281 + P. H. D. O. 647/30 7/18







Name BENNOIT  
~~Bennett~~ Rank Pte.  
 Unit Adrien  
150<sup>th</sup> Batt.  
 Next of Kin Canada

Reg. No. 856238

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
1916						
13-10	Comm. Strp.	Aedershot	N.Y.D.	1		
11-11	Disced.	4	N.Y.D.	2		
23-11	Comm. Strp.	5	N.Y.D.	5		
1-12	Disced.	4	N.Y.D.	18		







SURNAME.

*Benoit*

CARD NO.



CHRISTIAN NAMES

*Adrien*

FOLL.

REGL. No.

*856238*

RANK

*Pte*

UNIT

*178<sup>th</sup> 100<sup>th</sup>*

*Bw.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Benoit, Hephine*

RELATIONSHIP TO SOLDIER

*Aunt.*

ADDR

*133 Main St.,  
Ware, Mass., U.S.A.*

*C. J. Office 7/8/18*

COUNTRY OF BIRTH

*U.S.A. Fitchburg, Mass.*

DATE

*March 8th 1898.*

PLACE OF ATTESTATION

*Victoriaville, D. Q.*

DATE

*April 5th 1916*

*Trans. from 178<sup>th</sup> to 100<sup>th</sup> Reg. Auth.*

*100<sup>th</sup> Reg. D. Q. 23-9-16*

*0/10 23/9/16 545*



From Halifax Per. S. S. Lapland 93-9-16

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*18* YEARS

MONTHS

HEIGHT

*5* FEET

*6*

INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Ruddy*

EYES

*Grey.*

HAIR

*Lt. Brown*

DISTINGUISHING MARKS

*nil*

MEDICAL EXAMINATION.

PLACE

*St. Hyacinthe P.Q.*

DATE

*April 5th. 1916.*

*Present address:*

*16, St. Michel St. St. Hyacinthe,  
P.Q.*



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

1.

Connaught, Aldershot.

13-10-16

n.y.H.d.



REGT'L No 856238

NAME Bennett A.  
RANK AND CORPS Pte. 150th Bu.

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY



Adrien

Rt. 25. B. 5261

Name **BENOIT.** Rank **Pte** Reg. No. **856238.**

Unit **87th Bn**

Next of Kin **Delphine Benoit (Aunt) L'Ange  
Fattien Co. Rouville, P. Q.**

*Bands*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 26-7	G/L Unit reports					
	Killed in action.	30-7-18		281	H235	2294







No. 856238 RANK Pte

NAME Benoit, Adrien,

T. O. S. 5-4-16

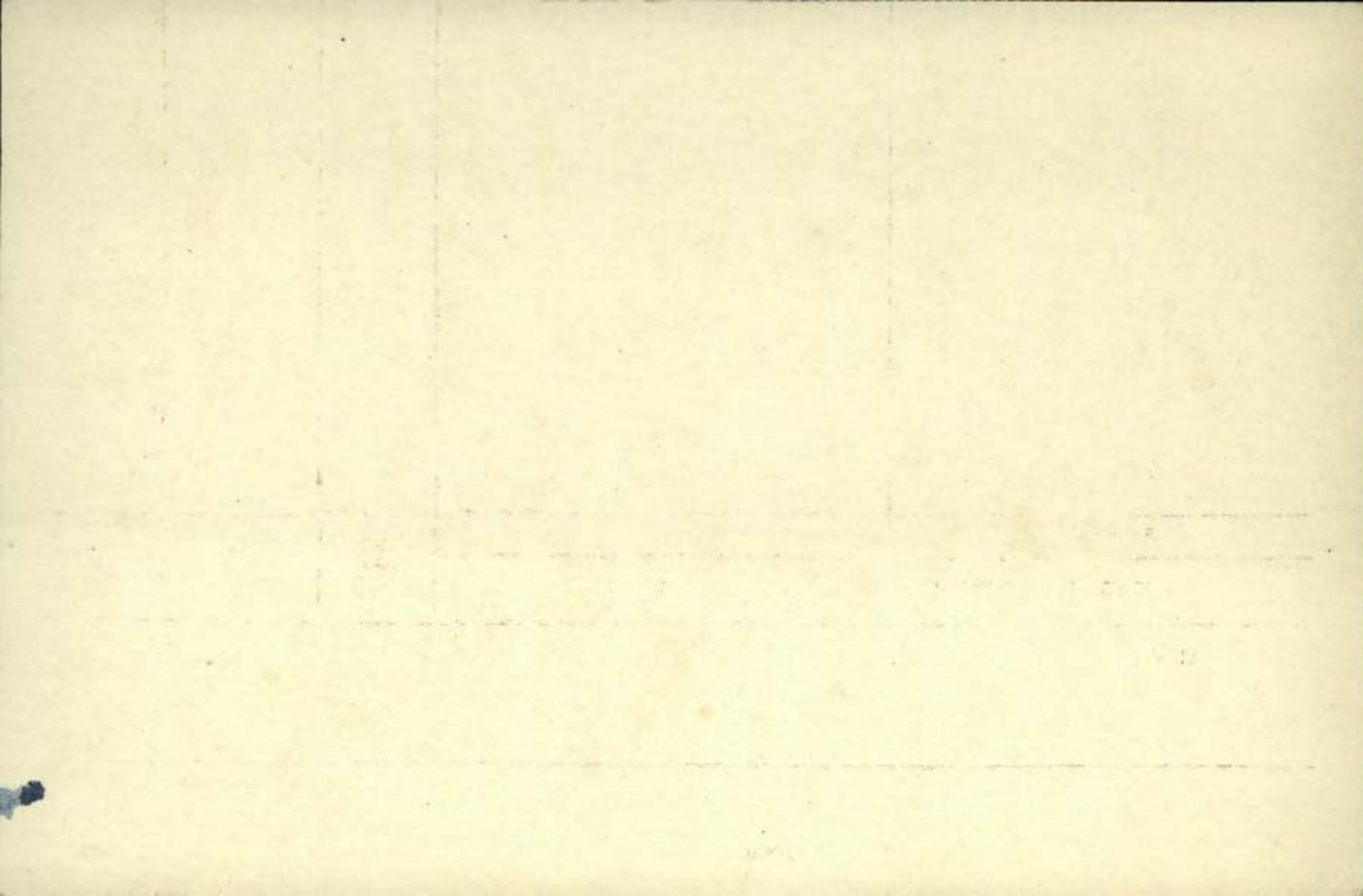
UNIT 178th. Battalion, (682)

