

NAME *COTE ALFRED JOSEPH* REGT. NO. *3285773* UNIT *106 R Bn* H. Q. FILE NO.

**CONTENTS**

*17-7-51*

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

MINISTERIAL BY

DEATH

Category

*37849*

*38361*

DISCHARGE

Category

*Alms*

DESERTION

*H*

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

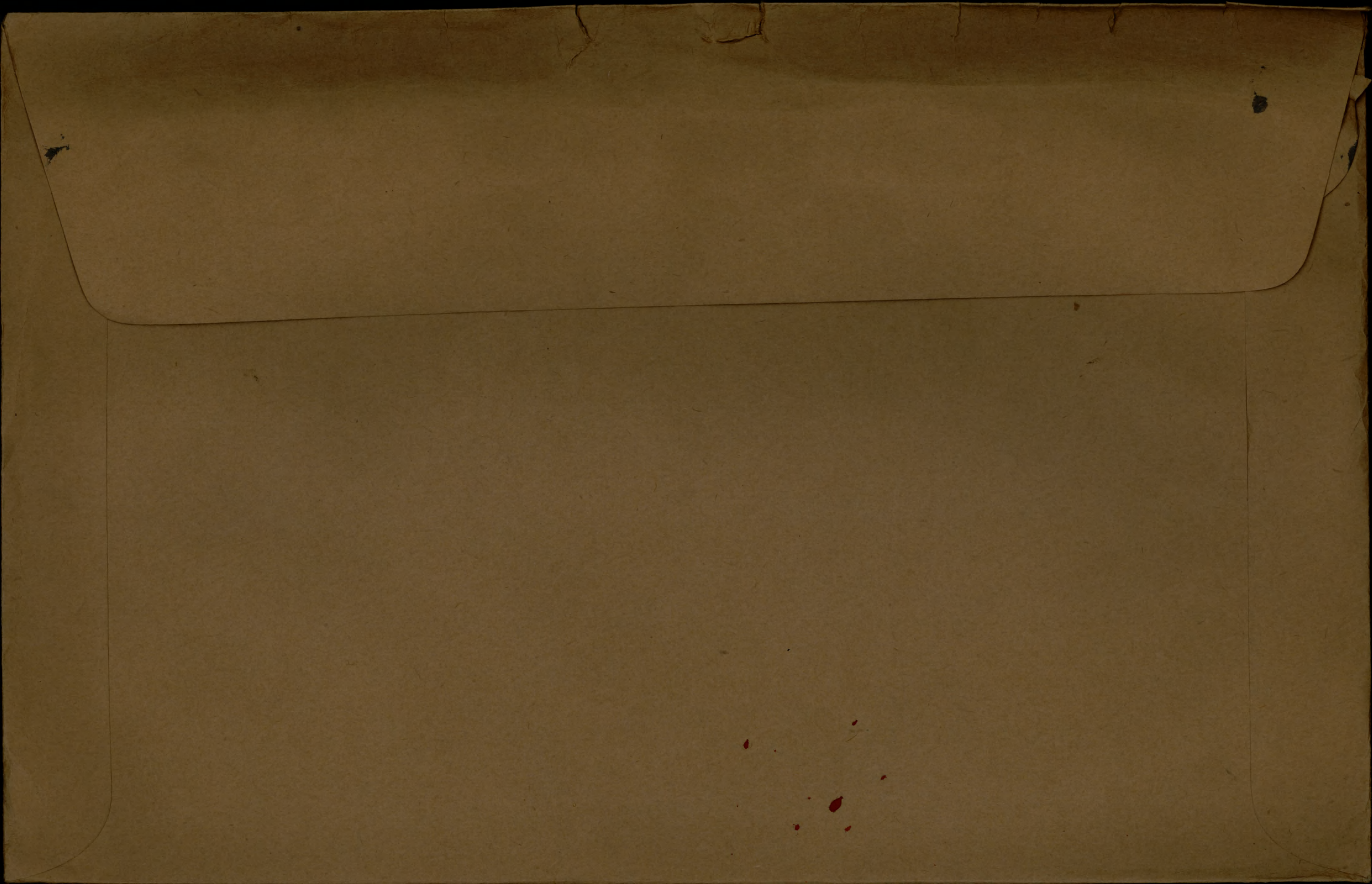
PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*CD3*

