

460555
Aborn.
No. 18233
Folio. *one*

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

Jusave Dionne
Quebec City, Quebec, Canada
Marcial Dionne. Pl
April 26 1886
Black
Libert
No
Yes
No
Yes
Yes
Yes
Yes
G. Dionne
[Signature]

(Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

G. Dionne (Signature of Recruit)

Date *June 15* 191 *[Signature]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Jusave 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.

G. Dionne (Signature of Recruit)

Date *June 15* 191 *[Signature]* (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 *Montreal* this *15th* day of *June* 191 *[Signature]*

(Signature of Justice)

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

[Signature] (Approving Officer)

Description of Jusave Dionne on Enlistment.

Apparent Age 29 years 1 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 1/2 ft. 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Hazel

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date James 1911

Place Winnipeg Capt. H. J. ... 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.

Jusave 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.

Sgd. D. Mc. Jones (Signature of Officer)
 Lieut Col.

Date James 1911

for of Commanding 61st Overseas Batts

Certified true copy.

Captain,
 for Officer i/c Records, C.E.F.

REGIMENTAL DOCUMENTS

Pl 6 NAME *Donne Gustave*

REGT. NO. *4605-55* UNIT *8th Bn*

H. Q. FILE NO.

(17)

CONTENTS

8

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

3

3

3

2

2

2

1

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2

4

1

3

3

3

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)

M 7 11 192

Bar Card

W 3 17 2

M 7 10 2509

Misc

M 7 10 2537

M 7 10 2516

R-D. 6045

Print Out

M 7 13 313

L 1237

SCP

1-12-19

M

12-19

17508

DEATH

Category

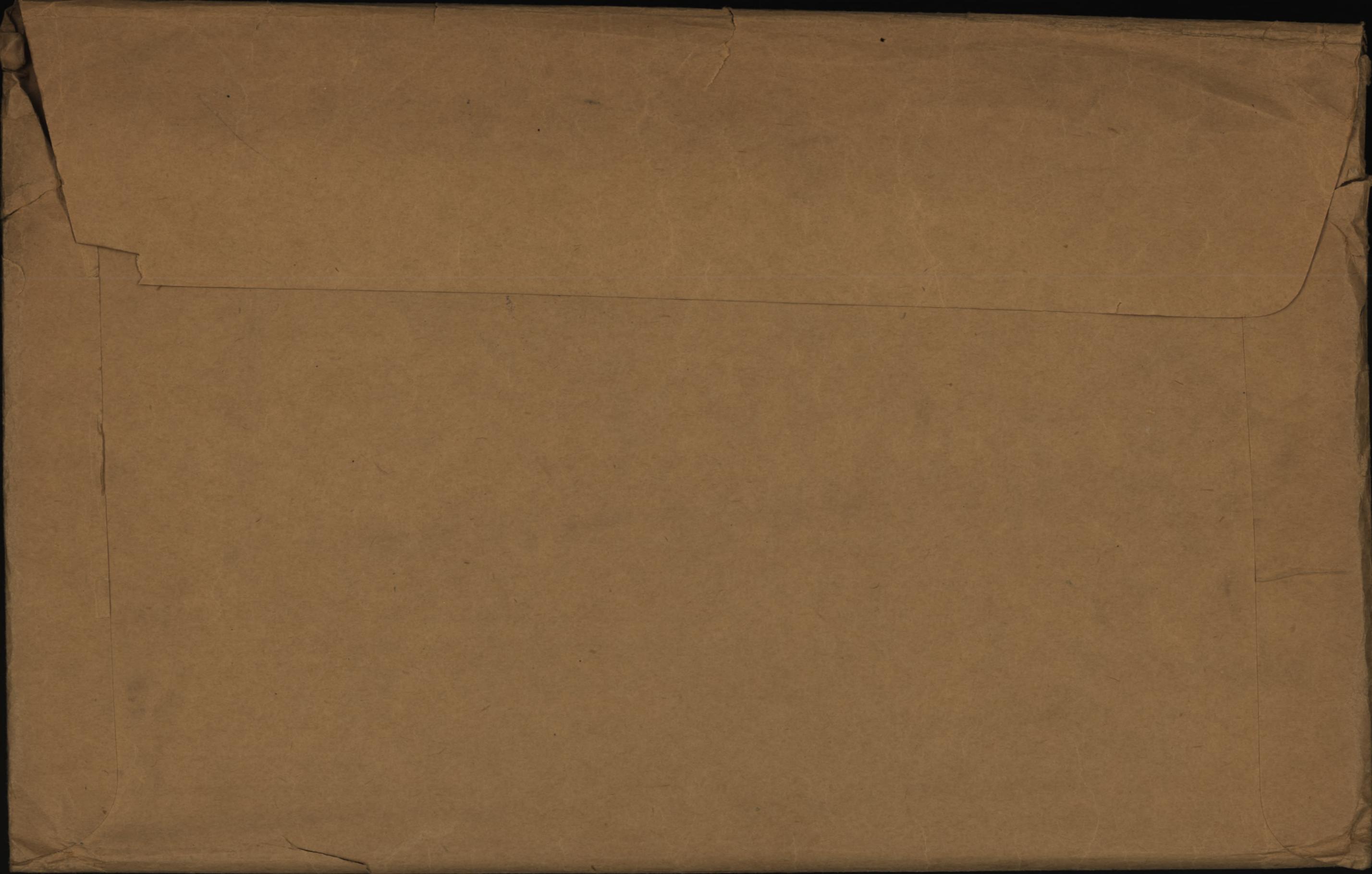
DISCHARGE

Category

Med. Benefit on Demand.

DESERTION

16-31
24-31
30-31
4



69 1915/16

ORIGINAL 2.D.8 5417 #60555

MEDICAL HISTORY SHEET.

Surname Rionne Dionne Christian Name Gustave

22 JUN 1918

Examined on 15th day of June 1915
at Winnipeg
Birthplace { City or Town Quebec
County Prov. Quebec

Approved by [Signature]
Rank Capt. M.O.

Apparent age 29 1/2
Trade or occupation Clerk
Height 5 Feet 1 1/2 Inches.
Weight 140 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development good
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		<u>4 SEP 1918</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Army Right Left
Number 1
When Vaccinated last 1908

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

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

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

Enlisted on 15 day of June 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>61st Batt</u>	<u>60555</u>		<u>June 15/15</u>
Transferred to..	<u>C.E. 7</u> <u>17th Res Batt</u>	<u>460555</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>22-8-16</u>	<u>G. D. W. Rt Knee</u>	<u>4 weeks P.T.</u>
<u>Shoreham</u>	<u>Sept 28/16</u>	<u>13-6-16</u> <u>Med Board</u>	<u>H. G. Craig</u> <u>74</u>
<u>Hamilton</u>	<u>Feb 27/17</u>	<u>Fract. right</u>	<u>H. G. Craig</u> <u>74</u>

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.
M. F. B. 315.
H. O. 1772-39-439.
[Signatures]

CANADIAN

Christial 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				
The C. of London (War) Hospital, Epsom		18	6	16	18	8	16	G.I. to. June 1916		Recovered	S. Daniel
Wolke Hospital Epsom		18	8	16	25	8	16	do	8	Transferred to Shoreham	W. H. Lund
										Drafted overseas to the 8th. Bn. from 1st, Casualty Training Bn.	
											Major for O/Commanding C. C. A. E.
A ward 1st Western General Hospital Fazakerley LIVERPOOL		3	9	18				G.I. to. High Fr. Fever.			
Key Special Military Surgical Hospital West Derby, Liverpool.		4	9	18	14	1	19	do	132	Transferred to Canadian Hptl.	C. J. Smith Capt. M.S.
Granville Can. Spec. Hosp Buxton Derbyshire		14	1	19	3	4	19	do	90 170	Fracture Rt. Femur Surgical wound. Splinted Slight limitation of angle of flexion R hip. Rt knee 29 E 150. AS 7 170	W. H. Lund Capt. M.S.

NO. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

23 APR 1918 15 MAY 1918

23/5/14 NOV - 5 1918

Can get about waist and of stick.

167
M 2227
120 change C.P.E.

W. H. Lund
Capt. M.S.

S.D. Mearns
St Anne de Bellevue

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **460555** (Rank) **Private**

Name (in full) **DIONNE, Gustave,** enlisted in
the **8th Battalion,**

CANADIAN EXPEDITIONARY FORCE at **Winnipeg, Man.** on the **Fifteenth**
day of **June,** 19 **15**

HE served in **FRANCE**

and is now discharged from the service by reason of **Demobilization**

~~Unfit for military service~~

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

Age **35 years**

Height **5 ft. 1½ ins.**

Complexion **Fair**

Eyes **Hazel**

Hair **Brown**

J. Dionne
Signature of Soldier

Marks or Scars

**Small scar on fifth
right metacarpal bone.**

L. J. ...
Captain,
Officer i/c Discharge Station, District Depot No. 4.

Date of Discharge **6/11/19**

Rank

Appointment

Signed at **Montreal, Que.** this **Sixth** day of **November,** 19 **19**

in Military District No. **4**

File Reference No. **DD4. 19-D- 917**

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge or when duly authorized in writing.
- 3.—That wearing of uniform renders him liable to usual military discipline as if on the strength of a unit.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
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(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
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Initials and Rank of
an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	
(18) Demobilizer (f)	(Place)
(19) Pivotal-man (f)	(Date)
(20) Qualifications (g)	or (21) Corps trade and rate
(22) Extended {	(23) Re-engaged {
(24) Miscellaneous entries:—	

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoering-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W.1889—P.P. 11150 IM 5/18 G.W.P. Co (3490)

460555

De. Dinnb.

G.M.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

4.9.18	h R 10.	✓	Tos. from 8 th BN	Seaport	3.9.18.	P ⁵ 250
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J. O'Brien

LIEUT.
FOR LT. COL. I/C RECORDS. C O M E

2-8-19.			Transferred to Ste. Anne de Bellevue Military Hospital, D.D. No. 4, with effect 29-7-19	Montreal	29-7-19	Pt. II O. No. 2 12 of 31-7-19.
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5-8-19	MONTREAL		T.O.S..D.D.#4 on Trs.from D.D.#5	MONTREAL	29-7-19	D.O.Part Two # 217
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7.11.19	Montreal.		SOS.Discharged. MedUnfit RO.1420	Mtl.	6.11.19	DO.Pt.2 #311
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J. Des Prair
Adjutant,
District Depot No. 4.

