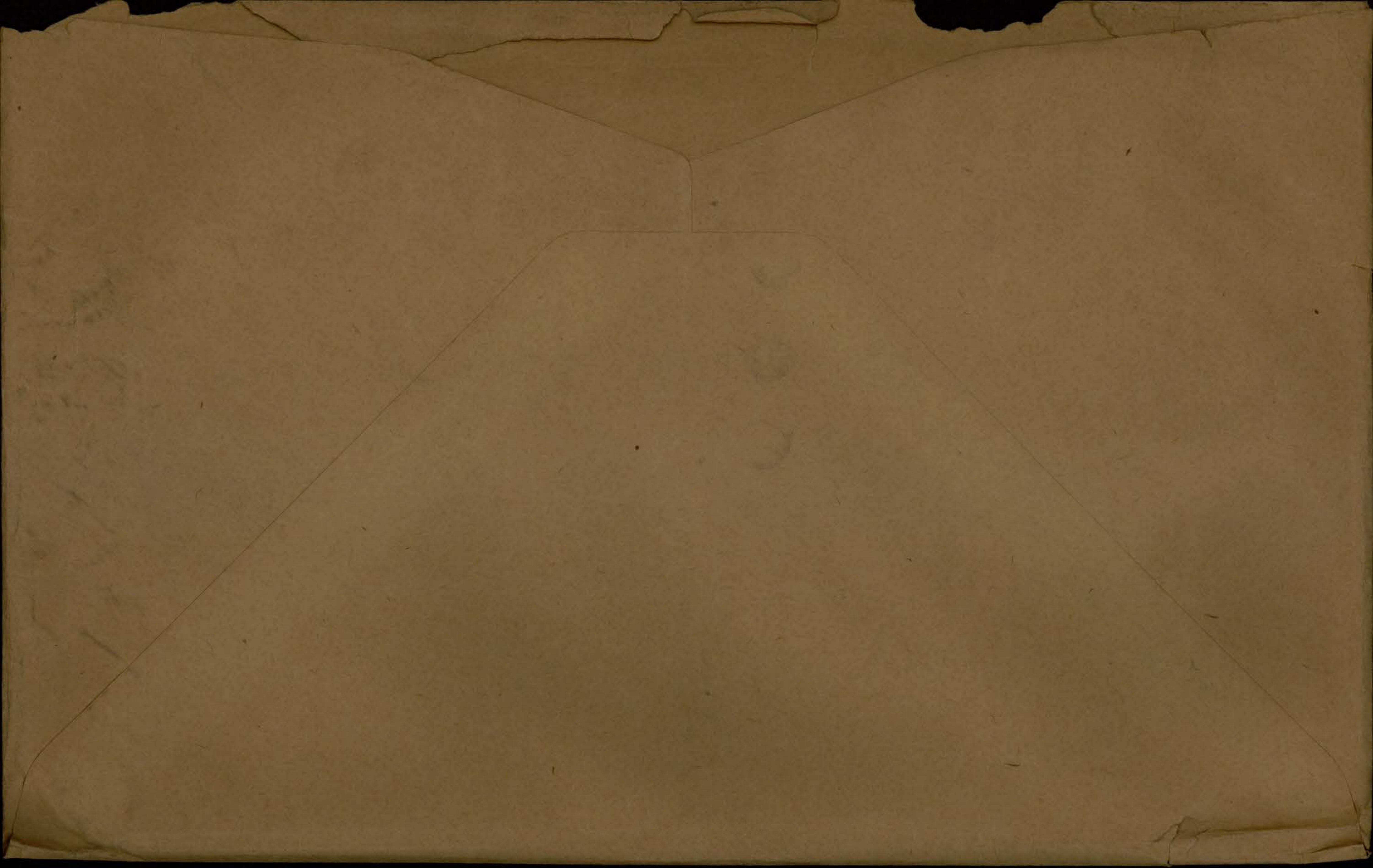


# C.E.F. REGIMENTAL DOCUMENTS

NAME BOUCHETTE EDWARD ERROI REGT. No. LIEUT UNIT 87 BN H. Q. FILE No. 30051

[illegible]







CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE - on 29-6-1917  
(19, Westbourne Gardens, Farnborough)

by order of Admiral Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. E. P. Bouchette (Corps) 10th Reserve

Age 26 Service 21/12 Disability Removal of Tonsils & Adenoids

Date of commencement of leave granted for present disability 29-6-1917

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has this day been discharged

(1) a. Is the Officer fit for General Service?

b. If not so fit, how long is he likely to be unfit?

c. Is he fit for Garrison Duty abroad?

d. Is he fit for duty on the Lines of Communication?

(2) a. If unfit for General Service, is he fit for Service at home?

b. If not so fit, how long is he likely to be unfit for Service at home?

c. If unfit for General Service at Home, is he fit for light duty at home?

d. If not so fit, how long is he likely to be unfit for light duty at home?

(3) Was the disability contracted in the Service?

(4) Was it contracted under circumstances over which he had no control?

(5) Was it caused by Military Service?

(6) If caused by Military Service, to what specific conditions is it attributed?

(7) If the disability was not caused by Military Service, was it aggravated by it?

Officer's Address

Hotel Metropole  
Brighton, Sussex

No.....  
Two weeks.....  
No.....  
Two weeks.....  
No.....  
Two weeks.....  
Yes.....  
Yes.....  
Yes.....  
Exposure and Infection.....  
.....

Ind. Gme



CONFIDENTIAL.

Army Form A. 45

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE— on 29-6-1917  
(18, Westbourne Gardens, Farnham)

by order of A. Sims, Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieut. E. E. Bouchette (Corps) 10th Reserve

Age 26 Service 21/12 Disability Removal of Tonsils & Adenoids.

Date of commencement of leave granted for present disability 29-6-1917

Date on which placed on half-pay for present disability \_\_\_\_\_

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has this day been discharged from West Cliff E & E. Hospital where he underwent an operation for removal of tonsils and adenoids. His throat is not yet healed and requires two weeks convalescence before he will be fit for duty. He still complains of soreness especially after doing much talking. Swallowing is still a difficulty.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"?  
b. If not so fit, how long is he likely to be unfit?
- (2.) a. If unfit for General Service, is he fit for service at home?  
b. If not so fit, how long is he likely to be unfit for service at home?
- (3.) Was the disability contracted in the service?
- (4.) Was it contracted under circumstances over which he had  
no control?
- (5.) Was it caused by military service?
- (6.) If caused by military service,  
to what specific conditions  
is it attributed?

Signatures

DE Howe, Capt. C. A. C. President.  
[Signature] Members.  
[Signature]



Medical Officer,  
C.C.A.C. Folkestone.

The marginally named man has this  
day appeared before the Standing Medical Board.

In view of his present condition you  
will please have him paraded to

Hospital for admission and treatment.

C.C.A.C.

President,  
Standing Medical Board.

Note:- A copy of this letter is being forwarded  
to the Officer Commanding Hospital.

which the disability was contracted will be fully detailed; whenever

Medical Board for his present disability, the circumstances under

1. On the occasion of an Officer's first appearance before a

---

Instructions.



### Instructions.

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1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



Unit 178th Battalion Rank Corst Name E. E. Bouchette

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Bouchette
- (b) What are your Christian Names? Edward Errol
2. (a) Where were you born? (State place and country) Quebec City - Canada
- (b) What is your present address? Montreal
3. What is the date of your birth? Feb. 19 - 1892
4. What is (a) the name of your next-of-kin? Alice P. Bouchette
- (b) the address of your next-of-kin? #12 Copeland apt Ottawa
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Surveyor
6. What is your religion? Roman Catholic
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes.
8. To what Unit of the Active Militia do you belong? 43rd Regiment
9. State particulars of any former Military Service. 6 mos 80th Battalion 6 mos 230th Bn.
10. Are you willing to serve in the
- CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

E. E. Bouchette (Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\*.....for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date.....191.....

Place.....

\*Insert here "fit" or "unfit".

Medical Officer.



OFFICERS' DECLARATION PAPER

ATTESTATION OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

1. Name of Officer

2. Rank

3. Branch of Service

4. Date of Birth

5. Date of Commission

6. Date of Last Promotion

7. Date of Last Transfer

8. Date of Last Discharge

9. Date of Last Re-Entry

10. Date of Last Death

11. Date of Last Burial

12. Date of Last Cremation

13. Date of Last Interment

14. Date of Last Exhumation

15. Date of Last Re-interment

16. Date of Last Re-burial

17. Date of Last Re-cremation

18. Date of Last Re-interment

19. Date of Last Re-burial

20. Date of Last Re-cremation

21. Date of Last Re-interment

22. Date of Last Re-burial

23. Date of Last Re-cremation

24. Date of Last Re-interment

25. Date of Last Re-burial

26. Date of Last Re-cremation

27. Date of Last Re-interment

28. Date of Last Re-burial

29. Date of Last Re-cremation

30. Date of Last Re-interment

31. Date of Last Re-burial

32. Date of Last Re-cremation



CONFIDENTIAL.

## PROCEEDINGS OF A MEDICAL BOARD

assembled at Shoreham-by-Sea. on 16 July 17.  
 by order of D.A.D.M.S. Canadians, Shoreham.  
 for the purpose of examining and reporting upon the present state of health of  
 (Rank and Name) Lieut. E.E. Bouchette (Corps) 10th Reserve Battrn.  
 Age 26 Service 22/12 Disability Removal of Tonsils & Adenoids.  
 Date of commencement of leave granted for present disability 29 June 17.  
 Date on which placed on half-pay for present disability ---

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This Officer has just completed two weeks' convalescent leave  
after having Tonsils and Adenoids removed.

He is now quite recovered and perfectly fit.

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes.  
 b. If not so fit, how long is he likely to be unfit? ---
- (2.) a. If unfit for General Service, is he fit for service at home? ---  
 b. If not so fit, how long is he likely to be unfit for service at home? ---  
 c. If unfit for General Service at home, is he fit for light duty at home? ---  
 d. If not so fit, how long is he likely to be unfit for light duty at home? ---
- (3.) Was the disability contracted in the service? Yes.
- (4.) Was it contracted under circumstances over which he had  
 no control? Yes.
- (5.) Was it caused by military service? Yes.
- (6.) If caused by military service,  
 to what specific conditions } Exposure and Infection.  
 is it attributed? }
- (7.) If the disability was not caused by military  
 service, was it aggravated by it? ---

Signatures {

Chas. J. Wheaton President.  
H. A. Drueholme Members.  
...



## **Instructions.**

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1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



Duplicate

Unit Voltigeurs Canadiens Français C.E.F.  
230 Bn. Rank Lieut. Name Edward Errol Bouchette

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

230th Bn. V.C.F. C.E.F.

card  
m B  
24/4/16

#### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Bouchette  
(b) What are your Christian Names? Edward Errol
2. (a) Where were you born? (State place and country) Quebec Canada.  
(b) What is your present address? 327 Somerset St. East Ottawa. Can.
3. What is the date of your birth? Feb. 19 1891
4. What is (a) the name of your next-of-kin? Mrs. Alice P. Bouchette  
(b) the address of your next-of-kin? 327 Somerset St. East Ottawa  
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Civil Servant
6. What is your religion? Roman Catholic
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? 45th Bn. Regt. DCOB
9. State particulars of any former Military Service. 5 months 82th O/S Bn. C.E.F.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

E. Errol Bouchette (Signature of Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 12 1916

Place Hull Que

\*Insert here "fit" or "unfit"

L. A. Deiond  
Captain  
Medical Officer.

OST R H Kuent  
Captain



1910



## PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE, 19, Westbourne Gdns, Folkestone. 29-6-17  
 by order of A.D.M.S., Canadians.  
 for the purpose of examining and reporting upon the present state of health of  
 (Rank and Name) Lieut. E.E. Bouchette (Corps) 10th Reserve  
Shoreham.  
 Age 26 Service 21/12 Disability REMOVAL OF TONSILS & ADENOIDS  
 Date of commencement of leave granted for present disability 29-6-17  
 Date on which placed on half-pay for present disability -

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This Officer has this day been discharged from West Cliff  
Eye and Ear Hospital where he underwent an operation for  
removal of tonsils and adenoids. His throat is not yet healed  
and requires two weeks convalescence before he will be fit  
for duty. He still complains of soreness especially after  
doing much talking. Swallowing is still a difficulty.