*CADRE 5009*







5th M. D. <sup>FIRST</sup> Depot Battalion. **SECOND QUEBEC** Regiment  
Regtl. No. 3285773 ✓

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Coté

2. Christian name Alfred Joseph

3. Present address Rivier Du Loup, Co. Tamescoutea, P. Q. Canada

4. Military Service Act letter and number 220454 E. C.  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth August 8th 1895

6. Place of birth River Du Loup, Co. Tamescoutea, P. Q. Canada  
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Labourer

10. Name of next-of-kin Telesphore Coté

11. Relationship of next-of-kin Father

12. Address of next-of-kin River Du Loup, Co. Tamescoutea, P. Q. Canada

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil.

15. Medical Examination under Military Service Act :—  
(a) Place Drill Hall, Quebec (b) Date 22-6-18 (c) Category A 2

### DECLARATION OF RECRUIT

I, Alfred Joseph Coté, do solemnly declare that the above particulars refer to me, and are true.

Alfred Joseph Coté (Signature of Recruit)

### DESCRIPTION ON CALLING UP

|                   |                    |            |           |               |   |
|-------------------|--------------------|------------|-----------|---------------|---|
| Apparent age      | <u>23</u>          | yrs.       | <u>3</u>  | mths.         | } Distinctive marks, and marks indicating congenital peculiarities or previous disease. |
| Height            | <u>5</u>           | ft.        | <u>3½</u> | ins.          |   |
| Chest measurement | fully expanded     | <u>36½</u> | ins.      | } <u>Nil.</u> |   |
|                   | range of expansion | <u>3½</u>  | ins.      |               |   |
| Complexion        | <u>Fair</u>        |            |           |               |   |
| Eyes              | <u>Brown</u>       |            |           |               |   |
| Hair              | <u>Brown</u>       |            |           |               |   |

*AB 246*

[Signature]  
O. C. **FIRST** Depot Btin. **SECOND QUEBEC** Regt.

Place Drill Hall, Quebec Date 22-6-18



# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

1. Name

2. Position

3. Address

4. Date of birth

5. Place of birth

6. Name of father

7. Name of mother

8. Religion

9. Place of calling

10. Name of last employer

11. Particulars of service

12. Address of last employer

13. Whether in present possession of the Service Medal

14. Particulars of previous military or naval service if any

15. Particulars of previous military or naval service if any

16. Particulars of previous military or naval service if any

## DECLARATION OF RECRUIT

I, [Name] do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

| Particulars | Remarks     |
|-------------|-------------|
| Height      | 5 ft 6 in   |
| Weight      | 140 lbs     |
| Complexion  | Fair        |
| Hair        | Black       |
| Eyes        | Blue        |
| Build       | Slender     |
| Age         | 23          |
| Education   | High School |
| Service     | None        |
| Medical     | Fit         |

Dr. [Name]

Regt.

Date: 23-5-18

[Signature]

[Text]

[Text]

[Text]



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3285773 (Rank) Pte.

Name (in full) COTE, Alfred Joseph. enlisted in  
the 1st. Depot Battalion 2nd. Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at Quebec, Canada. on the 22nd.  
day of June 19 18.

HE served in England with Quebec Regiment.

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness  
*Tarsh Orders #185 of JUL 4 1919*  
Demobilization R O 1420 (1c) of 12-12-18

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

Age 24 Years 3 Mos.

Height 5ft. 4 in.

