E6242
BEAUDOIN
GEORGES ALBERT

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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 BEAUDOIN, Georges, Albert. (b) Reg'l. No. E-6242
2. (a) Arm of service Infantry (b) Unit Royal 22nd Regt. (c) Rank Private.
3. (a) Date of birth 12 FEB 1917 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Charny, Quebec.
4. (a) Place of enlistment Trois Rivieres, Quebec. (b) Date of enlistment ~~XXXXXXXXX~~ 1-6-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school sixteen (b) Were you attending school or college up to the time of enlistment? School.
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.) Two years High.
7. If you attended a university, give name of university and standing or degree secured N/A.
8. (a) Did you ever enter upon a trade apprenticeship? Yes. (b) If so, for what occupation? Mechanic (Motor) (c) Did you finish it? No. (d) If you did not finish it, how long did you serve at it? 4 months.
9. (a) What languages do you speak fluently? French. (b) What languages do you read well? Rench.

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? C.N.R.

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? Yes.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Fireman, C.N.R. (b) State how long you had worked at this trade or occupation 2 years.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified Cook.
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment Yes.
15. Give details of last employer, if any: Name C.N.R. Railroad Address Quebec.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) N/A.
17. (a) If your last employment was in a business of your own, state nature and address of business N/A. (b) Date of discontinuing it N/A.

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 C.N.R. Railroad Address Quebec.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Railroad. C.N.R.
20. (a) Your specific occupation Fireman (b) Number of years' experience at this occupation with any employer 2 years.
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? 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 N/A. (b) Where was it located? N/A.
23. (a) Number of years engaged in this business N/A. (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N/A.

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? N/A. (b) Do you feel competent to operate a farm? N/A. (c) If so, in what kind of farming? N/A.
25. (a) Were you born on a farm? N/A. (b) How many years' actual farming experience have you had? N/A. (c) In what provinces did you have experience? N/A.

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.) Assured of Job.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Cook, Fireman & Motor-Mechanic.

DATE 28 MAY 42. 194..... SIGNATURE Beaudoin Georges Albert

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) Beaudoin Georges (b) N° matricule E-610932
2. (a) Arme Armée (b) Unité F.C. Vd 53 (c) Rang Pte
3. (a) Date de naissance 11 février 19[illegible] (b) Avez-vous des personnes à votre charge? Nil (c) Domicile au moment de l'enrôlement Charny P.Q.
4. (a) Lieu d'enrôlement Lauzon (b) Date d'enrôlement 12 mars 1942

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Nil
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) Ecole Secondaire Sainte Ch[illegible]
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Nil
8. (a) Êtes-vous déjà entré en apprentissage? Oui (b) Si oui, dans quel métier? Maçon (c) Avez-vous complété votre apprentissage? Oui (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? N.A.
9. (a) Quelles langues parlez-vous couramment? Français (b) Quelles langues lisez-vous facilement? Français Anglais

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) En Emploi (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Nil

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

N.A.

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Canadian National Railway Adresse Charny
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) C.N.R.
20. (a) Genre précis de votre occupation Track man (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 6 ans
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Oui (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? N.A. (c) Désirez-vous retourner à votre ancien emploi? Oui

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

N.A.

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Oui (b) Vous croyez-vous apte à exploiter une ferme? Oui (c) Si oui, dans quel genre de culture? Générale
25. (a) Êtes-vous né sur une ferme? Oui (b) Nombre d'années d'expérience effective dans la culture? 4 ans (c) Dans quelles provinces avez-vous acquis votre expérience? Québec

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Nil
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) N.A.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Mécanicien

DATE 14 avril 1942 SIGNATURE Beaudoin G.A.

DRO. 4

I. Regt. No. E-610932 Rank PTE Unit C.A.(B)T.C. 53 Date 18-3-42

Name BEAUDOIN Georges-Albert Age 25 Place of Birth St. Valier, P.Q.

Date of Enlistment 13-3-42 Place of Enlistment Lauzon Depot Lauzon

Languages spoken French (R.) Recruit A Med. Cat. A-1 Place Lauzon

II.