Nothing to be written in this margin.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ste Anne de Bellevue DATE 30-10-19

1. 1 (a) Unit DD 4 (b) Regimental No. 460 555 (c) Rank Pte

(d) Surname Dionne (e) Christian name Gustave

(f) Home address 29 Couillard St - Quebec

(g) Next of Kin Dionne Eveline (h) Relationship Sister

(i) Address of Next of Kin 29 Couillard St - Quebec

2. Age last birthday 32 years Date of birth 26th April 1886

3. Enlistment, or Appointment (if an Officer) (a) Place Winnipeg (b) Date 15-6-1915

4. Personal description:
 (a) Height 5" 1/2" (b) Weight 140 (c) Complexion Fair
(stripped)

(d) Colour of hair Brown (e) Colour of eyes (f) Identification marks, Scars, etc.

Small scar on 5th right metacarpal bone

5. Former trade or occupation Clerk.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	130

<i>Patent's statement</i>	PERIODS	
	From	To
Canada	15-6-15 23-5-19	28-8-15 25-10-19
England.....	28-8-15 4-9-18	4-12-15 23-5-19
France or other theatres of War.....	4-12-15	3-9-18

7. Original disease, or injury G.S.W. Fracture Rt femur

(a) Date of origin 9-8-18 (b) Place of origin Amiens

(c) Cause G.S.W.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body or of some of its parts, therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Limitation of movements at right knee due to fracture of neck of femur. ^{flaming}

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition good - Scar 2" x 1/2" long on ext. aspect of right hip, near great trochanter region, not adherent - 2° scar 4" x 1" partially adherent, inner aspect right thigh middle 1/3.

Movements at the hip are free - ankle, normal.

A.G.E. at knee 180°, A.F.F. 145°

2" Atrophy

Walks with marked limp. After a long walk, patient states his leg becomes tired. Also states the right thigh perspires a great deal more than left one.

Shortening of the leg 1"

Another scar across ant aspect of right knee due to a wound (13-676).

X-Rays state: Injury to femur just below lesser trochanter.

Numerous f.b. in neighbourhood.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....	No	Cardio-Vascular System.....	No	Genito-Urinary System.....	No
		(If pulse rate is abnormal, R. P. will be taken.)		(Albumen and Sugar will be excluded.)	
Special Senses.....	No	Respiratory System.....	No	Integumentary System.....	No
Disturbances of Mentality.....	No	Digestive System.....	No	Muscular System.....	No
Osseous and Joint Systems.....	No	Any other general condition.....	No		

10. (a) History (of the condition referred to in Section 9 (a).)

Wounded at Amiens 9-8-18 - at nos CCS. wounds evaded and leg put up on Thomas splint going around on crutches Sept. 6th X Rays showed comminuted fracture surgical neck of femur. Wounds all healed by Oct. 4th 1918. Was wounded in 1916 over right patella healed without disability. Hospitals 9th C.S.A. 1 day - 15th CCS 4 days - 8th Stationary 20 days. 1st Western ^{Gen.}Hosp. Liverpool 1 day - Alder Hey Mil. Hosp. Liverpool 132 days. S.C.S.H. Buxton, Jan 14th to 27-3-19. Went to 205 Gen Hosp. where stayed three weeks. Left 23-5-19 for Canada where landed 4-6-19 - sent to Ste Anne de Bellevue 29-7-19.

10. (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Never sick prior or ~~posterior~~ ^{subsequent} to enlistment

(c) (Here give a description of wounds, scars and deformities. 1° Scar 2" x 1/2" long on ext. aspect. of right hip near great trochanter region, not adherent. 2° Scar 4" x 1" partially adherent inner aspect of right thigh middle 1/3 - 3° Scar 2" long across ant. aspect right knee due to a wound 11/16/16)

11.-(a) Did the disabling condition have its origin before enlistment? no

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N. A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? a & B = no

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months to one year

14. Treatment (Case reports, general or special, should be secured and attached where possible.)
Massage & radiant heat - Pair of special boots - Usual treatment in hospital - Gymnastics to increase movements of knee.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations Discharge for civil life

U. Quincy Cast
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Seldu have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing

G. Dionne Rank.
Signature of invalid examined.
WJ

OPINION OF THE MEDICAL BOARD

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

We concur except that some disability will be permanent owing to shortening of leg. There should be some improvement in knee in 6 wks time.

19. Is the invalid fit for

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

U. a. No. 1700 unfit for service

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~ (Strike out condition not applicable.)

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

Yes

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE

St. Anne's Hospital

W. Battersman Capt. President.

DATE

30.10.19

J. E. Britton

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness.....

Signed.....

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

PLACE.....

DATE.....

APPROVED BY

APPROVED BY

FOR Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *NOV 3 1919* M. D. No. *4*

DATE.....

President

Members

10 (b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

NIL

(c) (Here give a description of wounds, scars, and deformities.)

2nd wound under side R thigh near knee joint. 4th wound under side R thigh near knee joint.

11.-(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? NO

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months

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

Excision of wounds at CCS
Spent treatment for fracture
Massage and mobilization R knee

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

(If the answer is "yes" state nature of treatment required and probable duration)
As the patient with massage & mobilization R knee.

16. Can the former trade or occupation be resumed? YES

(If not, briefly state why)

17. Recommendations
Award to Canada

James Donald Capt Case
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, Just-ave Dionne, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Just-ave Dionne Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

No. 2 question - 9. The fracture should be described as - "fracture of the femur, just below lesser trochanter" - walking case

19. Is the invalid fit for

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

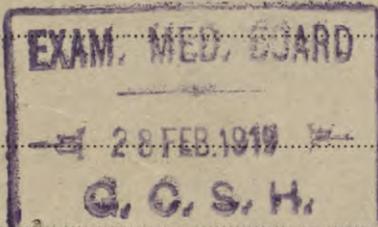
20. It is certified that the invalid

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.) yes necessary return 4 months
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

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

Invalid to Canada

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.



PLACE

DATE

J. J. Lee Major General President. W. J. Hall - Capt Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

President. PLACE DATE Members

APPROVED BY MAJOR, D.A.D.M.S. For. ADMS. CANADIANS Assistant Director of Medical Services.

APPROVED BY Director-General of Medical Services

DATE 5 MAR 1919

DATE

BOARD OF PENSION COMMISSIONERS FOR CANADA

Nov-15-1919.

Rank Private Date June-15-1919.
Regimental Number 460555 Date of Discharge Nov-6-1919.
Unit 8th Battalion
Name DIONNE Gustave
Address 29 Couillard St. Quebec, Que.
B.P.C. District Office Montreal, D.D.#4.

Attestation Form:-

Weight on enlistment: 140 pounds.
Marks of Identification: Small scar on fifth rt. metacarpal bone.
Rank at attestation: Pte.

Casualty Form:-

Injury: Limitation of movement at right knee following fracture of neck of femur Result of GSW 517 Days.
Rank when injury was incurred: Pte.
Miscel: Nil.

Conduct Sheet:-

Veneral disease: Nil
Conduct: Good.
Self inflicted wounds: Nil.

BOARD OF PENSION COMMISSIONERS FOR CANADA

.....

..... Rank

..... Department

..... Unit

..... Name

..... Address

..... P. O. Office

..... Association

Case No. 1234

Date: 1950

48647

Rank _____ Name **DIONNE, Gustave.** Reg'l No. **460555.**

Unit **61st to 17th Bn.** If in perm. Corps, }
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Winnipeg, June 15th, 1915.** Place of Birth **Quebec City.**

Name and Address, Next-of-Kin **Miss Eveline Dionne**
Narcisse Dionne, Quebec, Canada.
Upper Town

29, Couillard St., Quebec, P.Q. Relationship **Sister**

Assigned Pay Monthly \$ _____ Payable to **R133B/128**

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

139-44
N/E. R.B. No. **22657**
File R.L.
Category **M.M. Can**

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>Arrived in England.</i>			
24.9.15	O.C. 17 th	Taken on strength	S. Sandling	20.9.15	P. Hon 165
16.10.15	"	3 dyp C.B. Drunk & asleep by roadside	"	14.10.15	" 205
21.10.15	"	7 dyp C.B. 7 dyp extra fatigues	"		
		Duty on parade 20/10/15	"	21.10.15	" 214
26.11.15	"	1 dyp pay 3 dyp C.B. Nov. 23/11-24/11/15	"	26.11.15	" 282
13.12.15	"	Transf'd to 8 th Batta	Overseas	13.12.15	" 306.
13.12.15	"	16 days deten } ① drunk High St. Hythe ② Penalties Barracks E. Sandling when wanted for draft.	E. Sandling	11.12.15	" 307
25.12.15	O.C. 8 Bn.	Taken on strength 8 Bn.	Travel	14.12.15	" 43.
20-6-16	8 th Bn.	Adm No 5 British Red Cross Hosp.	Wimereux	14-6-16	Cpl A 357 (S.S.W. Hall)

460555

Dionne, Gustave

139-HH

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				
22-6-16.	8 th Bn	Adm County of London War Hosp	Epsom.	19-6-16	6/L B97 (S.S.W. Knee Sew)
20-6-16.	Obs 1st	Transferred to C.C.A.C., Folkestone.		18-6-16	Pl # Order 26.
23-8-16	Obs 1st	Taken on Strength		19-8-16	Pl # 0245 C/L B 150
3-9-16	Obs 1st	Trans can Div con Hosp Epsom		25-8-16	Pl # 035-374
14-11-16	do	On com to 2 nd cc for P. Sect		9-11-16	— 11-501
9-11-16	do	To bar bas 1st Bn S' Ham	S' Ham	9-11-16	— 15
22-12-16	8 th Bn	Attached from 6th Bn.	Shouham	25-8-16	6/L B 250
18-1-17	ccae	Dis. b. 6th Bn. Wiede Pt.	Epsom	13-1-17	Pl # 031
13-1-17	CCAC	Proc O'seas to 8th Bn ceases is attached to CETB 9 S.O. 8	Hastings	13-1-17	— 15 CRF
22-11-17	8th Bn	9 th P. 31 is amended to read on Trans. P. 31 S.O. 8 to 8 th Bn		14-11-17	— 8
24-7-17	---	Taken on the Strength		3-7-17	6/L A 716
18-8-17	---	Reported from Base Adm to Hosp	Field	13-8-17	6/L A 738 VDC
7-9-17	---	Adm No 18 Cas: Clearing Sta	---	15-8-17	6/L A 4
21-9-17	---	Trans No 51 Gen Hosp	MS Etaples	9-9-17	6/L A 16
18-8-18	8th Bn	Discharged to Base Details	MS	14-8-18	6/L A 295
7-9-18	M.R.D.	Wounded	Field	3-9-18	Pl # 250 8 th Bn Pl # 105 d/12-9-18
28-5-19	C.L.	T.O.S. from 8 th Bn	Pk Seaford	23-5-19	C/L B 532
4-6-19	M.R.D.	Invalided to Canada	" Liverpool	23-5-19	PC 20155
		Sciling 501 & MD 5			
		Having been listed to be transferred to Special: ceases to be a charge or patient in the S.O. 8 to 8th Bn			

26 JAN 1921

A.F.B. 103 CHECKED

H. Rays

1709
1/10x12
21-7-19

Ste Anne de Belleme HOSPITAL

REQUISITION FOR ~~TREATMENT~~ OR EXAMINATION.