Complexion fair

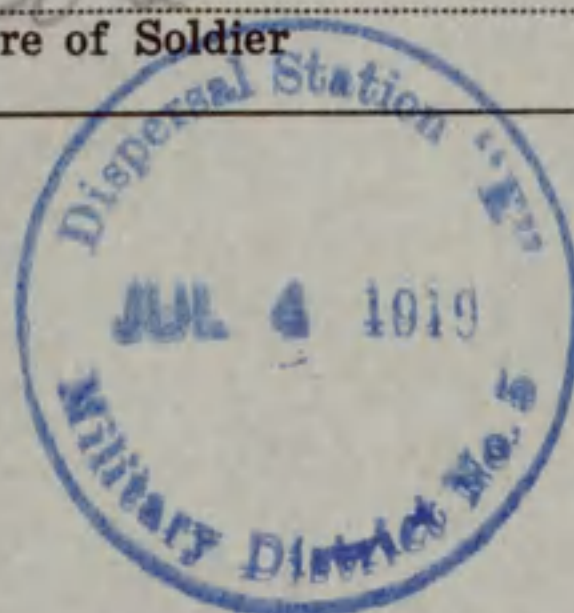
Eyes Brown

Hair Brown

Marks or Scars \_\_\_\_\_

*J. A. Cote*  
Signature of Soldier

Date of Discharge



*Percy H. Wade*  
Issuing Officer

*Capt Wade*  
Major  
Commanding Dispersal Station E

Rank

*JUL 4 1919*  
Date \_\_\_\_\_ 19 \_\_\_\_\_

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

THIS IS TO CERTIFY that No. 208573 (Rank) Sgt.

Name (in full) COLE, James Joseph enlisted in the 1st Depot Battalion and 1st Depot Coy.

CANADIAN EXPEDITIONARY FORCE at Winnipeg, Canada on the 1st day of June 19 18.

He served in England with 1st Depot Regiment.

and is now discharged from the service by reason of Medical Unfitness Demobilization.

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

|            |                        |               |  |
|------------|------------------------|---------------|--|
| Age        | <u>24 Years 6 Mos.</u> | Mark or Scars |  |
| Height     | <u>5 ft. 6 in.</u>     |               |  |
| Complexion | <u>Fair</u>            |               |  |
| Eyes       | <u>Blue</u>            |               |  |
| Hair       | <u>Brown</u>           |               |  |

Signature of Soldier

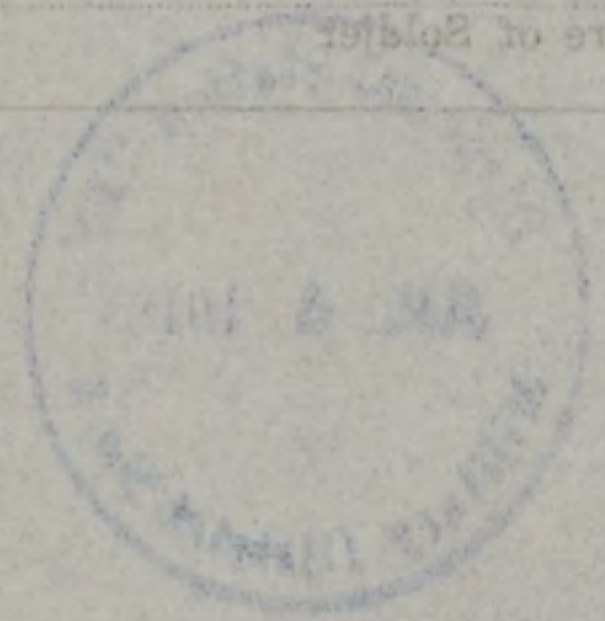
Date of Discharge

Rank Sgt.

Company 1st Depot Battalion

Issuing Officer

Date 11 11 18



Note - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

Form No. 1  
 Issued by P. 2001-1-18  
 H. O. 177-20-422



649-C-23806

Man 2

Number 3285773 Rank P10

Surname COTE

Christian Name Alfred Joseph

Units G-R Theatre of War England

Date of Service 8-8-18

Remarks c/o Jos. F. Pommet, Esq. Secretary, LITVA,

Latest Address Riviere-du-Loup, Branch, P.Q.

