D107286
BOUTET
LOUIS

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: Bouffet Louis (b) Reg'l. No. 1012 EG
2. (a) Arm of service: Army (b) Unit: Veterans Guard (c) Rank: Pte
3. (a) Date of birth: 29 Aug 19 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Montreal Que
4. (a) Place of enlistment: Montreal Quebec (b) Date of enlistment: 20 Oct 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 12 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): Public School 2 yrs
7. If you attended a university, give name of university and standing or degree secured: No —
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Bricklayer (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 2 yrs.
9. (a) What languages do you speak fluently? French, English (b) What languages do you read well? —

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? No —

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: Bricklayers (b) State how long you had worked at this trade or occupation: 2 yrs
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified:
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: Regularly —
15. Give details of last employer, if any: Name: Celentino — Contract Address: Montreal
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Brick - Contractor
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it:

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Celentino - Contractor Address: Montreal - Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Bricklayers Contractor
20. (a) Your specific occupation: Bricklayer - Cement Finisher (b) Number of years' experience at this occupation with any employer: 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): (Bricklayers)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form:

DATE: 11th April 194[illegible] SIGNATURE: [illegible]

MEMORANDUM FOR

P. 64

Mrs. Yvonne T. Boutet,
1897 Beaudry Street,
Montreal, Que.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-B-18398 FD.151

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

May 14, 1943

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BOUTET, Louis, Private,

No. D-107286, C.A.

ESTATES BRANCH MAY 17 1943 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

R. G. Phelan Lieut.
(R.G.Phelan) Lieut.,
for (L.M.Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

RGP:GMcC

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		TARDIF. YVONNE	46	1897 Beaudry.. Montreal.
2	Children of the Deceased and dates of their Births.....		ROLLANDE. 29 aout - 1932.	10	1897 Beaudry. Montreal
			MARCEL. May 15th. 1935..	8	1897 Beaudry Montreal.
3	Father of the Deceased.....		BOUTET. NAPOLEON.		Deceased May. 9/38. age 71.
4	Mother of the Deceased.....		RENAUD - MALVINA -.		Deceased. Sept 24/25. age - 61.
5	Brothers of the Deceased	Full Blood	NAPOLEON -.	54	Longueuil - Que.
			ARTHUR.	46	338 Laganchetiere E.
			LAUREAT.	39	3 Godfrod - Quebec.
			JEAN - BAPTISTE.	29	Quebec.
		Half Blood			
6	Sisters of the Deceased	Full Blood	BLANCHE	53	78 Demontigny E. Mont.
			ALBERTINE.	42	88 Demontigny E. Montreal
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			our brother and two sis ters died when they were babies.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	BOUTET. LOUIS JOSEPH.
9	Date of his birth	Aug. 24th. 1895.
10	Place and date of his marriage.	February 16th. 1920. St Malo. P. Que.
11	Place and date of his parents' marriage.	St. Sauveur - Que around 1882.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Sauveur - Que.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) 1924 to 1940 Montreal - Que. (b) 1920 to 1924 Quebec. - Que (c) 1895 to 1920 Quebec - Que. (d)
14	Nature of employment before enlistment.	He was a labourer but out of work for 4 years.
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	No contract.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	No
20	Amount of War Savings Certificates held by deceased.	~~No~~. one of $5.00.
21	Amount of Victory Loan Bonds held by deceased.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	$410.00 in Metropolitan Life Ins. Co. Mrs Boutet Beneficiary.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	I did - see copy of receipt attached $260.00.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the *widow of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Yvonne T Boutet — Signature of Informant

1897 Beaudry - Montreal — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....

See above. .....{Name of Informant} is the.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 15th. day of May 1943.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: J. E. de Blandfé — Qualification: Prêtre-vicaire

Address: 2000 rue Marie-Anne, Montréal

NOTE.—Before granting the above Certificate, care should be taken to see that the Informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F B. 271
120 M—~~8.39 (1655)~~
H.Q. 1772-45-18

Unité / Unit: No. 12 Coy Veterans Guard of Canada — Matricule / Regimental Number: D-107286