If the Officer is not fit for General Service:-

- a. Is he fit for Garrison Duty abroad? No  
 b. Is he fit for duty on the lines of communication? Two weeks

The opinion of the Board upon the questions herein is as follows:-

- (1.) a. Is the officer fit for "General Service"? No.  
 b. If not so fit, how long is he likely to be unfit? Two weeks  
 (2.) a. If unfit for General Service, is he fit for service at home? No  
 b. If not so fit, how long is he likely to be unfit for service at home? Two weeks  
 c. If unfit for General Service at home, is he fit for light duty at home? No  
 d. If not so fit, how long is he likely to be unfit for light duty at home? Two weeks  
 (3.) Was the disability contracted in the service? Yes  
 (4.) Was it contracted under circumstances over which he had } Yes  
       no control? }  
 (5.) Was it caused by military service? Yes  
 (6.) If caused by military service, } Exposure and infection.  
       to what specific conditions }  
       is it attributed? }  
 (7.) If the disability was not caused by military }  
       service, was it aggravated by it? }

Hotel Metropole  
 Brighton, Sussex  
 F.G.

(Sgd) D.E. Howes Capt. C.A.M.C. President.

(Sgd) H. Coppinger Capt. C.A.M.C. Members.



### **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



CONFIDENTIAL.

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Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at Shoreham - by sea on 16 July 17  
by order of D. A. D. M. S. Canadians Shoreham  
for the purpose of examining and reporting upon the present state of health of  
(Rank and Name) Lieut. E. E. Bauchette (Corps) 10<sup>th</sup> Reserve Batt<sup>n</sup>  
Age 26 Service 22/12 Disability Removal of Tonsils and Adenoids  
Date of commencement of leave granted for present disability 29<sup>th</sup> June 17.  
Date on which placed on half-pay for present disability \_\_\_\_\_

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer has just completed two weeks convalescent  
leave after having Tonsils and Adenoids removed  
He is now quite recovered and perfectly fit

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes  
b. If not so fit, how long is he likely to be unfit? —  
(2.) a. If unfit for General Service, is he fit for service at home? —  
b. If not so fit, how long is he likely to be unfit for service at home? —  
c. If unfit for General Service at home, is he fit for light duty at home? —  
d. If not so fit, how long is he likely to be unfit for light duty at home? —  
(3.) Was the disability contracted in the service? Yes  
(4.) Was it contracted under circumstances over which he had no control? Yes  
(5.) Was it caused by military service? Yes  
(6.) If caused by military service, to what specific conditions is it attributed? Exposure and Infection  
(7.) If the disability was not caused by military service, was it aggravated by it? —

Signatures {

Chas. J. Wheat President.  
H. C. Deuchow Members.  
\_\_\_\_\_ Members.



### **Instructions.**

---

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.



## MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station BramshottDate July 10 - 1915

1. Rank and Name LT. BOUCHETTE E.E.  
 2. Unit 10th RES - 178 Bn - Q.B.D.  
 3. Age 26 4. Total Service 3 1/2 War Service { (a) at home 16/12  
 (b) abroad 18/12  
 5. Address 10th RES. BRAMSHOTT.

## STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability SYPHILIS  
 7. Date of origin of disability January 1915  
 8. Place of origin of disability Bristol  
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

*This officer reported for board.  
 After discharge from Chesham  
 military hospital - he stated  
 he was in good shape -*

I concur in the findings  
 of the Board of Medical Officers  
 here recorded.  
 Major, D.A.D.M.S.  
 For D.M.S.  
 Contingent.

## OPINION OF THE MEDICAL BOARD.

- NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.  
 (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.  
 (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.  
 (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no  
 (b) in the service? yes  
 11. Was it attributable to military service? no  
 If so, to what specific military conditions is it attributed? had no cause

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? no  
 If so, by what specific military conditions? no

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? yes - alcohol - physical  
intoxication



14. What is the officer's present condition?

*This officer is in good physical condition. Head and lungs normal. He states he had a Wassermann and it was negative - no paper attached to show such condition -*

15. To what degree is the officer disabled at the present time?

(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent?

17. If not permanent, how soon is re-examination recommended? — months.

18. Is it necessary that the officer should be re-examined by the same Board?

19. What treatment is the officer receiving, and where, and from whom?

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

21. Does the officer require the constant attendance of another person?

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service:—

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

*Charles P. Jones Capt. R.A.M.C.*  
President.

*W. Kenzie Capt. C.A.M.C.* } Members.



5ms. Landon  
**CONFIDENTIAL.**



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M.B. No. 263/18

Army Form A. 45.

# MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Shafford. St Albans.

Date 24-4-18

1. Rank and Name St Bouchette E. E.  
2. Unit 10<sup>th</sup> Canadian Res. attd Administrator of Works & Buildings, R.E's.  
3. Age 26 4. Total Service 3 yrs. War Service { (a) at home 3 yrs  
(b) abroad —  
5. Address Military Hospital, Shafford, St Albans.

## STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Syphilis  
7. Date of origin of disability 22/4/18  
8. Place of origin of disability London or Bristol  
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Admitted to Shafford Military Hospital. 23-4-18 from R.E's  
(Administrator of Works) Halton Park Camp. Bucks.

## OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.  
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.  
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no  
(b) in the service? Yes  
11. Was it attributable to military service? no  
If so, to what specific military conditions is it attributed? not so caused

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? no  
If so, by what specific military conditions? not so caused

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? Yes. Minor sexual indiscretion

[P.T.O.]



14. What is the officer's present condition?

*He is suffering from Syphilis*

This Officer can appear before any Medical Board at any Station.

This Officer will remain in this Hospital until cured.

15. To what degree is the officer disabled at the present time?

*100%*  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent?

*no*

17. If not permanent, how soon is re-examination recommended?

*Two* months.

18. Is it necessary that the officer should be re-examined by the same Board?

*no*

19. What treatment is the officer receiving, and where, and from whom?

*Will be treated at Shafford Military Hospital.*

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature?

*Yes*

*For Syphilis*

21. Does the officer require the constant attendance of another person?

*no*

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service.

*no*

*Two months*

B.—Fit for service in a garrison or labour unit abroad.

*no*

*Two months*

C.—Fit for home service:—

(i) Active duty with troops.

*no*

*Two months*

(ii) Sedentary employment only.

D.—For admission to a command depot.

*no*

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

*yes*

F.—Permanently unfit for any further military service.

*no*

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with?

*NA*

*H. J. Hayman*

Lieut Col. R.A.M.C.

President.

*J. Osborne*

Capt R.A.M.C.

Members.



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CONFIDENTIAL.

Army Form A. 45.

# MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Shafford, St Albans.

Date 22nd 1918 June 1918

1. Rank and Name Lt Bouchette C.E.  
2. Unit 10th Canadian Res attd Administrator Works & Buildings R.E.O.  
3. Age 26 4. Total Service 3 2/12 War Service { (a) at home 3 2/12  
(b) abroad —  
5. Address R.E.O., Halton Park Camp, Bucks.

## STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability Syphilis.  
7. Date of origin of disability 22-4-18.  
8. Place of origin of disability London or Bristol.  
9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

Admitted to Shafford Military Hospital from R.E.O.  
Halton Park, Bucks.

## OPINION OF THE MEDICAL BOARD.

NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.

- (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.  
(iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.  
(iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? no  
(b) in the service? yes  
11. Was it attributable to military service? no  
If so, to what specific military conditions is it attributed? no so caused

[Enteric Fever, Dysentery, Malaria, &c., contracted on service in countries where there is a special liability to the disease, are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? no  
If so, by what specific military conditions? no so caused

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? yes. Sexual intercourse

[P.T.O.]



14. What is the officer's present condition? *He has completed a full course of treatment. Has no signs of Syphilis. His blood test is normal*

~~Discharged from Hospital 22nd June 1918 and instructed to report to Administrator of Works & Buildings, R.E.'s stationed at~~ *Halton Park, Bucks*  
and a Railway Warrant to *Halton Park* has been issued.

15. To what degree is the officer disabled at the present time? *NIL*  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 30, 20 under 20, or nil.)

16. Is the disability permanent? *✓*

17. If not permanent, how soon is re-examination recommended? *✓* months.

18. Is it necessary that the officer should be re-examined by the same Board? *No.*

19. What treatment is the officer receiving, and where, and from whom? *Has been treated at Shafford Military Hospital.*

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? *✓*

21. Does the officer require the constant attendance of another person? *✓*

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 158/1918. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service *✓*

B.—Fit for service in a garrison or labour unit abroad *✓*

C.—Fit for home service:—

(i) Active duty with troops *✓*

(ii) Sedentary employment only *✓*

D.—For admission to a command depot *✓*

E.—Requiring indoor hospital treatment:—

(i) In an officers' military or auxiliary convalescent hospital *✓*

(ii) In an officers' hospital *✓*

F.—Permanently unfit for any further military service *No*

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 807 of 1918 been complied with? *NA*

*H. J. A. Corneille*  
Lieut Col. R.A.M.C.

President.

*H. E. Eason*  
Capt R.A.M.C.

Members.



34613  
Bouchette

# FORM OF WILL.

107726

I, Edward Evol Bouchette (Name in full)

Regimental Number                      serving in 178th Battalion CEF

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Alice P. Bouchette  
#12 Coseland Apartments  
Ottawa Canada

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

absolutely, and my personal estate I bequeath to

Alice P. Bouchette  
# Coseland Apartments  
Ottawa Canada

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

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

this 27th day of February A. D. 191 7

Evil Bouchette Signature of Soldier.

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

ESTATES BRANCH

JAN 28 1919

MILITIA DEPT.

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

Signature of First Witness A. Guilbert

Address of Witness 178th Battalion CEF

Occupation of Witness Paymaster

Signature of Second Witness A. Francoeur

Address of Witness Sorel Que Canada

Occupation of Witness Mechanical Draftman

THE TWO  
WITNESSES  
MUST  
SIGN HERE



# FORM FOR WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the within and foregoing is a true and correct copy of the original of the same as the same appears in the records of the \_\_\_\_\_ Court of said County and State.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_.

\_\_\_\_\_  
County Clerk

NOTARY PUBLIC  
My Comm. Expires \_\_\_\_\_  
My Office is \_\_\_\_\_  
My Residence is \_\_\_\_\_

THE STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
IN SENATE JANUARY 19\_\_\_\_  
REPORT OF \_\_\_\_\_



Unit 178th Battalion Rank Capt. Name E. E. Bouchette

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE



#### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Bouchette  
(b) What are your Christian Names? Edward Errol
2. (a) Where were you born? (State place and country) Quebec - Canada  
(b) What is your present address? Montreal
3. What is the date of your birth? Feb. 19 - 1892
4. What is (a) the name of your next-of-kin? Alice P. Bouchette  
(b) the address of your next-of-kin? #12 Copeland St. Ottawa  
(c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Surveyor
6. What is your religion? Roman Catholic
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes.
8. To what Unit of the Active Militia do you belong? 43rd Regiment
9. State particulars of any former Military Service. 6 months 80th Bn. 6 mos 230th Bn.
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

E. E. Bouchette (Signature of Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date March 2nd 1917

Place Halifax - Can

\*Insert here "fit" or "unfit"

[Signature]  
Medical Officer.



OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answer)

1. Name of your command?

2. Name of your command?

3. Name of your command?

4. Name of your command?

5. Name of your command?

6. Name of your command?

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21. Name of your command?

22. Name of your command?

23. Name of your command?

24. Name of your command?

25. Name of your command?

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for the

Canadian Overseas Expeditionary Force.

Witness my hand and seal this day of

1917.

Medical Officer



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

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

Regimental No. \_\_\_\_\_ Rank Lieut. Name E. E. Bouchette  
 Corps 80th O/S Bn. C.E.F. who was Transferred.  
 On 4/4/16 1916 to 230th O/S Batt C.E.F.

\* Insert "discharged" or "transferred."

