

157th OVERSEAS BN. ATTESTATION PAPER.

TRIPLICATE

No. *643868*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- | | |
|---|--|
| <p>1. What is your surname?</p> <p>1a. What are your Christian names?</p> <p>1b. What is your present address?</p> <p>2. In what Town, Township or Parish, and in what Country were you born?</p> <p>3. What is the name of your next-of-kin?</p> <p>4. What is the address of your next-of-kin?</p> <p>4a. What is the relationship of your next-of-kin?</p> <p>5. What is the date of your birth?</p> <p>6. What is your Trade or Calling?</p> <p>7. Are you married?</p> <p>8. Are you willing to be vaccinated or re-vaccinated and inoculated?</p> <p>9. Do you now belong to the Active Militia?</p> <p>10. Have you ever served in any Military Force? ..
<small>If so, state particulars of former service.</small></p> <p>11. Do you understand the nature and terms of your engagement?</p> <p>12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }</p> | <p><i>Dionne</i></p> <p><i>Gilbert</i></p> <p><i>88 Barris Rd. Orillia</i></p> <p><i>Deseronto, Ont. Canada</i></p> <p><i>Eugene Dionne</i></p> <p><i>88 Barris Rd. Orillia</i></p> <p><i>Wife</i></p> <p><i>Dec. 26th 1889</i></p> <p><i>Machinist</i></p> <p><i>Yes</i></p> <p><i>Yes</i></p> <p><i>no</i></p> <p><i>Volunteer at Kingston 1907</i></p> <p><i>Yes</i></p> <p><i>Yes</i></p> |
|---|--|

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Gilbert Dionne*, do solemnly declare that the above are answers made by me to the above questions and that they 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 *Jan. 28* 191*6*

Gilbert Dionne (Signature of Recruit)

J. A. Wheatley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Gilbert Dionne*, 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 *Jan. 28* 191*6*

Gilbert Dionne (Signature of Recruit)

J. A. Wheatley (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 *Orillia*, this *7th* day of *February* 191*6*.
George H. Clark (Signature of Justice)

Description of Gilbert Dionne on Enlistment.

Apparent Age 26 years 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. 9 ins.

Chest measurement. { Girth when fully expanded 38 ins.
 Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic Yes
 Jewish
 Other Denominations
(Denomination to be stated)

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 declares that he is not subject to fits of any description.

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

Date 9/2/1916

Place Orillia

J. J. Wentworth
 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.

G. Dionne 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.

D. H. MacLellan (Signature of Officer)

Date FEB 8 1916 191 .

Lt. Col.
Com'd'g, 157th, Battn, C,E,F, Barrie

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- S** Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name Dionne Gilbert
 Regt. No. 643868 Rank Pte
 Corps 154th Bn.