Test	Score	S.M.	
1	13		SUB-TOTAL 34
2	8		S.M.
3	13		
4	11		SUB-TOTAL 22
5	11		S.M.
6	11		SUB-TOTAL 27
7	9		S.M.
8	7		
Total	83	S.M.	GRADE E
9	D		(F)

M. Test Date

Other Tests Name or Type	Date	Place	Score	Grade

III. Military Background

No previous training.

IV. Educational Background: Elementary: 7th grade.

Left school at aixteen.

V. Occupational Background 1) Worked 4 years for the C.N.R.

In summer time as a clerk, (time keeper), in winter as a labourer.

3) Worked three years as a mason

VI. Arm Desired

INFANTRY (M.G.)

Work in Arm Desired

ROUTINE TASKS MAINLY.

VII. FAMILY BACKGROUND: Father and mother liging. Family of eight .

SPORTS: Likes sports: Hockey, ski.

PHYSICAL APPEARANCE: Fair.

STABILITY: Average

Quiet, casual.

Has experience in masonry.

13-6-42 # 89

M.F.M. 196
60M—1-42 (2950)
H.Q. 1772-39-1016

Discharged 22-8-42 O.O. #282

VIII. Summary

APPEARANCE: Fair.
INTELLIGENCE: Inferior
STABILITY: Average

Quiet, casual.

IX. Suggestions

ROUTINE TASKS MAINLY.

INFANTRY (M.G.)

X. Signature of Interviewer	N.C.O.	Officer
	Sgt.	Lieut. A.A.E.

XI. Action Taken

Date of Action

Follow-up

Return to D.D.
Check on proofs for masons.
Otherwise Routine tasks.
J.S.A.B.
major.

(*Doit être remplie en triplicata*)

Refusé

M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

DUPLICATE

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. F-17807 Matricule F-610932

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 5
2. Nom (Majuscules d'imprimerie) BEAUDOIN
3. Prénoms en entier GEORGES
4. Adresse actuelle 163 Poirier Charny Que.
5. Lieu de naissance ~~St. Valier Bellechasse Que.~~ CANADA ST. VALIER BELLECHASSE
   (Pays) (Comté ou province) (Ville ou canton)
6. Date de naissance 12-2-17 7. Confession religieuse C.R.
8. Signalement: Taille 5'6½" Poids 116 Yeux bruns Cheveux bruns
   Teint brun Marques particulières appendice
9. Marié, célibataire, veuf? Celibataire
10. Plus proche parent Amede Beaudoin (Nom) Degré de parenté pere
    163 Poirier Charny Levis Que. (Adresse)
11. Profession ou emploi Cuisinier
12. Service naval, militaire ou aérien antérieur nil (Indiquer les unités et les dates de service)
    nil
13. Préférence pour la Marine? nil Pour l'armée de terre? nil (Arme)
    Pour l'Aviation? oui
14. Emploi dans une industrie de guerre, le cas échéant non

Camille Lajoie L.T.
(Signature de la recrue)
refusé de signer

Camille Lajoie
(Signature et grade de l'officier enrôleur)

Georges-Aimé Beaudoin 194
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 53 à Lauzon Que. Date 12-3-42

A accompli 59 jours d'instruction élémentaire.

12-5-42 P.E. Turnasbyn
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ..... à ..... Date .....

A accompli ..... jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....

Est passé dans ..... Date .....
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

.....
(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire B"

ÉTAT DE SERVICE de BEAUDOIN GEORGES A (Nom) (Prénoms) N° matricule E-610932

APTITUDES

1. Navales, militaires ou aériennes: nil
2. Commerciales ou professionnelles: nil
3. Civiles ou de métier: Cuisinier
4. Techniques: nil
5. Langue maternelle: Francaise Quelles autres langues parlez-vous? nil Lisez-vous et écrivez-vous? oui Savez-vous conduire une automobile? non

Savez-vous réparer un moteur? non Expérience culinaire? oui Passe-temps favori? Sports.