Date 31st - 7 - 19

Reg'tal No. 460555 Rank Pte Name Devine Gustave Unit A.D. 4 - 8th Reg

Bed 37 Ward E-4

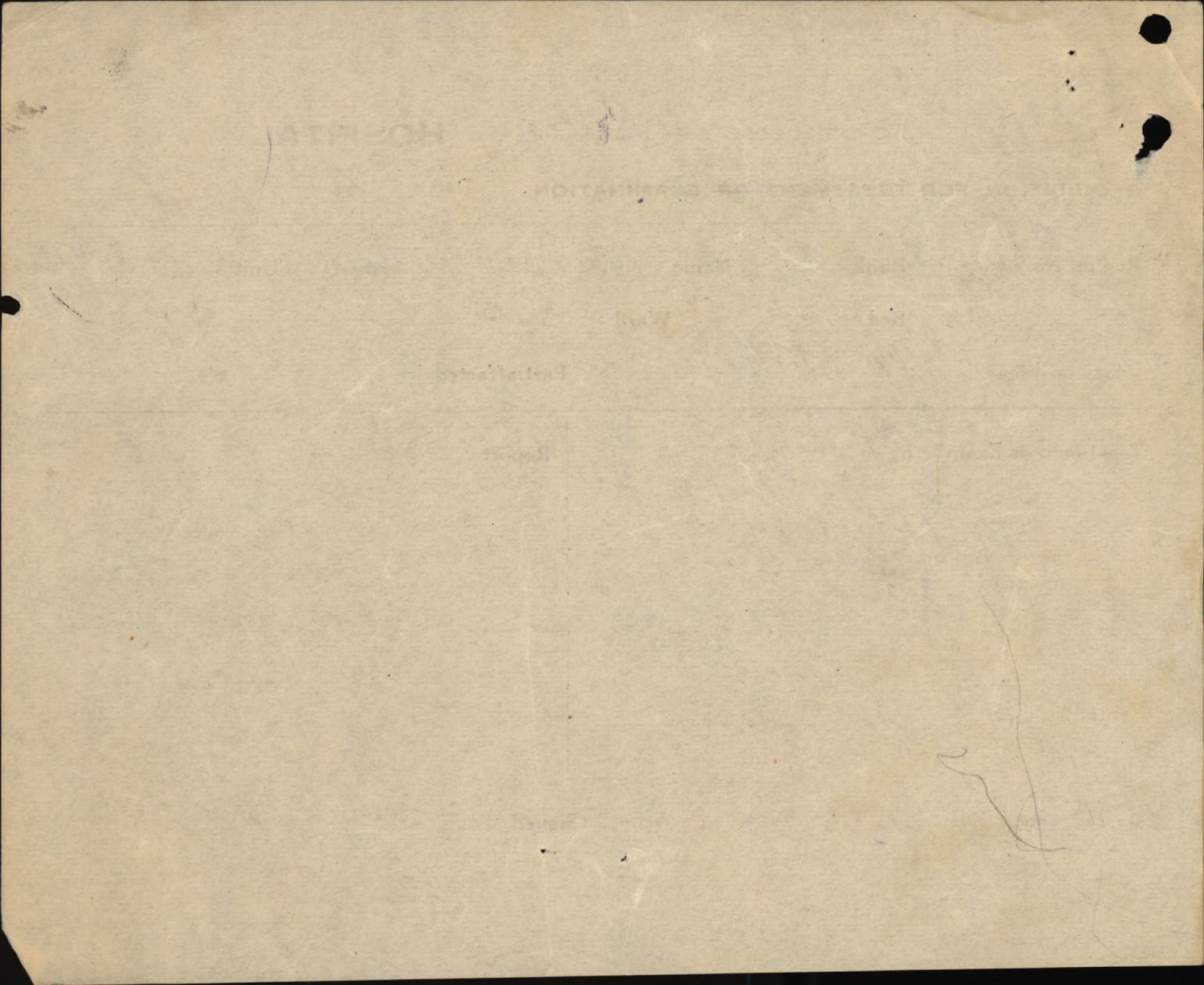
Injury or disease P.S. W. Rt Thigh Part affected

Treatment or Exam Rt thigh
J. Y. Gaiety, Capt.

Report
Injury to femur just below lesser trochanter. Numerous fb. in neighborhood.

John

Signed



Neurologist

Ste Anne de Bellevue HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date 31st July 1919

Reg'tal No. 460555 Rank Pte Name Desiré Gustave Unit 8th Bn

Bed 37 Ward E-4

Injury or disease G.S.W. Fracture Rt leg Part affected

Treatment or Exam Rt leg as for electrical reactions

J. U. Gairney Capt.

Report

No nerve lesion. (No loss of voluntary power or sensation in leg)

M. F. W. 2509. 50m. 4. 19. M. 1772. 39. 1276.

no nerve lesion

Signed Harry J. Jones Capt.

COMMISSION FOR TREATMENT OF EXAMINATION

The name of the
(the name of the
person or persons)
is (or are)

of the
City of

To M.O. 1/c Ward..... *E4*

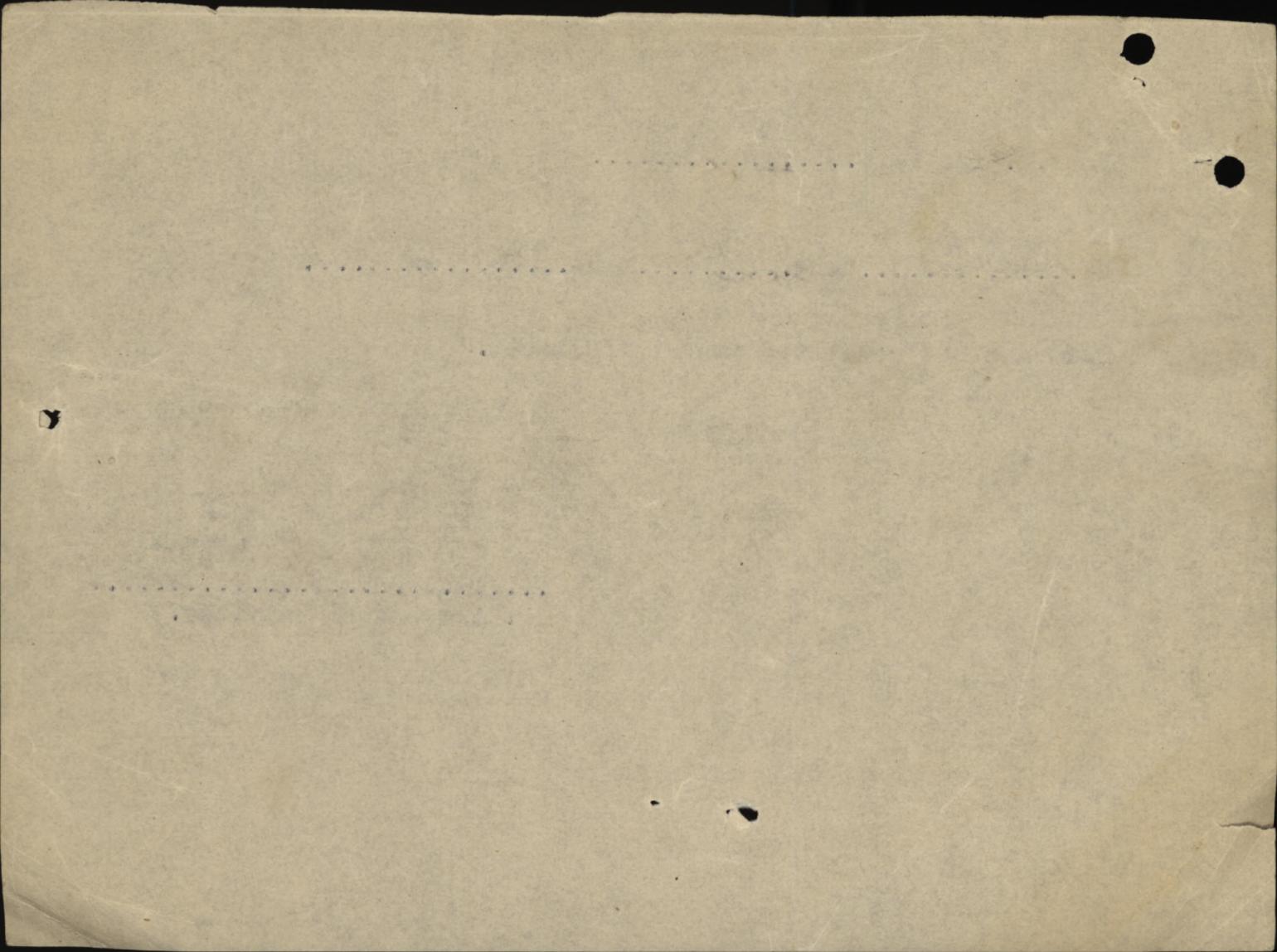
No. *460555*..... Rank. *Pte*..... Name. *Gustave Altonne*

This man has completed Dental Treatment.

RECOMMENDED FOR DISCHARGE

..... *Bur Brock*..... *Capt*
Officer in Charge Dental Services
Ste. Anne de Bellevue Military Hospital.

