PIÈCE D'ATTESTATION.

No. 672939
Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? — Edouard Couturier
1a. Quels sont vos noms de baptême ? — Edouard
1b. Quelle est votre présente adresse ? — Notre Dame des Anges Le Portneuf
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? — Montreal Rue Ste Julie
3. Quel est le nom de votre plus proche parent ? — Mad. M. L. Couturier
4. Quelle est l'adresse de votre plus proche parent ? — Notre Dame des Anges Ste Portneuf
4a. Quel est votre dégré de parenté avec icelui ? — mère
5. Quelle est la date de votre naissance ? — 23 Oct 1895
6. Quel est votre métier ou profession ? — Journalier
7. Êtes-vous marié ? — non
8. Consentez-vous à être vacciné ou revacciné et inoculé ? — Oui
9. Faites-vous déjà partie de la Milice active ? — Non
10. Avez-vous déjà fait du service militaire ? (En ce cas, mentionner les états de service) — non
11. Comprenez-vous bien la nature et les termes de votre engagement ? — Oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? — Oui

DÉCLARATION REQUISE DU SUJET

Je, Edouard Couturier déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Edouard Couturier (Signature de la Recrue)

Date 22 Dec 1916 [illegible] (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Edouard Couturier prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V,** ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Edouard Couturier (Signature de la Recrue)

Date 22 Dec 1916 [illegible] (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Shawinigan ce 22 jour de December 1916

[illegible] (Signature du Juge)

J.P.

M. F. W. 239
40M.—12-15
1772-39-841.

Signalement de ..... à l'Enrolement

Age apparent 21 ans ..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille ..... pieds ..... pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion ..... pouces
Marge d'expansion ..... pouces

Teint .....

Yeux .....

Chevelure .....

Confession religieuse:
- Anglican. .....
- Presbytérien .....
- Méthodiste .....
- Baptiste ou Congregationaliste .....
- Catholique Romain ✓
- Juif .....
- Autres dénominations ..... (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* un valide pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date 23-12- 191 4. Geo. Blanchard

Lieu Quebec C. Blanchard
Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

.....

.....

.....

.....

CERTIFICAT DE L'OFFICIER COMMANDANT

Edward Courtenay ..... ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

LT. COL.
O/C. QUEBEC RECRUITING DEPOT. ..... (Signature de l'officier.)

Date 8-1-17 191 .

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet .....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 9

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 1

Last Pay Certificate..... 1

M.F.W. 67-2
M.F.W. 82-2

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

40513

Name Couturier Edouard

Regt. No. 672939 Rank Pte.

Corps 167th, O. Bn. C. E. F. – H. E. C.

Medically Unfit.

H

C

G.M.S.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....

(3) Full Name of Soldier.....Courturier Edouard

(4) Place of Birth.....Montréal Rue St Julie

(5) Are you married, or not ?.....no

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....Notre Dame des anges
Comté de Portneuf P.Q.

(7) Are you a widower ?.....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Unknown

If so, state name and address —

(10) Is your Mother alive? Mad. M. L. Courbrier

If so, state name and address Notre dame des anges
Comté de Portneuf. P.Q.

(11) If your Mother is a widow —

Are you her sole support, or not? —

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

—

—

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

—

(15) Are you insured? non

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

LT. COL.
O/C. QUEBEC RECRUITING DEPOT.
Officer Commanding.

Date 8-1-17

MEDICAL HISTORY SHEET

Surname Centurier Christian Name Edouard 17-5-87

Examined { on 23rd day of Dec 1916
at Quebec.

Birthplace { City or Town Montreal
County P. Q.

Apparent age 21

Trade or occupation Cabinet

Height 5 feet 7 Inches

Weight 160 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 2 inches

Physical development good

Small-pox Marks nil

Vaccination Marks { Arm Right Left arm
Number 1

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease

nil

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

bad chest and
Diffused chest

Approved by not Geo. Blanchard Capt. Rec. Cap. Rec. Cap. Rec. Cap. Rec.

Rank B Pte Major Capt. Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

STANDING MEDICAL BOARD
QUEBEC RECRUITING DEPOT

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 22 day of Dec 1916 at Shawinigan Falls

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

650

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

Regimental No. 672939 Rank Private Name Ed. Couturier

Corps Quebec Recruiting Depot. who was* Discharged

On January 8th.1917 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1917, to January 8th. 1917, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	6.00	
Advances by Cheques } No.			Regt'l Pay 8 days at $1.00 c	8.00	
Advances by Cheques } No.			Field Allow. 8 days at $ .10 c	.80	
Assigned Pay No.			Other Allowances*		
Other Charges* 1 day Forfeiture	1.10		Other Credits*		
Payment on transfer or discharge No.	13.70				
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	14.80		Total	14.80	

*Give Particulars.