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: 6eme annee (Années achevées) Graduation ou immatriculation: nil (Spécifier)
7. *Collège: nil
8. *Université: nil (*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		PASSE du dépôt central de la L.M.R.N. N° 5						
14-3-42	T.C. 53	Att. to T.C. 53 for all purposes	Pte.	12-3-42	NRMA CDS	Luuzon	D.O. 32	16-3-42
12-5-42	do	AWOL 10 jrs 14 hrs 20 min 11 jrs de solde	do	1-5-42	do	do	D.O. No. 73	12-5-42
12-5-42	do	S.O.S. TO A-17 Trois Rivieres.	do	12-5-42	do	do	D.O. No. 73	12-5-42.-
		TOS ON TRANSFER FROM CABTC 53	"	13-5-42	CMGTC	A-17 m3	Rivers Que.	Supp 78 25-5-42
		S.O.S. on t ansfer to No. 5 D.D.	"	29 May 42	"	"	81	29 May 42
		S.O.S. on attestation in the Canadian Army (Active)	"	31 May 42	"	"	89	13 Jun 42

N° matricule E-610932 Grade Pte. Nom Beaudoin Prénoms Georges.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
13-3-42	CATEGORIE "B2" H Tremblay	18-3-42	VACCINATION. H Tremblay		
13-3-42	URINES - NORMAL H Tremblay	18-3-42	T.A.B.T. H Tremblay		
17-3-42	HDL/263 X-RAY CHEST: NEGATIVE. H Tremblay	3-4-42	3 H Tremblay		
		25-4-42	H Tremblay		

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	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 primaire 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.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

12- 1330

3e APPEL

A

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: F-17,807

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

DIVISION "F", Québec,
Reçu le 28/4/41

PREMIÈRE PARTIE

Nom et prénoms (Ecrire en lettres moulées) BEAUDOIN (Nom de famille) Georges A. (Prénoms)

Lieu de naissance (Ville, cité ou village) St-Vallier Province canadienne (ou autre pays) uébec Date de naissance 13 janvier 1917

Résidence fixe (Numéro et rue) 10 Rue Fontaine (Bureau de poste ou itinéraire de facteur rural) Charny (Ville ou village) Qué. (Province)

Répondre aux questions suivantes par " oui " ou par " non ".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non

Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? oui Hernie? non

Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non

Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non (Oui ou non) Si oui, de quelle source?

Localité (Ville, cité ou village) Charny Province Québec Date 13 déc. 1940

Signé: Georges Albert Beaudoin

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus) Cicatrice appendi

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 5½ pouces. 2. Poids 126 livres.
3. Teint Brun Couleur des yeux Bruns 4. Constitution ~~Vigoureuse~~ Moyenne ~~Débile~~ (Biffer mentions inutiles.)
   Couleur des cheveux Bruns
5. Périmètre thoracique à l'ampliation maxima 34 pouces.
   Étendue de l'ampliation 2 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 10/10 Œil gauche 10/10
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit
   Œil gauche
7. Acuité auditive: Oreille droite Normale Oreille gauche Normale
8. Bouche et dents Dents cariées
   Indiquer la nature et l'emplacement de toutes dents artificielles
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à " A ", désigner ici, clairement et laconiquement, la nature de ladite invalidité

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie " A " X
" " B I "
" " B II "
" " C I "
" " C II "
" " D "
" " E "

Catégorie approuvée Dr R.R., Div. "F".

Signé:
Signature Paul Lévesque M.D.
(Médecin examinateur)
Adresse 7 St-pierre Charny p.Q.
Date 13 déc. 1940

Copie certifée conforme à l'original

35/-

(Important — Voir au verso)

N.W.S. Formule N° 1A-FR

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

Pied 1/16 5/16"
Cicatrice appendiculaire
B II Poids moyen à augmenter
R. Tremblay Capt

Signature H. Tremblay
Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction C. A. B. T. C. No 53, Lanzon, P.Q.

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

PR.

