D111680
BOUTHILLIER
ALPHONSE THOMA

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

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: BOUTHILLIER Alphonse Thomas (b) Reg'l. No. D-11680 11168
2. (a) Arm of service: ARMY (b) Unit: 4DD VETERANS HOME GUARDS CA. (c) Rank: PTE.
3. (a) Date of birth: 23 jan. 96 (b) Have you any dependents? YES (c) Place of residence at time of enlistment: MONTREAL QUE.
4. (a) Place of enlistment: MONTREAL QUE. (b) Date of enlistment: 12 aug. 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 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.): 9 yrs. pub.school
7. If you attended a university, give name of university and standing or degree secured: NIL
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NIL (c) Did you finish it? NIL (d) If you did not finish it, how long did you serve at it? NIL
9. (a) What languages do you speak fluently? FR. & ENG. (b) What languages do you read well? FR. & ENG.

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? NIL

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 (b) State how long you had worked at this trade or occupation
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
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
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: WINDSOR HOTEL Address: MONTREAL QUEBEC
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): HOTEL
20. (a) Your specific occupation: BARBER (b) Number of years' experience at this occupation with any employer: 4½ YRS.
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NIL (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? NIL (c) If so, in what kind of farming? NIL
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NIL

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
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.): NIL
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: UNKNOWN

DATE 10 may 44 194 SIGNATURE A. Bouthillier

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: BOUTHILLIER Alphonse (b) Reg'l. No. D-111680
2. (a) Arm of service: Army (b) Unit: V.C. of C. (c) Rank: Private
3. (a) Date of birth: 23-1-1891 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Montreal, Que.
4. (a) Place of enlistment: Montreal, Que. (b) Date of enlistment: ~~XX~~ 12 Aug. 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 (b) Were you attending school or college up to the time of enlistment?
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.): 10 yrs. public school
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Babrer (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? English & French

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?

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 (b) State how long you had worked at this trade or occupation
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
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
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: Decelles A. Address: Windsor Hotel, Mtl.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Barber Shop
20. (a) Your specific occupation: Barber (b) Number of years' experience at this occupation with any employer: 30 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? (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? none
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience? none

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Barber or salesman.

DATE 9 July 1941 SIGNATURE A. Bouthillier

This form must accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D-111680	Pte.	BOUTHILLIER, A. Thomas	A	56	

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English	Montreal South, Que.	3 May 44

II. Revised Examination "M"

Place Tested | Date Tested | By Whom

V.G.C.: no M test required

Total | Group | Subtests 1 2 3 4 5 6 7 8 | Subtotals 1-3 4-5 6-8 | English or French

Other Tests

PULHEMS
88 5111111 10 Apr 44.

III. Educational Background

Completed grade IX at "Le Plateau" School in Montreal at age 17. Left school to work in his father's hotel. Speaks English fairly well.

IV. Occupational Background

Covering a period of about 30 years worked as general hand in father's hotel, as barber, at times on his own and at times hired, and as salesman in beauty parlor supplies. Has no clear recollection of the specific time he held each employment.

V. Military Background

ACTIVE: Enlisted in V.G.C. on 12 Aug 40. In charge of canteen in various internment camps. Returned to D.D. 4 for discharge on 1 May 44. Conduct was always very good.

VI. Other Personal History and Appraisal

Bouthillier is a short stocky man (5'3" - 153 lbs) of pleasant approach and manners. He is married. One daughter is married, young son of 15 attending school.

Served one year last war and almost four years in this war with the V.G. of Canada.

He was reboarded upon discharge from Rideau Military Hospital on 10 Apr 44 and assigned pulhems profile P-5 for degenerative myocarditis. He is therefore unfit for further military service.

W.D. 12 originated at D.D. 4 on 3 May 44 upon discharge of soldier for information of D.P. & N.H.

VII. Recommendations

Disch.

R.O 1029 (10)

D.O 118-79

12-5-44

Unfit for further military service.

