

ORIGINAL

E/C 2nd DEPOT BN. 2nd QUEBEC REGT.

4 M. D. Depot Battalion Regiment

Regtl. No. D-

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

816694
3166964

1. Surname DAoust
2. Christian name Ovila
3. Present address Athelstan P.Q. Canada.
4. Military Service Act letter and number 5585 DC
5. Date of birth April 28th 1897
6. Place of birth Valleyfield P.Q. Canada.
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Farmer
10. Name of next-of-kin Exavier DAoust
11. Relationship of next-of-kin Father
12. Address of next-of-kin Athelstan P.Q. Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :-
(a) Place Montreal P.Q. Can (b) Date July 19th 1918 (c) Category A2

DECLARATION OF RECRUIT

I, DAoust Ovila, do solemnly declare that the above particulars refer to me, and are true.

Ovila Daoust

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 3 mths.
Height 5 ft 5 ins.
Chest measurement fully expanded 35 ins. range of expansion 2 ins.
Complexion Medium
Eyes Blue
Hair Brown

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

[Signature] Lt.-Col. Commanding 2nd Depot Bn., 2nd Quebec Reg't.

O. C. Depot Btin.

Regt.

Place Montreal P.Q. Canada. Date July 15th 1918

REGIMENTAL DOCUMENTS

NAME *Daoust Orila*

(Fe) REGT. NO. *3166964* UNIT *2nd D.B. 2nd Q.R.* H. Q. FILE NO.

S

DEATH

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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) *1 cert.*

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)

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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)

S. C. R. 132

Disp. cert.

Gas card

472

A. 2. B. 184

2 at 9 12 37

02534

Category

DISCHARGE

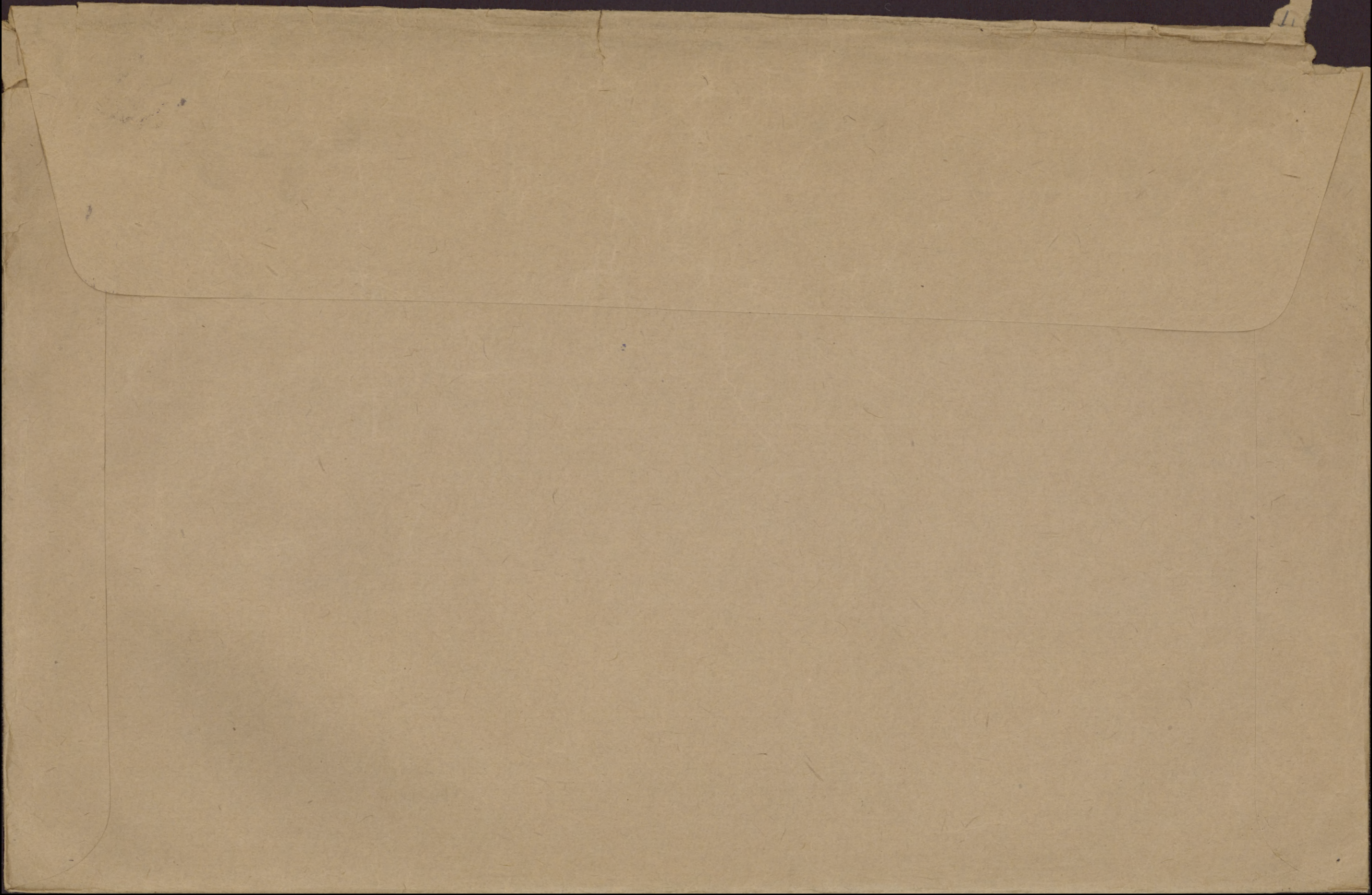
Category

Warrant

DESERTION

4-2
29-2
32-3
1

H



Surname
DAOUST

Christian Name or Names
O.