M.F.M. 2
A.F.B. 271
200M—3-41 (9720)
H.Q. 1772-39-1645

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit ROYAL 22nd. Regt. Regimental Number E.6242

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname BEAUDOIN
2. Christian Names Georges Albert.
3. Present address 163 Rue Poirier, Charny, Comte, Levis, Quebec.
4. Date of birth 12 FEB 1917.
5. Place of birth Canada (Country) Bellechase, Que. (County or Province) St. Valier. (Town or Township)
6. Religion (state denomination) Romain Catholic.
7. Trade or Calling FIREMAN, C.N.R. (STOKER)
8. Married, Widower or Single Single.
9. Name of next of kin Amedee BEAUDOIN
10. Relationship Father
11. Address of next of kin 163 Rue Poirier, Charny, Comte Levis, Quebec.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes, R.R.M.A. (1940) 12 March 42 to date. (E610932)
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No. (Yes or No)
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No. (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No.
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Georges Albert BEAUDOIN, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 1 JUN 42. Beaudoin Georges Albert
(Signature of recruit)
Witness Reginald King

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Georges Albert BEAUDOIN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Beaudoin Georges Albert (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Three Rivers this 1st. day of JUNE 1942

Signature of Magistrate, Justice or Attesting Officer.

Office or Rank and Unit or appointment.

C.M.O.T.C. A-1.

N.B.—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

Record of Service of BEAUDOIN (Surname) Georges Albert (Christian Names) Regimental Number ~~E6222~~ E6242

Qualifications

Military: Nil.

Business or Professional: Nil.

Trade or Civil: Chauffeur (Stoker R.C.N.R) - 3 years experience as a cook on ships

Technical: Nil.

Languages: French.

Educational Qualifications

High School or Collegiate: No (years completed)

Graduation or Matriculation: No (specify)

*College: Nil

*University: Nil

8 Years Elementary School

*(Name of institution, courses or years completed, and degrees obtained to be shown)

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.

Report		Record of Promotions, Reductions, Transfers, Casualties. Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment PREVIOUSLY SERVED UNDER N.R.M.A. (1940) FROM 12 MAR 1942 to 1 JUN 1942, HAS BEEN ATTESTED, ALLOTTED REGIMENTAL NUMBER AS INDICATED AND IS TAKEN ON THE STRENGTH THIS CENTRE (E-610932)	Pte.	1 JUN 42	CMGTC A017	3Rivers, Que.	180	3 AUG 42.
		Admitted to St. Annes Mil. Hospt. St.-Anne de Bellevue, Que.	"	24-7-42	"	"	175	29-7-42
		Posted to C.M.G.T.C. A-17 Staff and absorbed in the H.W.E.	"	1-8-42	"	"	181	4-8-42
		Discharged as "Unable to meet the Required Military Physical Standards" under the provs. of R.O. 1029, Para 10	"	22-8-42	"	"	202	26-8-42
		Having served for less than six (6) months and having shown himself to be provided with satisfactory civilian clothing, is credited with $17.00 under the provisions of Art. 187, (I)(A) F.R.&. . for G.A.M(A)	"	22-8-42	"	"	202	26-8-42
		Address upon discharge: 163½ Poirier St., Charny, Que. Canada.	"	22-8-42	"	"	202	26-8-42

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full George BEAUDOIN Place Three Rivers, Que.

Place Date 1 June 1942.

Part 1. Information obtained from the recruit.

1. Age 26 2. Have you ever suffered from any of the following diseases?

a. Rheumatism NO
b. Tuberculosis or pleurisy NO
c. Bronchitis or asthma NO
d. Heart disease NO
e. Kidney or bladder disease NO
f. Stomach or bowel trouble NO
g. Rupture NO
h. Varicose veins NO
i. Foot trouble NO
j. Nasal trouble NO
k. Ear disease NO
l. Eye disease NO
m. Fits NO
n. Nervous or mental disease NO
o. Syphilis NO
p. Gonorrhoea NO
q. Have you ever worn glasses? NO
r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

Beaudoin Georges A Albert
Signature of Applicant

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).