30<sup>3</sup>/25.

Roll No. A Page H967

200m.-6-21.M.

REGT. NO. .... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. ....

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORI  
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....  
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

*Received receipt 23-4-25*

DEPT. APR 1 1925  
REGN. NO. 12144



SURNAME.

*Cote.*

CARD NO. *65*  
FOLL.

CHRISTIAN NAMES

*Alfred. Joseph*

REGL. No.

*3285773.*

RANK

*Pte.*

UNIT

*2nd Que Regt. 1st Depo Bn.*

T. O. *June 22. 1918*

D.O. Part II No. *172*  
*21-6-18.*

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

*Cote, Telesphore*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*River Du Loup P. Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, River Du Loup*

DATE

*Aug. 8th. 1895*

PLACE OF ATTESTATION

*Quebec P. Q.*

DATE

*June 22nd. 1918*

*O/S 21-7-18  $\frac{1327}{4}$*

*R16. 27-19  $\frac{369}{115}$*

*Pte*



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



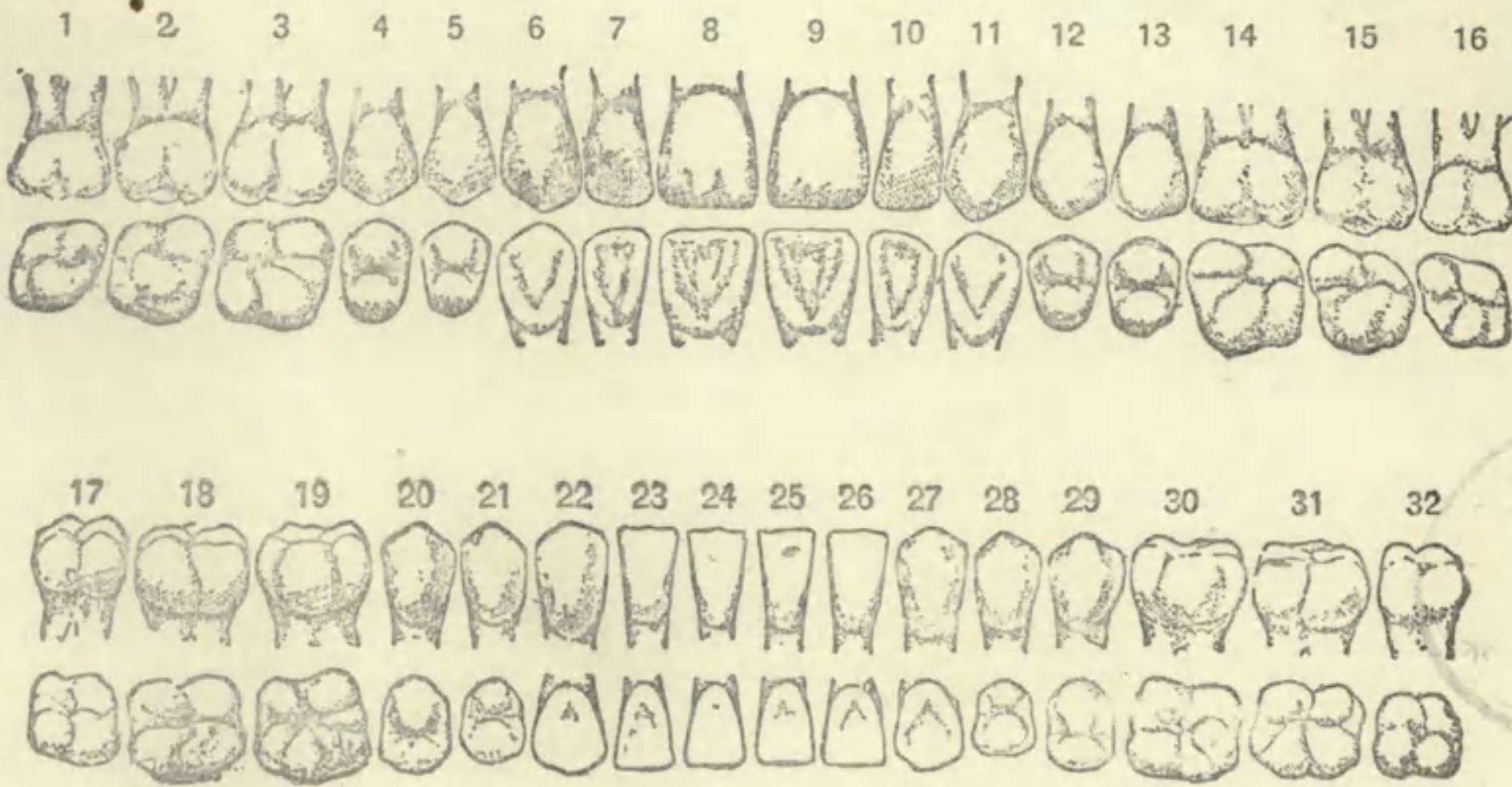
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) COTE J. A.  
 REGIMENT 10 Res Batt RANK Pte No. 3285773  
 Date of Examination in England 16-5-19 | Date of Examination in France \_\_\_\_\_