Reg. No.
3166964

Rank
Pte.

Unit
Que. 10R.

Cas. List.

28-10-18.

Grove Mil. Tooting Grove

7-11-18C363-2

Influenza. at

22-11-18 Q376-1.

Woodcote St. Eporn 19-11-18.

29-11-18

Disc. ——— 29-11-18

A.M.D. 2 DEPT.

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

Cas. List.

Number

3166964

Rank

Pvt
B

Surname

D'AOWST

Christian Name

Orilla

Units

D. R.

Theatre of War

England.

Date of Service

16-9-18

Remarks

Latest Address

Athelstone

Huntingdon Co., P.R.

Roll No.

A Page 4114

200m.-2-21.M.

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT IN CATEGORY

INVALID

WHERE TO)

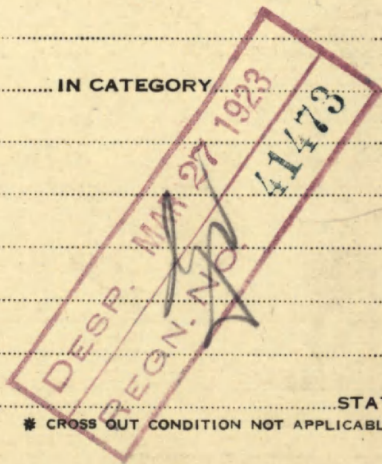
CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.



(OVER

NAME

Daoust. O.

REGT. No.

3166964

RANK AND UNIT

Pte

Quebec Regt.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 363rd
C 376[@]
C 385

Guad. Mil. Easting Grove 28-10-18

Mil. Co. Woodstock Epom 19-11-18

" " " Disch. 29-11-18.

Influenza
Influenza
" "



RECORD OF SERVICE IN THE

CANADIAN ARMED FORCES

DEPARTMENT OF VETERANS AFFAIRS
SEP 10 1958
WAR SERVICE RECORDS
OTTAWA - CANADA
THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

Service Rank and/or Number..... 3166964..... Name..... **Ovila DAoust**.....

- 1. Branch of Service: **CANADIAN EXPEDITIONARY FORCE**
- 2. Date and Place of Birth: **28th April, 1897** **Valleyfield, Quebec.**
- 3. Date and Place of Appointment, Enlistment or Enrolment: **15th July, 1918** **Montreal, Quebec.**
- 4. Unit on Appointment, Enlistment, or Enrolment: **2nd Depot Battalion, 2nd Quebec Regiment**
- 5. Theatres of Service: **CANADA - ENGLAND**
- 6. Date and Place of Retirement or Discharge: **4th July, 1919** **Montreal, Quebec.**
- 7. Reason for Retirement or Discharge: **"Demobilization"**
- 8. Rank on Retirement or Discharge: **Private**
- 9. Medals and Decorations: **BRITISH WAR MEDAL**
- 10. Remarks: **NIL**

Montingdon, Que.

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: **Male** Height: **5** Feet **5** Inches.
 Eyes: **Blue** Hair: **Brown** Complexion: **Medium**
 Marks or Scars: **Vaccination left arm.**

Ottawa, Ont., Canada

September 10th, 19 59

[Signature]
Director, War Service Records

IN OR
TARS
255 IN 1928
WAL
OTTAWA CANADA

RECORDS SERVICE

ADDITIONAL AWARD FOR

DEPARTMENT OF EXCHANGE

Post Office

Complete

Director of Service Records

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3166964 (Rank) Pte.

Name (in full) DAoust, Ovila. enlisted in
the 2nd. Depot Battalion 2nd. Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at Montreal, Canada. on the 15th.
day of July 19 18.

HE served in England with 10th. Can. Res. Battn. from 30-9-18.

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

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

Age 22 Years

Height ~~5ft. 5in.~~ 5ft. 5in.

Complexion Medium

Eyes Blue

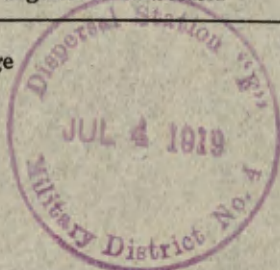
Hair Brown

Marks or Scars

Daoust O
Signature of Soldier

J. Fisher
Issuing Officer

Date of Discharge



Lieutenant
Officer in Charge Section, Dispersal Station

Rank

Date July 4 19 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 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) DAoust. O.
 REGIMENT 10th Res. RANK pte No. 3166964
 Date of Examination in England _____ 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. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES _____
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