Scar MacBurney's

2. Height 5 feet 4¾ inches. 3. Weight 125 pounds.

4. Complexion Dark Eyes Brown Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right C.V.20 left C.V.20
With Glasses— right left

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

EARS & NOSE: Negative
REFLEXES : Present
URINE : Negative
B.P. : 118/62

Has had Rheumatic Pains in limbs ~~and~~ And general tissues. Coughing a good deal, maybe due to excessive smoking, up to 80 cigarette per day.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category

Special remarks when category lower than A

Jos. NORMAND — President
Lorne BERLINGUET — Member
J.A. ROUSSEAU — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
13-3-42	Cat. "B-2"		
13-3-42	Urine Normal		
17-3-42	X-Ray-Chest Neg. C.C. Becqua		
18-3-42	Vacc.		
18-3-42	T.A.B.T.		
3-4-42	———		
25-4-42	3		
~~21-7-42~~	~~X-Ray chest~~		
21-7-42	X-Ray chest UNFIT- Lt. Ogilvie		

(Died in Canada)
3-6-44

AWARDS—CANADIAN ARMY (ACTIVE)

1767 M 500M—1-44 (3467) H.Q. 1772-45-8 FEB.

FILE NO. 405-B-13133

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BEAUDOIN, Georges Albert	E.6242	Pte.	22nd Roy. Regt.

WAR SERVICE BADGE (CLASS) ELIGIBLE

GSC No. 021342 (29-9-42) DATE DESPATCHED: RM. 20677

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal	9157 13-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Amedee BEAUDOIN (FATHER)

ADDRESS: 163½ Poirier St., CHARNY, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 2239

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Rosana Beaudoin ((FRENCH))

1767

ADDRESS: 163½ Poirier St., Charny, Que.,

DESP. JAN 8 1945
(3) REGN No. 105835

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. E-6242 (Rank) Private.

Name (in full) BEAUDOIN, George, Albert. enlisted in

the Royal 22nd. Regiment.

Canadian Army (Active)
~~CANADIAN FIELD FORCE~~ at Three Rivers, Que. on the First

day of June 19 42

He served in CANADA.

and is now discharged from the service by reason of Unable to meet the required Military Physical Standards. Routine Order 1029 & R.O. 502.

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

Age	25 yrs. 6 months.	Marks or Scars	
Height	5' 4¾"		
Complexion	Dark.		Scar MacBurney's.
Eyes	Brown.		
Hair	Brown.		

G A Beaudoin
Signature of Soldier

Date of Discharge

22 Aug. 42

APPROVED
ORDERLY ROOM
C. M. G. T. C. - A17

W. N. Barclay Lieut. Ass. Adj.
Issuing Officer
for (D.S.Forbes, M.C.) Lt.Col.;
Commandant, C.M.G.T.C. A-17.
Rank

Date 22 Aug. 19 42

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

(P.T.O.)

copy FB

Aug. 1[illegible]42

MEDICAL HISTORY OF AN INVALID

FILE COPY DO NOT REMOVE

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used *for all ranks*, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Ste. Anned e Bellevue DATE Aug.12-42

1. *(a)* Unit 22nd Regt *(b)* Regimental No. E.6242 *(c)* Rank pte

(d) Surname BEAUDOIN (Use block letters) *(e)* Christian names GEORGE

(f) Home address Charny, Que.

(g) Next of Kin Amede Beaudoin *(h)* Relationship father

(i) Address of Next of Kin Charny, Que.

2. Age last birthday 25 Date of Birth Jan. 12, 1917

3. Enlistment, or Appointment: *(a)* Place Three Rives, Que. *(b)* Date June 1-42

(c) Category on enlistment A *(d)* If lower than A on enlistment, give reason

4. Personal description: *(a)* Height 5'6" *(b)* Weight 125

(c) Complexion dark *(d)* Colour of hair black *(e)* Colour of Eyes brown

(f) Identification marks, scars, etc. appendectomy scar - small scar right hand. vacc. scar left arm.

5. Former civilian trade, profession or occupation labourer

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)

(a) Length of service. Years Days 73

(b) Periods of service:

(c) Trade on enlistment *(d)* Present Trade

	From	To
man's statement Former Wars		
War 1939—Canada	June 1, 1942	
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. chronic bronchitis (0822)
(To be filled in when examination has been completed)

Probabilities of Pulm T.B.

(a) Dates of origin unknown

(b) Places of origin Canada

(c) Causes unknown

M.F.B. 227
500M—6-41 (718)
H.Q. 1772-39-117

T.C. No. A-17 Three Rivers, Que.