"Died" 18.11.16

17505

PUBLIC ARCHIVES
RECORDS COMMITTEE



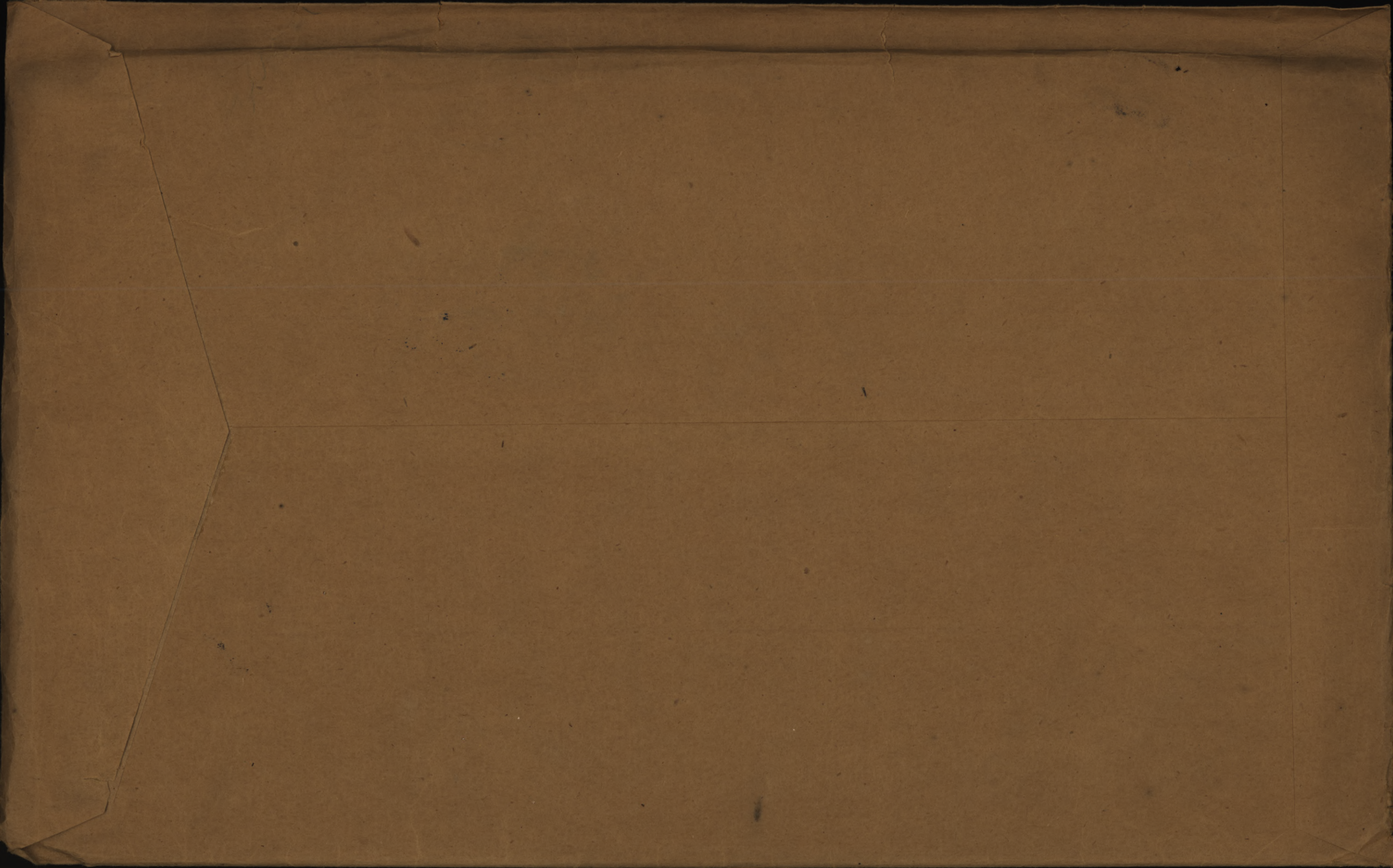
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 1

404464

*long will
 part card*

*3 cap card
 Misc H.*



FORM OF WILL

I, Gilbert Dionne.....(Name in full)

Regimental Number 643868.....serving in 157th O. S. Bn. C. E. F.

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

I devise all my real estate unto

Mrs. Evelyn Dionne
(wife) 128 Wyandotte St.
Orillia Ont.

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

absolutely, and my personal estate I bequeath to

Mrs Evelyn Dionne
128 Wyandotte St.
Orillia Ont.

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 11 day of Oct A.D. 191 6
This must be signed
and Dated by
THE SOLDIER Gilbert Dionne Signature of Soldier.
HIMSELF.

*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.

Signature of First Witness.....E. Walker.....

Address of Witness.....Collingwood.....

THE TWO
WITNESSES

Occupation of Witness.....Lieut. 157th O. S. Bn. C. E. F.

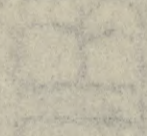
MUST
SIGN HERE

Signature of Second Witness.....Cecil Wood Lieut......

Address of Witness.....Orillia, Ont......