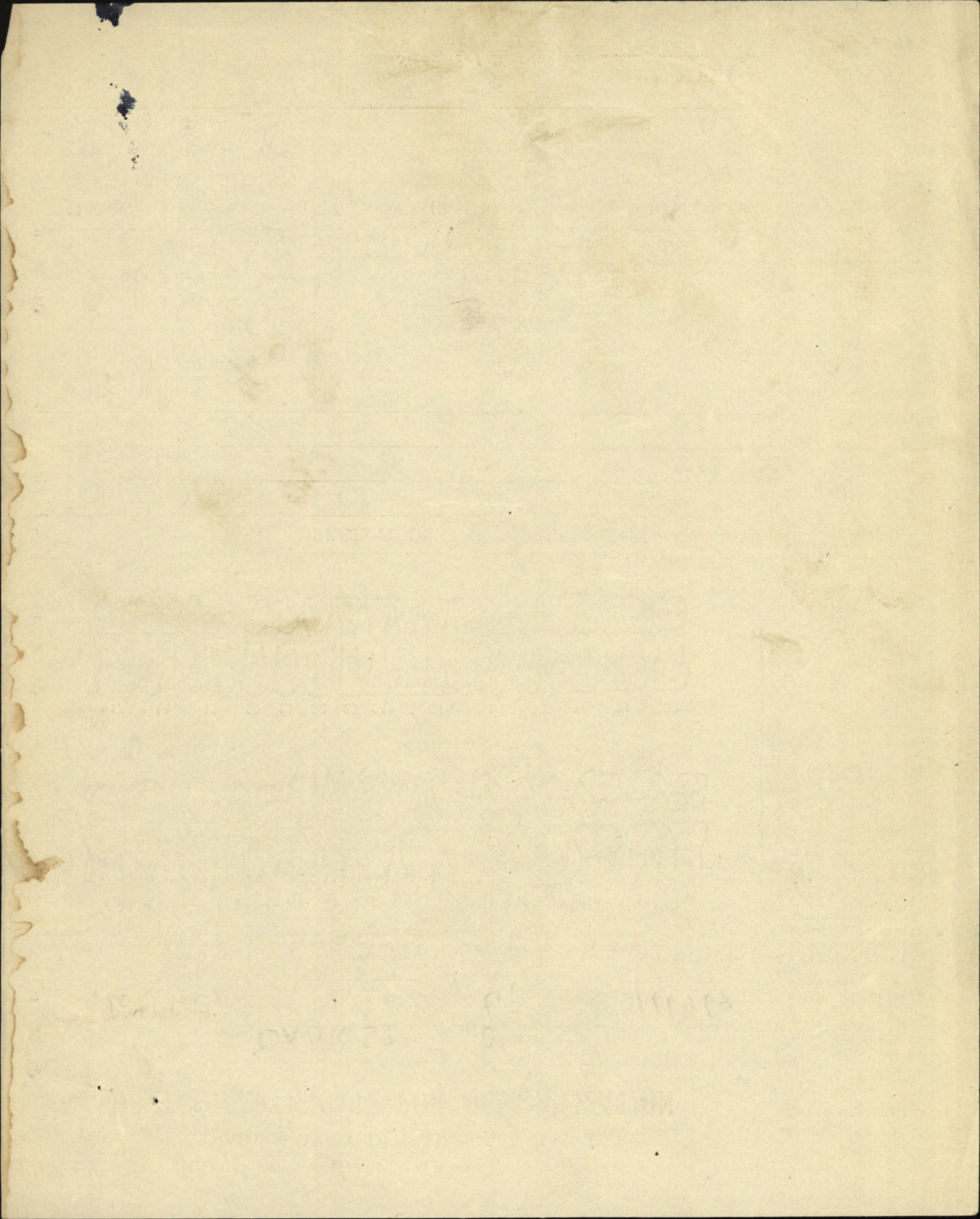
HAS HE EVER REFUSED DENTAL TREATMENT? m

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 yes
- (c) In France _____

R. Simpson capt
 A.D.C. " " " " " "

Signature of Dental Officer *R. Simpson capt*



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

1. Surname DAOUST Christian name Ovila
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 5585 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) None
 4. Address (including street and number if any) Athelstan P.O. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th day of July 1918, by the undersigned medical board sitting at Peel St. Bks. Montreal P.O. Canada.

5. Age as stated 21 Years 3 Months. 6. Apparent age 21 Years 3 Month
 7. Height 5 Feet 5 Inches. 8. Weight 129 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Blue
 { Maximum 33 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 1 14. When vaccinated last
 { Left arm
 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, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis. Asthma. We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis 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. 10 10 L. 10 10
 (b) Hearing. R. OK L. OK



Signature of Man Archie Daoust

W. J. Munn Capt. Member. Archie Daoust Capt. President.
Ship Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/7/18</u>		<u>Emuls. Cholera</u> M.O.	<u>27/7/18</u>		<u>W. J. Munn Capt.</u> M.O.
			<u>3/8/18</u>		<u>Emuls. Cholera</u> M.O.
			<u>11/8/18</u>		<u>Emuls. Cholera</u> M.O.

124 Joined 19th day of July 1918 at Montreal P.O. Can.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>			
Transferred to		<u>D- 3166964</u>		<u>19/7/18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

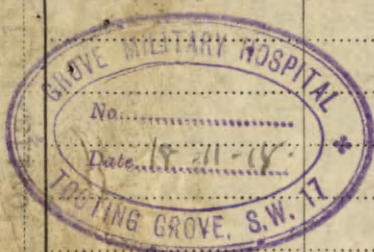
STATION	DATE	DISEASE	RESULT
STANDING MEDICAL BOARD M. S. A. 4 MONTREAL	<u>JUL 4 1919</u>	<u>fit</u>	<u>W. J. Munn Capt.</u> <u>19/7/18</u> <u>Archie Daoust Capt.</u>

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.