~~Original~~
Duplicata
~~Triplicata~~

Original
Duplicate
Triplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname): Boutet
2. Prénoms (Christian Names): Louis
3. Adresse actuelle (Present Address): ~~2209 Panet St~~ 1897 Beaudry St. Montreal P.Q.
4. Date de naissance (Date of birth): 24 Aout 1895
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) ~~Montreal~~ Quebec (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): R.C.
7. Métier ou profession (Trade or Calling): Journalier
8. Marié, veuf ou célibataire (Married, Widower or Single): Marié
9. Nom du plus proche parent (Name of next of kin): Yvonne Tardif Boutet
10. Parenté de celui-ci (Relationship): Epouse
11. Adresse du plus proche parent (Address of next of kin): ~~2209 Panet St.~~ 1897 Beaudry St. Montreal P.Q
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?): Militaires
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires. (If previous war service, state arm, force and regimental particulars): ~~Non~~ 1043098 Pte Can Forestry Corps France 5th Aug 1917-May 31 1919
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?): Non

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Louis Boutet, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date: 21-10-40 — Louis Boutet
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, Louis Boutet, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Louis Boutet
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal ce 21st jour de Octobre 19.40

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

VETERANS GUARD OF CANADA C.A.S.F.
M.D. No. 4

(Titre, grade et unité ou emploi)
Lt. Col.
Officer Commanding

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

État de service de / Record of Service of: **Boutet** (Nom—Surname) **Louis** (Prénoms—Christian Names)

Matricule / Regimental Number: **D-107286**

APTITUDES / Qualifications

Militaires / Military: **104398 Pte Can Forestry Corps France 5th Apl 1917- May 31st 1919**

Professionnelles ou commerciales / Business or Professional:

Civiles ou de métier / Trade or Civil: **Journalier**

Techniques / Technical:

Langues / Languages: **French English**

QUALITÉS ÉDUCATIONNELLES / Educational qualifications

Académies / High School or Collegiate: **2 years Public** (années complétées—years completed) — Graduation ou (or) Immatriculation / Matriculation — (Spécifier—Specify)

*Collège:

*Université / University:

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
21-10-40	T.O.S.	Affecté lors de son enrôlement / Joined on enlistment: No.4.Company Veterans Guard of Canada,	Private	21-10-40	V.G.Can	Montreal P.Q.		
31.10.40	Posted	To No 4 Coy V G C	"	25.3.41	VGC.	Sherbrooke	Part II D.O 102	21.10.40
25.3.41	Hospital	St John Mil Hospital					do 46	28.3.41
28.4.41	"	Discharged from		31.10.40	VGC	"	No 1148	31.10.40
		14 Days Furlough	—	16.8.41				1.4.41
				29.8.41	4 Coy.	St Helens	D.O. 122	16-8-41
25.1.42	Hospital	Quebec - Discharged 6.2.42		25.1.42	VGC.C	Valcartier	do 13-0073	
4.6.42	Hospital	Valcartier Station Hosp. Discharged 16.6.42		4.6.42	VGC	Valcartier	do 78 0087	
				1-8-42				
14-8-42		Granted Furlough A-196	Pte	14-8-42	14 Coy	Valcartier	D.O.103	5-8-42
		Ration allowance 50cts per Diem FRI		6-11-42		St Stephen	DO-156	11-11-42
4.12.42	St Stephen	Ceases to draw R.A.	Pte	4.12.42	VGC.	St Stephen	do 171	8.12.42
5.12.42	Attached	to Red Wing CAATC A23 Debit US allow. exp. pt. pay	Pte	5.12.42	VGC.	St John NB	do 171	8.12.42
29.12.42	Leave	5 days 5 o/RA @ 2.50	Pte	29.12.42	VGC.	St John NB	do 1	6.1.43

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

No Pension

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) BOUTET Louis — Date Oct 9 1940

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 44

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism) — no
b. Tuberculose (Tuberculosis) — no
c. Bronchite ou asthme (Bronchitis or asthma) — no
d. Affection cardiaque (Heart disease) — no
e. Maladie du rein ou de la vessie (Kidney or bladder disease) — no
f. Gastrite intestinale (Gastro-intestinal) — no
g. Hernie (Rupture) — apn 1920 — ~~xxx~~ yes
h. Varices (Varicose veins) — no
i. Pieds plats ou déformés (Flat or deformed feet) — no
j. Affection nasale (Nasal trouble) — no
k. Maladies des oreilles (Ear disease) — no
l. Maladie des yeux (Eye disease) — no
m. Epilepsie (Epilepsy) — no
n. Maladie nerveuse ou mentale (Nervous or mental disease) — no
o. Syphilis — no
p. Gonorrhée (Gonorrhœa) — no
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) — no