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

DR.	\$	c.	CR.	\$	c.
Bal. Dr. from previous month.....			Regimental pay <u>4</u> days at \$ <u>2</u> c.....	<u>8</u>	<u>00</u>
Total payments during period			Field allowance <u>4</u> " \$..... c. <u>60</u>	<u>2</u>	<u>40</u>
from <u>April 1st to April 4th</u> <u>15 28</u>			Other allowances <u>Subsistence</u>	<u>6</u>	<u>00</u>
Assigned Pay.....			Other Credits (give particulars).....		
Other Charges (give particulars) <u>Other charges</u> <u>1 12</u>			Bal. Dr. on discharge or transfer.....		
Bal. Cr. on discharge or transfer.....					
TOTAL.....	<u>16</u>	<u>40</u>	TOTAL.....	<u>16</u>	<u>40</u>

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

Monthly stoppage on account of assignment of pay is \_\_\_\_\_, and has been charged in Paylist for month of \_\_\_\_\_

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

### REMARKS:—

State (1) date of enlistment.....

(2) if married and if a Separation Allowance Card has been submitted.....

(3) cause of discharge and authority Transferred.

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

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

Date April 17th/16.

Place Bellefleur, Ont.

[Signature]  
 Paymaster, 80th Overseas Battalion C.E.F.  
 Paymaster



CERTIFICATE

40



Original

## MEDICAL HISTORY SHEET.

Surname Bouchett Christian Name Edouard

Examined { on 12 day of Apr 196  
at Lull Mae

Approved by  
R.H.  
C. L. Anderson

Birthplace	City or Town	<i>Zuebe</i>	Rank	<i>Capt. and</i>	M.O.
	County	<i>Zuebe</i>			
Date			Fit or	EXAMINED FOR RE-ENGAGEMENT	

Apparent age 24

Trade or occupation	Civil Servant	M.O.
---------------------	---------------	------

Height 5 Feet 4 1/2 Inches. M.O.

Weight	<u>145</u>	Lbs.		M.O.
--------	------------	------	--	------

( Minimum 31 inches. \_\_\_\_\_ M.O. \_\_\_\_\_

Chest measurement					
Maximum expansion	<u>44</u>	<u>1/2</u>			M.O.

Physical development	<i>Good</i>			M.O.
----------------------	-------------	--	--	------

Small-Pox Marks.....None

Vaccination Marks	Arm	Right.	Left.			
	Number	three			Date.	Result.

When Vaccinated last One month ago M.O.

(a) Marks indicating congenital peculiarities or \_\_\_\_\_ M.O.

previous disease	<u>None</u>			M.O.
------------------	-------------	--	--	------

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

<u>- none</u>		M.O.
---------------	--	------

			M.O.
--	--	--	------

Enlisted on 4<sup>th</sup> day of April 1916 at Ottawa

CORPS.	REG'T. NUMBER.	HABITS.	DATE.
--------	----------------	---------	-------

Joined on enlistment	2202/344	Grand	416/11
----------------------	----------	-------	--------

[illegible]

EXAMINED ON DISCHARGE BY: \_\_\_\_\_

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.	
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STATION.	DATE.	DISEASE.	RESULT.

[illegible]

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



Christian Name Edward

Christian Name.

[illegible]



## MEDICAL BOARD REPORT ON A DISABLED OFFICER.

(ALSO TO BE USED FOR DISABLED NURSES.)

Station Bramshott.  
Date July 10th 1918.

1. Rank and Name Lieut. BOUCHETTE, E.E.  
 2. Unit 10th Res. Bn. 178th Bn. O.R.D.  
 3. Age 26 4. Total Service 34/12 War Service { (a) at home 16/12  
 (b) abroad 18/12  
 5. Address 10th Res. Bn., Bramshott.

## STATEMENT OF CASE.

NOTE.—In answering the following questions the Board will carefully discriminate between the officer's statements and evidence recorded in his medical documents. When possible, a statement by his medical attendant should be attached.

6. Disability SYPHILIS.  
 7. Date of origin of disability January 1918.  
 8. Place of origin of disability Bristol.  
 9. Give concisely the essential facts bearing on the history of the disability (personal and family history, etc.) :—

NOTE.—Boards subsequent to the first should record here the progress of the case since the officer's last appearance.

This Officer reports for Board after discharge from Sheffield  
Military Hospital - he states he feels in good shape.

## OPINION OF THE MEDICAL BOARD.

- NOTES.—(i.) The Board will on no account inform the officer of its opinion on any of the following questions.  
 (ii.) Clear and decisive answers should be filled in by the Board to enable the Ministry of Pensions to come to a reliable decision on the officer's claim to pension, etc.  
 (iii.) Expressions such as "may," "might," "probably," should be avoided, if possible.  
 (iv.) When there is more than one disability the replies will distinguish between them.

10. Was the disability contracted (a) before entering the service? No  
 (b) in the service? Yes  
 11. Was it attributable to military service? No  
 If so, to what specific military conditions is it attributed? No so caused.

[Enteric Fever, Dysentery, Malaria, &amp;c., contracted on service in countries where there is a special liability to the disease are to be regarded as attributable to military service.]

12. If not attributable to, was it aggravated by, military service? Not applicable No.  
 If so, by what specific military conditions? Not applicable

13. Is it attributable to, or aggravated by, the officer's own negligence or misconduct? If so, in what way, and to what extent? yes - Illicit Sexual Intercourse!



14. What is the officer's present condition? \_\_\_\_\_

This Officer is in good physical condition. Heart and lungs normal. He states he had a Wasserman and it was negative.

No papers attached to show such ~~evidence~~ *Condition*

15. To what degree is the officer disabled at the present time? Nil  
(Degrees of disablement should be expressed in the following percentages—100, 80, 70, 60, 50, 40, 20, under 20, or nil.)

16. Is the disability permanent? No

17. If not permanent, how soon is re-examination recommended? --- months.

18. Is it necessary that the officer should be re-examined by the same Board? No

19. What treatment is the officer receiving, and where, and from whom? None

20. Is the officer in need of special medical treatment of any kind, and, if so, of what nature? No

21. Does the officer require the constant attendance of another person? No

22. Officers will be classified by the Medical Board under one of the following categories, the probable period of unfitness for the higher categories being stated. Explanation of these categories is in para. 5 of A.C.I. 1677/1917. In case of nurses, omit B. and (i) and (ii) of E.

A.—Fit for general service. Yes.

B.—Fit for service in a garrison or labour unit abroad.

C.—Fit for home service :—

(i) Active duty with troops.

(ii) Sedentary employment only.

D.—For admission to a command depot.

E.—Requiring indoor hospital treatment :—

(i) In an officers' military or auxiliary convalescent hospital.

(ii) In an officers' hospital.

F.—Permanently unfit for any further military service.

23. In the case of officers suffering from neurasthenia found permanently unfit, has A.C.I. 1289 of 1917 been complied with? Not applicable.

Charles P. Jento, Capt. CAMC

President.

H. McKenzie, Capt. CAMC

Members.



MEDICAL CASE SHEET.\*

FAR HOSPITAL, FOLKESTONE.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
697		Lieut.	Bouchette	Edward E.
Year		Unit.	Age.	Service.
1917	10th Res. Cav. Bn	178th Bn.	26	24 1/2 U.K.
Station and Date.	Disease			
15/6/17.	Ac. Tonsillitis.			
	Entered West Cliff from lines suffering from recurring tonsillitis.			
	Tonsils & adenoids removed.			
	No complications.			
June 24/17	Gargles. P. R. M.			
	Throat healing nicely.			
	M.H. Reed			
	Stand Med Bd June 29/17			
	Summary - Entered Hospital suffering from Tonsillitis recurring and nasal obstruction due to adenoids.			
	Tonsils & adenoids removed.			
	Throat healed. Fit for duty Cat A.			
	J. A. Stewart Capt C.A.M.C.			
	June 30th/17			
	Boarded (sunks)			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



Station  
and Date.



U. 1. 1.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.  
FOLKESTONE ..... 1917.

SPECIAL REPORT ON EYES.

No. ....  
Rank .....  
Name .....  
In or out Patient .....  
Unit .....  
From: Officer Commanding.  
To .....

RIGHT VISION -

LEFT VISION -

REMARKS :- Referred by our Medical Board  
to have tonsils & adenoids  
removed

He is ..... fit for overseas service. Glasses have .....  
been ordered. Condition was ..... present previous to enlist-  
ment and is ..... by service.  
Recommend patient for class .....

*Capt. Fraser*  
Captain C.A.M.C.  
for O.C. West Cliff Canadian Eye & Ear  
Hospital.



7. 2. 5. R.  
4. 1. 0.  
20 R. 11.  
4. 2. 9.



E. T. Surname

BOUCHETTE

Christian Names

Edward Errol

Rank

Captain *Lieut*

Name and Address of Next-of-Kin

Mother

10 Res Bn 1-477  
" 1.6.17  
" 1.7.17

Promotion

Alice P. Bouchette

12, Copeland Apts. Ottawa.

Ontario. Canada.



Unit 178th Battn.

Place of birth Quebec. Canada.

Married (Yes or No)

Appointments

Sailed from Canada 4 3 17 (= R 1000)

Date of leaving Canada

Date and Cause of Resignation

Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
19-3-17	10 <sup>th</sup> Res Bn	J. O. S. on arrival from Canada	14-3-17	Pt II Ord 62	
8.5.17	W.O.	Reverts to the rank of Temp Lieut	4.3.17	L 30056.	
22.6.17	C.R.O.	Adm Westcliffe & R. Hosp. Folkestone.	16.6.17	CL 707.	Tonsillitis Ac.
23.6.17	H.P.C.C.7	Qualified 2 <sup>nd</sup> Class at E.C. School of Musketry, Hythe	2.6.17	R.O. 1779.	
29.8.17	2 <sup>nd</sup> ORD.	T.O.S. on Posting from 10 <sup>th</sup> Res Bn & Detached to R.F.C. Aerodrome, Retford	23.7.17	Pt II Ord 173	
6.10.17	W.O.	Seconded for duty with the War Office	17.7.17	L 30325.	
27.3.18	2 <sup>nd</sup> ORD	S.O.S. on Trans to Ques RD	28.3.18	Pt II 473, Pt II 478 (ORD)	
22.6.18	W.O.	Ceases to be Seconded for Duty with War Office.	28.5.18	Lon. Gaz 30760	
13.7.18	Q. R.D.	S.O.S. on Posting to 10 <sup>th</sup> Res Bn	13.7.18	Pt II 0/170, Pt II 0/165 (10 <sup>th</sup> Res Bn)	
21.8.18	10 <sup>th</sup> Res Bn	S.O.S. Proceeded of Sea to 87 <sup>th</sup> Bn	21.8.18	Pt II 0/197	
28.8.18	87 <sup>th</sup> Bn	T.O.S. on Arr from England as Reinf	28.8.18	Pt II 0/77	
7.10.18	AMS	Reported from G.H.Q. "Missing believed Killed"	30.9.18	CL 1105	
		9022			
		P.T.O.			

A.F.B. W.

A.F.B. W.

26 AUG 1918



Report		Record of Promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS Taken from Official Documents	
Date	From whom received					
14.10.18	Am. S.	Previously reported Missing but killed now reported killed in action		30.9.18	<p> A.F.B. 104  8 NOV. 1918  A.F.B. 104-93-2090A  Isolated 2090A </p>	



CERTIFIED CORRECT

23 JUL 1918

RECORD OFFICE

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

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

350M.—5-16

H. Q. 1772-39-940.

# Casualty Form—Active Service.

Unit, Regiment or Corps

178th F.C. Battalion C.C.F.

Regimental No.