Occupation of Witness.....Student......

FORM OF WILL



STATE OF CALIFORNIA

COUNTY OF SAN

THE STATE OF CALIFORNIA

FORM OF WILL.

I, Gilbert Dionne (Name in full)

Regimental Number 643868 serving in 157th O.S. Bn. C.E.F.

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

(wife)

Mrs Evelyn Dionne
128 Wyandotte St.
Orillia Ont.

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

absolutely, and my personal estate I bequeath to

Mrs Evelyn Dionne
128 Wyandotte St.
Orillia Ont.

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 11 day of oct A. D. 1916

Gilbert Dionne 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.

Signature of First Witness E. Walker

Address of Witness Kollingwood

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Lieut. 157th O.S. Bn. C.E.F.

Signature of Second Witness Cent. [unclear] Lieut.

Address of Witness Orillia Ont.

Occupation of Witness Student

FORM OF WILL

AGREED IN

CONY BOND

WILLS

IMPORTANT

NOTE
This form is
not to be
used in
Illinois.

Dionne Gilbert

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
	<i>643868</i>	<i>Pte</i>	<i>Gilbert</i>	<i>D</i>
	<i>157 Canadian C Company</i>		<i>26</i>	<i>11/12,</i>
Station and Date.	Disease			
<i>Bramshott Mil. Hosp. Nov. 17-16</i>	<i>Perforated Ulcer Duodenum</i>			
	<i>Previous History - Negative</i>			
	<i>Present History - Taken with sudden severe pain, about 20 hrs. before admission to Hosp. - in abdomen. Nausea and Vomiting followed. On admission: Board like rigidity of abdomen; general tenderness, no localized tenderness; inability to void urine; (had not voided in 18 hrs.) knees flexed on abdomen; abdominal facies; Temp 97° Pulse - imperceptible at either wrist. Dullness over bladder area, extending up to Umbilicus. Liver Dullness obliterated; Dullness in either flank.</i>			
	<i>Operation: - Median Incision. Free fluid - purulent; Intestinal Adhesions. Ulcer Ant. Post Duodenum. Ulcer closed; Abdomen drained.</i>			
	<i>Taken in Fowler's position; Proctoclysis.</i>			
	<i>Patient Near rallied. Death 9 hrs. after operation.</i>			
	<i>Operator - Lieut Col. Gilmore; Asst. - Capt. D. A. Webb</i>			

J

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

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-30-920.

Casualty Form—Active Service.

157th O. S. Bn., C. E. F.

Unit, Regiment or Corps

Regimental No. 643868 Rank Pte. Name Dionne Gilbert
C. E. F.
 Enlisted (a) 15/12/15 Terms of Service (a) 6. 8. 7 Service reckons from (a) 15/12/15
 Date of promotion to present rank. } Duration of War Date of appointment to lance rank }
 Numerical position on roll of N. C. Os. }
 (a) lance private
 Extended _____ Re-engaged _____ Qualification (b) (b) Private

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>Canada</u>	<u>17/10/16</u>	
		<u>Arrived</u>	<u>England</u>	<u>28/10/16</u>	
	<u>Military Hospital Braunschott Hauts 157th Bn.</u>	<u>Died in Hospital Braunschott (Rupture Spleenum)</u>	<u>Braunschott Hauts England</u>	<u>18/11/16</u>	<u>D.O. Part II 154 20/11/16</u>
					<u>Referred to</u> <u>for Lt.-Col. K. Records, O.M.F.C.</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. [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				

Bramshott Camp, Novr. 25th.1916.

Officer in Charge of Records,
Green Arbour House, Old Bailey,
London .

Report on illness, death and
Burial of Pte. Gilbert Dionne No.643868,
157th. Battn. Can. Inf.

Sir;-

The marginally noted private became suddenly seriously ill on the 17th instant, and was removed at the direction of the Medical Officer, to the Military Hospital at Bramshott, which is right adjacent to our Battalion lines. The following is a copy of the diagnosis of the case, as reported by Captain D.A. White, C.A.M.C.

