

41743

I.D. number

No. d'identification

Boucher

Surname

Nom de famille

Adolph

Given names

Prénoms

deceased 04/04/34

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

Box 910

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« CONTENU CONFIDENTIEL »



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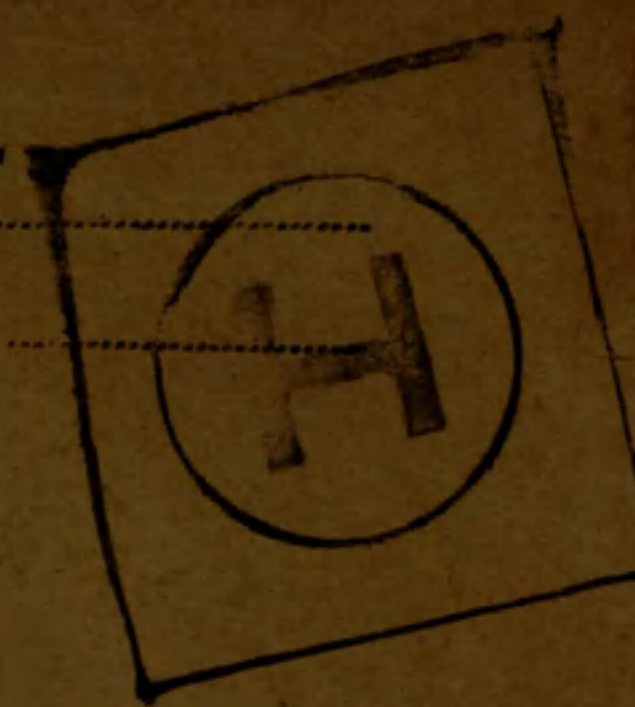
*a + B 122-2
m + B465-1*

R122

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

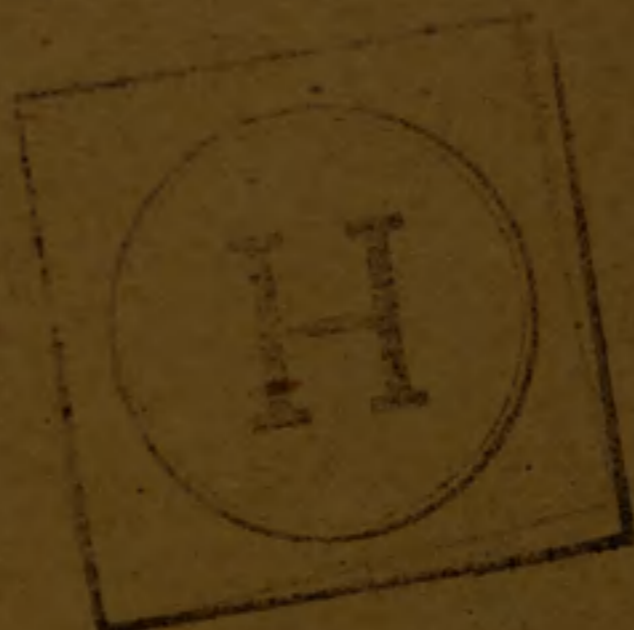


Name *BOUCHER ADOLPH* 29669

Regt. No. *41743* Rank *Cor*

Corps *2nd Brigade Amm Column 687*

Med Dept



ADOLPH

1917-12-19

*14-7
21-7
33-8*

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Adolph Boucher*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Lewiston Maine U.S.A.*
- 3. What is the name of your next-of-kin?..... *Chas. Simais Stalaire*
- 4. What is the address of your next-of-kin?..... *Berlin Mills N.H. U.S.A.*
- 5. What is the date of your birth?..... *May 13th 1882*
- 6. What is your Trade or Calling?..... *Cook*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *yes*
- 10. Have you ever served in any Military Force?.. *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

Adolph Boucher (Signature of Man).
D.G. Keith (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Adolph Boucher*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date..... *25/9* 1914. *Adolph Boucher* (Signature of Recruit)
D.G. Keith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Adolph Boucher*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date..... *25/9* 1914. *Adolph Boucher* (Signature of Recruit)
D.G. Keith (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions 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..... *Quebec*..... this *25th* day of *September* 1914.

J. P. G. J. P. (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

F. D. L. P. (Approving Officer)

2nd Inf. Brigade Am. Col

Description of Boucher, Adolphe on Enlistment.

041743

Apparent Age.....37 years.....4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 6 ins.

Chest measurement { Girth when fully expanded.....39 ins.
Range of expansion.....4 ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Brown

- Religious denominations. { Church of England.....
- Presbyterian.....
- Wesleyan.....
- Baptist or Congregationalist.....
- Other Protestants.....
(Denomination to be stated.)
- Roman Catholic.....yes
- Jewish.....

Scar left arm

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....Fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....Sept 3 1914.

Place.....Valcartier

R. Maynard
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Adolphe Boucher.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date.....Sept 26th 1914.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 41743. (Rank) Gunner.

Name (in full) BOUCHER, Adolph. enlisted in

the 2nd, Brigade, Ammunition Column,

CANADIAN EXPEDITIONARY FORCE at Quebec, QUEBEC. on the 25th,

day of September, 19 14.