RD. 54 of 8-4-16

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Apr. 5.	Apr. 30.	✓		
May.		✓		
June		✓	aws. Cancelled by	Ro 104 of 7.6.16. RD. 105 of 8.6.16.
July		✓		
Aug.		✓		
Sept 1	Sept 9	n.	Trans. to 150th. Bn.	RD. 192 of 9-9-16.
Sept 10	Sept 30	n.	Now shown on 150th Bn	Sept Paylist.







LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

2.

Connaught. Aldershot.

11-11-16

V.M.G. Discharged

5

" " "

23-11-16

M.V.D. Q

18.

Discharged

1-12-16

M.V.L.

A.281.

Rept. from Base

26-7-18.

Killed in Action



NAME Benoit Adrien

REGT'L No. 856238

RANK AND CORPS Pte. (150 th. Bn) 87th. Bn. (form 178th)

CABLE

NO.

DATE

"6"

NATURE OF CASUALTY

Auth. S.A.A.P. 7-8-18

N. of K. Melphine Benoit. (Runt) ~~133 Main St. Ware. Mass.~~  
~~13-1. 27 235. 3-8-18 K. in. W. July 26th. 1918.~~  
 13-1.



47464 Desb AUG 30 1921



MWD  
ms

B  
K

Number 856238 Rank Pte  
Surname BENOIT  
Christian Name Adrien  
Unit 87<sup>th</sup> Bn Can Inf Theatre of War France  
Date of Service 27/2/18 D.-  
Remarks

Latest address Mr Benoit (2)  
Miss D Benoit  
133 main St Ware  
Mass U.S.A.  
Roll No. "B" Page 4053







scroll Desp. ~~SEP 2 1921~~ Regn. No. ~~252385~~

Plaque Desp. JUL 3 1922 Regn. No. P41357

649-B-28492.

856238 Pte. Adrien Benoit.

*87 Bw.*  
CEF.,

Medals & Dec.

(Father)

Mr. Benoit,

c/o Miss D. Benoit,

133 Main St., Ware,

Mass., U.S.A.,

*M*

Plaque & Scroll

(Father) Same as above

*Ref # 764742*

Memorial Cross. --- Nil.

*not eligible for star.*

*E. sig. " V.M.*

*M. E. sig. " B.W.M.*

54939

*h.*



Surname: Benoit  
 Christian Name or Names: A.  
 Reg. No.: 856238  
 Rank: Pte.  
 Unit: 150th Bn.  
 Co.: Que. R. (87)  
 Troop:  
 Batty:

Hospital: Connaught Aldershot  
 Date of Admission: 23-11-16  
 Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

V.D.G. *myd*

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*R. D. B.*  
Killed in Action 26-7-18.. R.

DISPOSITION

Dis. 11.11.16

Date

*e.l.*

" 1.12.16

C.L. 15.11.16

2

REMARKS

*e.l. 28-11-16*

"

*75-1-17*

18

*2-8-18 9/281-1.*

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

*62*



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



\* Strike out whichever inapplicable.