Disease; Rupture Duodanum.

Remarks; Ulcer Anterior aspect, first portion Duodenum, contact Ulcer opposite side, no preceding history of Gastrinal Intestinal trouble. Operated on four hours after admission to Hospital and twenty-four hours after onset of pain. Abdomen filled c purulent fluid and pouring out from perforated Ulcer in to Duodenum, Ulcer closed, Abdomen drained, patient near rallied, died 5.00 a.m.

Sgd. Capt. D.A. White,
C.A.M.C.

Funeral; The funeral of the deceased took place from the Hospital Morgue at 2.00 p.m. the 20th. six of his own friends acted as pall-bearers, firing party from his own platoon, and the whole of "C" Company, Officers and other ranks, and three Staff Officers formed an escort in taking the remains to the Cemetery. He was buried in the corner of a little enclosure of ground about the Convent, near Grayshott.

Two Roman Catholic Chaplains conducted the burial service, and a little white wooden cross with name, rank, number and Battalion marks the grave.

Wm. Lynch
for Lt.Col.
O.C./157th.Bn. Can.Inf.

Manuscript No. 1000

Office of the Secretary
of the Board of Health
Washington, D. C.

The following report was received from the
State of New York, dated at Albany, N. Y.,
this 10th day of June, 1900.

On the 10th day of June, 1900, a
report was received from the
State of New York, dated at Albany, N. Y.,
this 10th day of June, 1900.

The following report was received from the
State of New York, dated at Albany, N. Y.,
this 10th day of June, 1900.

Very truly yours,
Secretary

MEDICAL HISTORY SHEET.

Surname Dionne Christian Name Gilbert

Examined { on 15 day of Dec 1915
 at Orillia
 Birthplace { City or Town Deseronto
 County Hastings

Approved by F. Waubuge
 Rank _____ M.O.

Apparent age 26
 Trade or occupation machinist
 Height 5 Feet 9 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 2 inches.

Date.	Fit or Unit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development _____
 Small-Pox Marks _____
 Vaccination Marks { Arm Right Left 1
 Number 3

Date.	Result.	VACCINATIONS.
<u>1916</u> <u>Aug 22</u>		<u>F. Waubuge</u> M.O.
		M.O.
		M.O.

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u> <u>Mchs 11</u>		<u>F. Waubuge</u> M.O.
<u>15</u>		
<u>21</u>		

Enlisted on 15 day of December 1915 at Oulden

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>157th Bn 687</u>	<u>643868</u>	<u>Good</u>	<u>15th Decr 1915</u>
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 Service, on the man becoming non-effective; the date and cause being stated on next page.

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 Ho-pital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Branusworth		17	11	16	18	11	16	Ruptured Stomach Duodenum	2	Ulcer, anterior aspect, 1 st portion. Duodenum. Contact ulcer opposite side. No preceding history of Gastro- Intestinal trouble. Operated upon 4 hrs after admission to Hosp. and 24 hrs. after onset of pain. Abdomen filled & purulent fluid pouring out from perforated ulcer in Duodenum. Ulcer closed, Abdomen drained. Patient never rallied. Died 5 th mo. Capt. D. A. Wehl C. A. M. C.	

Wife

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Wife
MME Evelyn Dionne
88 Barrie Road
Oullia
Ont

Dionne, J.