Rank

Name

Edward Errol Bouchette

C. E. F.

Enlisted (a)

Nov 10/15

Terms of Service (a)

War

Service reckons from (a)

Nov 10 1915

4.3.17

Date of promotion to present rank

June 1916

Date of appointment to lance rank

4.3.17 630056

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Field Officer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-3-17	O.C. 10th, Res. Bn.	Embarked Disembarked Taken on from 178th Bn.	Canada England Shoreham	8-3-17 15-3-17 15-3-17	D.O.P 11-62
2.7.17	10th Res Bn	Reverted to the temporary rank of Lieut. (with Supp to London R.O. 14044/11.5.17)	Shoreham	4.3.17	LON GAZ 30056 4/8/17 D.O.P 2.162
24.7.17	10th Res Bn	S.O.S. on posting to 2nd - Q.R. Dept	Shoreham	23.7.17	D.O.P 2.182
		con com. Bedfordshire			
		Bedfordshire & Q.R. Dept 282	Shoreham		
		effect 17.7.17			
6.10.17	W.O.	Seconded for duty with the War Office		17.7.17	LON GAZ 30325, SEE OVER
27.3.18	2nd Lt. 2nd Bn.	W.O. on trans to 2nd Bn. Dept		28.3.18	2.6.18

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
23-7-17	2 <sup>nd</sup> Q.R.D.	I.O.S. on posting from 10 <sup>th</sup> Res. Bn.	Shoreham	23-7-17	D.O. 144
23-7-17	do	Detached to War Office	do	23-7-17	D.O. 199
17-7-17	do	Seconded for duty with War Office (L.R.O. 2644)	do	17-7-17	D.O. 219 <i>Lon Gaz 30325 d/6.10.17</i> B.H. J. Sullivan LIEUT. & ADJT. 2nd QUEBEC REG'TL DEPOT
27.3.18	3 <sup>rd</sup> Q.R.D.	S.O.S. on transfer to Queb R. Dep.	28.3.18	Pt 773	
22.6.18	W.O.	ceases to be seconded for duty with War Office	28.5.18	Lon Gaz 30760.	
13.7.18	Q.R.D.	S.O.S. on posting to 10 <sup>th</sup> Res Bn	13.7.18	Pt 770	
30-3-18		TAKEN ON STRENGTH	Queb Regt'l Depot, B'shott	R.H. 78	28-3-18
30-3-18	Q. R. D.	Seconded to War Office		PT II DO 78	28-3-18
29-6-18	Q. R. D.	ceases to be seconded to War Office		PT II DO 78	158. 28-6-18
29-6-18	Q. R. D.	Detached to 10 <sup>th</sup> Res Bn		PT II DO 158	28-6-18
13-7-18	Q. R. D.	ceases to be detached to 10 <sup>th</sup> Res Bn		PT II DO 170	13-7-18
13-7-18	Que. Regt'l.	Depot. POSTED TO 10 <sup>th</sup> Res Bn		R.H. 170	13-7-18

*Geo. Buckle*  
QUEBEC REG'TL DEPOT



## Casualty Form—Active Service.

Rank *Lieut* Regiment or Corps *178<sup>th</sup> Bn. C.E.F.*  
 Surname *Bouchette* Christian Name *Errol Edward*

Religion *P.C.* Age on Enlistment..... years..... months.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a) *4.3.17*

Date of <sup>*Reversion*</sup> promotion to present rank *4.3.17* Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) *Surveyor*  
 or Corps Trade and Rate.....

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked.....			
		Disembarked.....			
2-7-18	<i>7<sup>th</sup> C 10<sup>th</sup> Can Res Bn</i>	<i>Attached to this Unit from Q.R.D.</i>	<i>B'sholt</i>	<i>28-6-18</i>	<i>D.O.P.II 154</i>
15-7-18	<i>7<sup>th</sup> C 10<sup>th</sup> Can Res Bn</i>	<i>Ceases to be attached to this Unit from Q.R.D. on being Taken on Strength having been boarded and found fit for General Service (Ref. Q.R.D. D.O.P.II 170d/15.7.18)</i>	<i>B'sholt</i>	<i>13.7.18</i>	<i>D.O.P.II 165</i>
21-8-18	<i>7<sup>th</sup> C 10<sup>th</sup> Res Bn</i>	<i>S.O.S. on proceeding of S. as Reinforcements to the 87<sup>th</sup> Bn France.</i>	<i>B'sholt</i>	<i>21-8-18</i>	<i>D.O.P.II 197</i>
					<i>Lieut Asst Adj 10<sup>th</sup> Res Bn</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
					DO. No. 77 - 11/19/18
23.8.18	C.I.B.D.	T.O.S. 87 TH BN ON ARRIVAL	FRANCE	23.8.18	N. R. 425
29.8.18	C.I.B.D.	S.O.S. TO C.C.R.C.	FIELD	28.8.18	N. R. 430
29.8.18	C.C.R.C.	T.O.S.	,	28.8.18	N. R. 433
31.8.18	C.C.R.C.	S.O.S. TO UNIT	,	31.8.18	N. R. 451
7.9.18	UNIT	JOINED UNIT	,	1.9.18	B. 213
		Missing Believed Killed		30.9.18	Cas List 1494 1098-1918
10-10-18	Unit	KILLED IN ACTION		30-9-18	K.I. 17-1301 DO. L01-1918
					Lieut. for Lt Col. A. A. G.
					Canadian Section, G.H. Q. - 3rd, Ech.



MEMORANDUM.

From

O.C. R.G. Hq.

To

O.C. G.A. Hq.  
Hill Street

From

To

ANSWER.

12-6

1917

191

We are taking all  
these cases from the  
O.T.C. but think the  
officer should be admitted  
to an officers' hospital

Agony  
M. R. R.



The Queen Alexandra Hospital

Melkank

(Next to the Gallery)



Take this Form to Room

30

234

Name & Rank *Lt. E.E. Bouchette (10 Canadian Res)*  
has been examined for *Pilot*

and found { ~~Fit~~  
~~Unfit~~  
Temporarily Unfit

His acuteness of Vision is as follows:-

V.R. without glasses *6/6* With glasses .....  
V.L. without glasses *6/6* With glasses *+2 Blurred*

Remarks

*Tonsils + adenoids  
require operation -  
Requires dental treatment*

Signature *Act Ranjor* Capt

Date *11.6.17*



U. E. F. / Charlotte (North Carolina) / 1871

C 817

81

11. 11. 11



Air Board Office, Strand,  
W.C.

Date ...11.6.17.....

The Officer in Charge,

...King Georges Hospital  
.....Stamford Street...

Rank & Name ...Lt. E. E. Bouchette... Regiment 10 Res. Canadian Inf.

Has been ordered to report to you on ...12.6.17.....

He has been examined by the Royal Flying Corps Special Board for  
Examining Candidates for Commissions as Flying Officers and in their  
opinion requires ...adenoids, & tonsils<sup>to be</sup> seen to.....

It is requested that you will instruct him to report to Major  
Freeman, Room 234, Air Board Office, Strand

- (a) Forthwith, if you are unable to admit him;
- (b) On his discharge from hospital, if admitted.

*for H. F. Langdon Capt*  
President, Special Medical Board.



... King's Hospital

... Stamford Street

... Mr. E. E. Blackett

... This has been started to you on 11.6.17

... The Committee has considered this

... 11.6.17

... 11.6.17

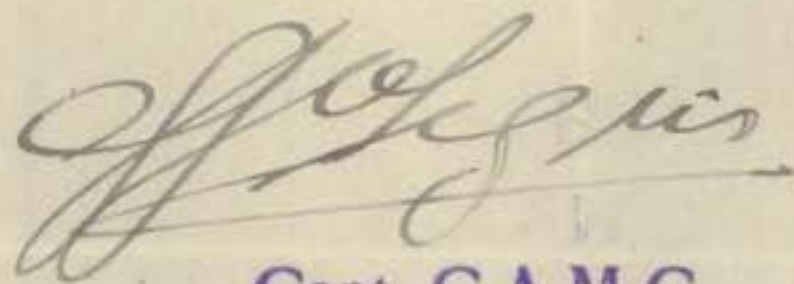


Bramhall 7/8/18

To President of S.D.Y.B.

Lieut. Bramhall C.E.

I consider the  
marginally noted officer fit  
for General Service



Capt. C.A.M.C.  
M.O. 10th Can. Res. Battn.



St. Louis, Mo. 21/11/18

Dear Mr. [illegible]

I am very glad to hear from you and hope you are well. I am well at present and hope to hear from you again soon.

Yours truly,  
M.O. 10th Can. Res. Bann.



No.

RANK

Lieut

NAME

Bauchette C.

C.

T. O. S.

UNIT

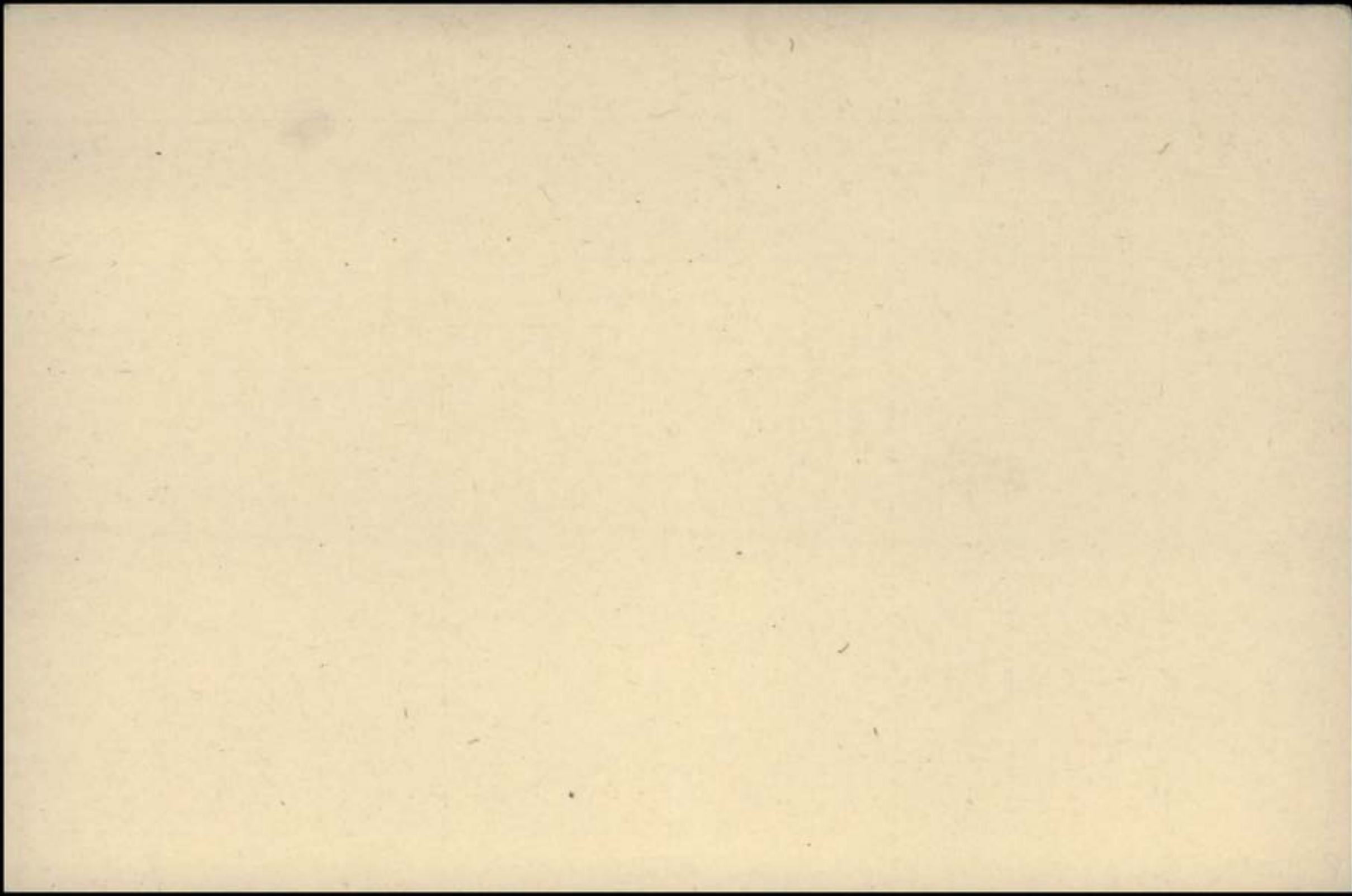
50th. Battalion

M. D.

3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 8	1915 Nov. 30	✓	Apt. for duty sent 13-11-15	D. O. 61. 13-11-15
	Dec.	✓		
1916	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓	trans. to 230th Bn. 14-4-16	D.O. 90 of 4.4.16
April 1	April 4	✓		







No.