HE served in France.

and is now discharged from the service by reason of E.R.S.O. 377n(10) C.M. 1917.

DD4. 22-B-2419. Category "B". Medically Unfit. R.O. #237.

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

Age 44 yrs. 1 mo.

Height 5 ft. 4 ins.

Complexion Medium.

Eyes Gray.

Hair Brown.

Marks or Scars

Tattoo on right and left arms.

Small scar on forehead.

Finger amputated at first joint,

second finger of left hand.

Adolph Boucher
Signature of Soldier

R. W. Lee
Issuing Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge September, 10th, 1918

Signed at Montreal, QUEBEC. this 10th day of September, 19 18.

in Military District No. 4.

File Reference No. DD4-19-B-226.

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 Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 41743. (Rank) Gunner. Name BOUCHER, Adolph.

Unit 2nd, Brigade, Ammunition Column, C.E.F.

Address on Discharge Tingwick, QUEBEC.

Character and Conduct

Good

Former Occupation

Cook.

Special Qualifications of Value in Civil Life

Cook.

Medals and Decorations

NONE.

Remarks "EUROPEAN WAR". Service in France. 12-2-15 to 25-2-18.

Signed at Montreal, QUEBEC. this 10th, day of September, 1918.

Rushie
Name of Officer Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

E-24434

Rank and Name BOUCHER, Adolph
 Regimental No. 41743
 Unit 2nd Brigade
 Date of enlistment Sept 24th., 1914.
 Place of birth Maine U.S.A.
 Married (Yes or No) No
 If in Permanent Force

Name and Address of Next-of-kin
 Chas St Hilaire,
 Berlin Mills, N.H., U.S.A.

Date and place of discharge
 Reason for discharge
 Character on discharge

N/E. R.B. No 5796
 File R.L.
 Category O.R. B.

Promotions or appointments

A.F.B. 103 CHECKED (N.R)
 20 DEC 1916
 REMARKS
 Taken from Official Documents

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case	Place	Date	REMARKS
Date	From whom received				
13-3-15	OC 2 nd Bde	Fined 10 days pay	France	5-3-15	Part II O ^o #2
6-6-15	—	14 days #4 P. 9 14 days pay	Raven.	18-5-15	" #15
8-1-15	OC 2 nd Bde	Forfeits 1 days pay	M. Lavington	8-1-15	Part II O ^o #8.
15-1-16	" "	Proceeded on leave	France	9-1-16	Part II O ^o #3.
7-2-16	" "	Returned from leave	"	17-1-16	Part II O ^o #7.
7-3-16	" "	To draw 3 rd class Working Pay as cook	"	1-9-15	Part II O ^o #11.
31-4-16	" "	Returned to duty and ceased to draw working pay as cook	"	30/4/15	" #17
31-5-16	" "	Posted to 1 st DAC	Field	12/5/16	" #22
31-5-16	OC 1 DAC	Taken on Strength	France	19-5-16	" #22
13-1-17	" "	S.O.S & posted to 2 nd DAC	"	5-1-17	" #10
"	OC 2 nd Bde	Taken on Strength	"	6-1-17	" #6

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				
5.4.17	2. Bydo	Apptd by Bomber	Field	21.3.17	P/O 53
22. 2.18	CARD	105 posted from 2d Bde	13th Witley	20.2.18	53. Pr 2243.3.18 2d Bde
26. 2.18	CARD	On Com to CDD Buxton	A/B Witley	21.2.18	Pr 57
		pending furlough to Canada			
8. 3.18		Beases on Com CDD Buxton			Pr 067
		+ shown on furlough to Can. 27.2.18 to 22.5.18.			
3-7-18	do	Furlough extension granted 9 Bde.			Pr 184
		to 22-7-18			
14-9-18	do	S/O on being retained in Canada.	13th "	27-2-18	Pr 257

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 41743 Rank Gnr. Name Boucher Adolphe D.
 Corps C.F.A. who was* Discharged
 On 10-9-18 19118, to 1-9-18 19118
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-9-18 19118 to 10-9-18 19118, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month	60	00	Balance Cr. from prev. month <u>L.P.C.</u>	282	72
Advances by Cheques } No.			Regt'l. Pay <u>10</u> days at \$ <u>1.00</u>	10	00
Assigned Pay <u>Sent. Oct. Nov. M.</u> <u>45.00</u>	45	00	Field Allow. <u>10</u> days at \$ <u>10</u>	1	00
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No <u>10489</u>	271	92	Other Allowances* <u>C.C.</u>	35	00
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Subs. D.O. 130-2</u>	15	20
Total	376	92	Bal. Dr. (to be deducted by <u>P.D.B.</u>)	33	00
			Total	376	92

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has been (‡) been charged on account of Assigned Pay for the month of NOV. 19118 and Sep'n Allee. for month of Nil 19118 (to) Assignee Mrs. Annie Watson
 (Address) 16 Napier St,
Govan Glasgow, Scot.
P. Paid by England

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 22-8-14
 (2) if married and if a Separation Allowance Card has been submitted Nil
 (3) cause of discharge authority M.D.4. 22-B-2419
 (4) authority for transfer

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit

Date

Place

M. Shumway
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge and triplicate, with his discharge documents.

- o Removal of Haemorrhoids
- o Incision of Abscess

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

Expense

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Boucher Christian name Adolph
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the _____ day of _____ 1917, by the undersigned medical board sitting at.....