643868

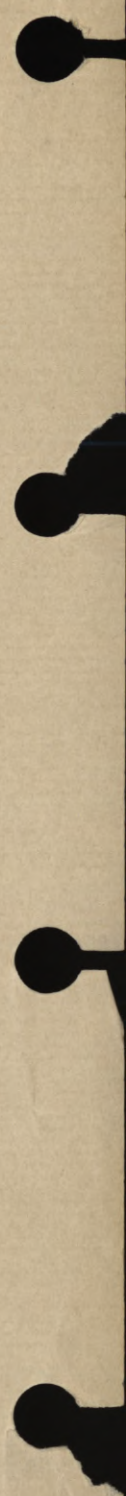
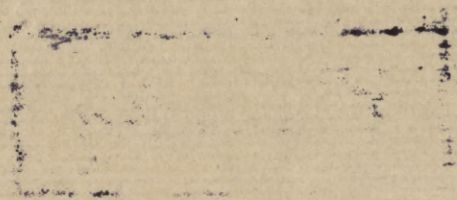
Pte

157 C.E.F. Bn

15⁰⁰ Oct 1/16 OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div> <p style="color: red; font-style: italic;">Died 18th Nov. 1916. C.L.(3) 18/11/16. J.H.G.</p> <p style="color: red; font-style: italic;">Stop payments Dec 1/16 3 M. 27-11-16 J.H.G.</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Wife

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a
50m.—7-16
1772—39—819.

Sheet No. 2
(Assignee)

M. Evelyn Dionne

Name of Soldier

Dionne, G. Pte
CE 1st Bn 643868

PAYMENTS.

L. L. Job 5470—Req. 6888.

187

15.00 Oct 1/16

Remarks. *OCT 1, 1916*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>Z 22545</i>	<i>15</i>	
Nov.		<i>cancelled 229061</i>	<i>15</i>	<i>Account closed. Cas.</i>
Dec.				
Jan.	1917			<i>Pension granted 19/11/16 S.H.S</i> <i>12/2/17</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Casualties

E. X. Rend. Date *2/1/17* By *15.00*
E. F. X. " Date *3/4/17* By *S.H.*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Register No. DD 993

WAR SERVICE GRATUITY

A.P. File No. 4694-9-6

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 643868 Name Gilbert Neonne
(Christian Name) (Surname)
 Unit 157th Inf Rank Pte Date of enlistment.....
 Date of casualty 18-11-16 B.P.C. File No. 9396
 Was service performed overseas? yes

DEPENDENT

Name Ms Evelyn Neonne Relationship widow
 Address 124 Wyandotte St
Orleans
La

Amount of Special Pension Bonus \$ 64 Abstracted by Shante

Eligible for Gratuity \$ 180-
 Less amount of Special Pension Bonus paid..... \$ 64
 Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ 64
 Balance due \$ 116-

Cheque No. 9.1903791 Date issued.....

REMARKS: SA 191416734117. #48-
recovered by BPOB

Clerk Shante

Audited by [Signature]
 Date 27.1.21 \$ 116-

M.F.W. 2652
 25M-6-20.
 H.Q. 1772-89-1473

WAC
27-1-21
12
31.1.21
22.1

SEPARATION ALLOWANCE

Name *Evelyn Dionne*Name of Soldier *Dionne Gilbert*Address *113 Coldwater St*Regtl. No. *Pte 643868**Orillia
Ontario*Rank *pte*Corps *154 Batt*

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

Wife

PAYMENTS

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

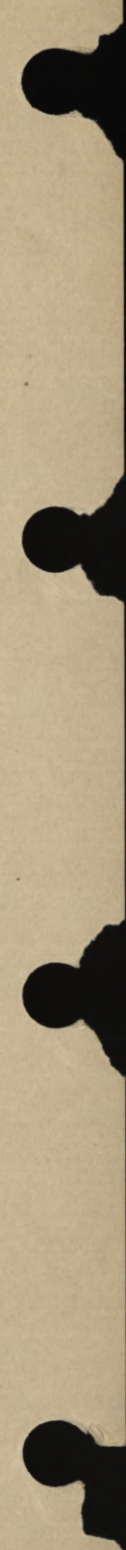
ACCOUNT CLOSED
 DATE.....PER.....
W

11. 11. 11.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYSICS DEPARTMENT



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Name of Soldier

Evelyn Dionne

wife

Dionne Gilbert
pte 643868

L. L. Job 95618—M. & D. 6555.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	Q 508	40	40
May		U 2435	20	20
June		L 9791	20	20
July		A 6907	20	20
Aug.		O 13820	20	20
Sept.		W 15457	20	20
Oct.		T 19122	20	20
Nov.		W. 22375	20	20
Dec.		W 25322	20	20
Jan.	1917	X 28271	20	20
Feb.		X 31272	20	20 X 31272 Cancelled
March			20	20
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

acc closed pension granted 19th 16

Ed. E. 12th 17

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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