8. Present Condition—*(a)* Subjective
(In the individual's own words)

Complaints: cough and expectoration since last January
weakness

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Moderately developed and nourished man.
Reflexes are normal. Good mentality
Vision R 20/30 L 20/30 Hearing C.V. 20 both
Mouth: many teeth missing - other good
Chest: is fairly well covered, and symmetrical
Expansion is good from 32 to 35½
Right lung: dullness over upper third - voice resonance is increase and breath
sounds are diminished over this area and a few ronchi are heard.
Left lung: no abnormality found.
Heart: no enlargement, no murmur P.A. 120/84 Pulse 84 Temp 98 3/5
Abdomen: appendectomy scar. Good wall. no hernia, no haemorrhoids.
Limbs: joints and muscles are normal.
Feet are in good condition.

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

No history of childhood diseases besides pneumonia at age 1. In January 42 suffered from pleurisy was one month in bed. Was treated at home by Dr. Paul Gilbert of Charny, Que. Since then has been coughing and expectorating an ouce daily. Never spat blood.
Was drafted March 12, 1942. Went active on June 1, 1942. Was at Three Rivers Camp working as a cook. The M.O. having seen him coughing and expectorating sent him to Ste. Anne's Hospital for investigation July 24, 1942.

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or *(b)* by unreasonable refusal to accept treatment?

a)no b) no

11. What is the probable duration of the diseases or injuries?

unknown

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

no

13. Can the former civilian trade, profession or occupation be resumed?
(If not, briefly state why)

yes

ase and breath

14. Recommendations recategorize
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

Henri Lesperance M.D.
Medical Officer by whom the case is brought forward.
(sgd) Henri Lesperance, M.D.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

Georges Beaudoin

I, the undersigned Georges Beaudoin having heard the contents of Sections 8 (a) and 9 read, am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of nil

nil

Beaudoin Georges Rank
Signature of member of the Forces.

(sgd) Beaudoin Georges

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

We concur: this man shows today marked symptoms of bronchitis. There has been contradictory X-Ray reports and also specialists in this case. The man having been considered as Pulm T.B. previously, the board feels that it will be a great risk for Army and for the man to retain him in Active Service.

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)

.....

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) *NAVY*—
- A. General Service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) *ARMY*—
- A. General service.
- B1, B2 — Service abroad (not general service).
- C1, C2 — Home service (Canada only).
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) *R.C.A.F.*—
- A1B — Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH — Fit for full flying and ground duties in Canada.
- A2B — Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH — Fit for limited flying duties and all ground duties in Canada.
- A3B — Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH — Ditto but Canada only.
- A4B — Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH — Ditto but Canada only.
- ATB — Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH — Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT — Temporarily unfit for any form of duty.
- APB — Permanently unfit for flying, fit for ground duties anywhere.
- APBH — Ditto but only in Canada.
- APBT — (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP — Unfit for any form of duty.

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17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category E (R.O. 502)

Place Ste. Anne de Bellevue, Que.

Date Aug. 12, 1942.

Paul Chquette Capt. PAUL CHQUETTE CAPT. *President.*

R. Dupuis R. DUPUIS M.D. } *Members.*

Henri Lespérance H. LESPERANCE M.D.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

.....

.....

Witness..... Signed.....

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

.....

.....

Place..... .....*President.*

Date..... .....

.....} *Members.*

APPROVED BY

T.H. Newton Capt ~~Major~~

.....*D.M.O. or P.M.O.*

Date 15 Aug. 1942

(R.H. McGibbon) Col., R.C.A.M.C.,
D.M.O., M.D.No.4

APPROVED BY

D.H. Grey Arguelere

.....*D.G.M.S. or D.M.S. (Air)*

Date 20-8-42

copy
LL.

M.D.

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.

All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.

Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital STE. ANNES. 2. Date of admission July 24, 1942.