5. Age as stated _____ Years _____ Months. 6. Apparent age _____ Years _____ Months

7. Height _____ Feet _____ Inches. 8. Weight _____ Pounds.

9. Chest measurement { Minimum _____ Ins. 10. Complexion _____ { Eyes _____
 { Maximum _____ Ins. { Hair _____

11. Physical development _____ { Good
 { Fair 12. Smallpox marks _____
 { Poor

13. Number of vaccination marks { Right arm _____
 { Left arm _____ 14. When vaccinated last _____

15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category 17.
 (a) Vision R. _____ L. _____
 (b) Hearing. R. _____ L. _____

..... *President.*

..... *Member.*

..... *Member.*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined _____ day of _____ 1917 at _____

CORPS	REG'TL NUMBER	HABITS	DATE
	41743		

Joined on enlistment _____
 Transferred to..... {

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	STANDING MEDICAL BOARD RESULT
		<i>Bronchitis Asthma</i>	M. D. No. 4. MONTREAL. C-11 MAY 11 1918 <i>H. W. Paver</i>

Signature of Man

N. B.—This sheet is 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT **4**

NAME OF SOLDIER

C. J. A. Boucher, R.D.

REGIMENT

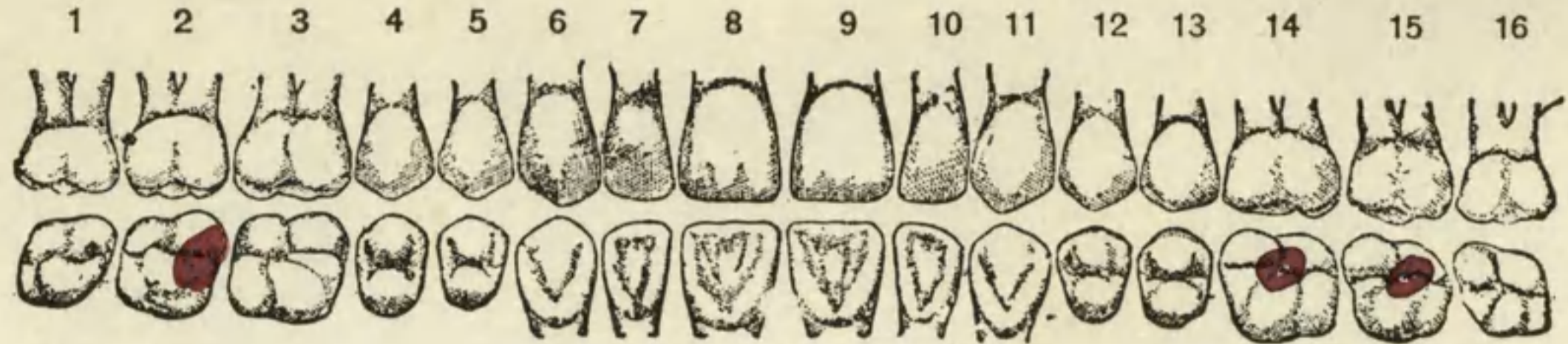
C. J. A.

RANK

Bom.

No.

41743



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
Condition on first Examination <i>Saw Jan 7</i>																					<i>Our filling made in France</i>	
		<i>2/14</i>																				<i>30 to be filled</i>
		<i>15</i>																				<i>Discharged</i>
		<i>18-19</i>																				<i>June 7/18</i>
		<i>20</i>																				<i>W. H. H. Capt</i>

CANADIAN EXPEDITIONARY FORCE
TEMPORARY DISCHARGE CERTIFICATE

This is to Certify that No. 41743 Rank Gunner

Name (in full) BOUCHER, Adolphe

Enlisted in C. F. A.

CANADIAN EXPEDITIONARY FORCE on the 22nd

day of August 1914.

HE SERVED IN FRANCE

and is hereby discharged from the Service by reason of K.R.&.O. 377 (IO) C.M.1917

MD4 22-B-2419 - Medically Unfit - Category E - R.O. No. 237.

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age 44 Years

Height 5 feet 4 inches

Complexion Medium

Eyes Grey

Hair Brown

Marks or Scars Tattoo right and left arm. Small scar forehead. Finger amputated first joint second finger left hand.

Former Occupation Cook

Signature of Soldier Adolphe Boucher

Issuing Officer [Signature] Lieutenant.

Date of Discharge September 10th, 1918.

Rank Officer i/c. Discharge Section, District Depot No. 4

Appointment.....

Signed at Montreal, Quebec this 10th day of September 1918

Military District No. 4

Reference No. DD4 19-B-226.

CANADIAN EXPEDITIONARY FORCE
TEMPORARY DISCHARGE CERTIFICATE

This is to certify that No. _____ Rank _____

Name (in full) _____

Enlisted in _____

CANADIAN EXPEDITIONARY FORCE on the _____ day of _____ 1915

HE SERVED IN _____

and is hereby discharged from the Service by reason of _____

and is free to accept CIVILIAN EMPLOYMENT.