Louis Boutet
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Color vision Ishihara C.N.
Ears & refkexes N. - A. Delahaye Capt

URINE N
X'RAY N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).)
1. vacc left arm

2. Taille (Height) 5 pieds (feet) 3½ 5 3¼ pouces (inches).
3. Poids (Weight) 135 livres (pounds)
4. Teint (Complexion) Fair — Yeux (Eyes) Brown — Cheveux (Hair) L. Brown
5. Développement (Development) good — Bon —Good / Passable —Fair / Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34½ pouces (inches) — Degré d'expansion (Range of expansion) 2½ pouces
7. Vue, œil droit (Vision, right) 20-20 — œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) c v 20 — gauche (left) c v 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) poor many missing
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
B.P. 150-100

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie B 1

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A) Slight hypertension diastolic

B. Calbrath Lt. — H. Aubry Maj — R. Ferguson Maj
(Président)—(President) — (Membre)—(Membre) — (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
28.4.41	Present Cat Concurred in (JBC)	17/6/41	Remoc. ½ cc. (Lt. Col. S. Amand)
5/5/41	TAB T (JBC)		
28/5/41	3 (JBC)		
14.6.41	Vacc. (JBC)		

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

Matricule / Regtl. No. D-107286 Grade / Rank Private Nom / Surname Boutet Prénoms / Christian Name Louis

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal 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	Signature du médecin — Signature of Medical Officer
Internment Camp		25	3	41						St. Johns Military Hosp. D.O. 46.	28/3/41
					28	3	41			" " " D.O. 48.	1/4/41
Arvida PQ		26	1	42						Valcartier Hosp. Valcartier PQ - DO - 10 -	28 - 1 - 42
St Stephen NB					6	2	42			" " " " DO 13 -	11 - 2 - 42
Valcartier PQ		4	6	42	1					Camp " " " DO. 73.	6 - 6 - 42
" "					16	6	42			" " " " DO. 78	17 - 6 - 42
" "		3	7	42						" " " " DO - 87 -	6 - 7 - 42
" "					17	7	42			" " " " DO 97 -	21 - 7 - 42

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

Statement of the Service of No. D-101286 Rank Pte

Name Boutet Louis

Sheet No. 2

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
Was Discharged from St. John's Mil. Hosp. at 1600 hrs. 28-3-41			Pte	—	#4 coy V.G. of C	Internment Camp "A" St. Helens Island	D.O. 48	1-4-41
Proceeded on furlough from 16-8-41 to 29-8-41			"	16-8-41	"	"	D.O. 122	16-8-41
Returned from furlough at 2200 hrs. 29-8-41			"	29-8-41	"	"	D.O. 130	31-8-41
Adm. to Valcartier Hosp. Valcartier Que., Subject to Hosp. Stoppage of 75¢ per day			"	25-1-42	No 12 (4) coy V.G. of C.	Arvida Que	" 10	28-1-42
Disch. from Valcartier Hosp. (Hosp. Stop. from 25-1-42 to 6-2-42			"	6-2-42	"	St. Stephen Que	" 13	11-2-42
Adm. to Valcartier Hosp.			"	4-6-42	"	Valcartier	" 73	6-6-42
Disch'gd. from Valcartier Comp. Hosp.			"	16-6-42	"	"	D.O. 98	17-6-42
Adm. to Valcartier Comp. M. Hosp. (Isolation)			"	3-7-42	"	"	D.O. 87	6-7-42
Disch'gd. from Val. Comp. Hosp. (Isolation)			"	17-7-42	"	"	D.O. 97	21-7-42
Granted 14 dys. furlough from 1-8-42 to 14-8-42			"	1-8-42	"	"	D.O. 103	5-8-42
Returned from furlough 14-8-42			"	14-8-42	"	"	D.O. 108	15-8-42
To draw ration allowance of 50¢ per diem			"	16-11-42	"	"	D.O. 156	11-11-42
Ceases to draw ration allowance of 50¢ per diem in lieu of rations			"	4-12-42	"	"	D.O. 170	8-12-42
Died - Natural Causes			Pte	25.4.43	12 VGC	Montreal	H2.405-B.18396	