RANK

Capt.

NAME

Bouchette, E. E.

T. O. S. 3-11-16

UNIT

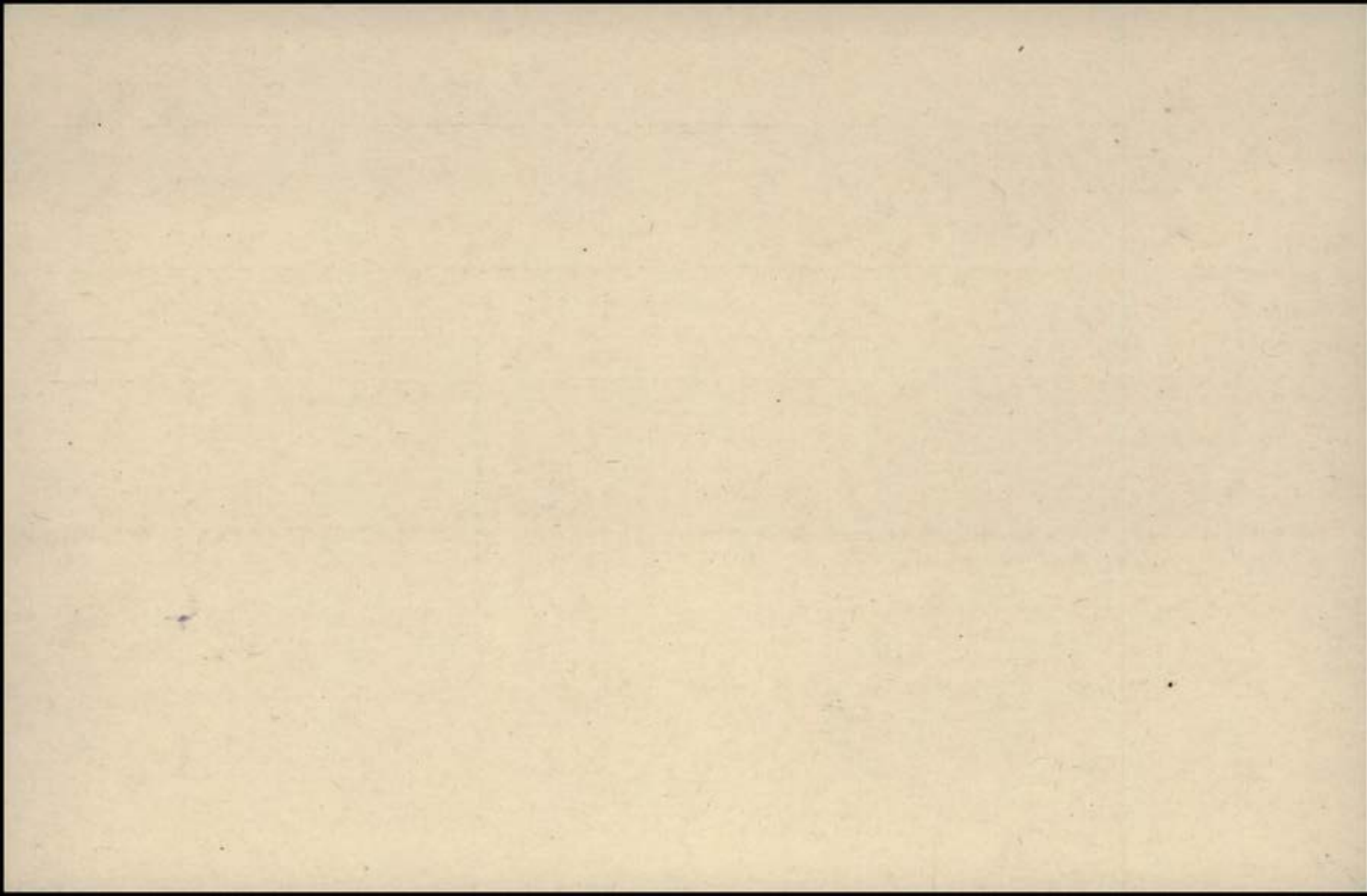
178th Battalion (6888)

DD 250 of 13-11-16

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov. 12	Nov. 30.	✓		
	Dec.	✓		
1917	1917			
Jan. 1.	Jan. 31.	✓		
Feb 1.	Feb. 15.	✓		







LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

707 <sup>24</sup>	West Cliff Can. General Hospital	16677	Lancillitis sc
21 <sup>41</sup>	Miss	30-6-17	
1111 0	Rept. from Base	30-9-18	Prev. Rept. Miss. Bel killed now Rept'd. Killed in action



NAME

Bouchette

RANK AND CORPS

Lieut

REGT'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Q 1662

9-10-18

Rept miss bel A. Sept 30th 1918

3-1108

MAY 18

Miss Alice P. Bouchette (mother)

30 9-18

12 Cooper Court Apts. 430 Daly

Ave Ottawa Ont.

Q 1785

15-10-18

Brev. rept miss bel A. now Ren A

2-1

Sept. 30th 1918 ✓



Name Bouchette E. E. File No. A B. 737  
 Regt. No. \_\_\_\_\_ Rank Capt.  
 Unit 178 Bn.  
 Sent to W.O. 20 APR 1917 List No. 132.  
 Action taken Reverts to Temp. Lieut.

Effective 4.3.17.  
 Gazetted date 8 MAY 1917 No. 30056 Page 4431.  
 G.O.C. Orders \_\_\_\_\_ No. \_\_\_\_\_ Date \_\_\_\_\_

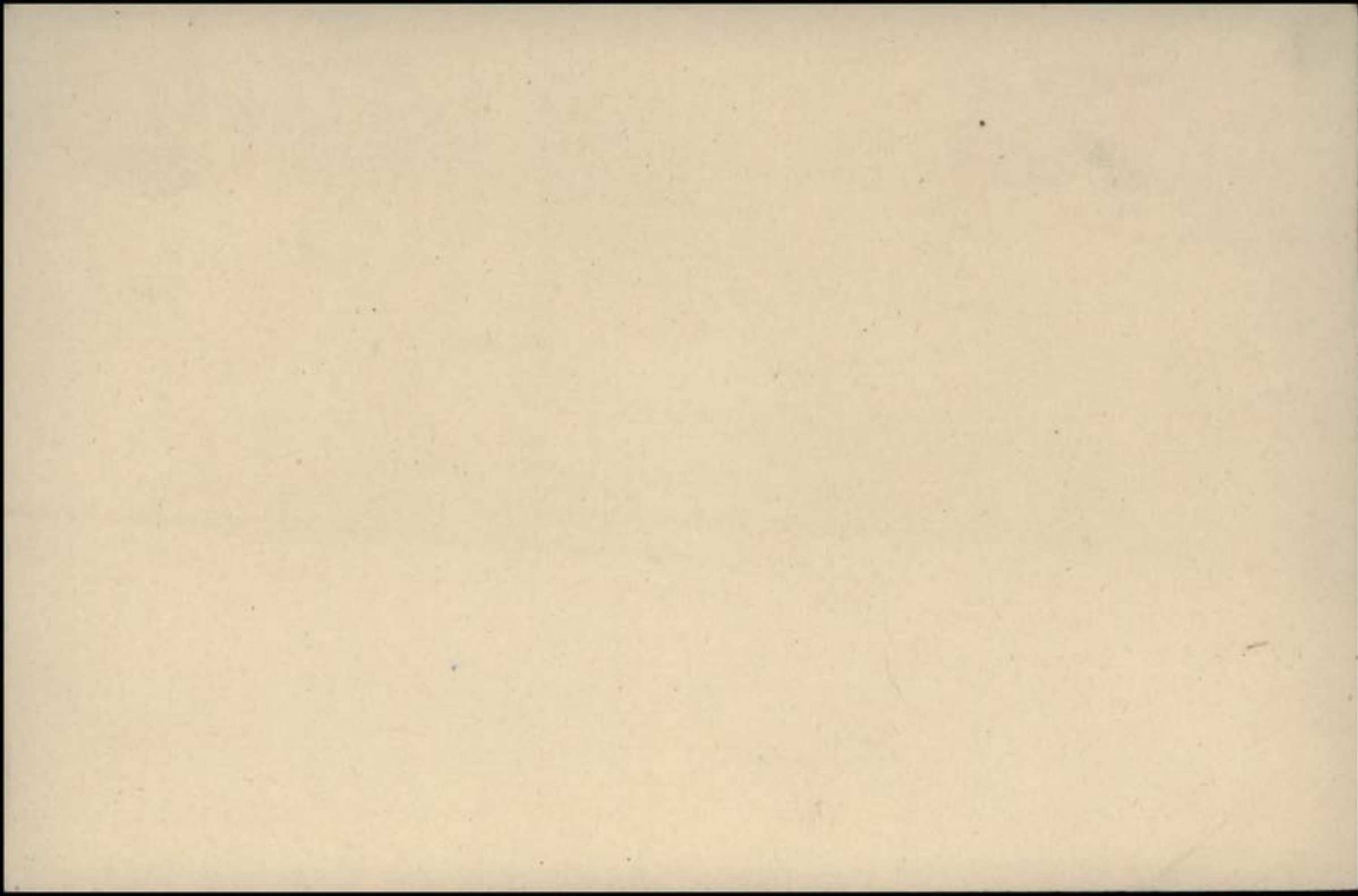
Decd. to W.O. 14.4.17 List 253 - 21.9.17 Lt. 30325 - 6.10.17 P. 10558  
Quarre Reg.

Cause to be recorded for duty with the R.O./Aerodrome  
Construction) 28/5/18. List 388 to W.O. 12/6/18 Lt. 30760 P. 7385  
22/6/18

20 APR 1917 Killed in Action 30-9-18  
Cas. List. 14-10-18.

Checked by \_\_\_\_\_ Date \_\_\_\_\_







Form A.G. 10425.

Name

*Bouchette E. E.*

File No.

*P. B. 434*

Regt. No.

Rank

*Temp Lt.*

Unit

*2<sup>nd</sup> 2. R. D.*

Sent to W.O.

*21 SEP 1917*

List No.

*253*

Action taken

*Secd. to W.O. (Linton Aero)*

Effective

*14. 4. 17*

Gazetted date

*6 OCT 1917*

No.