(Signed) L Bibaud Lt
Army Examiner
(R.L./Sgt) L. Bibaud, Lieut.

MAD

See reverse side for further information and follow-up

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

Mrs. Albina Bouthillier
2108 Amherst Street
Montreal, Quebec

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

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

and the following number quoted:—

H.Q. 405-B-27805

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 17, 1945

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

BOUTHILLIER, Alphonse Thomas, Pte.

No. D.111680, Canadian Army

ESTATES BRANCH
JUL 25 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.

CWP/JN

C.W. Pybus Capt.
for Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

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		Albina Bouthillier	46	2108 rue Amherst
2	Children of the Deceased and dates of their Births		Jacqueline (marie) Renald.	22 16	5956 Esplanade. 2108 Amherst.
3	Father of the Deceased		Robert Bouthillier	53	Ier Janvier 1917.
4	Mother of the Deceased		Malvina Bouthillier	75	décédée (1937).
5	Brothers of the Deceased	Full Blood	Armand Bouthillier Ernest Bouthillier	56 51	3693 Laval appt 2. 4225 Christophe Colomb.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Louisa Tremblay.	48	Detroit Michigan
		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
			Nil.		Nil.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Alphonse Robert Bouthillier
9	Date of his birth.	23 janvier 1888.
10	Place and date of his marriage.	Montréal 18 mars 1923.
11	Place and date of his parents' marriage.	Montréal Eglise Notre Dame 1885.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montréal.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montréal Québec (b) (c) (d)
14	Nature of employment before enlistment.	Barbier
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil.
16	Name place where deceased stated he intended to make his permanent home.	Montréal

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Non. X
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?	Non.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	Non.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	Nil.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. X	Metropolitain Life Insurance $1000.00 Alphonsa Bouthillier
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil

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.	

(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 *Wife of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mme Albina Bauthillier — Signature of Informant

2108 Amherst Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Albina St-Amour Bauthillier {Name of informant} is the* Wife of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 24th day of July 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Jean Lavallee — Qualification Justice of the Peace

Address 1190 Maisonneuve St, Montreal, P.Q.

JUGE DE PAIX J. LÉON LAVALLÉE DISTRICT DE 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

OCCUPATIONAL HISTORY FORM COMPLETED

FINGER PRINTED ..... M.D. 1 APR 22 1943 DEC 18 1943

NOMINAL ROLL No. 1513

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 (1696)
H.Q. 1772-45-18

Unité / Unit: No. 4 B. Coy. Veterans Home Guards

Matricule / Regimental Number: D-111680

~~Original~~
Duplicata
~~Triplicata~~

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

Original
Duplicate
Triplicate

FINGERPRINTED
PHOTOGRAPHED
18-12-43

1. Nom / Surname: BOUTHILLIER,
2. Prénoms / Christian Names: ALPHONSE THOMAS
3. Adresse actuelle / Present Address: 2108 Amherst St. Montreal P.Q.
4. Date de naissance / Date of birth: Jan.23rd.1891
5. Lieu de naissance / Place of birth: Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): R.C.
7. Métier ou profession / Trade or Calling: Barber
8. Marié, veuf ou célibataire / Married, Widower or Single: Married
9. Nom du plus proche parent / Name of next of kin: Mrs. Albina St.Amour Bouthillier
10. Parenté de celui-ci / Relationship: Wife
11. Adresse du plus proche parent / Address of next of kin: 2108 Amherst 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? Military
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: 73172623 Pte.2nd.Depot Batt.C.E.F.ENGLAND Aug.1918-July 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?