HIS DESCRIPTION ON THE DATE BELOW IS AS FOLLOWS

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Build	_____
Former Occupation	_____
Signature of Soldier	_____
Issuing Officer	_____
Rank in Discharge	_____
Appointment	_____
Day of	_____
Signature No.	_____

MEDICAL HISTORY SHEET.

C41743

ORIGINAL

Surname Boucher Christian Name Adolphe.

Examined { on 3rd day of Sept 1914
 at Valcastrier.

Approved by _____
 Rank _____ M.O.

Birthplace { City or Town Lewisston
 County Massie U.S.A.

Apparent age 37 1/2 yrs.

Trade or occupation Cook.

Height 5 Feet 6 Inches.

Complex. Fair. Weight Eye Blue. Hair Black Lbs.

Chest measurement { Minimum 35 inches.
 Maximum expansion 4 inches.

Physical development _____

Small-Pox Marks _____

Vaccination Marks { Arm Right Left
 Number 1

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATION
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

The Medical History Sheets of all men preceding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.
W. R. WARD,
 Colonel in Charge of Records,
 Canadian Contingents, London.

Enlisted on 25th day of Sept. 1914 at Boulogne

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Army Col.</u>	<u>C41743</u>		<u>25-9-14</u>
Transferred to.. ..	<u>2nd Brigade.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Entries in Red Ink made from
 Attestation Sheets.
JUL 23 1915
R.M. Shaw
 U.S.

CANADIAN

CASE HISTORY SHEET

ROYAL VICTORIA HOSPITAL. Hospital. MONTREAL P.Q. Station.
 No. 41743 Rank Gnr. Name Adolph. BOUCHER Age 44
 District Depot #4
 Unit 48th Battery Completed years of service ^{Where and how long} C/9 E/4 F/36
 Date of admission 3rd July 1918 Date of discharge 22nd August 1918
 Diagnosis Piles. Place of origin

Piles.

CONDITION ON ADMISSION AND PROGRESS OF CASE
~~Has been troubled with pain in rectum for last year and a half. There~~
 has never been any bleeding - sometimes piles come out and are very
 painful for a few days. Have been more troublesome during last five
 days previous to admission to R.V.H.

Physical Examination - General condition is good. Heart and Dig Sys Normal
 Resp. Sys. - Chest is somewhat emphysematous, but is well developed. There
 are a few snoring rales heard near base of left lung behind; otherwise
 normal.

The middle finger of left hand has been amputated at 2nd joint (amputation
 for infection)

Operation - Regular ~~Clamp~~ Clamp and Cautery haemorrhoidectomy. No tube was
 inserted. Dry Dressing and T. Bandage applied. Ichthyol Suppositories
 Gr.V. four times a day.

July 15th The right inguinal glands became red and swollen and painful.
 Hot fomentations were applied on July 16th. Abscess was incised under
 Local anaesthetic. Considerable thick purulent matter was discharged.
 Dry Dressings applied.

M.F.B. 227 made out at R.V.H. recommending Discharge Class "E" as medically
 Unfit. 17/8/18

Recommend return to Unit to await discharge.

Wassermann of Blood. Negative.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative.

TREATMENT

See above.

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.) Piles - Cured. Inguinal Adenitis. Cured.

Ch. Bronchitis. Improved. Recommend return to Unit to await Discharge

M.F.B. 227 made out at R.V.H. On 17th inst.

Date 22nd August 1918

W. H. Colburn
 Medical Officer i/c case. *Capt.*
 M. O. i/c of Troops Royal Victoria Hospital

C
1499

Case No. _____
Patient Name _____
Date of Admission _____
Date of Discharge _____

History of Present Illness
The patient is a _____ year old _____
_____ with a history of _____
_____ for _____ years. The symptoms
_____ and _____
_____.

Physical Examination
Vital Signs: T _____ P _____ R _____ BP _____
General: Well appearing, alert, and oriented.
HEENT: Oropharynx clear, no tonsillar hypertrophy or exudate.
Lungs: Clear to auscultation, no crackles or wheezes.
Heart: Regular rate and rhythm, no murmurs, rubs, or gallops.
Abdomen: Soft, nontender, no organomegaly.

Diagnosis
1. _____
2. _____
3. _____

Plan
1. _____
2. _____
3. _____
4. _____

Best 2-5-91 R25 9117 KTM-953

CERTIFIED CORRECT. Canadian Record Office Army Form B. 103. Westminster House

Casualty Form—Active Service.

Regiment or Corps Amun. Wl. 2nd Art. Bde. C. E. F.