*30325*

Page

*10350*

G.O.C. Orders

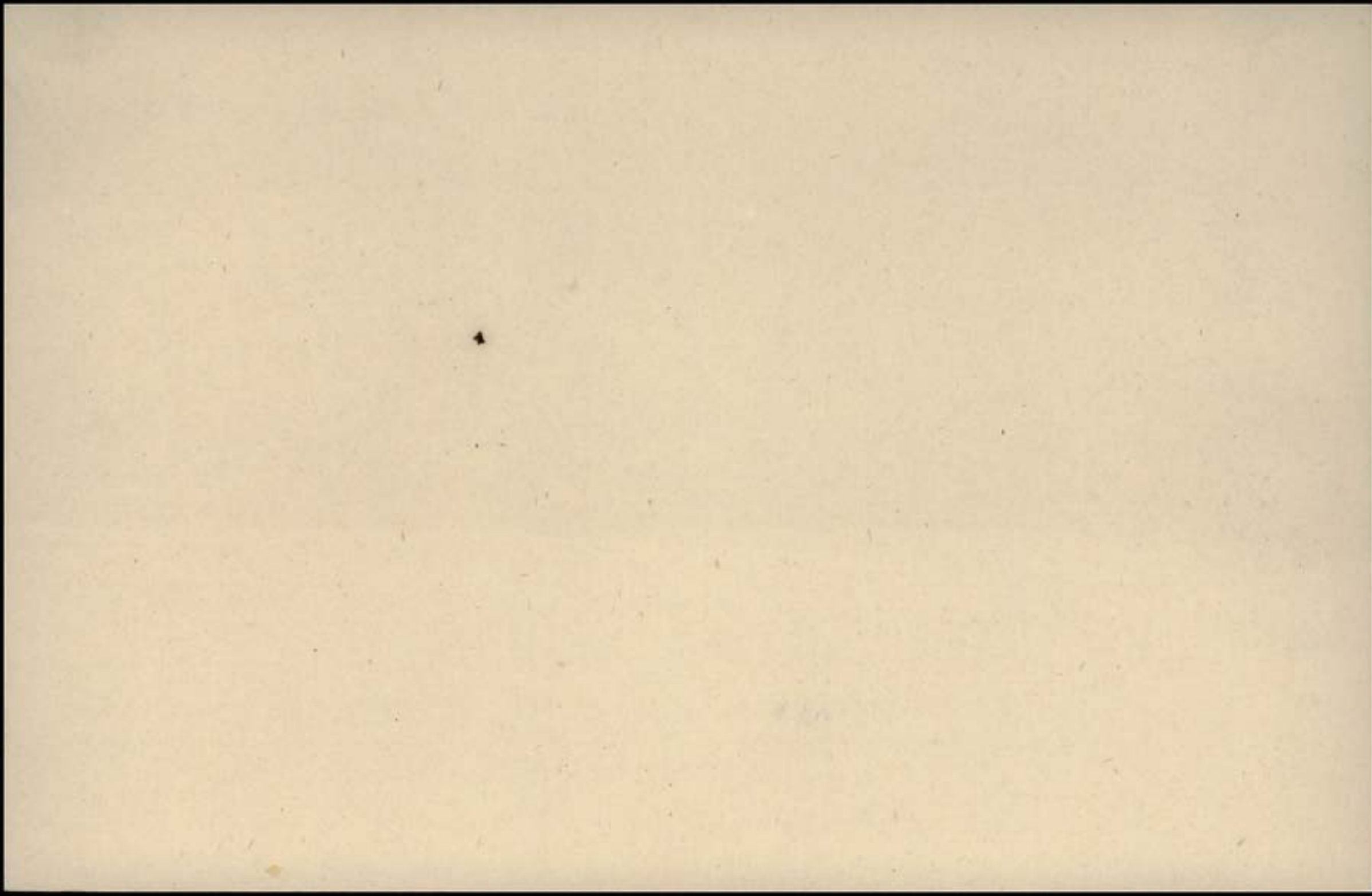
No.

Date

Checked by

Date







BOUCHETTE, Edward Errol, Lieut. 87th Bn. ✓

MEDALS &  
DECORATIONS

Mrs. Alice P. Bouchette (Mother) ✓  
430 Daly Ave., Ottawa, Ont.

PLAQUE &  
SCROLL

Mother, as above.

*Serial No. 781821*

CROSS OF  
SACRIFICE.

Mother, as above.

*Sept. 13-2-20*

*C 1502*

Scroll Desp. FEB 17 1921

Recon. No. 220682

MAY 1 1922

Plaque Desp.

Recon. No.

*P36655*

*gfs  
28.1.20*



M



Name ☒ BOUCHETTE

Rank

Lieut.

Reg. No. *9 B 1612*

Unit

☒ Edward☒ Enrol☒ 87th Bn.

Next of Kin

*Canada**WFB 104-93*

Date

Movement

Place

Casualty

List  
No.Notified  
N/K O.

W.O. List

1918

30-9

Reptd. G. H. Q. (1494)

1105

~~MISSING BELIEVED KILLED IN ACTION.~~*1105 11/6/18 2 8/10*

30-9

Killed in Action

(87th Bn Sig Wares Y. 403 d/10-10-18)

*1117 11/7/18 15/10*



[illegible]



Reg. No.

10th. Res.

*Next of Kin*      Canada.

[illegible]



[illegible]



No.

RANK

Lieut, Act Capt.

NAME

Bouchette E E

T. O. S.

4 - 4 - 16

UNIT

230<sup>th</sup> Battalion

30364-16

M. D. 3

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

Apr 4 Apr 30  
 May  
 June  
 July  
 Aug  
 Sept  
 Oct  
 Nov 1 Nov 11

L  
 L  
 L  
 L  
 L  
 L  
 L  
 2

Late of 43<sup>rd</sup> Dec R

Prom Capt 1 - 6 - 16

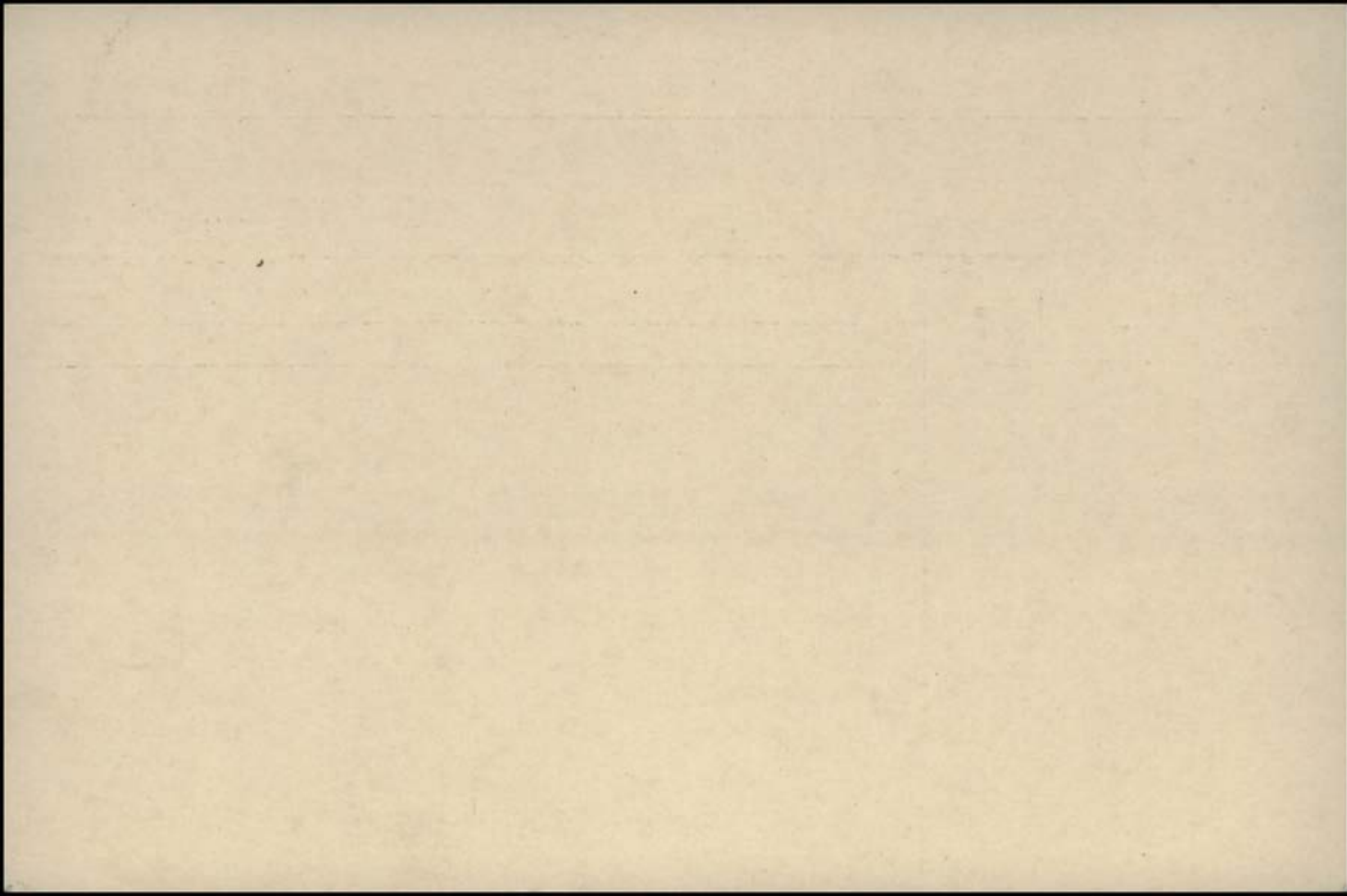
Transferred to 178<sup>th</sup> Bn  
 11 - 11 - 16

Apr payroll

SD 246 7 - 7 - 16

SD 83 14 - 11 - 16







Number

Rank

Capt

Surname

BOUCHETTE

Christian Names

EDWARD

ERROL

FRANCE

Unit

Theatre of War

Dates of Service

Remarks

D

Latest Address

Mrs. Alice P. Bouchette (m)

430 St. Albans Ave.

Ottawa

Ont.

Roll No.

13

Page 1423



4. 10103 - Map

APR 9 - 1921

949907 Disb

SEP 8 - 1921



Surname

Christian Name

Reg. No.

BOUCHETTE

E. E.

DMS. ~~10-B-1431.~~  
4-B-795.

Rank

Unit

Lieut.

10th. Res Batt.

MEDICAL BOARD held at

Date

Serial No.

(1) Shorncliffe

29-6-17.

Other Medical Boards at

Date

Serial No.

Shoreham

16-7-17.

(2) Bramshott

10-7-18.

(3)

(4)

(5)

Condition found by Board

Remov. Tonsils &amp; Adenoids. Syphilis.

Disposition Recommended

(1) Unfit any service 2 weeks.

(2) Fit General service.  
Fit for General service.

(3)

(4)

(5)

PENSIONS &amp; CLAIMS BOARD held at

Date.....

Disposition

Remarks



Surname.  
BOUCHETTE

Christian Name.  
E. E.

Rank.  
Lieut.

Unit  
10th. Res. Bn. - 178th. Batt.  
87th. Batt'n.

Date of admission.

Westcliffe Eye & Ear Hospital  
Hospital.

16-6-17

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis. Ac. Tonsillitis. *A*  
R.F., G.H.Q., MISSING believed KILLED:-30-9-18  
Later diagnosis. Now reported KILLED in ACTION:-30-9-18. *Rw*

.....

.....

.....

Disposition.

Date.  
Discharged:-30-6-17.

22-6-17 707-2.

C.L. 10-7-17 721-4. *Remarks.*

C.L. 7-10-18 1105.

C.L. 14-10-18 1111.

C.L. ....

C.L. ....

C.L. ....

C.L. ....

C.L. ....

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London



L. A. H. H.

June 13<sup>th</sup> 72.

Lieut. J. S. Bruch.

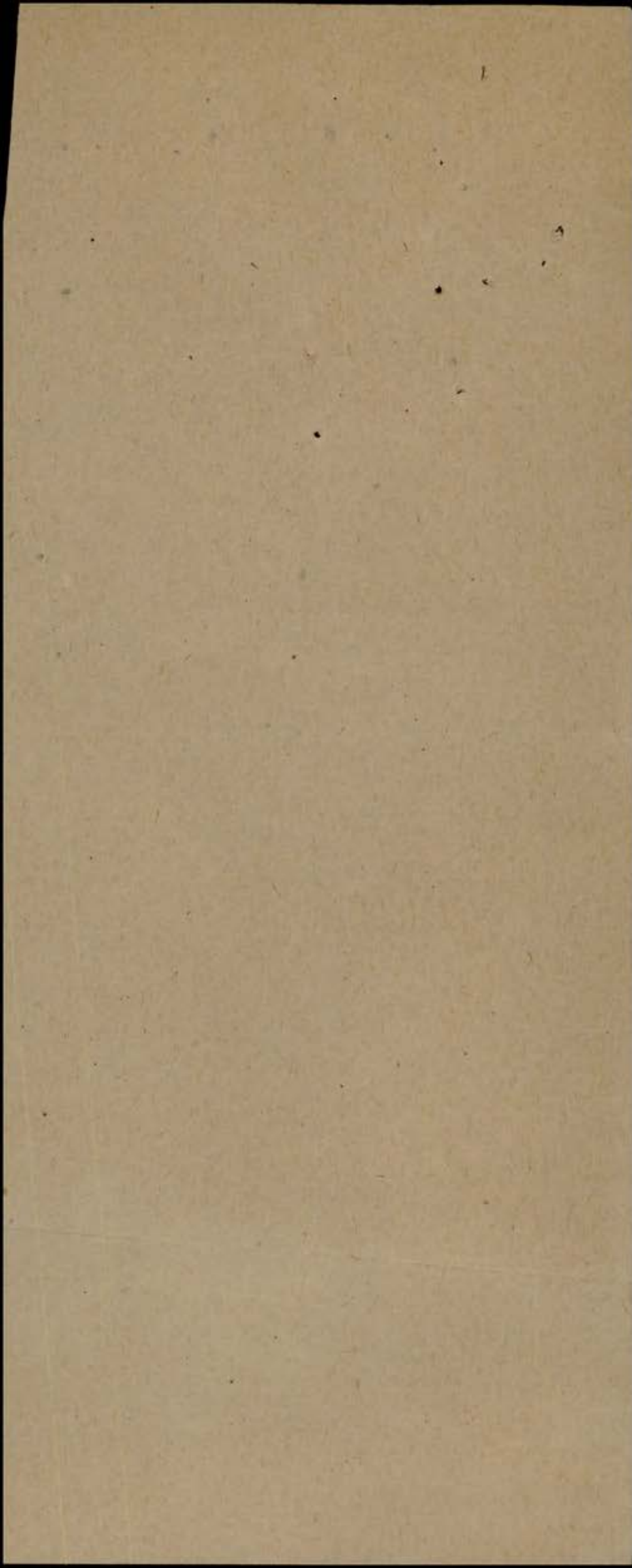
Hospital full,  
I've had to  
get a bed, to  
admit above  
into.