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

Christian Name

Surname



STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		27	10	18	18	11	18	Influenza	22	Unusual Pneumonia Case 17.	<i>M. A. M. C. (T.)</i>
				18	11	18	29 NOV 1918	Influenza Cough	12	No complaints. Febrile con. good heart & lungs J.M. Cat A.	<i>W. J. C. M. C.</i>

MAJOR, R.A.M.C. (T.) REGISTRAR FOR G. I/O.
GROVE MILITARY HOSPITAL, TWITTING GROVE, S.W. 17.

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps.....

Regimental No. D-8166964 Rank Private Name DAOUST OvilaEnlisted (a) 15/7/18 Terms of Service (a) C.E.F. Dofw. Service reckons from (a) 15/7/18

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) Farmer

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				
		Embarked <u>HMT. SATURNIA.</u> <u>Montreal</u>			<u>W. B. Roberts</u> <u>Capt.</u>
		Disembarked <u>England</u> <u>Liverpool</u>		<u>AUG 30 1918</u> <u>17-9-18</u>	
<u>30-9-18</u>	<u>O.C. 10th</u>	<u>Can. Res. Bn. T.O.S. on transfer from arriving from Canada</u>	<u>B. Spott</u>	<u>17-9-18</u>	<u>D.O.P. I 231</u>
<u>24-6-19</u>	<u>O.C. 10th Can. Res. Bn.</u>	<u>Struck Off Strength on proceeding to Canada</u>	<u>Hipon</u>	<u>25-6-19</u>	<u>D.O.P. II 147</u>
					<u>Rufus Wald Marin</u> <u>Lieut. Asst. Adjutant,</u> <u>10th Canadian Reserve Battalion.</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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				
10 7-19	mO-S	T.O.S D.D.#4 Dis.Sta. "F"	Montreal	25-6-19	D.O Pt II-191
10-7-19		S.O.S D.D #4 Demob.	"	4-7-19	D O Pt II-191 R.O 1420

G.H. Sletchey Lieutenant
Assistant Adjutant
Martial Depot No. 4

Rank *124th, Dft. Bn* Name *DAOUST Ovila* Reg'l No. *3166964*
 Unit *2nd. QUEBEC* If in perm. Corps }
 What Unit? } Married or Single *Single.*
 Place and Date of Enlistment *Montreal Que, 15 July 1918* Place of Birth *Valleyfield Que.*
 Name and Address, Next-of-Kin *Ernier Daoust*
Athelaton, Que. Relationship *Father.*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9:46-16.

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.				
<i>S</i>					
			<i>Arrived in England.</i>	<i>16 9 18</i>	<i>Saturday.</i>
<i>20 9 18</i>	<i>ICES</i>	<i>T.O.S. FROM CANADA</i>	<i>BRSHOTT</i>	<i>17-9-18</i>	<i>20223</i>
<i>2-12-18</i>	<i>- " -</i>	<i>T.O.S. from C.R.D.</i>		<i>27-11-18</i>	<i>284</i>
		<i>S.O.S To Canada</i>		<i>25-6-19</i>	
		<i>10 Res. D'O 147.</i>		<i>24, 8, 19</i>	
		<i>S.L. 84 D.D. 4607F</i>		<i>25-6-19</i>	
					<i>Cancelled by PT</i> <i>II/3022/23-12-18</i>

Ovila Daoust.

#3166964

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Ovila* 2. Surname *Daoust*
3. Rank *Pte* 4. Original Unit *2nd Depot Bn 2nd Que Regt* 5. Reg. No. *3166964*
6. Address, in full, to which future payments of gratuity are to be forwarded
Athelstan Co Huntingdon Que
7. Date of enlistment in the C.E.F. *19th July 1918*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Not Applicable*
9. Relationship of such dependent. *Not Applicable*
10. Address, in full, of such dependent. *Not Applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *In Canada 2nd Depot Bn from 15/7/18 till 30/8/18. In England 10th Res Bn from 17/7/18.*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. no
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. no
20. Have you been issued with a War Service Badge? If so what class? _____
21. Have you, during the present war, served in the Imperial Forces? no
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. no
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? no
- (b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable
24. Are you now serving in the C.E.F.? _____ If not, give:—(a) Date of discharge _____ (b) Reason for discharge _____
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. _____
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. _____
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? _____
- (b) If so, are you in receipt of full pay and allowances from that Department? _____