Statement of the Service of No. D-107286 Rank ..... Sheet No. 3

Name Boutet Louis

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
Attached	D. Radio Wing	at Debert						
- C.A.D.T.C.	A 13	for all purposes						
except pay			Pte	5-12-42	12 Coy D.T.C.	St John	D.O. 171	7-12-42
Granted leave of absence from 2359 hrs.								
29-12-42 to 2359 hrs. 3-1-43 - entitled								
to draw .50¢ per diem in lieu of								
rations -			"	29-12-42	"	"	D.O. 1	6-1-43
Entitled to $1.50 per diem			"	1-1-43	"	"	D.O. 9	19-1-43
Granted leave of absence from 2000 hrs.								
22-3-43 until 2000 hrs. 26-3-43 and								
entitled to 4 days ration allowance								
at 50¢ per diem			"	22-3-43	"	Grande Ligne	D.O. 39	25-3-43
Ceases to be attached to Radio Wing A23								
Debert for D.D.R.&q. & is now att'd.			to "	6-4-43	"	Sherbrooke	D.O. 46	8-4-43
to Princess of Wales Own Regiment				7-4-43	"	"	D.O. 46	8-4-43
Posted to q			"					
Granted leave of absence from 2359 hrs.								
7-3-43 until 2359 hrs. 12-4-43 and entitled								
to 4 days rations allowance of 50¢ per diem			"	7-3-43	"	"	D.O. 47	9-4-43

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40(4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur ..... Boutet Louis
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade ..... D-107286 Private

(3) Unité ..... **No. 4 CO'Y, VETERANS HOME GUARD**

(4) Êtes-vous marié? ..... Oui

(5) Si oui, donnez

(*a*) le nom entier de votre épouse ..... Yvonne Tardif Boutet

(*b*) l'adresse postale actuelle de votre épouse ..... 2209 Panet St, Montreal P.Q

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... Oui

Sinon, donnez-en les raisons ..... Na

(7) Êtes-vous veuf? ..... Non

(8) Avez-vous des enfants? ..... Oui

Si oui, indiquez le nombre de garçons et de filles ..... 1 fille, 1 garcon

Donnez aussi leurs noms et leurs âges ..... Marcel 5 ans Rollande 8 ans

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins ..... Oui

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom ..... Yvonne Tardif Boutet,

Adresse postale ..... 2209 Panet St Montreal P.Q.

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?

Non

Dans l'affirmative, donnez son nom en entier et son adresse postale

Na

(11) Est-ce que votre père vit encore? Non

Si oui, donnez son nom, son adresse et son emploi Na

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? Na

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) Na

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?

Na

(14) Est-ce que votre mère vit encore? Non

Dans l'affirmative, donnez son nom et son adresse Na

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? Na

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale).

Na Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? Na

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? Non

Si oui, donnez les détails suivants: —

Degré de parenté Na

Nom en entier

Adresse postale

Montant de la contribution mensuelle au cours des six derniers mois Na

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? Na

(19) Êtes-vous assuré? Non

Si oui, dites dans quelle compagnie? Na

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

Na Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Louis Boutt

(Signature de l'officier, soldat, ou aviateur)

Date 21-1-40

Officier Commandant

Date 21-10-40

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Louis Boutet (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga,

Province of Quebec, Labourer (Civil Occupation)

Regimental No. D-107286, Unit No.4.Coy Veterans Guard of Canada, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

LB

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife

Yvonne Tardif Boutet

2209 Panet St Montreal P.Q

LB

Relationship, names and address of residuary beneficiaries.

~~(3) I GIVE, DEVISE AND BEQUEATH~~ all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Yvonne Tardif Boutet (Name) 2209 Panet St Montreal P.Q. (Address)

Housewife (Civil Occupation), to be the ~~xExecutorx~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 21 day of October

19 40

Signed and acknowledged by the Testator, in the presence of us 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.

Louis Boutet (Signature of soldier)

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

VETERANS GUARD OF CANADA C.A.S.F.
— M. D. No. 4 —
Lt. Col.
Officer Commanding

Second witness sign here.