W. A. H. H.

Amel. Surgeon.

---







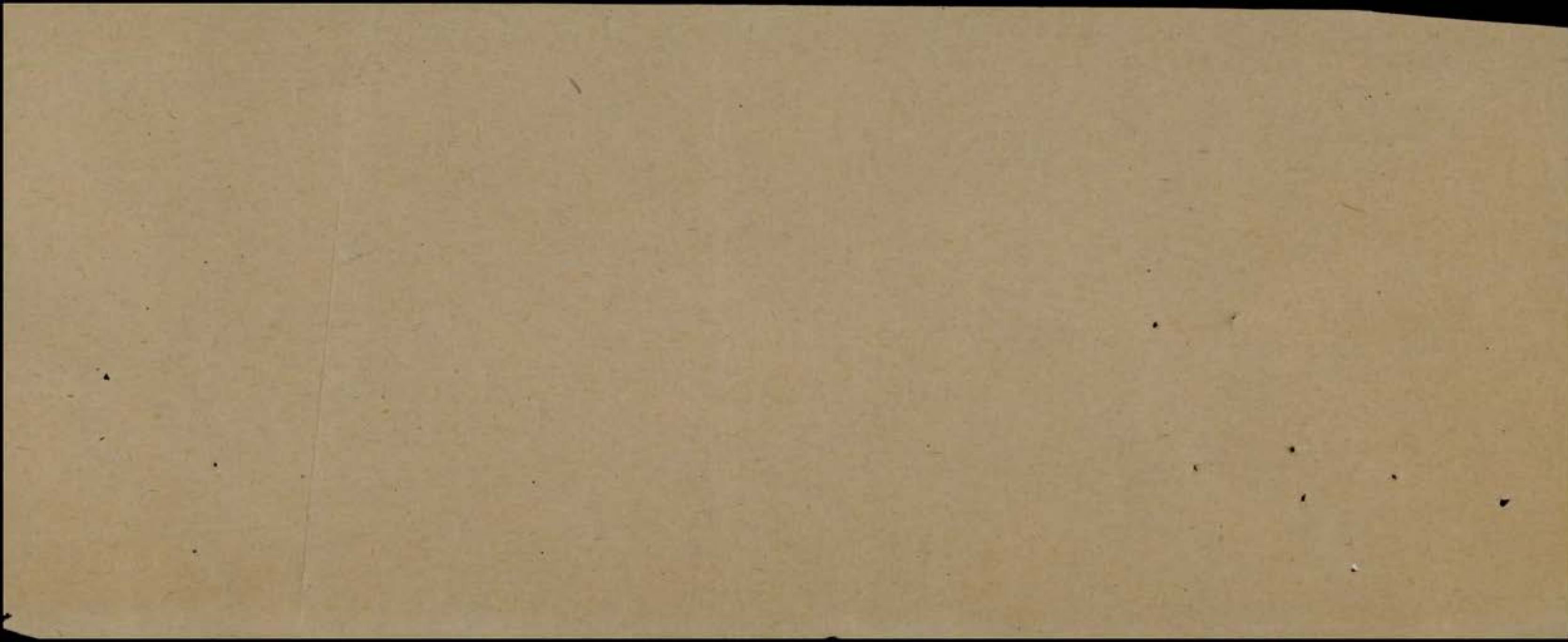
To see Mr. Porter  
at 10 am. to morrow

Sp.

June 12/17









# MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

M. F. W. 11a.  
50m.-416.  
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6374.

*Alice P. Bouchette*

W. Mother  
PAYMENTS.

Name of Soldier

*Bouchette Edward E.  
Lieut*

Month.	Year.	Cheque No.	Amt.	Cap	Remarks.
April	1916				
May		<i>V2838</i>	<i>57</i>	<i>57</i>	
June		<i>9 K8094</i>	<i>30</i>		
July		<i>8932</i>	<i>144</i>		<i>Handed Out 29-6-16</i>
Aug.		<i>E12864</i>	<i>60</i>	<i>60</i>	<i>15 ady</i>
Sept.		<i>Z15115</i>	<i>40</i>	<i>40</i>	
Oct.		<i>A18502</i>	<i>40</i>	<i>40</i>	
Nov.		<i>B21359</i>	<i>40</i>	<i>40</i>	
Dec.		<i>B24942</i>	<i>40</i>	<i>40</i>	
Jan.	1917	<i>A28710</i>	<i>40</i>	<i>40</i>	
Feb.		<i>A31665</i>	<i>40</i>	<i>40</i>	
March		<i>A34810</i>	<i>40</i>	<i>40</i>	
April		<i>6334</i>	<i>40</i>	<i>40</i>	
May		<i>B3767</i>	<i>40</i>	<i>40</i>	
June		<i>D7663</i>	<i>40</i>	<i>40</i>	
July		<i>B11638</i>	<i>40</i>	<i>40</i>	
Aug.		<i>F14146</i>	<i>40</i>	<i>40</i>	
Sept.		<i>E17432</i>	<i>40</i>	<i>40</i>	
Oct.		<i>C23417</i>	<i>40</i>	<i>40</i>	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

*\$841.00*

*13 Caplan Oct Apts, 4300 Baby Ann.*



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 50m.—6-16.  
 H. Q. 1772-39-819.

To Whom *Alice J. Bouchette* By Whom Assigned *E. E. Bouchette*  
 Address *12 Esplanade apt 5* Regtl. No.  
*Charlottesville St.* Rank *Capt.*  
*Ottawa* Corps *178th Bn.*  
 Rate *25<sup>00</sup>* *MAH* *1917*

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.

50m.—7-16

1772—39—819.

Sheet No. 2. *Alice P. Bouchette*  
(Assignee)

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier *E. E. Bouchette*

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>25.00</i>	<i>Capt. 178th Bu</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>J 53957</i>	<i>25.</i>	
April		<i>A 99</i>	<i>25</i>	<i>25 L</i>
May		<i>V 7149</i>	<i>25</i>	
June		<i>D 13219</i>	<i>25</i>	<i>25. S</i>
July		<i>X 19824</i>	<i>25</i>	<i>S</i>
Aug.		<i>Z 29339</i>	<i>25</i>	<i>in</i>
Sept.		<i>Z 36342</i>	<i>25</i>	<i>to \$ 175.00 A.D.</i>
Oct.		<i>O 48246</i>	<i>25</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



## SEPARATION ALLOWANCE

Name *Alice P. Bouchette*Name of Soldier *Bouchette Edward E.*Address *327 Somerset St E*

Regtl. No.

*13 Coplan Crt Apts Ottawa*Rank *Lieut Capt 1/6/16 P.M.S. 18/7/16**430 Daly Gas. Ont*Corps *230 Bn. Trans. from 80th.*

Relation to Soldier

To what Corps belonging

wife, child or mother

*W. Mother*

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









*NR.*  
P.D. charged February 28th 1917.

*McH xapl chgd Apr*

*E*  
*5*  
Assignment as at  
1st March 1917.

*NR shows unmarried*

*paid to chgd 31-10-18  
at delus Jan 1919*

Bouchette,

*Luis*  
~~Capt.~~

E.E.

178th - 10th Res. Battn.

\$25.00

*Capt*

*Mr* Alice P. Bouchette,

12 Copeland Apts.,  
Charlotte Street,  
Ottawa.

\$ 25

Payment Stopped,  
in Action

*Missing  
October 1918*

Date		PAY		Field Allowance		Other		Total		Voucher		Assigned pay		Other		Total		Balance		Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	Rate	Amount	Credits	Credits	Total	No.	Date	Cash	Payments	Assigned	Other	Total	Debits	Balance			







Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem.

Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

[illegible]

M. F. W. 127  
300M-1-19  
1772-39-1140

Remarks:



Capt.  
Em

678 23-7-20

Register No. DB1672a

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1903-E-15

Reg'tl No. .... Name Edward Ernest Bouchette  
(Christian Name) (Surname)  
Unit 87 Batten Rank Lieut Date of enlistment .....  
Date of casualty 30-9-18 B.P.C. File No. 53440  
Was service performed overseas? Yes

DEPENDENT

Name Mrs Alice P. Bouchette Relationship W. Mother  
Address 430 Daly Ave  
Ottawa  
Ontario

Amount of Special Pension Bonus \$ Nil Abstracted by J. Parlow

Eligible for Gratuity ..... \$ .....  
Less amount of Special Pension Bonus paid ..... \$ .....  
Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ .....

Balance due \$ .....

Cheque No. .... Date issued .....

Clerk W. Mitchell

REMARKS: Not eligible under P.C. 1486  
No S.A. in force at date of casualty  
S.A. stopped 30/4/18 Auth P.A. Bruling  
on file

Audited by  
.....  
Date .....

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-39-1473

Noted 23/8/20  
D.G.18



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

40			
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RATE OF ASSIGNMENT

25			
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## PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank

Capt

Promoted

Reverted

Discharge

Soldier's Name

E. E. Bouchette

Battalion

178<sup>th</sup> Bn

Beneficiary

Alice P Bouchette

Relationship

widowed mother M.F.W. 2584-2778

Address

227 Somerset St. E. Ottawa Ont

## PARTICULARS OF ASSIGNMENT

Name

Alice P. Bouchette

Address

12 Copland Apts, Charlotte

Change of Address

Ottawa

1

13 Copland St. Apts. 430 Daly Ave.

2

Ottawa.

3

Ont

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Sept. 30/1917		841	175	1016
Oct	45246		25	25
Oct	23417	40		40
Nov	B 58422	40	25	65
Dec	C 63258	40	25	65
Jan	M 66933	40	25	65
Feb	B 93030	40	25	65
March	A 100302	40	25	65
March	U 86699	40	25	65
Apr	H 1368		25	25
May	H 4094	40		40
"	E 11161		25	25
June	D 18982		25	25
July	X 33342		25	25
AUG	G 30826		25	25
SEP	D 36967		25	25
OCT	B 48756		25	25
NOV				

FILE 1409-E-15

REMARKS

Pension Granted 1-11-18  
 Prom Capt 1-6-16.