No

(Indiques 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, Alphonse Thomas Bouthillier, 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: Montreal P.Q. August 12th.1940

A. T. Bouthillier
(Signature de la recrue)

W. A. Andrew
Witness

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

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

A. T. Bouthillier
(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 P.Q. ce Eighth jour de August 1940

No. 4 CO'Y, VETERANS HOME GUARD

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

Major, Officer Commanding

(Titre, grade et unité ou emploi)

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

Bouthillier Alphonse Thomas D-111680

État de service de ..... Matricule .....
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES

3172623 Pte. 2nd Depot Batt.C.E.F.ENGLAND Aug.1918-July 1919

Militaires .....
Military

Professionnelles ou commerciales ..... Barber .....
Business or Professional

Civiles ou de métier .....
Trade or Civil

Techniques ..... French & English .....
Technical

Langues .....
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies ..... 9 Years Piblic .....
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation ..... (Spécifier—Specify)
Matriculation

*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	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
12-8-40	T.O.S	Veterans Home Guards Affecté lors de son enrôlement / Joined on enlistment	Private	12-8-40	#4 B.Co.	Montreal	No 43	12-8-40
31.10.40	Posted	No 4 B. Coy V.G.C.	"	31.10.40	No 4 B. Coy	"	No. 111	31.10.40
1-10-41.		Posted to Intern. Camp 'H'	"	1-10-41.	4 B. Coy	"	Pt II C.O. 1488 B	1-10-41.
~~8-4-42~~		~~Granted furlough from 8-4-42~~		~~8-4-42~~	~~Camp 32~~	Hull.		~~14-4-42~~
22-12-42		" 7 days leave from 29-12-42 - 3-1-43	"	29-12-42	" "	"	Pt II 23 78	22-12-42
22-12-42		Authorized 50¢ per diem R.O. 2761						
4-4-43	Int.Camp#32	T.O.S.No.11 Active Coy. V.G. of C.	Pte	4-4-43	#11 Coy VGC	Ottawa	Pt.2 Ord.#38	7-4-43
22-4-42		Granted Furlough.	Pte	8-4-42 22-4-42	Camp 32	Hull	D.O. 23	14-4-42
1-1-43		Pay increase to 1.50 per d. C.A.R.O. 2772 and 2757	"	1-1-43	"	"	" 4	15-1-43

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.)

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) Bouthillier Alphonse Date Aug. 7, 1940

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

1. Age 49

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

A. T. Bouthillier
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Ears normal Color vision CN(Ishihara)
Reflexes normal G.E.Scharfe Maj.

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. lt. arm

2. Taille (Height) 5 pieds (feet) 3 pouces (inches).
3. Poids (Weight) 153 livres (pounds)
4. Teint (Complexion) dark Yeux (Eyes) brown Cheveux (Hair) grey-brown
5. Développement (Development) good — Bon—Good / Passable—Fair / Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 38 pouces (inches) Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20-50 œil gauche (left) 20-60
8. Ouïe, oreille droite (Hearing, right) W V 20 gauche (left) W V 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) fair
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:
with glasses rt.20-30 lt. 20-30 B.P. 137/77

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 A

AUG 12 1943

Y.O.B.	P	U	L	H	E	M	S
91	1	1	1	1	1	1	1

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

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

W.M.Smythe Lt.,Col. E.I.Lecavalier Capt. S.J.Des Rosiers M.D.

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
27/8/40	Vaccination Smallpox T.A.B ¼ c.c Tetanus Toxoid	APR 3 '43	RE EXAMINED CATEGORY A CONFIRMED
18/4/44	~~[illegible]~~		

auth 20-F-B 337

Y.O.B.	P	U	L	H	E	M	S
91	5	1	1	1	1	1	1

18/4/44

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

D-111680 Private Bouthillier Alphonse Thomas

Matricule / Regtl. No. ..... Grade / Rank ..... Nom / Surname ..... Prénoms / Christian Name .....