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: O Daoud

Place of Residence: Athelstan, Co Huntingdon, Que

Declared before me at: Repton, Yorks 19 Aug

This 15th day of May 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED

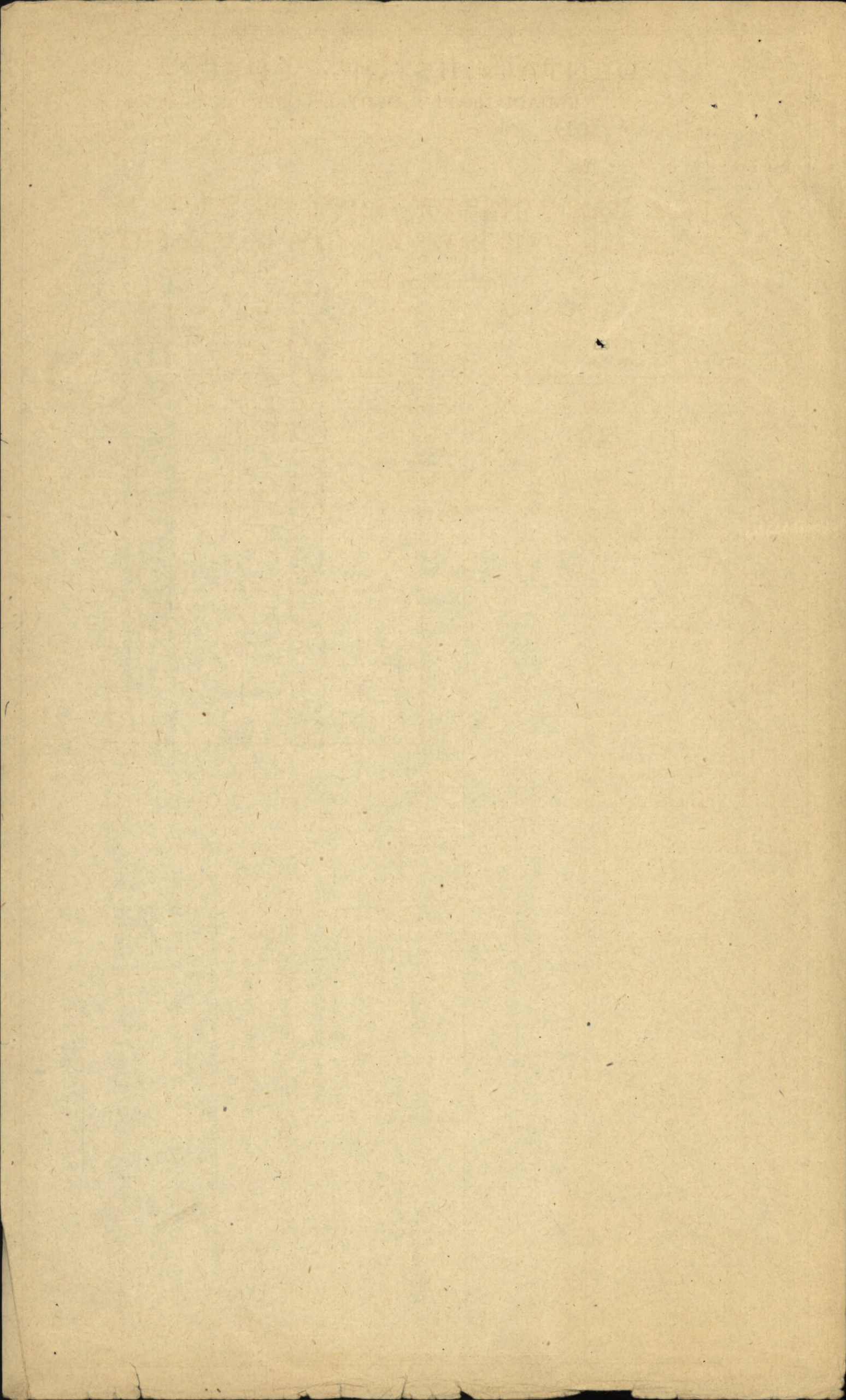
H. de la Harpe LT. COL.
C.O. 10th CAN. RES. BATTN.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.



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. 3166964 Rank Pte. Surname DAOUST,
(Given name in full)
Ovila.

Unit or Corps 10th...Can...Res...Bn... Birthplace Valleyfield, P.Q., Canada.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 5 in. Colour of Eyes blue
 Nutrition Good
 Pulse 72 regular
 Condition of arteries soft
 Vision Rt. 9/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
Small brown spot on left shoulder
2" vertical scar on left biceps

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.

Influenza 18-11-18 to 25-11-18

No disability

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

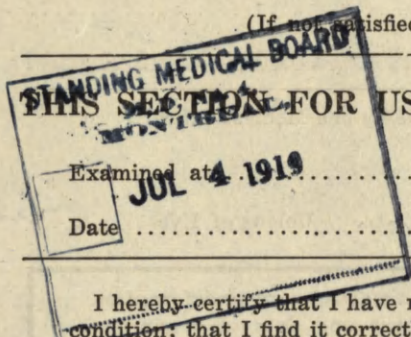
Examined at Paris, France (Overseas)

Date 13-5-19 Signed W. B. Alden Capt. 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 O. Daoust

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



Examined at 4 1919 (Canada)

Date Signed J. L. ... Capt. 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 O. Daoust

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

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

[OVER]

AUDITOR *AW* PAYMASTER *AW*

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *101951 210*

REGT. No. *316696A* RANK *Pte* NAME (IN FULL) *DAVOUST* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *10th Res* PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *Quebec* DATE *4/7/19* AUTHORITY *Do-1917-16-13 SUPP 2 NJR 86*