Signature E. Lacarneau

Civil Address 7795A Berri St.

Civil Occupation Clerk, Montreal

(Witnesses are not to be beneficiaries.)

[OVER]

KVB

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank BOUTET LOUIS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-107286 Private

(3) Unit No.4 Coy. Veterans Home Guard

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Yvonne Tardif Boutet

(*b*) Present postal address of wife 2209 Panet St., Montreal, Que.

(6) If married, have you been regularly supporting your wife? If not—state reasons Yes

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 1 Girls 1

Names and ages Marcel 5 years, Rollande 8 years.

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Yes

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name Yvonne Tardif Boutet

Postal Address 2209 Panet St., Montreal, Que.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address .....

.....

.....

(11) Is your father alive? No

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

.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? .....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment .....

.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? .....

(14) Is your mother alive? No

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

.....

(15) If your mother is a widow, are you her sole or partial support? .....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment .....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? .....

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months .....

.....

(18) Are you insured? No

If so, in what Company? .....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? .....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

(Sgd) Louis Boutet
(Signature of officer or man)

Date 21-1-40

.....
Officer Commanding .....

Date 21-1-40

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

The Administrator of Estates.

Regimental No. D.107286 Rank Private

BOUTET Louis
Surname Christian Names

Unit Veterans Guard of Canada O.C. #12 Coy. V.G.C. Sherbrooke, P.Q.

Date of Death 25-4-43 Place of Death Montreal, Que.

Next-of-kin Mrs. Yvonne T. Boutet Relationship Wife

Address 1897 Beaudry Street, Montreal, Que.

M.F.M.5 Copy herewith.

Will Original Will d/21-10-40 herewith.

Date May 10th, 1943.

ESTATES BRANCH
MAY 12 1943
H.Q. OTTAWA
NATIONAL DEFENCE

HMG/KVB

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Louis (PRÉNOMS) BOUTET (NOM)

Nom du Paye - Mme Yvonne BOUTET,
ADRESSE 1897 Beaudry,
Montreal, P.Q.

No DU REGISTRE D-8180
No DU DOSSIER 405-B-18398
DATE 18-4-45
No MATRICULE D-107286
GRADE DÉFINITIF Pte.
DATE DE LIBÉRATION 25-4-43

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION — $ ¢

900 NOMBRE DE JOURS 917 / 30 ÉQUIVALANT À 30 PÉRIODES COMPLÈTES @ $7.50 — 225.00

B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS MOINS JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À JOURS @ 25 CENTS PAR JOUR

VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION

TOTAL 225.00

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

SOLDE $
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $
SOLDE SUPPLÉMENTAIRE $
$
$
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ $
TOTAL $ X7 = $
NOMBRE DE JOURS ____ / 183 X$

RECEIVED
APR 26 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE — 225.00

E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $
AUTRES DÉDUCTIONS $

F. MONTANT PAYABLE — 225.00

(CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE $ 225.00 CHACUN)

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO POUR L'EXPLICATION DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS $ X30 $

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR	VÉRIFIÉ PAR	TRÉSOR VÉRIFIÉ PAR	DATE
KRM			1/5/45

REPRÉSENTANT MILITAIRE

△ TU

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ..... Louis (Christian Names) ..... BOUTET (Surname) ..... Register No. D8180

PAYEE'S NAME ..... MME YVONNE (Christian Names) ..... BOUTET (Surname) ..... File No. 405-B-18398

Date 17-4-45

ADDRESS ..... 1897 BEAUDRY

..... MONTREAL — P.Q. ..... Service No. D109286

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE ..... Date of Discharge 25-4-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{917}{30}$ = 30 (17) Periods @ $7.50	225	00
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1 50 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days $\frac{\quad}{183}$ × $	225	00
D. WAR SERVICE GRATUITY Computed By Gates	225	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 225 00 each)	225	00

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: BOUTET Louis No.: B-107286
Surname Christian Names

Pte. No. 12 Coy V. G. of Canada 25-4-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 8.94

Date: 9-8-43

Other Credits

Total 8.94

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Yvonne T. Boutet, 1897 Boundry Street, Montreal, Quebec (sole beneficiary under will)	$ 8.94

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	$ 8.94

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

10M—5-43 (9861)
H.Q. 1772-80-2