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 2 14 15 17 31
- 2. EXTRACTIONS 18
- 3. CROWNS —
- 4. DENTURES —
  - (a) Full Upper —
  - (b) Part Upper —
  - (c) Full Lower —
  - (d) Part Lower —

*This is to certify that the Dental Treatment to be completed as shown here has been transferred to M. F. B.*  
*[Signature]*  
 Capt.  
 Dental Discharge D. D. 6

HAS HE EVER REFUSED DENTAL TREATMENT? no.

- HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
- (a) In Canada —
  - (b) In England —
  - (c) In France —

Signature of Dental Officer [Signature]



THE STATE OF CALIFORNIA  
COUNTY OF ...

BEFORE ME, the undersigned authority, on this ... day of ... 19...  
I have appeared ...  
and acknowledged to me that he is the ...  
of the ...

...

...



Rank *Private* Name *Cote Alfred Joseph* Reg'l No. *3285773*  
 90th Dft 1ST BN 2ND QUE Unit If in perm. Corps, }  
 What Unit? } Married or Single *Single*

Place and Date of Enlistment *Quebec June 22nd 1918.* Place of Birth *River du Loup Co.*

Name and Address, Next-of-Kin *Telephore Cote* *Jamescouata, P.Q. Canada.*  
*River du Loup, Co. Jamescouata P.Q. Canada.* Relationship *Father*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

| Report.        |                     | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.           | Date.          | REMARKS<br>Taken from Official Documents. |
|----------------|---------------------|--|------------------|----------------|---|
| Date.          | From whom received. |  |                  |                |   |
|                |                     |  |                  |                | <i>Arrived in England.</i>                |
| <i>20.8.19</i> | <i>10 Res</i>       | <i>T.O.S.</i>  | <i>B'shott.</i>  | <i>8.8.19</i>  | <i>D.O.196</i>                            |
| <i>24.5.19</i> | <i>" "</i>          | <i>on comd. 2 CD Repn.</i>   | <i>Repn. Pt.</i> | <i>25.5.19</i> | <i>-125.</i>                              |
| <i>2.6.19</i>  | <i>" "</i>          | <i>Off " "</i>   | <i>" "</i>       | <i>2.6.19</i>  | <i>"128</i>                               |
| <i>3.6.19</i>  | <i>" "</i>          | <i>on " "</i>  | <i>" "</i>       | <i>2.6.19</i>  | <i>"129</i>                               |
| <i>10.6.19</i> | <i>" "</i>          | <i>Off " "</i>   | <i>" "</i>       | <i>10.6.19</i> | <i>"135</i>                               |
| <i>24.6.19</i> | <i>" "</i>          | <i>SSB Canada S/S</i>  | <i>" "</i>       | <i>25.6.19</i> | <i>"147</i>                               |