S.A. closed 30-4-18 authy S.B. Gule 1909-E-15 22-2-18  
 H-100302 Cancelled. M.F.O. 2A. M.F.O. 1B M.F.O. 1B  
 10 apst mob. 12-3-18 S.A. 10-1-18 11-3-18 9-3-18 084699 30/18  
 3499 mailed 1-5-18 m.h.o. 29-4-18  
 4774 " 9-5-18  
 A/c closed 31-10-18 K.in A. 30-9-18 per C.L. 336 fol 1 2nd lit  
 of 19-10-18 M.O. Destroy 14685 25-10-18



Date of Assignment

## OVERSEAS CONTINGENTS

### RATE OF ASSIGNMENT

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RATE OF ASSIGNMENT			

### PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_

Address

### Change of Address

1

2

3

4

[illegible]

M. F. W. 128  
496M.—6-17—1772-39-1141  
L. L. 22320—M. & D. 793.



# MEDICAL HISTORY SHEET

Surname Bouchette Christian Name Edward Enol

Examined on 3rd day of March 1917  
 at Halifax  
 Birthplace { City or Town Halifax  
 County N.S.  
 Apparent age 25  
 Trade or occupation Surveyor  
 Height 5 feet 5 inches  
 Weight 140 lbs.  
 Chest measurement { Minimum 36 inches  
 Maximum expansion 2 1/2 inches  
 Physical development None  
 Small-pox Marks None  
 Vaccination Marks { Arm Right Left  
 Number 2  
 When Vaccinated last December 1916  
 (a) Marks indicating congenital peculiarities or previous disease None  
 (b) Slight defects but not sufficient to cause rejection None

Approved by [Signature]  
 Rank [Signature] M.O.  
 EXAMINED FOR RE-ENGAGEMENT  
 Date Fit or Unfit  
 VACCINATIONS  
 Date Result  
 ANTI-TYPHOID INOCULATIONS, ETC.  
 Date Result

Enlisted on 10th day of November 1915 at St John's Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>80th Bn</u>			<u>Nov 10/15</u>
Transferred to	<u>230th Bn</u> <u>178th Bn</u> <u>10th Res Bn</u>		<u>Leut</u>	<u>1st March 16</u> <u>Nov 8/16</u> <u>March 15/17</u>

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Halifax</u>	<u>29-6-17</u>	<u>Removal of adenoids &amp; tonsils</u>	<u>Two weeks leave</u> <u>5th Nov 17</u>

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

# MEDICAL HISTORY SHEET.

Surname Bouchette Christian Name C. C.

Examined on 9 day of July 1918  
 at Bramshott  
 Birthplace { City or Town Triche  
 County Antigonish  
 Apparent age 26  
 Trade or occupation Civil Engineer  
 Height 5 feet 4 inches  
 Weight 135 lbs.  
 Chest measurement { Minimum 34 inches  
 Maximum expansion 37 inches  
 Physical development Good  
 Small-Pox Marks None  
 Vaccination Marks { Arm Right Left  
 Number 1  
 When Vaccinated last None  
 (a) Marks indicating congenital peculiarities or previous disease None  
 (b) Slight defects but not sufficient to cause rejection None

Approved by [Signature]  
 Rank [Signature] M.O.  
 EXAMINED FOR RE-ENGAGEMENT  
 Date Fit or Unfit  
 VACCINATIONS  
 Date Result  
 ANTI-TYPHOID INOCULATIONS, ETC.  
 Date Result

Enlisted on 10th day of November 1915 at St John's Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>10th Res Bn</u>			
Transferred to			<u>Leut</u>	

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Bramshott</u>	<u>10/7/18</u>	<u>Pyphitis</u>	<u>S.S.C.P. Jants</u> <u>PRESIDENT</u> <u>MEDICAL BOARD, BRAMSHOTT.</u>

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



Surname *Barchetti*

**Surname:**

[illegible]



*Estate Br. file 2-267 to Canada 27/9*

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

mess  
DATE

AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

10 Res Bn

Pay 2<sup>00</sup> PD

Capt

13 7/17

7 ban R.D. 120

Name

Bouchette

Initials

E.E.

Bank

of Montreal.

Canada

\$ 25<sup>00</sup>

1/17

*Now Reptd. Killed in Action 30/18 b.L. 1111 d/14/18  
Missing believed Killed 30/18 b.L. 1105 d/4/18*

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initiated by P.M. in every case.

INITIALS

1918.

apl 3 Balance Forward

" 6 *Travance 13-14 3/18*

41

" 11 A. P. ban.

25 -

" 12 Pay R.

108 -

" 20 *Sub 1-30 3/18 less rations 1-10 3/18*

876

" 23

Bank

1094

83

may 6 Pay R.

111 60

" 8 A. P. ban.

25 -

" *Subs 1-30 4/18*

1719

" 23

Bank

2551

86 60

June 1 Adv of June Pay R.

Bank

2824

24 33

" Pay R.

108

" 7 *Subs 1-31 5/18*

3018

" 11

A. P. ban.

25

" 22

Bank 4126

58 67

July Pay R.

111 60

" 11 A. P. ban.

25

" 25

Bank 5604

86 60

Aug 5 Adv of 5

Bank 6033

24 33

" 13

A. P. ban.

25

" 15

Adv. Pay R.

Bank 6520

48 67

" 24

Pay R.

111 60

Bank 7161

13 60

Sept 16 A. P. ban.

108

" 25

Pay R.

Bank 9124

83

*From L 4 to L 11  
Paid to Case 30/18  
Lifer. to Ledger 28  
No 14013. + 14313*



ASSIGNED PAY.

UNIT.

NAME OF \_\_\_\_\_

### RATE OF P. AND A.

RANK.

DATE \_\_\_\_\_

### AUTHORITY

NAME.

Beneficiary

Address

Pay

F.A.

## Messing

Name

Initials

Bank

Amount.	\$
---------	----

Separation Allowance issued. Yes or No.....

DATE \_\_\_\_\_

### PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

**SPECIAL AUTHORITIES**  
To be initialed by P.M. in every case.

INITIALS

1918

Bro Forward

Phil

Nov-21 Adjst F. A. fr 12  $\frac{9}{18}$  - 30  $\frac{9}{18}$   
1818

760

76x

1919  
Jan 22 A.P. Oct pd in Can not chgd.

Vo 491

25-

17 HO

Feb 19 Add Outfit Alice

$V_0 = 128 \cdot 100 =$

26 A.P. Oct 1918 chg in error 9-13-1494

25-

107 60

Apr 11 Amt due to ap of above named officer being refund V6210  
of advance to 853441 Pte. E. Lightfoot / Just 7 apr

730

114 95

July 17 Cr Bal trans to Ott List 31 July 1858

11490.

ME 226 C/Pat 114.90  
Rendered 31<sup>st</sup> 19  
Decl from to acty Boh 20<sup>th</sup> 19



P-15.  
ASSIGNED PAY.

UNIT.  
NAME OF DATE AUTHORITY

RANK. *mess*  
DATE AUTHORITY

NAME.

Beneficiary  
Address *Canada.*

*10 Res Bn*

*Leuit. 13<sup>3</sup>/<sub>17</sub>*

Name *Bauchette*  
Initials *E.E.*  
Bank *of Montreal*  
*Wilco Plce.*

Amount. \$ *25- 1<sup>3</sup>/<sub>17</sub>*

Separation Allowance issued. Yes or No.

*Cont'd fr Page 8 T.*

DATE  
*1918*

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case

INITIALS

*Feb 8* *br Brought Forward*  
*' 21* *Bank 42552.*  
*in Advance 28<sup>3</sup>/<sub>18</sub> - 5<sup>3</sup>/<sub>18</sub>*

*86 60.*

*86 60.*

*3-3-6 154<sup>2</sup>*



## ASSIGNED PAY.

## UNIT.

## RANK.

## NAME.

NAME OF

DATE

AUTHORITY

Press  
DATE

AUTHORITY

Beneficiary

Address

Canada

Amount. \$ 25.<sup>00</sup> 1<sup>3</sup>/<sub>4</sub>

Separation Allowance issued. Yes or No.....

10 Rec. Bn.

Pay <sup>\$ 00</sup> 2<sup>00</sup> PD  
Lt. <sup>\$ 60</sup> 0<sup>60</sup> "  
Messg <sup>\$ 00</sup> 1<sup>00</sup> "Capt.  
Lt.

13.3.17

Gr. Can. RO.  
120 (Horn)  
d/16<sup>3</sup>/<sub>4</sub>Name Bouchette  
Initials E. E.  
Bank of Montreal.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialed by P.M. in every case.

INITIALS

Apr 20 A.P. Can. (2ms) Rgt. Ind. 25  
 21 Apr Pay R. Bank 307 117 50  
 May 15 A.P. - Can. Cash 4636 48 67  
 16 Adv. P&A May May Pay R 147 25  
 22 May Pay R Bank 6029 73 58  
 25 Pay R 108  
 June 9 Adv. \$5 Cash 7651 24 33  
 12 7/8 Pd. diff. bet. Capt. Lt. for 4<sup>3</sup>/<sub>4</sub> - 31<sup>5</sup>/<sub>4</sub> Rev. to Lt. P&A 17 10 2 35  
 13 A.P. Can. 25  
 14 Boni 7999 6 32  
 21 Adv. \$10 Cash 9269 48 67  
 July 3 Pay R 111 60  
 10 A.P. Can. 25  
 17 Adv. \$10 Cash 13169 48 67  
 Aug 1 Pay R. 111 60  
 9 A.P. Can. 25  
 13 Ban 1417394 25 86  
 23 Rations 5 - 20<sup>7</sup>/<sub>4</sub> 3825  
 24 " 4 - 16<sup>6</sup>/<sub>4</sub> 3826  
 Sept 6 Adv. \$5 Cash 18021 24 33  
 10 A.P. Can. 25  
 12 Trav. Allow 30<sup>7</sup>/<sub>4</sub> - 2<sup>8</sup>/<sub>4</sub> - 4<sup>8</sup>/<sub>4</sub> 48 67  
 15 Pay R. Bank 21863 58 67

Ded. \$52.35 June  
\$50.00 July.11.14  
14/4

4.17.23 60



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

mess  
DATE

AUTHORITY

Beneficiary

Address

Amount.

\$

Separation Allowance issued. Yes or No.....

10 Res Bu

Lieut

13.3.17

H. Can R.O. 120  
(Shorn) d/16<sup>3</sup>/17

Name Bouchette

Initials E.E.

Bank of Montreal

\$ 25.<sup>00</sup> Can. 17

Contd Page II.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialled by P.M. in every case.	INITIALS
Sept 25	Billeting 3-31 <sup>8</sup> /17.	5639					45.79 15 <sup>00</sup> ✓	
Oct 3	" 1-30 <sup>9</sup> /17.	6167					6.3-3 20 <sup>00</sup> ↑	
" 10	a. P. Can				25			
" 11	Pay (R)		111 60					
" 19	Bank 26190			86 60				
Nov 1	Billeting 1-31 <sup>10</sup> /17	4987					46.75 31 <sup>00</sup> ↑	
" 8	a. P. Can.				25			
" 14	Pay (R)		108					
" 20	adv adv. for Lb.	Cash 28955		29 20				
" 20		Bank 30662		53 80				
Dec 3	a. P. Can				25			
" 10	Pay (R)		111 60					
" 13		Bank 35096		86 60				
13	Subs. Allee 1-30 <sup>11</sup> /17	10296					46.33 30 <sup>00</sup> ↑	
19/8	Do 1-31 <sup>12</sup> /17	11415					46.75 31 <sup>00</sup> ↑	
Jan 4	a. Pay Can.				25			
" 7	Pay (R)		111 60					
" 10		Bank 39336		86 60				
22		13140					46.75 31	
Feb 4	Sub 1-31 <sup>18</sup> /18				25			
" 4	a. P. Can.							
" 8	Pay (R)		100 80					
" 16	Nav Allee 9-11 <sup>18</sup> /18 1-3 <sup>11</sup> /17 27-29 <sup>18</sup> /17	14637					45.06 24 <sup>45</sup> ✓	
" 20		Bank 40953		75 80				
Mar 6	a. P. Can				25			
" 8	Pay R.		111 60			86 60	Ind.	
" 11	Sub 1-28 <sup>28</sup> /18	15890					5.15-1 #28	



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

*Memo:*  
DATE AUTHORITY

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

10<sup>th</sup> Res. Bn.

Capt.

13-3-14

From Canada

R.O. #1201 (Shrm)

d/16-3-14.

Name

Initials

Bank

Bouchette

E. E.

of Montreal.

Canada.

\$ 25<sup>00</sup> fr. 1-3-14.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED  
PAY PAID IN  
CANADA

BALANCE

SPECIAL AUTHORITIES  
To be initialled by P.M. in every case.

INITIALS

Nov 26 Rep. 1-31<sup>3</sup>/<sub>7</sub> Mues 13-31<sup>3</sup>/<sub>7</sub> less ap. \$ 25<sup>00</sup> Cash 24619  
Rep. 1-31<sup>3</sup>/<sub>7</sub> Mues 13-31<sup>3</sup>/<sub>7</sub> V<sup>o</sup> 20252

110 25

135 25

25