..... *Capt* ..
O. 1/c Dental Services.



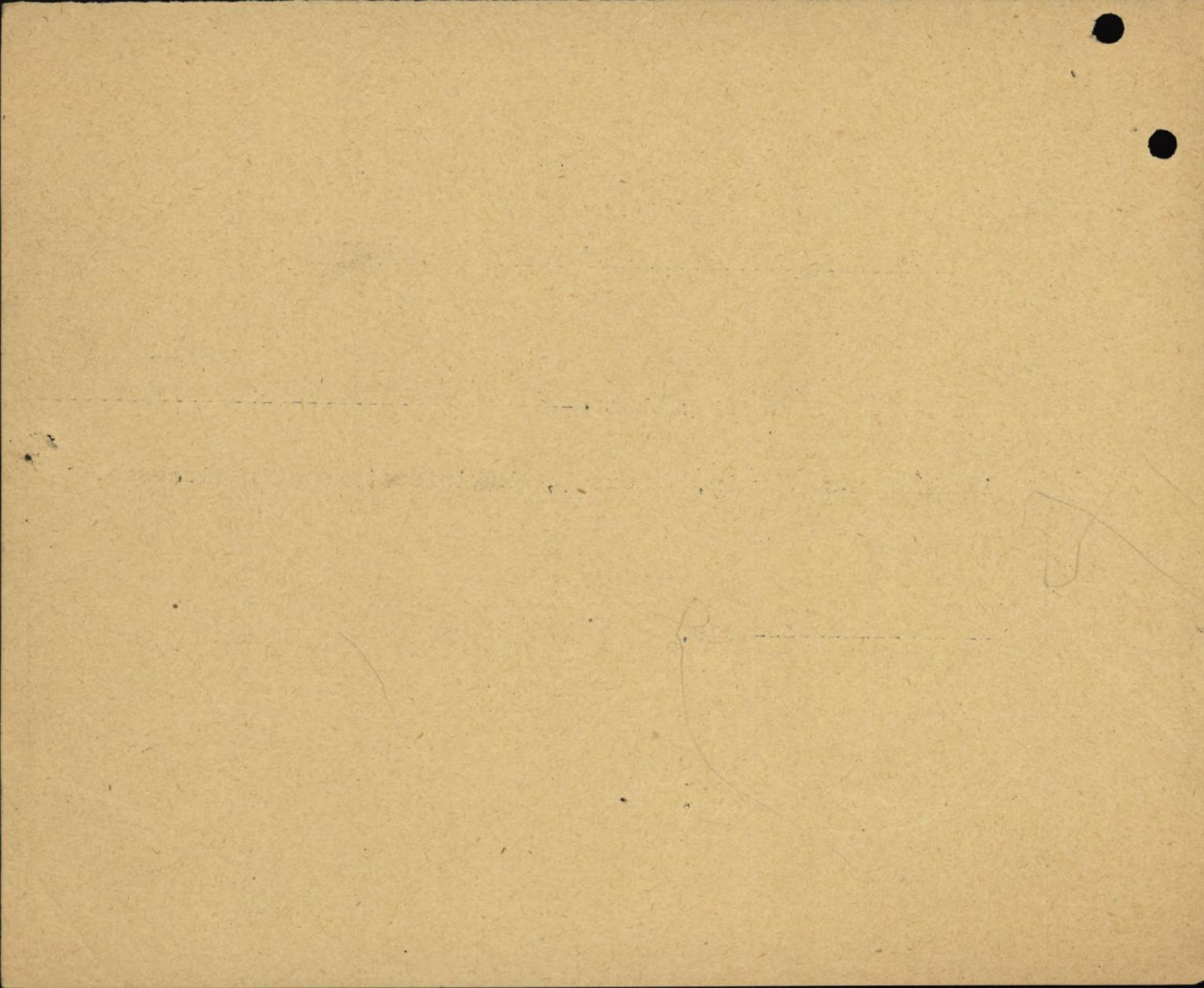
Ste Anne de Bellevue Military Hospital

460555. Pte *Donnie Gustave*
I Certify that -----

is free from Vermin, Venereal, and infectious skin diseases.

24-10------1919.

J. Y. Gairney, Capt.



TREATMENT DEPARTMENT

.....HOSPITAL

Aug 18th 19 19

To

No. 460555

Name Pfc. Dianna

Treatment Rad Heat Illness

I would beg to draw the marginally named case to your notice.

Do you wish any alteration in prescribed treatment, please ?

Daily 9³⁰

Walt Hunter Capt

Signed

M. F. W. 2516

100M. 4-18
1772-39-1284

TREATMENT DEPARTMENT

HOSPITAL

I would be glad to draw the necessary orders for
to your doctor.
Do you wish any attention in prescribed
treatment, please?

M. B. W. 2516
1916-1-15
1916-1-15

Signed

TREATMENT DEPARTMENT

me

HOSPITAL

3-10

19

19

To

Capt Gausman

No.

460555

I would beg to draw the marginally named case to your notice.

Name

Pte Brownie

Do you wish any alteration in prescribed treatment, please?

Treatment

Rev Signal II am

M. F. W. 2516

100M. 4-18
1772-39-1284

Signed

[Handwritten signature]

TREATMENT DEPARTMENT

HOSPITAL

I would like to state the marginally noted
in your notes
I have not had any ill effects from
treatment given.

Name

Treatment

Signed

M. F. W. 1916
1916
1916

3527

GRANVILLE CANADIAN SPECIAL HOSPITAL
PATHOLOGICAL LABORATORY

URINALYSIS:

Date February 15th 1919 Ward Palace 92 Bed 387
 Name Pl. Dionne Regtl. No. 468555 Unit 8th Can
 Quantity in 24 hours _____ Sp. Gr. 1.015 Reaction acid
 Consistence Clear Colour L.A. Sediment _____

CHEMICAL:

Albumin Approx 0 Sugar 0 Urea _____

Remarks _____

MICROSCOPICAL:

Casts _____

Pus _____

Blood _____

Other Elements Calcium Oxalate Crystals + Urates

Keith B. Semon Capt
MB
Pathologist

GRAYVILLE CANADIAN SPECIAL HOSPITAL
PATHOLOGICAL LABORATORY

URINARY

Date _____ Ward _____ Bed _____
Name _____ Reg't No. _____ Unit _____ Adjutant.

Quantity in 24 hours _____
Consistency _____
Receipt of man and documents as above is _____
acknowledged please.

Remarks _____
Albumin Approx _____
Sugar _____
Uses _____
Depot. _____
Officer Commanding.

MICROSCOPICAL:

Medical History Sheet (A.F.B. 178).
Medical Board Papers
Attestation Paper (R. 144).
Field Conduct Sheet (A.F.B. 122).
Casualty Form (A.F.B. 103).
Transfer Clothing Statement (A.F.W. 3068).
Other Elements
Blood
Casts

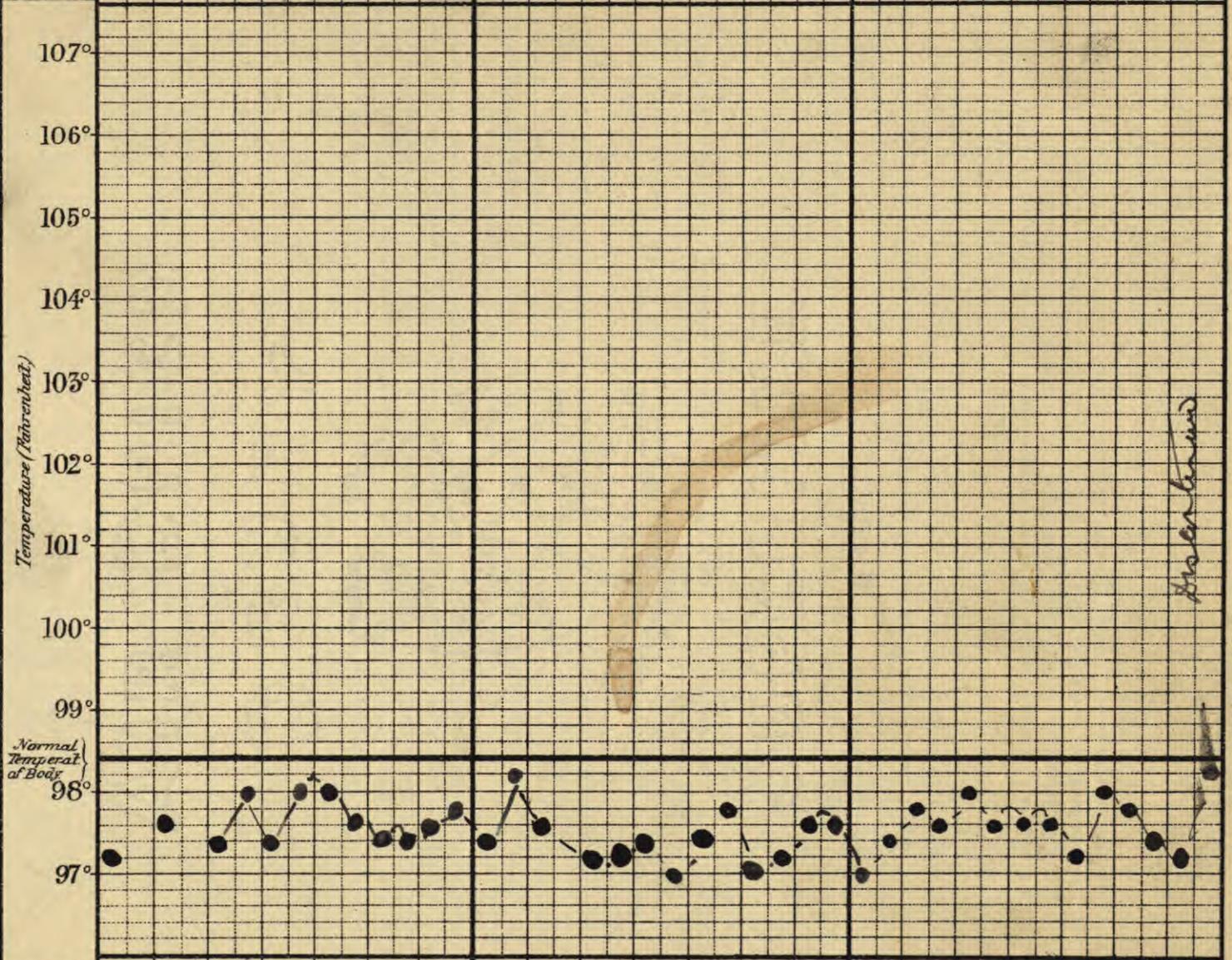
Palmer

DISEASE

Time	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E	M	E
Bowels			/					/							/											
Urine																										