A.G.R. Rank Name **DIONNE, Gilbert** Reg'l No. **643868**
 Unit **157th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married**
 Place and Date of Enlistment **Orillia, 28th Jan. 1916.** Place of Birth **Deseronto, Ont. Canada.**
 Name and Address, Next-of-Kin **Evelin Dionne,**
88 Barrie Rd., Orillia, Ont. Canada. Relationship **Wife.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

*mx
\$17/21mg*

Discharge, Date and Place Reason Character **NERB No 11161**

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>b.</i>		Arrived in England S. S. Cameronia		28/10/16	
20-11-16	157 th	Admitted mil Hosp <i>Branchett</i>	<i>Branchett</i>	17-11-16	<i>Et 2 D.O. 154</i>
20-11-16	157 th	Having died in Hosp is S.O.S	<i>Branchett</i>	18-11-16	<i>Et 2 D.O. 154 C/pt Gastric ulcer</i>

Dionne. Gilbert., Pte., 64386E 157thBn. 649-D-4454.

Med. & Dec. (Widow) Mrs. Evelyn Dionne.
Orillia.
Ont.

P & S. (Widow) Address as above.

Serial 785951
Mem. Cross. (Widow) " " "

Mem. Cross. (Mother) Mrs. Louisia Dionne.
97 Elgin St., E.,
Oshawa. Ont.

*England only.
Eligible for B.U.M.
m.j.*

55019

W
W
W

51027 JUL 15 1921

51028 JUL 15 1921

168

~~Plazue Desp. FEB 3 1922
Regn. No. P88199~~

~~Scroll Desp. SEP 13 1921
Regn. No. 252612~~

NAME

RANK AND CORPS

H. Q. FILE No. 649-

REGT'L No.

Dionne Gilbert

Pls. 157 H. Bn.

643868

CABLE

NATURE OF CASUALTY

NO.

DATE

6

05023

18-11-16

Died at Mil. Hosp. Bramshott
Nov. 18th. 1916. (Cause of death not stated) ✓

05280

26-11-16

Died of ulceration stomach perforating ^{W.S.M.}

A.F.B.

2090.

" "

"

"

" nov. 18th

London

21-11-16.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4	Mil, Bramshott	18-11-16	Died (not stated)
5	cause of death now diagnosed as Ulceration of stomach perforating		

SURNAME.

Dionne

(649-10-4454)

CARD NO.

D

CHRISTIAN NAMES

Gilbert

FOLL.

REGL. NO.

642868

RANK

Pte.

UNIT

159th

Bu.

FORMER CORPS

Inf.

NEXT OF KIN.

NAMES IN FULL

Dionne, Mrs. Evelyn

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*88 Barrie Rd, Orillia, Ont
of Gilbert-Dionne, Ashawa*

Auth 974. 19-11-16 SW 675-15

COUNTRY OF BIRTH

Canada, Deseronto, Ont.

DATE

Dec. 26th 1889.

PLACE OF ATTESTATION

Orillia, Ont.

DATE

Feb. 7th 1916.

MARRIED *yes.*

SINGLE

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

26.

YEARS

not stated

MONTHS

HEIGHT

5

FEET

9.

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

dk brown

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Orillia, Ont.

DATE

Feb. 9th 1916.

Present Address,

*88 Barrie Rd., Orillia,
Ont.*

Ham

Number 643868 Rank Pte

13

Surname DIONNE

Christian Name Gilbert

Units 157th Bn Can. Inf Theatre of War England.