3. Surname BEAUDOIN 4. Christian Name Georges 5. Age 25

6. Birthplace P.Que. 7. Next of kin (Father) Mrs Amede Beaudoin.

8. Address Charny. P.Que.

9. Regimental Numbers { C.A.S.F. / C.E.F. / Other E-610932 } 10. Rank { Pte. } 11. Unit { CMGTC A-17 }

12. Personal address C.M.O. T.C. A-17. 13. Height 5'7" 14. Weight 125

15. Present pensionable disability nil

16. Amount per month nil

17. Other disabilities not pensionable nil

18. Dates of last or other hospital periods

Interim report- August 5, 1942.

19. Authority for hospitalization C.M.O. "A" District. 20. Class 7B2

21. Statement of present complaints in patients own language on admission to hospital

22. Date of discharge 23. Reason for discharge

24. Condition of patient on discharge

25. Is further treatment needed at home?

26. Final Diagnosis Pleurisy. Chronic Bronchitis.

27. Disposal of case

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

For the attention of the Unit M.O. re reboard.

E.B.Convery.

Signature of C.M.O. Signature of Patient.

These signatures apply only to Section 28.

P. & N.H. 100 200M-4-42 Req. 381

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

July 25, 1942.- In January 1942 suffered from pleurisy primarily without effusion, then and since he has been coughing and expectorating about an ounce daily, but there has not been any haemoptysis.
X-Ray on July 21st but has been about his unit presumably until a few days ago. Lost 15 pounds since March Appetite poor. Bowels negative. Some night sweats. Pleurisy in 1938. No TB in family. No measles or whooping cough presumably. Ehlisted March 12th. Typhoid fever in childhood. No pneumonia. Appendectomy 1936.
Examination:- Eyes, negative. Ears- normal. Nose- nil of note. No enlarged lymph glands in neck.
Chest: Well developed. No deformities. No swellings. Measurements 31"- 34".
Right Lung:- Dullness apex to 7 verterbral spine- 3rd rib. and at base. Breath sounds diminished over whole lungs. Broncho-vesicular to angle of scapula. Voice resonance increased to 7th vertebral spine sonorous and fever sibilant rhonchi throughout whole lung.
Left Lung:p Dullness apex 2nd rib- th vertebral spine. Breath sounds broncho-vesicular from apex to 3rd rib and apex posteriorly.
Voice resonance not abnormal. Many sonorous rhonchi throughout lung and mucous rales at 6- 7th vertebral spine.
Heart:-N enlargement. Sounds normal. No murmurs. Blood pressure 100/70.
Abdomen: Appendectomy scar Right lower quadrant. Tenderness present in right lower quadrant. N masses felt.
Genitals: negative.
CNS. N,l of note.
Impression- (1). Chronic bronchitis (2) Tuberculosis.

For tuberculin test and further investigation.

G.V.Parsons, M.D.

July 27,1942.- X-Ray of Chest.
Heart is slightly under average size. Aorta, trachea and diaphragm negative. Roots of lungs and bhonchial tree to right base slightly intensified. No appearance of recent TB.

A.H.Pirie, M.D.

July 27, 1942. - Sputum- no Sputum.
July 27, 1942. Urinalysis- Negative.
July 28, 1942. - Urinalysis- Negative.
July 28, 1942. - Blood- Wassermann & Kahn- negative.
July 28, 1942.- Sputum- No Tubercle Bacilli found- Mucoid.
July 29, 1942. Sputum- No Tubercle Bacilli found.
July 29, 1942.- Urinalysis- Negative.

A.Bernier, M.D.
Pathologist.

August 4, 1942.-Condition improving. Should have reboard in view of history of pleurisy.

G.V.Parsons, M.D.

G.V.Parsons, M.D.

August 5, 1942.- Interim report submitted to-day.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,
Department of National Defence,
From.....The Canadian Pension Commission

OTTAWA, November 8, 1944.

ATTENTION: - Director of Records.

~~Canadian Agency,~~
~~Imperial War Graves Commission.~~

Director of Records
A. G. Branch
NOV 13 1944
Nat. Defence Hqr
Ottawa, - Canada.

E-610932, E-6242 - Pte. George A. Beaudoin
A.17 C.M.G.T.C. & Home Defence

~~XXXXX~~

405-B-15,133

The marginally named died

at Roberval, Que.

on June 3, 1944.