Notes of Case

Name: *Pre. Diener*
 Age: *460555*
 Diet:
 Case Book N^o:



42°
41°
40°
39°
38°
37°
36°
35°

Anstalt

Date of admission

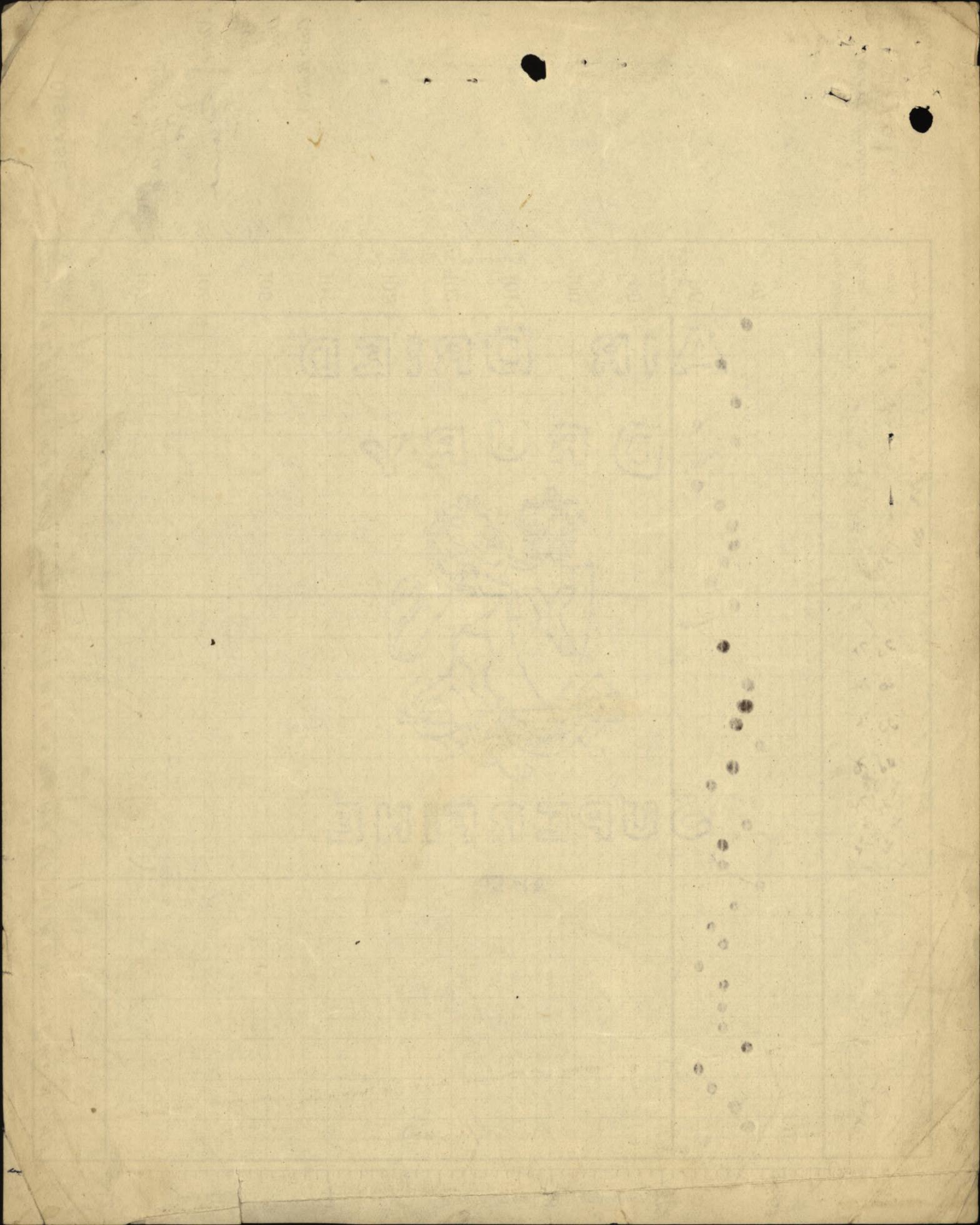
4-9-18

Day of Dis.																										
Pulse.	76	74	76	76	74	74	74	76	74	74	76	74	74	76	74	74	76	74	74	76	74	74	76	74	74	
Resp.	22	20	24	24	22	22	24	24	22	22	24	24	22	24	24	22	24	24	22	24	24	22	24	24	22	
Date.	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15					

642

9) 80/20

Result



THE UNIVERSITY OF CHICAGO

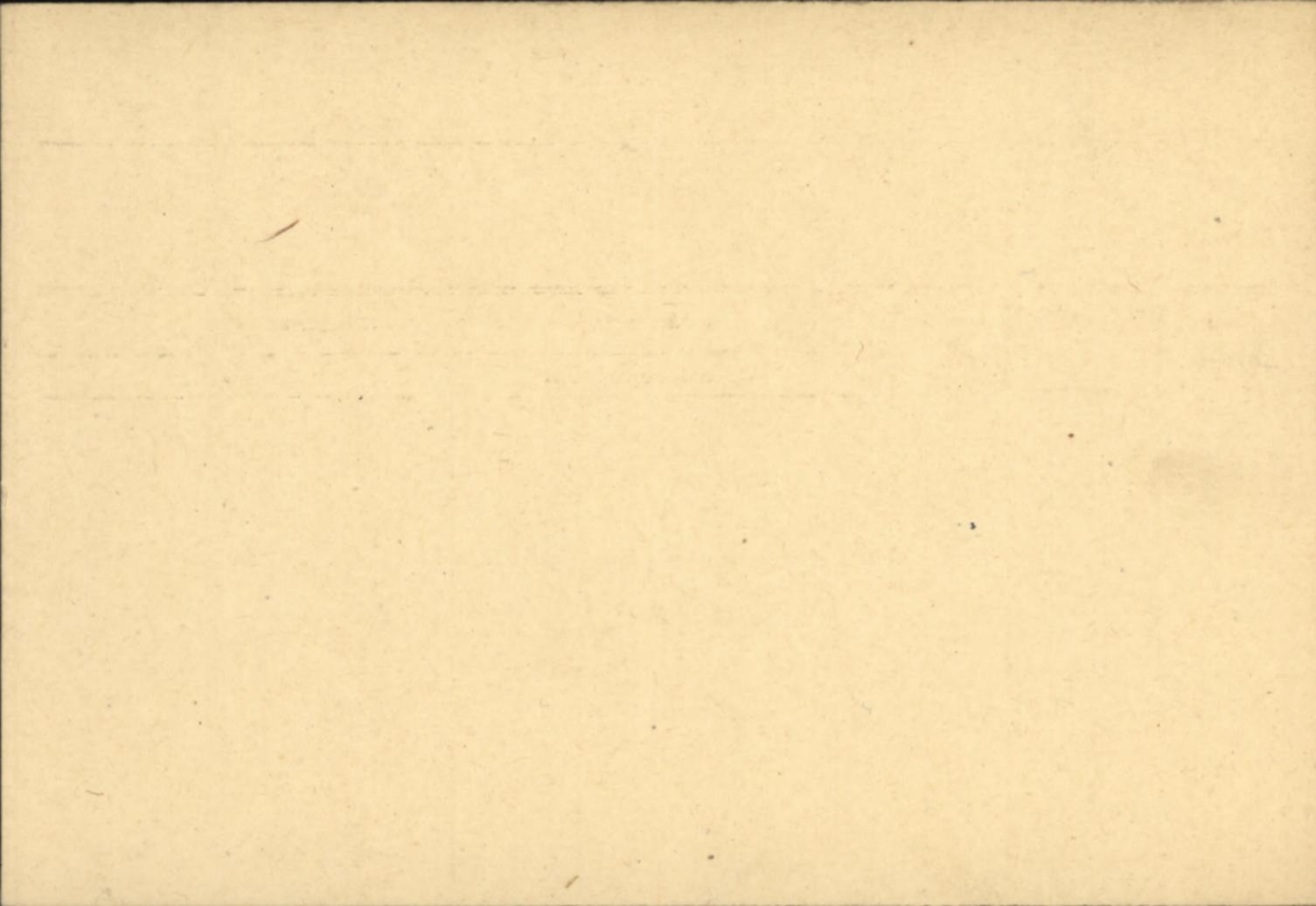
LIBRARY



CHICAGO

No 605-5-5 RANK *Pte.*NAME *Dionne S.*T. O. S. *15/6/15*
(D. O. 9) of *15/6/15*UNIT *61st Battalion*M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>June 15</i>	<i>1915</i> <i>June 30</i>	<i>✓</i>	<i>Forfeits 1 day pay A. S. I. Do 90 of 25-8-15.</i>	
<i>July</i>		<i>✓</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
			UNIT SAILED APR 21 1916	



NAME *Lionne Gustave*

REGT'L. No. 460555

RANK AND CORPS
CABLE*pte. 8th. Bu. (Form. 61st (1st. R.L.))*

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<i>MS 493</i>	<i>20-6-16</i>	<i>adm. to no. 5 British Red Cross Hosp. Wimerup June 14th. (SSW knee severe)</i>
<i>86-9</i>		
<i>5261</i>	<i>20-8-18</i>	<i>Adm #8 Stat H Wimerup</i>
<i>HS 295</i>	<i>18-8-18</i>	<i>Aug 14th 1918 SSW R thigh & rad femur.</i>
<i>NOK Narcisse Lionne, 29 Paillard St. Quebec P.Q.</i>		
<i>Also. Notify Miss Euline Lionne (Sister) 29 Paillard St. Upper Town Quebec P.Q.</i>		

Surname *Dionne G* Christian Name or Names _____ Reg. No. *460855*
 Rank _____ Unit *8 Baw* Co. _____ Troop _____ Batty _____
Pri. Hospital *8 Baw* Date of Admission *Man. Regt.*

Transferred *205 Baw* Hosp. *14.2.16*
County of Ken Epsom Hosp. *19.6.16*
Baw Woodstock Hosp. *19.8.16*
18.6.6. Stu. Hosp. *13.8.17*

Diagnosis *450 Knee Pt*
 (1) *n.s.*
 Later Diagnosis (if changed) _____
 (2) ~~*o.o.b.*~~
 (3) *V.D.S.*
 Additional Diagnosis: if more than one state present *U.S.W. High R. Frac. Femur*

DISPOSITION

R. B. Adm'd to Hosp. 3-7-17
Dis. B. Det. Staples 9-9-17
 Date

REMARKS

6.2.14 A397
22.6.16 B97
23.8.16 B150
" 24-7-17 A716
18.8.17. A738. Invalided to Canada
7-9-17 A.H. (2)
" 21-9-17 A16 (3)
18.8.18 A295.6
4.9.18 B310
17-1-19. B.423 (2)
29.4.19 B507
29.5.19 B532

A.M.D. 2 Dept.
 Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

5/1 Gen. Staples

15.8.17

8/3 Tat. Wimeren

14.8.18

2.