Regimental No. 41743 Rank Sgt Name A. Boucher

Enlisted (a) 24/9/14 Terms of Service (a) one year or duration of war Service reckons from (a) _____

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
		<u>embarked</u>	<u>avonmouth</u>	<u>11.2.15</u>	
<u>6.3.15</u>	<u>2nd Art. Bde</u>	<u>fined 10 days pay</u>	<u>France</u>	<u>5.3.15</u>	
<u>27.5.15</u>	<u>— do —</u>	<u>absence: 14 days F.P. No. 1 + 14 days pay</u>	<u>In the Field</u>	<u>18.5.15</u>	<u>K2069 27.5.15</u>
<u>29.7.15</u>	<u>OS. 2nd CA Bde.</u>	<u>disobedience of orders 7 days F.P. No. 1</u>	<u>In the Field</u>	<u>28.7.15</u>	<u>132069</u>
<u>9/1/16</u>	<u>"</u>	<u>Proceeded on leave</u>	<u>to England</u>	<u>9/1/16</u>	<u>B213. P.2-6. No 3. 15/1/16.</u>
<u>23/1/16</u>	<u>"</u>	<u>Returned from</u>	<u>" "</u>	<u>17/1/16</u>	<u>" " " 7. 4/2/16.</u>
<u>20/2/16</u>	<u>"</u>	<u>To draw 3rd Class W.P. as cook</u>	<u>In the field</u>	<u>1-9-15</u>	<u>" " " 11. 7/3/16.</u>
<u>16/4/16</u>	<u>"</u>	<u>ceases to draw Pay as Cook.</u>	<u>"</u>	<u>30/4/15</u>	<u>161/art/2/10. " 17. 21/4/16.</u>
<u>18-5-16</u>	<u>1st Coy. a. HQ</u>	<u>Posted to 1st Coy. a. c.</u>	<u>"</u>	<u>18 5/16</u>	<u>4169-31 P. # 22</u>
<u>14-12-16</u>	<u>4th Unit</u>	<u>Sentenced to forfeit 14 days ordinary pay on Active Service absent without leave 6-30 am 7-12-16 p.m. 8-12-16 (Forfeit 2 days pay R.W.)</u>	<u>Field</u>	<u>7-12-16</u>	<u>B2069 P. II O. No. 127 d/26-12-16.</u>

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. I.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				
5-1-17	A.H.Q.	Posted to 2nd Bde.C.F.A.	Field.	5-1-17	9-1.Pt.11 O.No.10 d/13-1-17.
5-1-17	do	<i>Taken on the strength of</i> <i>Unit on being posted from C.F.A.</i>	Field	6-1-17	<i>9-1</i> <i>P.T.O. No. 6 d 13/1/17</i>
24.3.17	Unit	Appointed A/Bdr to complete		21.3.17	B213 Part II Ord 53 d 5-4-17
28-7-17	OC/Unit	Proceeded on Leave to Paris		27-7-17	B213.P.II.O. 123 d/10/8/17
11-8-17	do	Returned from leave	Field	4-8-17	B213 " " 130 d/23-8-17
23-2-18.	do	<i>S.O.S. & posted to C.A.R.D. Hilley.</i> <i>for leave to Canada.</i>		19-2-18.	<i>B213. A.G. Cons. A.G. 3. A.G. 22-1-26.</i> <i>d/22-1-18. 216 K.8 @ 290/765/3.</i> <i>P.T.O. 22.</i>
					<i>Hilley</i> <i>Cap.</i> <i>for 1st Co. A.A.G.</i> <i>Can Section</i>
22. 2. 18	C.A.R.D.	T.O.S. from 2nd Bde	Hilley	20-2-18	P.T.O 53
26. 2. 18	"	On com to C.O.D. Buxton pending furlough to Canada	do	24. 2. 18	P.T.O 57
8-3-18	C.A.R.D	Furlough to Canada 27-2-18 to 22-5-18	Hilley	27.2.18	<i>P.T.O. 67</i>

FOR LIAISON TO RECORDS OFFICE

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

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

500M.—9-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

6-87

Unit, Regiment or Corps. Canadian Trenching Coy
 Regimental No. 41743 Rank Pte. Name Bouches, A. D.
 Enlisted (a) 22-9-14 Terms of Service (a) Duration of War Service reckons from (a) 22-9-14
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended. Re-engaged. Qualification (b) Cook

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				
1-6-18-		T. O. S. District Depot No. 4	Montreal		AUTHY. PT. II D. O. No. 44-P-1
JUN 10 1910		Transferred from District Depot No. 4, To <u>No. 4 Bn. Can. Gen. Regt. Montreal.</u>			AUTHY. PT. II D. O. No. 53. <u>A. D. Law's</u> Lieutenant, Assistant Adjutant, District Depot No. 4

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

2nd Sheet
Fill in Only.—Unit, Number, Rank and Name.

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps CCRB

Regimental No. 41743 Rank a/Bat Name Boucher
C. E. F.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

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				
3-7-18	CCRB	Suboung. Canada Extended to 27-7-18	Wetty	3-7-18	5004184
14-9-18	50	Sub Returned in Canada.	50	23-2-18	5004257

M. Bell LIEUT.
OFFICER i/o RECORDS,

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
Dis.10-9-18	KR&O 377 (10)	C.M. 1917 MD4 22-B-2419			Category "E"
		Medically Unfit R.O.#237			

R. W. Glee
 Lieutenant,
 Officer i/c Discharge Section, District Depot No. 4.

LEDGER NO.....