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
Bordeaux	5-5-43	5	7	43				Common Cold		Attend "A"	Capt. McPherson
Camp Arthur	7-8-43	17	8	43				Burned finger		M.A.D.	Lt. Margolis

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.)**

M.F.M. 7
100M-12-42 (7657) (8032)
H.Q. 1772-39-1653

CANADIAN ARMY (ACTIVE)

DISCHARGE CERTIFICATE

This is to Certify that No. B-111650 (Rank) Private

Name (in full) Alphonse Thomas Bouthillier enlisted ~~or was~~

~~enrolled in~~ the Canadian Corps of Signals

the **CANADIAN ARMY (ACTIVE)** at Montreal, Que. on the 12th

day of August 19 40

He served in Canada

and is now discharged from the service under Routine Order 1009, Para. 10 by reason of

Unable to meet the required physical standards

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	55 years	3 months	Marks or Scars: Vaccination left arm
Height	5'	7"	
Complexion	Dark		
Eyes	Brown		
Hair	Grey-brown		

A. T. Bouthillier
Signature of Soldier

Date of Discharge 12th May 1944

No. 4 District Depot, C.A. MAY 12 1944 Montreal, P.Q.

A. E. Kuhlin Lieut
Issuing Officer
for (S. ECHENBERG, ...) Colonel,
COMMANDING No. 4 DISTRICT DEPOT, (CA)
Rank

Date 12th May 19 44

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

Statement of the Service of No. D-111680 Rank Pte. Sheet No. 2

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

Name Bouthillier Alphonse Thomas

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
20-8-43	#11 Coy. VGC	S.O.S. No. 11 Coy., V.G. of C. on reposting to #2 Coy., V.G. of C., St. Helen's Isl., P.Q.	Pte.	20-8-43	#11 Coy., V.G.C.	Port Arthur, Ont.	Pt. 2 #84	20-8-43
		T.O.S. No. 2 Coy., on reposting from No. 11 Coy., V.G.C.	"	21-8-43	2 VG	Montreal	NO. 112	26-8-43
		S.O.S. on transfer to No. 4 DD for discharge	"	30-4-44	"	Ottawa	60	29-4-44
		TOS from No 2 Coy V.G. of Can Ottawa Ont.	"	1 may 44	4 D.D.	Mtl Sth	108	1 may 44.
		Adm. to Rideau Mil. Hosp.	"	8-3-44				
		Disch. from Same	"	15-4-44				
		Adm. to Ottawa Civic Hosp.	"	15-4-44				
		Disch from same (for records purposes only)	"	27-4-44	4DD	Mtl Sth	4DD 122	17 May 44
		DISCHARGE: "Unable to meet the required military physical standards" (RO 1029 para 10) Add. on discharge: 2108, Amherst St., Montreal, Que. Having served from 12 Aug 40 to 12 May 44 (six months) and having shown himself to be provided with satisfactory civilian clothing is credited with $65.00 (Art 187 FR & I as amended by P.C. 1-9465, d/10 Dec 43) and is auth. to receive Rehab. Grant of 30 days regimental pay of rank on discharge. (RO 1079 d/4 Jun 41)	Pte	12 May 44	4DD	Mtl Sth	4DD 118	12 May 44

M.F.M. 23
100M—2-43 (8404)
H.Q. 1772-39-1677

BOARD TO C. P. C.

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. D-111680 | Rank PRIVATE

DOCUMENTS RECEIVED IN DISCHARGE SECT. MAY 23 1944 DIRECTORATE OF RECORDS, N.D.H.Q.

Surname BOUTHILLIER

Christian name ALPHONSE THOMAS

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps "VETERANS GUARD OF CANADA" A.F.

Date of discharge 12th May 1944.

Place of discharge Montreal South, Que. Mil. Dist. No. 4

1. DESCRIPTION AT DATE OF DISCHARGE

Age 53 years 3 months

Height 5 feet 3 inches

Complexion Dark

Eyes Brown

Hair Grey-brown

Trade Barber

Descriptive marks:

Vaccination left arm.

Intended place of residence } 2108, Amherst St. (Street and Number) Montreal, (P.O., City or Town, etc.)

(To be given as fully as practicable: *i.e.*, mailing address)

Province Que.

2. The above-named man is discharged in consequence of Unable to meet the required military physical standards

Authority for discharge R.O. 1029., Para. 10

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer.