1st W. G. Liverpool

3.9.18

Granville. Cen. Spec. Buxton

15.1.19

3.

5 Cen Ken. Sp. Kirkdale Spd

25.4.19

4.

5.

6.

7.

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

C.
SURNAME. *Heouine.*

CHRISTIAN NAMES *Gustave.*

REGL. No. *460555.* RANK *Pte*

UNIT *61st. (1st. P.I.)*

FORMER CORPS *Nil.*

CARD NO. *4297-19-5872*
10.0.2194
14.10.19. Area C.
Post m.u 6-11-19
FOLL. *80311 of 7-11-19*
1400
Bu.

NEXT OF KIN.

NAMES IN FULL *Heouine. Narcisse.*

RELATIONSHIP TO SOLDIER

ADDRESS *29 Couillard St, Quebec*
P.Q.

also notify:-
CHANGE OF ADDRESS

Miss Euline Dionne
(Sister)
29 Couillard St,
Upper Town
Quebec.

COUNTRY OF BIRTH *Canada, Quebec P.Q.* DATE

PLACE OF ATTESTATION *Stimpey, Manw.* DATE *June 15th 1915.*

Sailed from Montreal *per S.S. Metagama*

L. L. 94504. M. & D. 6512. *11-9-15* ¹⁹¹⁵ ₂ *R/C 2-6-1915* M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

MARRIED

SINGLE

Yes.

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



A. & D. CARD

AT
 A. & D. No. T 5016 PL. OF ACTION
 RANK He. REG. No. 48555 UNIT 8-bans SICK OR WOUNDED
 NAME Dionne G AGE 31 RELIGION fb
 PLACE IN HOSPITAL B
 DIAGNOSIS W R leg
 ADMITTED 14 JAN 1919 FROM alderhey to H. P. Pool
 DISCHARGED 23-4-19 TO
 TRANSFERRED 27 5 6 9 1/2 Wimpole 31
 SERVICE AT HOME 12 IN FIELD 12
 RESULTS

(See Document Card for M.H. Sheet and other Documents.)

100

[P.T.O.]

*Name DIONNE.G. Rank PTE Regtl. No. 460555
 Original unit 61th Present unit D.D.# 4 Fyle Depot 917
 M. or S. Age Religion Ref. H.Q.
 Port, ship, and date of arrival
 Next of kin
 Address on leave
 Address on discharge
 Transportation issued Yes No Date _____ Character on discharge _____
 Previous occupation _____ Date and place of enlistment _____
 Diagnosis _____ Date of Medical Boards _____

Date.	Remarks.	Pt. 2 Order No.
5-8-19	T.O.S. ON. TRANSFER. FROM. D.D.# ⁵ POSTED. TO.	
	HOSP. SECT. EFFECT. 29-7-19 AUTH. R.O.# 1091	217-p-1
5-11-19	Hosp. Sec. to Cas. Coy. effect 5-11-19.	309

*—Name will be given in full; surname first.

Date

Remarks.

Pt. 2 Order No.

7-11-19.

Discharged 6-11-19. Med Unfit. R. O. 1420.

311

Name *Gustave* ~~Thomas~~ Rank Pte

Reg. No. 46055

Unit 8th Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
			Sev		M	
14-6-16.	No. 5. Brsh. Red X Hsp. Wim.	GSW. Knee.		A387	8493	
19-6-16.	Cty. Ldn. War Hsp. Epsom.		Do	B97		
19-8-16.	Can. Con. Hsp. Wdcte. Pk. Epsom		Do	B150		
25-8-16.	DISCHARGE D			B252		
3-7-17.	Adm. from Base - Adm. to Hsp.		not ill. a.	A. 716		
13-8.	No. 18. Cas. Cl. Station		V.D.C.	A. 738.		
15-8.	No. 51. Gen. Hsp. Staples.		V.D.C.	A. 4.		
9-9.	Dis. to Base Dts.		(do).	A. 16.		NA. 15909/2

Name *Dionne, G. M.*

Regimental No. *460555*

Unit *D.D.T.*

Bgde. or Div.

Nationality

Injury *G. S. W. L. Thigh*

Received at

Referred from *L. G.*

Capt. Garip

RADIOGRAPHS

{ Scratch out parts not needed } (~~Plates~~) (~~Brom. Paper~~) (~~Stereo~~) (~~Localization~~) (~~Screened only~~)

SIZE

DATE

REMARKS

10 X 12

3-7-19

1 Plate

X

X

X

X

X

X

X

X

X

Name

Dionne, G. M. Plate 1709

No.

460555

LEGS
KNEES

Diagnosis and Localization

X-Ray of R. Thigh shows:

Injury to femur just below
lesser trochanter. Numerous fb
in neighborhood

Radiographs by

Wms. Capron

Report by

J. D. Morgan

Gustave
PTE

Name

DIONNE

Rank

Reg. No.

460 555

Unit

8TH BN

Next of Kin

CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14 8	8 Stg H Wimeroux	YSL	Thigh R Fract femur		H2953270/2	
3-0	1st W. Lyn Hosp. 1 st Pool		do	B 270		25597
15-1-19	2 nd Co. Spec. Transport		do	B 423		5009
25-11	5 th BN 1 st Pool		do	B 507		10079
23-5	Inval to Canada					
	AL 501 MD 5			B 532		9079

Ham

Number 460555 Rank Pte

Surname DIONNE

Christian Name Gustave

Units 8th Bn Can Inf Theatre of War France

Date of Service 13-12-15

Remarks 9-11 Desjardis

Latest Address 29 Poulard St. Quebec

PG

Roll No. 10 page 16868

200m.-2-21.M.

TOTAL SERVICE WHERE
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 CAT

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

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

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN.....

ADDRESS.....

HOSPITAL.....

* CROSS OU

REC'D DEC 6 1922
9135

M. F. W. 142.

1772-39-1171.

50m.-2-19.

CASE HISTORY SHEET.

Military Hospital. Ste. Anne de Belle Station.
 No. 460555 Rank. Pte. Name. Dionne Gustave Age. 33
 Unit. D.D.4, 8th. B Completed years of service Where and how long } C 7/12 E 12/18 F 33/12
 Date of admission. 29/7/19 Date of discharge. NOV - 5 1918
 Diagnosis. G.S.W. Right leg. Place of origin. Amiens.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Was wounded 13th. June 1916 by a piece of shrapnel over the Patella region, but skin only was interested. Wounded again 8/8/18 by a bullet which entered the outer side of 1/3 upper thigh and went out post. aspect of thigh lower 1/3 causing a fracture of femur.

Present condition: (1) Scar ant. side of thigh near trochanter, 2" x 1/2" not adherent. (2) scar 4" x 1" partially adherent inner side right thigh, middle 1/3. Walks with marked limp.

Movements of knee-- Flexion about 20°, Extension normal

Movements of hip. Normal. Movement of ankle - normal

The knee has been in a net bed six weeks. (France)

In England, Thoma splint, 3 months.

Shortening of the leg, 1". All other systems, normal

Atrophy: 3 1/2.

A.G.E. at knee 180°

A.G.F. 160°

31-7-19:- X-Rays States:- Injury to femur just below lesser trochanter. Numerus F.B. in neighbourhood.

31-7-19:- Nerve report says, No nerve lesion. No loss of voluntary power or sensation in leg.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Massage, Radiant Heat to knee. Gymnastics to movements of knee. Special boots.

3-10-19:- Rem. Gym.

CONDITION ON DISCHARGE

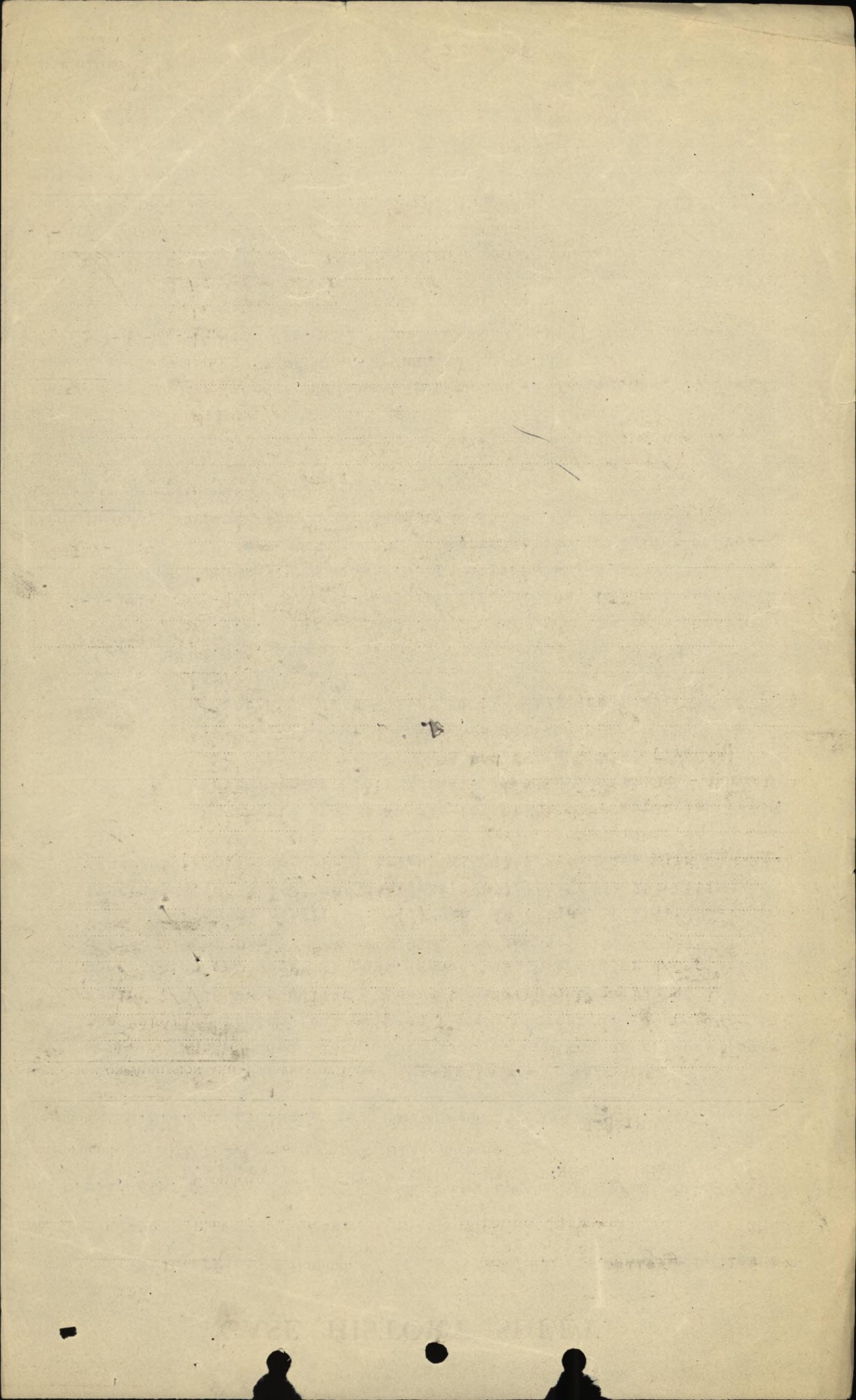
(and disposal made of case.)