SERIAL NO. 1499 40

REG. NUMBER 41743 NAME Boucher Adolph

RANK Gnr CORPS D D no 4 48 Btry

AGE 44 SERVICE 6 9/12 E 7/12 G 3/12

NAME OF HOSPITAL Royal Victoria PLACE Montreal

DATE OF ADMISSION July 3 1918

DISEASE Piles

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO Unit 22 1918 IN CATEGORY.....

REMARKS:.....

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No. 41743

RANK

Pte. (Cook)

NAME

Boucher Adolphe.

Boucher

T. O. S.

UNIT

Ammunition Column, 2nd Bde. C. G. D. C. E. F.

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914

SURNAME. *Boucher*

CHRISTIAN NAMES *Adolph*

REGL. NO. *41743* RANK *Pte.*

UNIT *2nd. C. F. A. Bde. (Amm. Col.)*

FORMER CORPS *nil.*

*S.O.I. - Des. M.U. 10-9-18.
R/O 1470/1-2-9-18 H.
H.H.K.O.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *St. Hilaire, Charles*

RELATIONSHIP TO SOLDIER *Not stated.*

ADDRESS *Berlin Mills, N.H., U.S.A.*

COUNTRY OF BIRTH *U.S.A. Lewiston, Me.*

DATE *May 13th 1882*

PLACE OF ATTESTATION *Valcartier, P.Q.*

DATE *Sept. 25th 1914*

O/S 7-10-14 $\frac{36}{14}$

R/O 22-5-18 $\frac{4}{31}$ H 22-5-18

From Quebec, Period "Ivernia" 3-10-14

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Cook

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

37

YEARS

4

MONTHS

HEIGHT

5

FEET

6

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

4

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept. 3rd, 1914

Present Address: - Not stated.

RD
P 14421
2

Number H.1.743 Rank A/Pdr

Surname BOLLCHER

Christian Names Adolph

Unit C.F. Co Theatre of War France

Dates of Service 11-2-15

Remarks

Latest Address ~~Tingwick, Que~~

Co. Brown Co, C # 9,

Wentworth,

Roll No. B. Page 2026 Location W. H. U.S.A.

~~B~~
~~X~~

9 31042 *Recap*

JUN 25 1921

9 36790 *Recap*

SEP 7 1921



NAME BOUCHER Adolph (Cook)

Regimental No. 743

Name and address of next-of-kin

Unit 2nd Brigade

STILAIRE
Chas. ~~Stilaire~~ (?)

Date of enlistment Sept. 25th 24th

Berlin Mills ^{NH} ~~N.A.~~ U.S.A.

Place of birth Maine U.S.A.

Married (yes or no) No

Date and place discharged

Amount of pay assigned monthly \$ NIL

Reason for discharge

To whom payable

Character on discharge

OCT 31 1918

Date		PAY		Field Allowance		Other Credits		Total Credits		Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Bal.	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
22.9.14	30.11.14	40	1.00	40-	40	10	11-	5-	49-			45-			45-		2 nd Rule W. Pay 22 nd 10/14.
1.11.14	30.11.14	30	1.50	45-	30	"	3-	4-	52-			50-			50-		
1-12-14	31-12-14	31	"	46.50	31	"	3.10	2-	51.60			25-			25-		
1-1-15	31-1-15	"	"	46.50	"	"	3.10	26.60	76.20			60			60	16.20.	
1-2-15	28-2-15	28	"	28	28	"	2.80	9-	39.80							56.00	2 Rate Work Pay 17 th 2/15
March		31	1.75	54.25	31	"	3.10		56.35			9		17.50	26.50	85.85	Prof. Sick 10 day pay under 1.75
April		30	"	50	30	"	3		53			2			2	116.85	Prof. Acquiescence under April
May		31	"	54.25	31	"	3.10	22.20	79.55			3			3	193.40	
June		30	"	52.50	30	"	3		55.50			3		34.50	27.50	221.40	Prof. 14 day pay under 1.75
July		31	"	54.25	31	"	3.10	1.30	58.65			6			6	274.05	Pay list
								5.66								5.66	Ex. Defta
																279.71	
Aug		31	1.75	54.25	31	10	3.10	5.66	63.01			5.66			5.66	331.40	
Sep.		30	"	52.50	30	"	3		55.50			5.42			5.42	381.48	
Oct.		31	"	54.25	31	"	3.10		57.35			5.29			5.29	433.54	
Nov		30	"	52.50	30	"	3		53.50			9.74			9.74	479.30	
Dec		31	"	31	31	"	3.10	23.25	57.35			17.57			17.57	519.08	2.11. 10 day pay
Jan		31	"	31	31	"	3.10		34.10			297.23			297.23	255.95	
				725.75			49.70	65.41	181.86			543.91		42	585.91		

743

Boucher Adolph D.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Rate	Amount			No.	Date					
					49 70	66 41	841 86			543 91		42	585 91	
			725 75		49 70	66 41	841 86			543 91		42	585 91	
Feb.	29	100	29 -	29	10	2 90	31 90			151 23			151 23	136 62
March	31	.	31 -	31	.	3 10	34 10			5 24			5 24	165 48
			785 75		55 76	66 41	907 86			700 38		42	742 38	

BALANCE TRANSFERRED TO NEW LEDGER;

Checked A.B. Deeks

Egh

POST DISCHARGE PAY OFFICE

B 1133

Three months pay and allowances after discharge.