Date of Service 28-10-16.

Remarks (W) Mrs Evelyn Dionne

Latest Address Orillia
Ont

Roll No. A Page 3433

200m.-2-21.M.

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

One person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

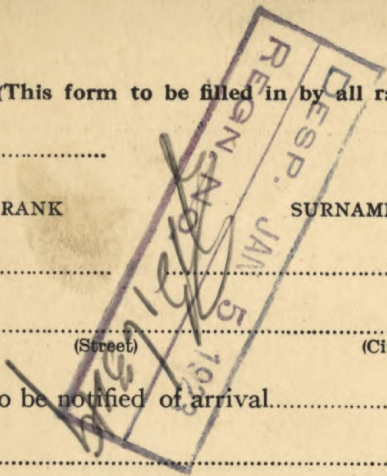
Railway.....

Is your wife on board.....

Number of children on board.....

Destination.....

(Sgd.)



No. 643868 RANK *Pl.*

NAME *Dionne, G*

T.O.S. 14-12-15
D.O. 27 31-12-15

UNIT *157th Battalion, C.E.F.*

M. D. 2

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i>				
<i>Dec. 14</i>	<i>Dec. 31</i>	<i>✓</i>		
<i>1916</i>		<i>✓</i>		
<i>Jan.</i>		<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May.</i>		<i>✓</i>		
<i>June.</i>		<i>✓</i>		
<i>July.</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		
			<i>aw. 72 hrs detention 10-6-16.</i>	<i>D.O. 30/10-6-16.</i>
				UNIT SAILED
				OCT 17 1916



Name *Dionne Gilbert* Rank *Pl* Reg. No. *64388*
 Unit *157th Battalion*
 Next of Kin *Canada*

1st
Gas Co.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u><i>Died</i></u>						
18.11.16	<i>Military Hosp Branshot</i>		<i>Not Rated</i>	<i>4</i>		
23.11.16	<i>Not Diagnosed as Ulceration of Stomach</i>		<i>perforating</i>	<i>5</i>		
	<u><i>Died</i></u>					
<i>R. L. 25-D-128</i>						

Surname *Dionne* Christian Name or Names *G.* Reg. No. *643.868*
 Rank *Plt.* Unit *157 Batt.* Co. Troop Batty.
 Hospital *Mie Hosp. Bramshott* Date of Admission *18-11-16.*
 Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

n. s.

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died 18-11-16.

DISPOSITION

Date

20-11-16 - 4

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } 157th. Bn. Can. Inf. Squadron, Troop, Battery } "C" Company.
 or } CORPS }

Regtl. No. 643868 Rank Private.

Name Dionne, Gilbert,

Died { Date November 18th. 1916.
 Place Military Hospital, Bramshott Camp, England.
 Cause of Death* Rupture Duodunum.

Nature and Date of Report -Report on M.H. Sheet/ ^{18/11/1916.} by Capt. D.A. Webb, C.A.M.C.

By whom made Capt. D.A. Webb, C.A.M.C., Bramshott.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Convent, near Grayshott.
 Date November 20th. 2.00 p.m.
 By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) _____
 (b) in Small Book (if at Base) _____
 (c) as a separate document Yes. _____

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge }
 of Section Adjutant-General's } _____
 Office at the Base }

Station and Date _____

FIELD SERVICE

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form R 213 or Army Form A 36 or from other official documentary sources.

REGIMENT or CORPS
Battalion or Company

Name Rank No.

Date of Death
 Place of Death
 Cause of Death

Station and Date of Report

By whom made

Place of Burial
 Date of Burial

By whom reported

(a) in Pay Book (Army Book 50)
 (b) in Small Book (if at base)
 (c) as a separate document

States whether he leaves a will or not

All private documents and effects received from the man or deposited as well as the Army Book should be forwarded to the War Office with the report.

Signature of Officer in charge
 of Section Adjutant General's
 Office at the Base

Date and Date