M.F.B. 227. Cat. E.

Date.....

J. Y. Guisey Capt.
Medical Officer 1/c case.

822208



FIRST CANADIAN CASUALTY TRAINING BATTALION,
HASTINGS, SUSSEX.

REPORT of MEDICAL EXAMINATION.

Date, 29/12/16

I have examined No. 460035 Rank Plt

Name Quinn, G.

on (Date) as above and found him fit - unfit

Date of last inoculation November 1916

I have inoculated him _____

(If not used, to be struck out and initialled).

If unfit, state reason _____

A. B. Chapman
W. W. B. D. R. Capt.
Medical Officer

1st Canadian Casualty Training Battalion.

THE UNIVERSITY OF CHICAGO
LIBRARY

PAID BY THE UNIVERSITY OF CHICAGO

I have examined the

on (date)

X

I have examined the

It has been found to be correct and authentic.

Signature

W. B. E. ...

The above is a true and correct copy of the original.

Treatment Department,
G.C.S.H., Ramsgate,

.....191..

To—

Officer i/c Examining Board,
G.C.S.H., Ramsgate.

No. 460555

Name P. Dionne, J.

Treatment: P. 92.

I would beg to draw the marginally named case to
your notice.

Do you wish any alteration in prescribed treatment,
please?

*Suggest on account of
Aynonitis, that this patient
have an alkaline foot powder*

James Peterson

Captain C.A.M.C., Officer i/c Treatment Department.

N.C.O. 1/2
2nd Floor
Palace

16th February 1918

2nd QUEBEC REGIMENT

CANADIAN RECORD OFFICE
OLD BAILEY B.C.4.

CASUALTY LIST "A"

NO. 132.

Date Adm. Number Rank and Name Unit Nature of Casualty

ALL PRIVATES UNLESS OTHERWISE STATED

NO 30 CASUALTY CLEARING STATION

DANGEROUSLY WOUNDED (MUCH IMPROVED)

12-2-18 684389 Gosselin. L.

(22)

GSW Rt Leg Comp. Frac.
Tibia & Face.

NO 3 CANADIAN FIELD AMBULANCE

11-2-18 661001 Regonbal. A.

(22)

V.D.G. & V.S. "J"

NO 4 CANADIAN FIELD AMBULANCE

11-2-18 62246 Teurangeau. J.

(22)

Tonsillitis.

NO 5 CANADIAN FIELD AMBULANCE

9-2-18 680887 Lariviere. A.

(22)

P.U.O.

NO 13 FIELD AMBULANCE

11-2-18 144257 Sgt. Dufloor. W.

(22)

Furunculosis, Back.

NO 1 CANADIAN GENERAL HOSPITAL ETAPLES

9-2-18 672796 Camarais. R.

(22)

Trench Fever Sev.

NO 51 GENERAL HOSPITAL ETAPLES

9-2-18 68201 Bouley. F.

(22)

V.D.G.

Form R.2.124.

For attaching to original & Triplicate A.P.

No. 460555 Rank. Pte Name & Initials Donnie G. Unit 8. 2. 13ⁿ

Next of kin changed from:-

Jr. W.E. Donnie (Father)

29 Couillard St.

Upper Town Quebec

To:-

Miss Eulene Donnie (Sister)

29 Couillard St.

Upper Town Quebec

Authority RL. 29/Cal 13. 3. 18

Clerks initials SPS

Rank *Private* Name **DIONNE, Gustave.**

Reg'l No **460555.**

Unit **61st to 17th Bn.** If in perm. Corps, What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Winnipeg, June 15th, 1915.**

Place of Birth **Quebec City.**

Name and Address, Next-of-Kin **Narcisse Dionne,**

Quebec, Canada.

29, Couillard St., Quebec, P.Q.

Relationship

Assigned Pay Monthly \$ *Nil* Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
1915																
Sep. 1	Sep. 30	30	1.00	30.00	30	1.00	30.00	10.00	40.00		38.00			38.00	10.00	
Oct. 1	Oct. 31	31	1.40	43.40	31	1.40	43.40	10.00	53.40	586	9.73			9.73	53.40	
Nov 1	Nov 30	30	1.00	30.00	30	1.00	30.00		33.00	468	11.60			11.60	44.40	1 R.P. Allowance 303777- Nov 26.15.
Dec 1	Dec 31	31	1.00	31.00	31	1.00	31.00		34.00		8.72	CRD 1126	1.15	1.15	45.55	1.15 clothing 3276. 2/12
Jan 1	Jan 31	31	1.00	31.00	31	1.00	31.00		34.00	918 848 ²⁰	2.57	656	17.60	17.60	32.43	16. days detention 3519
Feb 1-29	29	29	1.00	29.00	29	1.00	29.00		104.46	890	2.62			2.62	5.24	Trans 5773 ²⁰
March 1-31	31	31	1.00	31.00	31	1.00	31.00		133.32		2.61	15	1.15	121.38	111.94	Clothes on Repay a 7.4 782
				31.3			21.30	10	204.30		96.36	15	21.00	32.36		
				213			21.30	10	224.30		96.36	15	21.00	32.36	111.94	