3. Conduct while in the service has been, according to the records, etc.:

Good

N.B.—See K.R. Can. 385. 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, and will be read out to him.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

U N K N O W N

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

(OVER)

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

5A. War Service Badge

General Service

Class and number "Service Class" # 098025 Received G. T. Bourthillier
(If and when authorized)

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

6. Medals and Decorations .....

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

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Montreal South, Que.

(Date) 12th May 1944. *Commanding* (S. ECHENBERG,) Colonel, COMMANDING No. 4 DISTRICT DEPOT, (CA).

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 fourth page, and that I have received my discharge certificate.

(Place) Montreal South, Que. G. T. Bourthillier *(Signature of Soldier)*

(Date) 12th May 1944. R. Trudeau Cpl. *(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. **Statement of Service**

(Date of enlistment—Canadian Army) 12th August 1940

(Date of discharge—Canadian Army) 12th May 1944.

(Total Service—Canadian Army) 3 years 275 days

10. **Confirmation of Discharge**

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

(Place) Montreal South, Que. *(Signature)*

(Date) 12th May 1944. *Commanding* (S. ECHENBERG,) Colonel, COMMANDING No. 4 DISTRICT DEPOT, (CA).

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M.2).

Clothing and Equipment Statement (M.F.C. 800).

Proceedings on Discharge.

CANADIAN WOMEN'S ARMY CORPS

Charge Sheet (M.F.M. 155).

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 154).

Enrolment Form. (Duplicate and Triplicate M.F.M. 153).

Certificate of Examination (Duplicate and Triplicate M.F.M. 150).

Clothing and Equipment Statement (M.F.C. 800W).

Declaration to serve in Canada and beyond.

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

(S. ECHENBERG,) Colonel,
COMMANDING No. 4 DISTRICT DEPOT, (CA).

Officer Commanding

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

None

(Date) 12th May 1944. G. T. Bouthillier
(*Signature of Soldier*)

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 Alphonse Thomas (PRÉNOMS) BOUTHILLIER (NOM)

No DU REGISTRE 107242
No DU DOSSIER 405-B-27805
DATE 27-3-45
No MATRICULE D.111680
GRADE DÉFINITIF PTE
DATE DE LIBÉRATION 12-5-44

ADRESSE 2108 Amherst, Montreal, P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

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

NOMBRE DE JOURS 1370 / 30 ÉQUIVALANT À 45 PÉRIODES COMPLÈTES @ $7.50 — 337.50

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 337.50

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 MAR 30 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE — 337.50

E. DÉDUCTIONS

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

F. MONTANT PAYABLE

(CE MONTANT EST PAYABLE PAR VERSEMENTS 3 MENSUELS DE $ 112.50 CHACUN) — 337.50

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 $ 4.45 X30 $ 133.50

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
HAL	

TRÉSOR	
VÉRIFIÉ PAR	DATE
W Caldwell	2.4.45

REPRÉSENTANT MILITAIRE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ALPHONSE THOMAS BOUTHILLIER (Christian Names) (Surname) — Register No. 107242

File No. 405-B-27805

PAYEE'S NAME ..... (Christian Names) (Surname) — Date 27-3-45

ADDRESS 2108 AMHERST — Service No. D-111680

MONTREAL - P.Q. — Final Rank Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE ..... — Date of Discharge 12-5-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1370}{30}$ = 45 (20) Periods @ $7.50	337	50
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 $ 1.25 Additional Pay $ —— Dependents' Allowance 1/30 $ 51.12 $ 170 TOTAL $ 4.45 × 7 = $ ..... No. of Days $\frac{}{183}$ × $	337	50
D. WAR SERVICE GRATUITY Computed By Ricketts.	337	50
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in 3 monthly instalments of $ 112.50 each)	337	50

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

$ 4.45 × 30 = $ 133.50

REMARKS

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

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, Alphonse Thomas Bouthillier (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, B Barber (Civil Occupation)

Regimental No. D-111680, Unit No. 4 CO'Y, VETERANS HOME GUARD, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

A.T.B.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My Wife

Mrs. Albina St.Amour Bouthillier,
2108 Amherst St.,
Montreal P.Q.