ASSIGNED PAY. <i>Azm ncr 4/7/18</i>	ENGLAND OR CANADA	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>BENOIT - Adrien</i>			
EFFECTIVE DATE:- <i>1-9-18</i>		EFFECTIVE DATE:-		NUMBER:- <i>856238</i>			
AMOUNT:- <i>\$15.00</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY					AUTHORITY		
<i>Mrs Delphine Benoit (aunt) 133 Main St Ware, Mass. U.S.A.</i>				DATE EFFECTIVE	RANK OR APPOINTMENT		
					<i>Pte.</i>		
UNIT AND TRANSFERS							
ORIGINAL UNIT:- <i>150<sup>th</sup></i>							
DATE ACCOUNT FIRST OPENED:- <i>1-10-16</i>							
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO		
		<i>120th.</i>	<i>6-3-18</i>	<i>1-4-18</i>	<i>26-4-18</i>	<i>87th Bn Non-Reg. "D"</i>	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY			PAY	F.A.	P.F.A.	SUBSCE ALLCE	
			<i>1.00</i>	<i>10</i>			

PARTICULARS OF RENDERING NON-EFFECTIVE:-													
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
<i>1918</i>													
<i>Mar 31</i>	<i>Bal. fwd.</i>								<i>280.70</i>	<i>270.00</i>			
<i>Apr</i>	<i>P. Pay.</i>	<i>33</i>							<i>313.70</i>				
				<i>AR 41 87 Pn 3/10/18</i>	<i>3.57</i>				<i>310.13</i>				
				<i>Q 4005-315- 15/2/18</i>	<i>1.14</i>				<i>308.99</i>				
				<i>" - 788 - 18/2/18</i>	<i>1.12</i>				<i>307.87</i>				
				<i>AR 41 3069 87 Pn 21/3/18</i>	<i>2.47</i>				<i>305.40</i>				
				<i>AR 55 " 20.4.18</i>	<i>4.46</i>				<i>300.94</i>				
						<i>12.76</i>				<i>285</i>			
<i>May</i>		<i>33</i>							<i>335.04</i>				
				<i>AR 101 87 Pn 3-5-18</i>	<i>3.57</i>								
				<i>" 154 " 18.5.18</i>	<i>4.46</i>				<i>327.01</i>				
						<i>8.03</i>				<i>300</i>			
<i>June</i>	<i>P.P.</i>	<i>33</i>							<i>360.01</i>				
				<i>AR 204 87 Pn 1-6-18</i>	<i>4.46</i>				<i>355.55</i>				
				<i>249 " 17.6.18</i>	<i>4.46</i>				<i>351.09</i>				
						<i>8.92</i>							
<i>JUL</i>	<i>P.P.</i>	<i>33</i>							<i>385.19</i>	<i>315</i>			
				<i>AR 297 87 Pn 1-7</i>	<i>3.57</i>				<i>381.62</i>				
				<i>" 309 - 15.7</i>	<i>4.46</i>				<i>377.16</i>				
						<i>8.03</i>				<i>330</i>			
<i>Aug</i>	<i>CR 71 7356 1526 10/9/18 Cm E</i>	<i>33</i>							<i>378.94</i>				
<i>S</i>	<i>2nd on Sp Pay</i>	<i>12.75</i>							<i>391.69</i>				
<i>Feb</i>		<i>12.75</i>		<i>Gas to Ottawa 28/2/19</i>					<i>378.94</i>				
									<i>391.69</i>				

CANADIAN  
 ASSIGNED PAY ADDED  
*W.A. Howland*  
 CLERK  
 DATE *19-6-19*

*CR 71 7356*

*Aug*

RESTATEMENT  
 Cr 391.69



P. 859.  
MARRIED OR SINGLE

Single

PLACE OF BIRTH Fishberg, Mass. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Mrs. Delphine Benoit.

RELATIONSHIP OF NEXT OF KIN Aunt.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
11-10-16	11-11-16	V	Cournaught Military Aldershot
20-11-16	1-12-16	V	2002207 20 939

REG'L. No. 826, 238 RANK Private NAME Benoit Adrien

IF IN PERM. CORPS } 150th OVERSEAS BATTALION C.E.F. UNIT TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Arundmonduille Ave. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 5-4-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ nil- DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.	DATE
1916 Sept 30															28 60	28 60															Balance from Canada				
Oct 31	31	1 <sup>00</sup>	31 00	31	10	3 10									34 10																				
Nov 30	30	1 <sup>00</sup>	30 00	30	10	3 00									33 00	76	11-16																		
Dec 31	31	1 <sup>00</sup>	31 00	31	10	3 10									34 10	180	15/16 132 19/16																		
1917 Jan 31	31	1 <sup>00</sup>	31 00	31	10	3 10									34 10	274	13/16 217 3/16																		
Feb 28	28	1 <sup>00</sup>	28 00												30 30	32	15/16 112 2/16																		
Mar 31	31	"	31 10												31 10		550 15/16 5/8																		
Apr 30	30		33												33																				
May 31	31		34 10												34 10	49	25/16 11																		
June 30	30		33												33	229	25/8 5																		
July 31	31		34 10												34 10	311	15/16 6																		
Aug 31	31		34 10												34 10	353	25/16 6																		
Sep 30	30		33												33	542	15/8 600 25/8																		
			404 50												28 60	430	10																		

ASSIGNED PAY [REDACTED] AUDIT CLERK DATE 19-6-19...

5/8/18

281

cha

bi

Balance from Canada

General 72 days @ 6<sup>00</sup> Dec 21/6

General 12 days @ 6<sup>00</sup> Dec 22/6

7 Days PPH @ 2 20/11

10 Days PPH @ 2 20/59

Q4005 725

Q4005 1423-29/5-1566-13/6-1583-23/6

Q4005 3292-9/8