**S.L.84 D.D.4507E/25-6-19**







MEDICAL HISTORY SHEET. 3285773

1. Surname *Cote* Christian name *Alfred*  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule *220454 EC*  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) *Rue du Loup, Grosse Pointe*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *22nd* day of *June* 19*18*, by the undersigned medical board sitting at *Dwell Hall Quebec*

5. Age as stated *23* Years *8* Months. 6. Apparent age *23* Years *-* Month  
 7. Height *5* Feet *3 1/2* Inches. 8. Weight *135* Pounds.  
 9. Chest measurement { Minimum *33* Ins. 10. Complexion *Fair* { Eyes *Brown*  
 { Maximum *36 1/2* Ins. { Hair *Brown*  
 11. Physical development *Fair* { Good Fair Poor 12. Smallpox marks *nil*  
 13. Number of vaccination marks { Right arm ..... 14. When vaccinated last *1917*  
 { Left arm .....  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease *nil*  
 16. Slight defects but not sufficient to cause rejection *nil*

The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Tuberculosis, Syphilis, Nervous or Mental disorder, Asthma, Nervous or Mental disorder, Asthma  
 (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

*A2*

17. (a) Vision. R. *20/20* L. *20/20*  
 (b) Hearing. R. *OK* L. *OK*

*McKellwell capt* Member. *J. J. G. G. G. G.* President. *J. J. G. G. G. G.* Member.

| Date          | Result   | VACCINATIONS          | Date           | Result   | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------|----------|-----------------------|----------------|----------|---------------------------------|
| <i>8/7/18</i> | <i>+</i> | <i>Bacillus</i> M. O. | <i>8/7/18</i>  | <i>+</i> | <i>AB</i> M. O.                 |
|               |          | M. O.                 | <i>20/8/18</i> | <i>+</i> | <i>EGS</i> M. O.                |
|               |          | M. O.                 | <i>27/8/18</i> | <i>+</i> | <i>AB B</i> M. O.               |

Joined *22nd* day of *June* 19*18* at *Dwell Hall Quebec*

|                      | CORPS | REG'TL NUMBER | HABITS | DATE |
|----------------------|-------|---------------|--------|------|
| Joined on enlistment |       |               |        |      |
| Transferred to       |       |               |        |      |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |

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.

Signature of Man

If raised in category, record category in a square. The M. O. will initial and date.







90<sup>th</sup> dft

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

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BATTALION 2nd QUEBEC REGIMENT

Regimental No. 3285773 Rank Private Name Coté Alfred Joseph

C. E. F. Dof

Enlisted (a) 22-6-18 Terms of Service (a) Can. Exped. Force Service reckons from (a) 22-6-18

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) Labourer

| 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 Quebec</u>    | <u>21-7-18</u> | <u>R.M. 2</u>   |
|                |                                |   | <u>Arrived London</u>     | <u>8.8.18</u>  | <u>"Somali"</u>   |
| <u>20-8-18</u> | <u>O.C. 10th Can. Res. Bn.</u> | <u>arriving from Canada</u>   | <u>B'sholt</u>            | <u>8-8-18</u>  | <u>D.O.P.</u>   |
| <u>24-6-19</u> | <u>O.C. 10th Can. Res. Bn.</u> | <u>Struck off strength on proceeding to Canada</u>  | <u>Ripon</u>              | <u>25/6/19</u> | <u>D.O.P. II</u>  |
|                |                                |   | <u>10th Can. Res. Bn.</u> |                | <u>Adjutant, Mon.</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, 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents |
|--------------------|--|-------------------------------------|------|--|
| From whom received |  |                                     |      |  |
|                    | <p>DISPERSED WITH EFFECT.....</p> <p>PART II ORDER No. <i>1 85</i>.....</p> <p>Demobilization R O 1420 (1e) of 12-12-18</p> <p><i>Reg. H. Wade</i><br/> <i>Capt for Major</i><br/> Commanding Dispersal Station E.</p> | <p>JUL 4 1918</p> <p>JUL 4 1918</p> |      |  |



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3285773 Rank Pte Surname COTE  
 (Given name in full)  
Alfred Joseph  
 Unit or Corps 10th Can Res Bn. Birthplace Riviere du Loup. P.Q.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**I. GENERAL DESCRIPTION:**

Physique good <sup>srt.</sup> Weight 145 lbs. Height 5-6 ft. Colour of Eyes grey  
 Nutrition good  
 Pulse 72 regular  
 Condition of arteries soft  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. 21 ft.  
 Left 21 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

nil.