Name *Baucher* *Adolphe*
Surname Christian Name

1901 a 62

Regimental Number *41743* Rank *Emi*
⁷⁴³

Address (in full)

Unit *2 Bgde 67a*

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

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:

File No. 1401-a62

WAR SERVICE GRATUITY.

Register No. B133

mld

Reg. No. 41743

Dependent.....

Name Boucher Adolph

Address.....

Address Tenwick
one

Pay Soldier \$ 319.90

Pay Dependent \$.....

*As Raymond
D May*

Days 183 Rate 90⁰⁰ Due 420⁰⁰

*R
m-109
10-10-19*

Less P.D.P. credited 100⁰⁰

Clerk J. J. [unclear]
2-28-19

Less further Dr. Bal. or overpayment.....

Net 319.90

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 <u>26/8/19</u>	<u>12271</u>	<u>500870</u>	<u>140 00</u>		1			
2					2			
3 <u>18/9/19</u>	<u>20789</u>	<u>521534</u>	<u>70 00</u>		3			
4			<u>70 00</u>		4			
5			<u>39 90</u>		5			
6					6			

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 2-28-19

ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Mrs. Annie Watson*
Address *16 Napier St Govan*
Glasgow Scotland

Name *BOUCHER A.D.*
From Canada: No. *41743* Rank *Pte* Unit *21st CAN.*

Rank	Authority	Unit

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY		
SEPARATION ALLOWANCE		
<i>15%</i>		
<i>1-9-18</i>		

Month	Cheque No.	Assigned Pay	Amount Separation Allce.	Total A.P. and S.A.	REMARKS
DEC. 1919					<p>DISCHARGED TO CAN.</p> <p>4854 PASA7 adjust A.P. Sept, Oct & Nov 1918.</p> <p>Separate</p> <p>1717. Assignee Mrs Annie Watson 16 Napier St Govan Glasgow Scot</p> <p>A.P. from 19/18 to 30/18 £9.4.11.</p>
JAN.					
FEB.					
MARCH					
APRIL					
MAY					
JUNE	<i>992974</i>	<i>45.-</i>			
JULY		<i>Discharged</i>			
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

n.a.

2/3/18

ASSIGNED PAY - SEPARATION ALLOWANCE

Boone, W.

10/1/50

10/1/50

ASSIGNED PAY

10/1/50

10/1/50

10/1/50

10/1/50

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S, AND MEN
MEDICAL HISTORY OF AN INVALID

STATION ROYAL VICTORIA HOSPITAL DATE 17th August 1918

1. (a) Unit 48th Battery, G.P. (b) Regimental No. 41763 (c) Rank Gunner
(d) Surname BOUCHER (e) Christian name Adolph
2. Age last birthday 44 Date of birth May 13th 1874
3. Enlisted at Sherbrooke on 2nd August 1914
4. Personal description :-
(a) Height 5 Ft. 4" (b) Weight 170 lbs. (c) Complexion medium
(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks
Carries Right & Left Arm. - Small scar forehead.
Finger amputated first joint second finger left hand.
5. Address after discharge (for the use of the Board of Pension Commissioners.)
Mingwick, P.Q.
6. Former trade or occupation Cook.

7. (a) Service

	PERIODS	
	From	To
48th Howitzer Battery, C.F.A.	2nd August 1914	15th February 1918
District Depot #4	15th February 1918	Present

(b) Has he been Overseas? Yes.
8. Present disease or disability (use authorized nomenclature if possible) (1) Ch. Bronchitis.
(2) Piles. (3) Rt. Ing. Adeniti
(a) Date of origin (1) August 1915. (2) Aug. 1915 (3) 1 & 2 France
(2) July 15th 1918. (b) Place of origin 3. Canada.
(c) Cause* Unknown.
* (Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
1. - Chronic Bronchitis - Chest is somewhat emphysematous, there are a few
creaking Rales heard near the left base behind. States that he has had
Asthmatic attacks for the past ten years. No evidence of this since
admission to R.V.H.
2. - Internal Piles. Clamp and cautery Haemorrhoidectomy performed. Healed.
3. - Rt. Inguinal Adenitis - Opened and drained - Healed.
Examination of Heart - Slightly enlarged to the left, soft blowing
systolic murmur at apex.
Urinalysis - Negative.
Wassermann Examination - Negative.
The second Finger of left hand has been amputated at the second joint.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
- The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

Not applicable.

See Section - 9

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

12. Did the disability arise on or off duty? On Duty.

13. Was a Court of Inquiry held? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

Yes. Not applicable.

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Permanent. 2 & 3 Cured.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

1, 2, & 3. None further advised.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Yes.

20. Recommendations that he be placed in Category "E" and discharged as

Medically Unfit.

W. H. Hustler, Lieut Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned, Adolphe Boucher, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of nothing.

Adolphe Boucher Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concur.