DATE OF ATTESTATION *19-7-18* TRANSFERRED TO *Quebec* DATE *1-8-19* AUTHORITY *Do-1917-16-13 SUPP 2 NJR 86*

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *1-8-19*

IS SEPARATION ALLOWANCE PAID? *Nil* DATE EFFECTIVE

TO WHOM PAID *Mr A Davoust* RELATIONSHIP *W.S.G.* ANY CHANGE IN ASSIGNEE OR ADDRESS *W.S.G.*

ADDRESS *Schulstan Co Huntingdon Que*

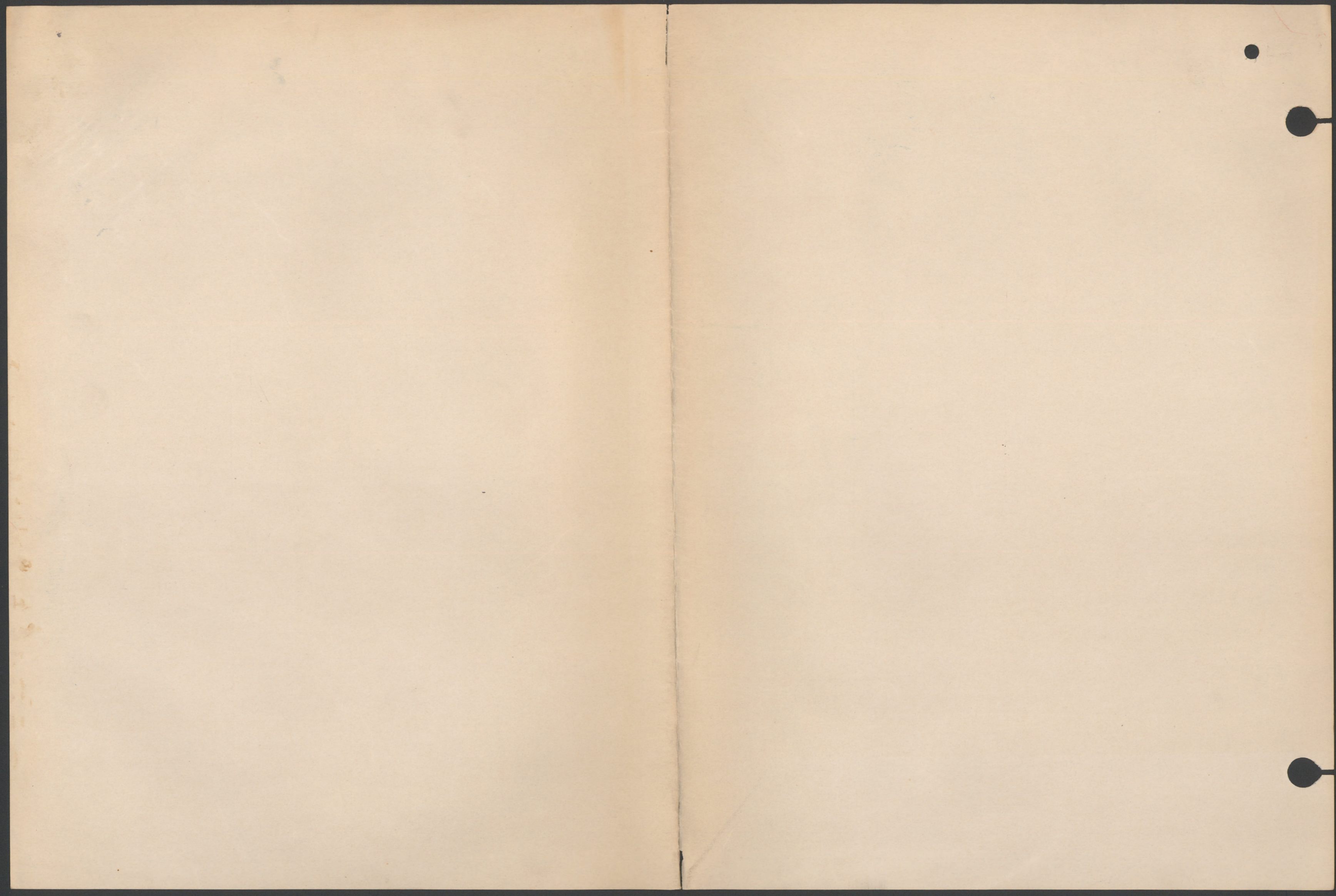
STOP PAYMENT FORM RENDERED, DATE

DISCHARGED *Montreal* PLACE *Quebec* DATE *4/7/19* REASON *Removal* AUTHORITY *Do-1917-16-13 SUPP 2 NJR 86* IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. *JUL 29 1919* DEMOBILIZATION PAY DIV

dem

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
																		<i>Caronia</i>
<i>1/7/19</i>				<i>35.00</i>	<i>39.10</i>													<i>Post Bal Aug 21.6 39.10</i>
<i>10/7/19</i>	<i>10</i>	<i>1.10</i>	<i>11.00</i>	<i>70.00</i>	<i>116.00</i>	<i>Boat Train</i>	<i>200424</i>	<i>4.87</i>	<i>5.00</i>	<i>125.23</i>	<i>20.00</i>		<i>660</i>	<i>161.70</i>	<i>660</i>	<i>T.B.R.</i>		<i>6.6 25.44 to 2.9 7.0</i>
					<i>155.10</i>													<i>A.P. for July 20.00 P.S.A.</i>
				<i>Other Credits</i>														<i>7.10</i>
				<i>W.S.G. S.A.</i>														<i>7.10</i>
				<i>Total</i>														<i>Total</i>
<i>4/8/19</i>													<i>70</i>	<i>70</i>	<i>140</i>			<i>1267281</i>
<i>4/9/19</i>													<i>660</i>	<i>660</i>	<i>13340</i>			<i>1521180</i>
													<i>70</i>	<i>70</i>	<i>6340</i>			
													<i>6340</i>	<i>6340</i>	<i>210.00</i>			
																		<i>AW cat</i>
																		<i>Journal</i>



ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	DAOUST. Oula.
EFFECTIVE DATE:-	19-18	EFFECTIVE DATE:-		NUMBER:-	3166964.
AMOUNT:-	20	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
M. Xavier. Daoust. (Father) Athelstan Huntington Co P.O. <i>Stopped off 11/19</i>		L.P.C. from Canada	1-9-18	Pte.

UNIT AND TRANSFERS	
ORIGINAL UNIT	Draft No. 124 2/2. Can Reg.
DATE ACCOUNT FIRST OPENED:- 19-18	
AUTHORITY	DATE EFFECTIVE
	10 Reskin

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1/1/19	117	Bank Charges	117			L.S.B	2989
1/1/19	42	Do	42			L.S.B	4889
29/1/19 761	10 11	10 Reskin	10 11				
			11 06				

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Aug 31	Bal. from Canada								4780		
Sept	PP	33		Can AP				20	6080		
				AR 6422 Frensham 19/9/18	487				5393		
					487			20			
Oct	d.	34 10		At Can				20	7003		
				AR 7473 " 4.10.18	487				6516		
				AR 8176 " 21.10.18	3893				2623		
					2380			20			
NOV	do	33		At Can				20	3923		
				AR 4926 Epson. 19.11.18	487						
				AR 2397 23 Res 20.12.18	1460				1976		
					1947			20			
Dec	do	34 10		At Can				20	4996		
JAN 919	do	34 10		At Can				20			
					1947			60			
Feb	do	30 80		At Can				20	5876		
				AR 2494 23 Res 15.1.19	730				5146		
				3537 " 14.2.19	730				4416		
Mar	do	34 10		At Can				20	5826		
				AR 3715 10 Res 25.2.19	779				5047		
				3938 " 11.3.19	487				4560		
					2726			40			
Apr	do	33		At Can				20	5860		
				AR 4171 " 25/3	730				5130		
				- 77 " 10/4	536				4594		
May	do	24 10		At Can				20	6004		
				AR 305 " 25/4/19	779				5225		
				501 " 14/5/19	526				4689		
					2581			40			

AUTHORITY
A.P. Nom. Roll

Strike out whichever inapplicable.

COMPILED BY *awBall*
CHECKED BY *Lorican*

NUMBER 3166964

RANK

Pte

NAME DROUST, Orilla

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	July			July					46 89		
Jan	P.P.	33		bal				20	59 89		
				GR 677 10 Res 20/4/19	43				59 46		
				674 - 24/3/19	43				59 03		
				GR 761 30/5/19	10 22				48 81		
				" 953 " (End) 19/4/19	9 73				39 08		
		33			20 81			20			

AMG 25/4/19 M 82

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps 2nd D. B. 2 Canada.