Opinion as to general health and physical condition good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of Mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

na.



# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Papeete.....(Overseas)

Date 17-5-19.....

Signed F. Lambert Jones.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature J. A. Cote.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at QUEBEC, P. Q......(Canada)

Date JUL 3 1919.....

Signed [Signature].....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)











LIST OF DISCHARGE DOCUMENTS.

|  |                                     |
|--|-------------------------------------|
| Attestation Paper, Triplicate.....                       | Militia Form W. 23                  |
| or Particulars of Recruit.....                           | Militia Form W. 133                 |
| Field Conduct Sheet.....                                 | Militia Form W. 178 or A.F.B. 122   |
| Casualty Form.....                                       | Militia Form W. 54 or A.F.B. 103    |
| Last Pay Certificate.....                                | Militia Form W. 44                  |
| Certificate that missing documents are unobtainable..... |                                     |
| Medical History Sheet.....                               | Militia Form B. 313 or A.F.B. 178   |
| Proceedings of Medical Board.....                        | M.F.B. 227, A.F.B. 179 or A.F.A. 45 |
| Dental History Sheet.....                                | Militia Form B. 465                 |
| Medical Report.....                                      | M. F. W. 129 or D. M. S. 1375       |
| Regimental Conduct Sheet.....                            | Militia Form B. 263                 |
| Company Conduct Sheet.....                               | Militia Form B. 263a                |

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Disch. (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Transport Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.P. 64).
14. War Service Certificate (Form M.F.W. 2595).
15. Sundry Documents.

Group *A*  
 Checked by No. *21*  
*Cms*  
 Date *10-6-19*

H.M.T. CARONIA  
 SAILING, No 84  
 Embarked 25, 6, 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area "E" 5  
 Service Group 33  
 Occupational Group 7  
 W.S.B. Class

|                                       |  |
|---------------------------------------|--|
| 1. No.                                | 3285773  |
| 2. Rank.                              | Pte.   |
| 3. Name.                              | COTE, Alfred Joseph.   |
| 4. Unit.                              | 10th. Canadian Reserve Battalion Quebec Regt.  |
| 5. Date of Discharge                  | JUL 4 1919   |
| Place                                 | 1st Dep Bn 2nd Que Regt<br>Quebec  |
| 6. Reason for Discharge               | DEMOBILIZATION. <i>Leut. A.</i>  |
|                                       | <i>occ Labourer</i>  |
|                                       | <i>N.O.K. Father</i>   |
|                                       | <i>Religion R.C.</i>   |
| 7. Authority.                         | <i>Part des ordres # 185 JUL 4 1919</i>  |
| 8. Proposed Residence after Discharge | <i>Transportation to</i>   |
|                                       | Riviere Du Loup En Haut, Co. Temiscouata. P.Q.   |
| 9.                                    | CERTIFICATE TO BE SIGNED BY SOLDIER.   |
|                                       | I hereby acknowledge that at the undernoted place and date I received my discharge Certificate |
|                                       | M. F. W. ? <i>39</i>   |
|                                       | <i>J A Cote</i>  |
|                                       | Signature of Soldier.  |
| 10.                                   | CONFIRMATION.  |
|                                       | The discharge of the above named man is hereby confirmed.                                      |
| Place                                 | <i>Quebec</i>  |
| Date                                  | JUL 4 1919   |
|                                       | <i>[Signature]</i>   |
|                                       | Commanding Dispersal Station   |
|                                       | Signature (O. C. Discharging Unit.)  |