22. Is the soldier fit for

- (a) General service, (Category A) Yes or No.
(b) Service abroad, not general service, (" B) Yes or No.
(c) Home service, (Canada only), (" C) Yes or No.
(d) Temporarily unfit, (" D) Yes or No.
(e) Unfit for service in Categories A, B and C, (" E) Yes or No.

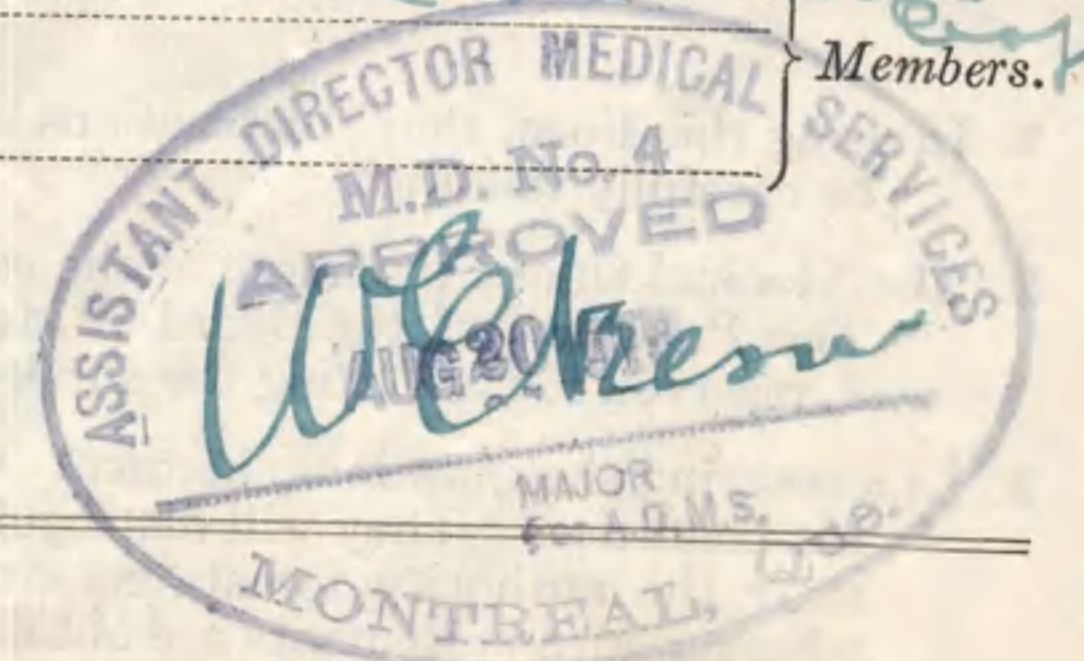
23. It is certified that the soldier

- (a) Does require treatment.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) Should not pass under his own control.
(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That he be placed in Category "E" and discharged as Medically Unfit.

Alfhevan Del President.
Members.



STATION Montreal P.Q.

DATE 17th August 1918

APPROVED BY

DATE

APPROVED BY

DATE

Assistant Director of Medical Services.

Director-General of Medical Services.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

147-1

M

Rec

No. 41743.

Rank Gunner.

Surname BOUCHER.

Christian Name Adolph.

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

Corps (Squadron, Battery or Company) 2nd, Brigade, Ammunition Column, C.E.F.

Date of Discharge September, 10th, 1918.

Place of Discharge Montreal, QUEBEC.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 44 years 1 months.	Descriptive Marks
Height 5 feet 4 inches.	
Complexion Medium.	Tattoo on right and left arm. Small scar on forehead. Finger amputated first joint second finger of left hand.
Eyes Gray.	
Hair Brown.	
Trade Cook.	
Intended place of residence Tingwick, QUEBEC.	

(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of
K.R.&O. 377 (10) C.M. 1917. MD4. 22-B-24191 Category "E".
Medically Unfit. R.O.#237.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to records, etc.
Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
Cook.

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

Discharge Book 15-2-1918

*Deceased 4-4-34
649-B-20553*

MILITARY SERVICE AT NO. 4
NOV 2 1918
M. D. 4

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

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

6. Medals and Decorations.....

Service in France.

12-2-15 to 23-2-18.

NONE.

To be copied by the Commanding Officer for the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal, QUEBEC.

(Date) September, 10th, 1918.

Rutledge
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, QUEBEC. *Adolph Boncher* (Signature of Soldier.)

(Date) September, 10th, 1918. *W. H. ...* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Montreal, QUEBEC.

(Date) September, 10th, 1918.

Rutledge
(Signature) Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

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

NO RESERVATIONS.

Adolph Boncher

Reg. Contact Sheet	Militia Form B. 103	Attestation Paper	Militia Form B. 102
Squadron Battery Company	B. 104	Proceedings on Discharge	B. 118
Copies of Conviction by C. T. in MS.			
Med. Hist. Sheet	Militia Form B. 113		
Medical Report for Invalids*	B. 127	(a) Proceedings on Discharge	
Statement of Man's Account on Transfer and Last Pay Certificate	D. 877	(b) Attestation	
		(c) Medical History Sheet (in the event of such having been prepared)	

*Only if discharged "Medically unfit."
N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.