THE WHOLE OF MY ESTATE.

A.T.B.

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

Nil.

(4) I appoint Mrs. Albina St.Amour Bouthillier, 2108 Amherst St., Montreal P.Q. (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 12th day of August 1940

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.

A. T. Bouthillier (Signature of soldier)

First witness sign here.

(5) Signature Geo Machen

Civil Address Lobel

Civil Occupation

Second witness sign here.

Signature J D B Lemmon

Civil Address 7577 B Lacombe Ave.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY JG

Name: BOUTHILLIER, Alphonse T. No.: B111680
Surname Christian Names

Pte. Vet Guard of Canada. 9-5-45
Rank Unit Date of Death

AMOUNT

L.P.C. $

Date: 30-8-45 Other Credits 31.00

Total 31.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Albina Bouthillier, 2108 Amherst St., Montreal, Que. (Sole beneficiary under will)	31.00 R

P4. TO TREAS. 25-9-45, QM.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	31.00

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

M.F.D. 930A
750M—9-43 (1730)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. D-111680 Rank and Name Pte. BOUTHILLIER, A.T.

of D-2 Wing NO. 4 DISTRICT DEPOT, C.A. Unit, on

(Transfer, Posting or Discharge) to SOS (Unit and Station) on 12 May 1944

Reason for discharge RO 1029-10 Authority DO 118-79

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. .....

REMARKS:

State (1) Date of appointment or enlistment 12-8-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes 51.12

(3) Has assignment of pay been made? Yes If so, amount $ 1.00 WSC 23.00

Effective date 1-3-41 stopped wef 1-3-44 1-2-43

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ .....

The following is a statement of the account of the above named from 1 May to 12 May 1944 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment			Regimental Pay 12 days at $ 1.50	18.	00
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge AR 607	10.	80	Additional Pay (Give particulars)		
Assigned Pay	9.	20	..... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
			Reversing 2 months W.S.C.	2.	00
AR 608 Cloth. Allow.	65.	00	DO 118-124 Cloth. Allow.	65.	00
AR 609 Rehab. Grant	22.	00	DO 118-128 Rehab. Grant	45.	00
A/P " "	23.	00			
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	130.	00	Total	130.	00

JACQUES CARTIER BARRACKS,
MONTREAL SOUTH, QUE. (Place)
17-5-44
GR (Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

(W. DEAN O'CONNOR) Major
PAYMASTER
#4 DISTRICT DEPOT G.A.

Major
Paymaster or Accounting Officer

To be made out in duplicate

M.F.M. 5

H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. 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 individuals new unit.

---

(1) Name of Officer of Other Rank Bouthillier, ALPHONSE, THOMAS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-111680

(3) Unit No. 4 B CO'Y, VETERANS HOME GUARD B

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Albina St.Amour Bouthillier,
2108 Amherst St.,

(*b*) Present postal address of wife Montreal P.Q.

(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? Two Number of boys 1 Girls 1

Names and ages Ronald 11 Years, Jacqueline 16 Years

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

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

Name Mrs. Albina St.Amour Bouthillier,

Postal Address 2108 Amherst St., Montreal P.Q.

[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 Na.

(11) Is your father alive? No

If so, state name and address, occupation Na.

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

(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. Na.

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

(14) Is your mother alive? Na.

If so, state name and address Na.

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

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

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? Na.

(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 Na.

Full Name Na.

Postal Address Na.

Amount contributed monthly during the past six months Na.

(18) Are you insured? Yes

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

Have you made arrangements for payment of your Insurance Premium? Yes
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.

A. T. Hamilton
(Signature of officer or man)

Date Montreal P.Q. Aug.12th.1940

No. 4 CO'Y, VETERANS HOME GUARD

Officer Commanding

Lt. Col.
Major, Officer Commanding

Date Montreal P.Q. Aug.12th.1940

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.