A monthly stoppage of $ ------ (†) has ------ (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) .....

(†) 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.

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

REMARKS:—

State (1) date of enlistment 22-12-16

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

(3) cause of discharge and authority Unfit Auth.M.D.5 17.1.49.18.

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 Pay-list of the unit.

Date January 8th.1917

Place Quebec P.Q.

Capt.
for Paymaster Quebec Recruiting Depot.
Paymaster

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

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

M. F. W. 44.

200M.—6-16.
H. Q. 1772-39-903

FORM OF WILL.

I, Couturier Edouard (Name in full)

Regimental Number ..... serving in .....

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

Mad: L. Couturier
Notre dame des anges
Comté de Portneuf P.Q.

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

absolutely, and my personal estate I bequeath to

Mad: L. Couturier
Notre dame des anges
Comté de Portneuf P.Q.

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 22 day of Decembre A. D. 1916

Edouard Couturier Signature of Soldier.

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

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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Maurone

Address of Witness Shawinigan Falls

Occupation of Witness Lieutenant

Signature of Second Witness Jos L Van Bonwell

Address of Witness Shawinigan Falls P.Q.

Occupation of Witness Private

M. F. W. 82
300M-5-16.
1772-39-983.

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.)

No. 672939

Rank Soldat

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

Corps (Squadron, Battery or Company) 167ième Bataillon C F F E C

Date of Discharge 8-1-17

Place of Discharge Québec P Q

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 21 years months.
Height 5 feet 7 inches.
Complexion Brown
Eyes Brown
Hair Light Brown
Trade Journalier
Intended place of residence (To be given as fully as practicable.) Notre-Dame des Anges CO Portneuf P Q

Descriptive Marks

None

2. The above-named man is discharged in consequence of

being Medically Unfit

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

Good

CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.

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

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

CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113

(OVER)

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

Nil

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

6. Medals and Decorations ..... Nil

To be copied by the Commanding Officer on to 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) Québec P Q

CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.

(Date) 8-1-17

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) Québec P Q Edouard Boutusier *(Signature of Soldier.)*

(Date) 8-1-17 *(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) 1 years 18 days.

Total 1 years 18 days.

11. **Confirmation of Discharge.**

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

(Place) Québec P Q

(Signature) CAPT.
ADJUTANT QUEBEC RECRUITING DEPOT.

(Date) 8-1-17

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.)

None

Edouard Couturier

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
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."

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.)

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.

MEDICAL HISTORY OF AN INVALID.

17-1-49-18

1. Station. Quebec Rest Depot
2. Regiment or Corps. 2 - R. R.
3. Regimental No. and Rank. none Pte
b) 12939
4. Name. Edward Couturier
5. Age last Birthday. 21
6. Enlisted on 22-12-16
at Shawinigan
7. Former trade or occupation. Laborer

8. General remarks on his :—
(a) Conduct.
(b) Habits. no particulars available
(c) Temperance.
(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. 29-12-16

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
Canada				
167th Batt.			22-12-16	29-12-1916

10. (a) Disease or disability. Deformity of Chest
(b) Date of origin. 16 years ago
(c) Place of origin. Cobalt.
(d) Cause. accident

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, *i.e.*, debility, breathlessness on exertion, necessity of treatment by rest, etc.)
Marked depression of right chest at apex, Diminished respiration and dullness at site of depression

12. (a) Is the disability the result of service or climate ? no
(b) Has it been aggravated by intemperance, vice or misconduct ? no

M. F. B. 227.
200M. 8 16.
1772-39-117.

carded 5-2-17 MEF

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Depression of chest at right apex.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held ?

Prior at enlistment.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

not applicable

14. Treatment.

—

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

to no extent

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

Not to any extent.

18. State if for discharge on account of unfitness for Service.

Yes -

J. Bobbin Clarke

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12.

15. Yes

16.

17.

18. Is he unfit for Military Service. Yes.

Recommendations That this man be discharged as unfit.

Signatures :—

Geo. Blanchard Capt. — President.

Raoul Casgrain Capt. — Members.

J. Dobbin Lane

Station. Quebec Rec Depot

Date. 29-12-1916

Date. JAN 3 1917

Kawinlers 21 Cue — Asst. Director of Medical Services.

Approved.

Date. 3/2/17

D. J. McKay Capt for — Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

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Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8.6.
H. Q. 1772-89-11.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal.

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of invalids.