Cause of Death Pulmonary tuberculosis.

In the opinion of the Commission, death was related to military service.

Next of Kin Mr. & Mrs. Amedee Beaudoin (parents),
163½ Poirier St.,
Charny, Que.

Noted
G
Will attached

E. Lackey

for
Canadian Pension Commission.

EL

Not on strength.

M-38 3M-9-43 Req. 937

No E.6242 Rank Private Name BEAUDOIN, Georges Albert

Unit Royal 22e Regt. Date of death 3rd June, 1944.

Died at Roberval, P.Q.

Cause Pulmonary tuberculosis

Death WAS Due.CPC.d 8-11-44 HQ 405-B-13133 d

N/K Mr. & Mrs. Amedee Beaudoin Relationship Parents

Address 163½ Poirier St., Charny, P.Q.

Remains buried in ~~Notre-Dame de~~ Charny Cemetery

Charny, P.Q.

Grave location

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JUL 7 1945

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, Georges Albert Beaudoin (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Charny, in the County ~~District~~ of Levis,

Province of Quebec, Chauffeur (Civil Occupation)

Regimental No. E-6242, Unit R22nd Regt., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my father,

Mr. Amedee Beaudoin
163 Rue Poirier
Charny,
Comte Levis, Quebec.

"ALL MY ESTATE"

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 Mr. Amedee Beaudoin (Name) 163 Rue Poirier, Charny, Comte Levis, Quebec. (Address)

Section Man, C.N.R. (Civil Occupation), to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 28th day of MAY 19 42

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.

Beaudoin Georges Albert (Signature of soldier)

First witness sign here.

(5) Signature Reginald King

Civil Address 107 Minnett Ave Toronto Ont

Civil Occupation clerk

Second witness sign here.

Signature Maurice Green E.

Civil Address 128 Symington Ave. Toronto

Civil Occupation Decorator

(Witnesses are not to be beneficiaries.)

[OVER]

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 BEAUDOIN Georges Albert.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank Pte. E-6242

(3) Unit Royal 22nd Regiment.

(4) Are you married? Single.

(5) If married, state, ---

(*a*) Full name of your wife ---

(*b*) Present postal address of wife ---

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

(7) Are you a widower? ---

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

Names and ages ---

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

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

Name None.

Postal Address None.

[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? Yes.

If so, state name and address, occupation Mr. Amedée Beaudoin

163 Rue Poirier, Charny, Co. Levis, Que. Section Man, C.N.R.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No.

(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.

None.

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? Yes.

If so, state name and address Rosa Anna Beaudoin.

163 Rue Poirier, Charny, Co Levis, Que.

(15) If your mother is a widow, are you her sole or partial support? No.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment No.

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? No.

(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 N/A.

Full Name N/A.

Postal Address N/A.

Amount contributed monthly during the past six months

N/A.

CENTRAL REGISTRY
Military District No. 5
QUEBEC, - QUE.
JUL 31 1942
M.D. No

(18) Are you insured? Yes.

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

Baudoin Georges Hubert
(Signature of officer or man)

Date 28 MAY 42.

C Gordon Capt
Officer Commanding

Date 28 MAY 42.

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.

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 Georges Albert (PRÉNOMS) BEAUDOIN (NOM)

No DU REGISTRE 62350
No DU DOSSIER 405-B-13133
DATE 15 fev. 45
No MATRICULE E6242
GRADE DÉFINITIF Sdt.

ADRESSE 163½ rue Poirier, Cte. Charny, LEVIS, P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

DATE DE LIBÉRATION 22.8.42

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

NOMBRE DE JOURS 83/30 ÉQUIVALANT À 2 PÉRIODES COMPLÈTES @ $7.50 — 15.00

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 15.00

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 FEB 22 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE — 15.00

E. DÉDUCTIONS

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

F. MONTANT PAYABLE — 15.00

(CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE $ 15.00 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 $ 2.30 X30 $ 69.00

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
JCE	OK

TRÉSOR	
VÉRIFIÉ PAR	DATE
[illegible]	22/3/45

[illegible]
REPRÉSENTANT MILITAIRE

△ TU