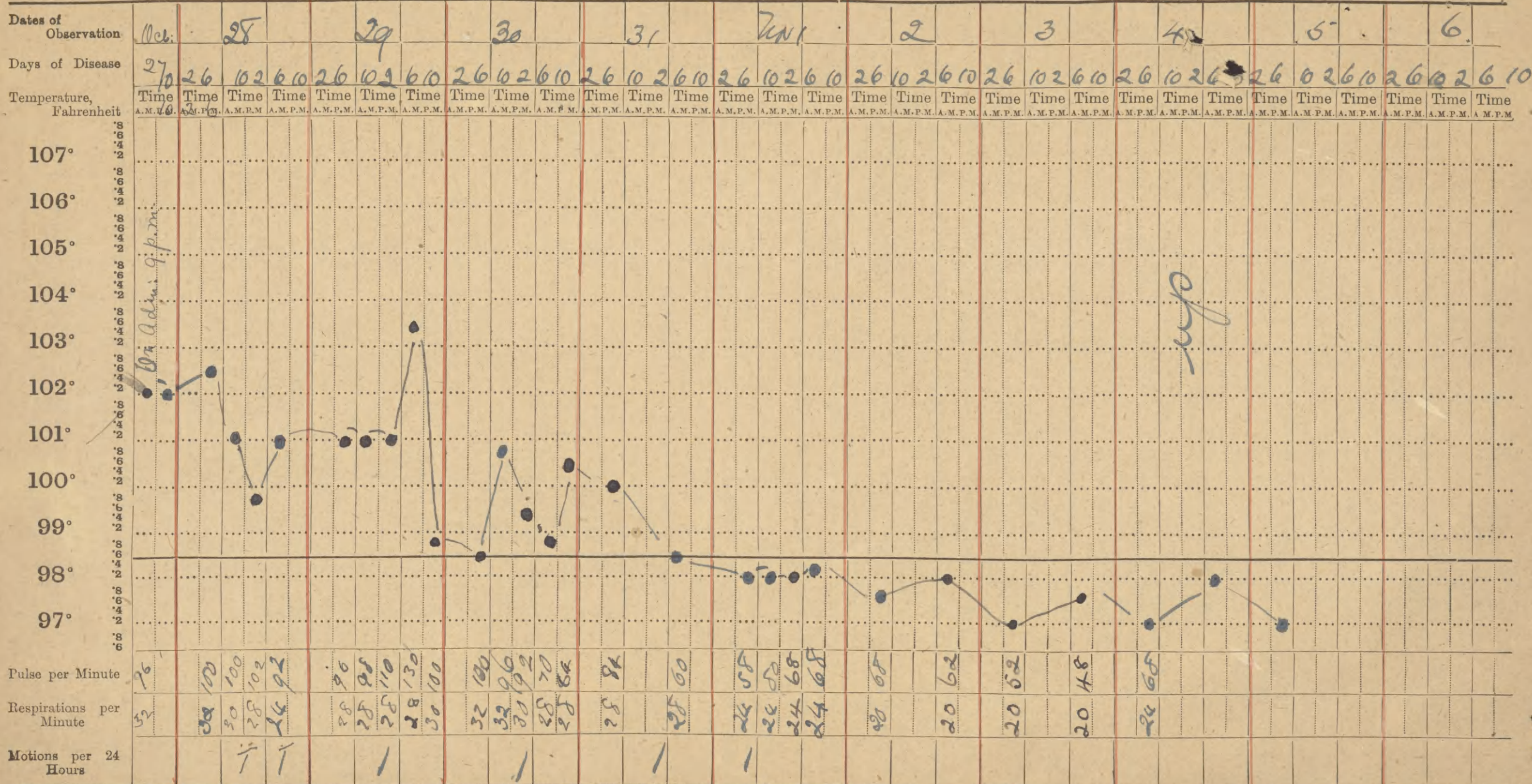
Military Hospital Gene

No. 3166964 Rank and Name Pte. Daoust, Orville

Age 21 yrs: Service 4 1/2 yrs:

Disease _____ Date of admission Oct: 27th 18. Date of discharge _____

Result _____



Dr. Adams 9 p.m.

Dr. Adams

CLINICAL CHART.
(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____ Rank and Name _____

Age _____ Service _____

Military Hospital _____

Disease _____ Date of admission _____ Date of discharge _____ Result _____

	Time																												
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	
Dates of Observation																													
Days of Disease																													
Temperature, Fahrenheit																													
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 Hours																													

Signature _____ In charge of case.

N M T CARONTA
 SAILING, No. 2
 Embarked 25, 0, 19.

F-4

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area " F "
 (Service Group) 33
 Occupational Group 1

1. No.		3166964	
2. Rank.		Pte.	
3. Name.		DAOUST, Ovila.	
4. Unit.		10th. Canadian Reserve Battalion. Quebec "agt."	
5. Date of Discharge	4-7-19	Place	2 nd Dep Bn - 2 nd Que Regt
6. Reason for Discharge.		DEMOBILIZATION. <i>beat H.</i> <i>occ Farmer</i> <i>not Father</i> <i>Rel. Rb.</i>	
7. Authority.		R.O 1420D.D.#4 D.O Pt IL-191	
8. Proposed Residence after Discharge		x Transportation to Athelstan, P. Q. Canada.	
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>B 39 Montreal</i> <i>July 4 1919</i> <i>Daoust O.</i> Signature of Soldier.			
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... <i>Montreal</i> Date..... <i>July 4 1919</i> Signature..... <i>[Signature]</i> (O. C. Discharging Unit.)			

82

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. Field Certificate (C.A.D., 5009a),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (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. Personal Certificate (C.D.B).
11. Equipment Statement Q 49, Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 351).
13. Pay Book (P. 64).
14. War Service Gratitude (Form M.F.W. 2595).
15. Primary Documents.

Group.....
 Checked by No. 21
 Date 11-6-19

Date of Enlistment 15-7-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D. 9736 Sept. 18/1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20 ⁰⁰			
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W

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Depot Bn., 2nd Quebec Regt. Draft-124.

Beneficiary

Relationship

Address

Name

Address

Change of Address

1 XAVIER DAoust,
ATHELSTAN,
CO. HUNTINGDON, QUE. 20 20.00

2

3 % 3166964 PTE OVILA DAoust
TWENTY DOLLARS

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept	Y 43810		20	20	✓
Oct	m 54965		20	20	✓
Nov	I 57408		20	20	✓
Dec	T 62300		20	20	✓
Jan	m 75126		20	20	✓
Feb	P 80314		20	20	✓
Mar	g. 82416		20	20	✓
Apr.	k. 4575		20	20	
MAY	g 5563		20	20	
JUN	g 10175		20	20	
JUL	h 11751		20	20	
			220	220	

4248-0-6

A/c Closed 31-7-19

Ret'd per... *Carmia*

Date 2-7-19 M.F.W. 187 11-7-19

Closed *M.P.H.P.E.S.*

In. K. O. 96024

AUDITED

AUTHORITY FOR NEW ACCT. } M.D-5-B-1.
16-9-18

M. F. W. 128.
400x-6-17-1772-89-1141
L. L. 22220-M. & D. 7993.