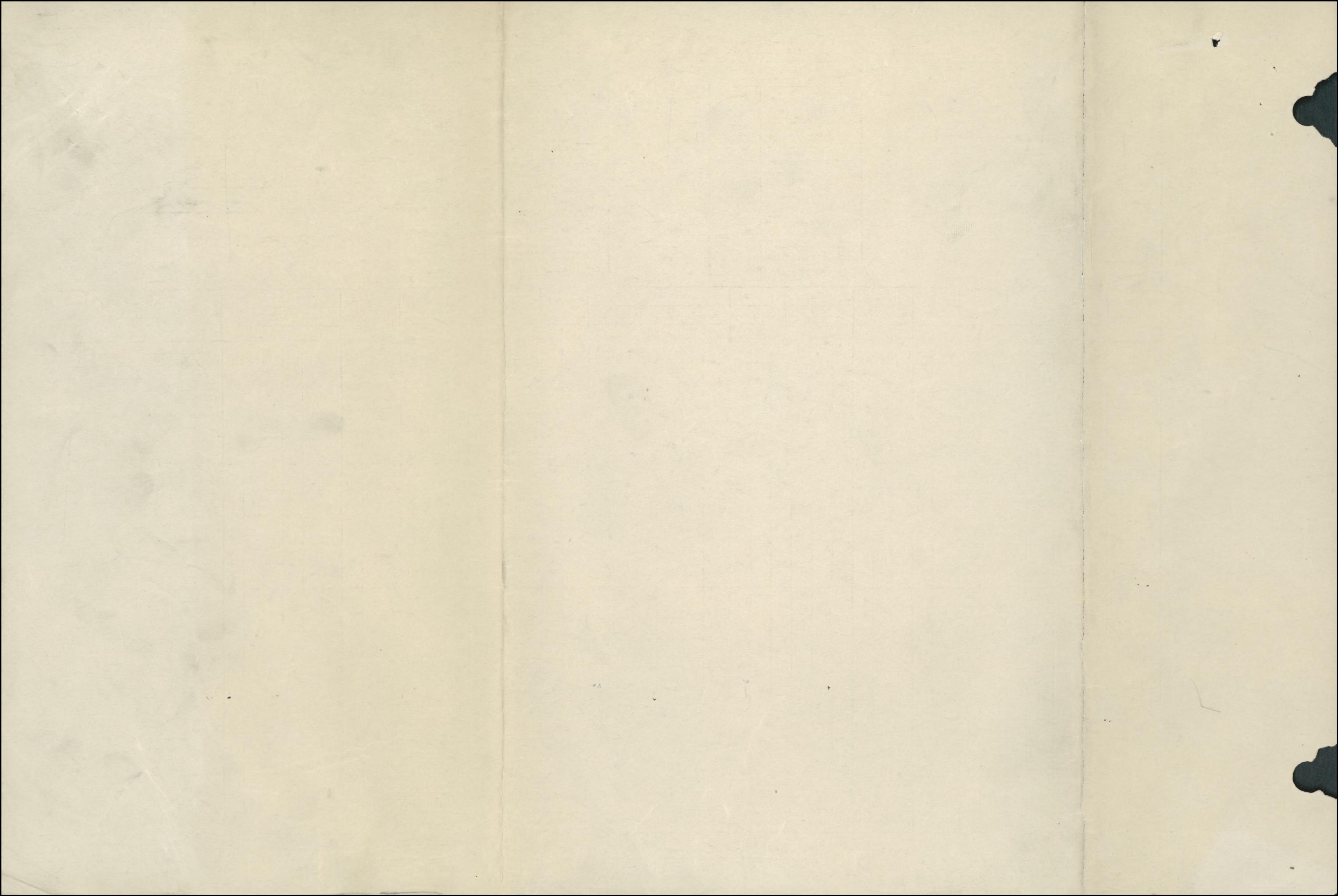
Checked *[Signature]*

NUMBER 460535 RANK

Plé

NAME DIONNE. S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
				<i>Dr. Toward</i>					49366		
Nov		33		<i>Cap</i>				15			
Dec	<i>P Pay</i>	34	10	<i>S.R. 55641. 23/11 Liverpool</i>	24	33					
1919				<i>Cap</i>				15			
Jan		31	10	<i>Cap</i>				15	52553		
		101	20		24	33		45			
Feb	✓	30	80	"				15			
Mar	✓	34	10	"				15			
	<i>Int on Def Pay</i>	40	32	<i>A.P. 66968 West Derby</i>	9	73					
	<i>1710 DVS 11/3/19 21/3/19 20/3 11/3/19 1/11/19</i>	7	30	<i>AR 13795 G.S.A. Buxton 21/1/19</i>	4	87					
				<i>" 14847 ✓ 12.2.19</i>	4	87					
				<i>" 15595 ✓ 3/3/19</i>	4	87			53991		
		112	52		68	14		30			
				<i>" 103 Gd Pb ✓ 7.4.19 12</i>	4	87					
May				<i>" 455 ✓ ✓ 16.4.19</i>	4	87					
				<i>" P. 1714 ✓ 5th Kirkdale 25.4.19 39</i>	4	87					
				<i>" 2540 M.D. Gd Pb 9.5.19 68</i>	4	87					
				<i>" 4023 5th Ld ✓ 20.5.19 85</i>	9	73			51070		
					29	21					
				<i>Rollan. 23/5/19 Mrs.</i>							



In Ledger

460555

DUPLICATE

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname D I O N N E Christian Name Gustave

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Quebec County Prov. Quebec

Examined ... { on 15th day of June 1915,
at Winnipeg

Declared Age ... 29 years 1 month ... days.

Trade or Occupation ... Clerk

Height ... 5 feet 1 1/2 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 3 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... 1908

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (Signature) H. Gordon
(Rank) Capt. Medical Officer.

Enlisted ... { at Winnipeg
on 15th day of June 1915.

Corps.	Regtl. No.
<u>61st Bn., C.E.F.</u>	<u>460555</u>
<u>17th Res. Bn.</u>	

Became non-effective by ...

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made on ... day of 191 .

(Signature) _____
(Rank) _____

List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Recovered

E. C. Daniel

Transferred to Shoreham

W. J. Mc Lean.

Drafted overseas to the 8th Batt. from 1st, Casualty Train
Training Battalion.

(Sd) B. Charlton
Major.

for O/ Commanding

0-Inf 10233

DUPLICATE ORIGINAL NOT AVAILABLE

Casualty Form—Active Service.

CERTIFIED CORRECT. Canadian Record Office, Westminster House, Millbank, S.W.

Regiment or Corps 14th Battalion
Regimental No. 460555 Rank Private Name Dionne
Enlisted (a) 15/6/15 Terms of Service (a) Duration of War Service reckons from (a) 15-6-15
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) Clerk

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				

13.12.15	14th Bn	Trans. to 8th Bn	England	13 DEC 1915	OVERSEAS. m Lawson Lt. # 306. Ass. Adj. 11th Rec Bn
14/12/15	8 Bn	Reinforcement from England	ENGL.	14/12/15	101/132/3/147 - Pt II ord. 43
27/12/15	8 Bn	Left for unit		24/12/15	101/132/3/167
1/1/16	8 Bn	Joined unit	FIELD.	27/12/15	243. D.C.S. 253
14-6-16	14 G. H.	G.S.W. knee	14 G. H.	14-6-16	W3034. 457
18-6-16	d	do. - Jo H.S	Cambria	18-6-16	W3083. Pt. 2 Ord. 26 30-6-16

M. Loebeckhoff

LIEUT. FOR LT COL. A.A.G.

29/6/16 Taken on strength C.C.A.C. Pt. II D.O. No. 245
25/8/16 ATTACHED
TRANSFERRED FROM C.C.A.C. TO 2nd Lt 669
Shoreham
PART II D.O. No. 19.6.16. Pt II O # 245

(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. (P.T.O.)
(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical or other duties.

J. C. Edridge
669

Casualty Form—Active Service.

Rank 460555 Regiment or Corps.....
 Surname Quinn Christian Name John
 Religion..... Age on Enlistment..... years..... months.
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....

Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked		
			Disembarked.....		
			ARRIVED C.B.D.	14/1/17	
			No. 8	22/1/17	
		8th Bn.	23/1/17	23/1/17	
			28/1/17		
7.9.17	8th Bn	In Hospital	Field	3.9.17	B213 58458
14.7.17	do	granted 10 days leave	"	17.6.17	B213 58459
1.7.17	do	Returned from leave	"	1.7.17	58459
15.7.17	103rd	pro	ad 103rd	3.9.17	3036 - 58474
19.8.17	8th Bn	In Hospital	B	12.7.17	
10.9.17	102 B.D	2 ds	Field	10.9.17	58475
15.8.17	51st Bn.	7 ds	ad 51st Bn.	15.8.17	58475

(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) Signaller, Shoeing-Smith, &c.

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
9.9.17	Ob. 51 Genl.	Subject's field allowance is placed under stoppage & pay as he rate 9.50 cents per diem while in hospital			1603. 11/10 20126 41. 15. 9. 17
		16-8-17 to 9-9-17 (missed)	Field	9.9.17	
13.8.17	18000	Chancery	18000	13.8.17	2936/6.36.
9.9.17	51 Genl	Wt	2. 18000	9.9.17	49200
20.10.17	10000	Left for C.C.R.C.	Field	21.10.17	NR 657
21.10.17	C.C.R.C.	Arrived C.C.R.C.	do	23.10.17	NR 29.
13.11.17	6000	Left for home	do	13.11.17	N.R.
24.11.17	8000	Joined home	do	19.11.17	B213
	"	GRANTED 14 DAYS LEAVE	Paris	28.2.18.	B213 24
16.3.18	"	Returned home	Field	16.3.18	B213
10.8.18	4000	W. Leg 7. Adm 2/668		10.8.18.	a/4323
14.8.18	1000	" " " Adm		14.8.18	9218
15.8.18	8000	Wd.		9.8.18	19.1188.
15.8.18	5000	W. Leg Adm 2/668 AT. 30.		15.8.18.	a/4284
2.9.18	8000	Invalided to England and posted to Manitoba Regt Depot. <u>Leopard AT. St. Denis</u>		2.9.18	103083/5902. P. 111. 105. 12.9.18.

Roberts
LEUT.
REGT.
A. B.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Seshosp Buxton DATE 17/2/19

1. 1 (a) Unit 8th CAN BATT (b) Regimental No. 460555 (c) Rank PTE

(d) Surname DIONNE (e) Christian name GUSTAVE

(f) Home address 29 COVILLERD ST QUEBEC

(g) Next of Kin DIONNE EVELINE (h) Relationship SISTER

(i) Address of Next of Kin 29 COVILLERD ST. QUEBEC

2. Age last birthday 32 Date of birth APRIL 26th 1886

3. Enlistment, or Appointment (if an Officer) (a) Place WINNIPEG (b) Date JUNE 15 1915

4. Personal description:

(a) Height 5^{ft} 1^{1/2} (b) Weight 140 (c) Complexion DARK
(stripped)

(d) Colour of hair BLACK (e) Colour of eyes BROWN (f) Identification marks, Scars, etc.

WOUND SCARS

5. Former trade or occupation CLERK

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3 8/12</u>	<u>2</u>

	PERIODS	
	From	To
Canada <u>Patients Statements</u>	<u>June 15th 1915</u>	<u>AUG 28th 1915</u>
England	<u>AUG 28th 1915</u>	<u>DEC 4th 1915</u>
France or other theatres of War	<u>DEC 4th 1915</u>	<u>SEPT 3rd 1918</u>

7. Original disease, or injury G S W R LEG FRACTURE RT FEMUR.

(a) Date of origin 9/8/18 (b) Place of origin AMIENS

(c) Cause G S WOUND

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

..... FRACTURE RIGHT FEMUR (OLD)
 STIFFNESS WITH LIMITATION MOVEMENT
 RT KNEE.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

..... General health good. 2 inch wound outer side RT
 Thigh near great trochanter. 4 inch adherent scar
 inner side right thigh near middle. These wounds
 well healed. Fracture of surgical neck RT femur
 Union seems firm. 1 inch skin tearing. R Hip!—
 movement slight—limitation in angle of abduction.
 R Knee. A9S. 180. A9F 170° Both movements
 free.

..... at present can walk around with aid of sticks

- (b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
 (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... NO Cardio-Vascular System..... NO Genito-Urinary System..... NO
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
 Special Senses..... NO Respiratory System..... NO Integumentary System..... NO
 Disturbances of Mentality..... NO Digestive System..... NO Muscular System..... NO
 Osseous and Joint Systems..... NO Any other general condition..... NO

10. (a) History (of the condition referred to in Section 9 (a).)

..... wounded at Anvers 9/8/18 at 25 ces wounds
 excised and leg put up on a Thomas splint. was 3 months
 in bed since then, been going around on crutches.
 Sept 6th X Ray showed comminuted fracture surgical
 neck right femur wounds all healed by Oct 4th 1918
 was wounded in 1916 over R pelvis healed without disability
 Hospitals: 9th C7A 10 days
 5th ces 4 days
 8th Stationary 21 days
 1st W.S. Liverpool 1 day
 Alder hay military Liverpool 132 days
 ces Hosp Box Infirmary Jan 19th by present date

E. 4

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

D. 917

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 460555 2. Rank PLT 3. Original C.E.F. Unit 61st Batt.
 4. Christian Names Gustave 5. Surname Dionne
 6. Address, in full, to which future payments of gratuity are to be forwarded
29 bouillard st. Upper town
Quebec

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
1st Enl.	460555	PLT	CANADIAN SERVICE. 61st Batt. Winnipeg
2nd Enl.	"	"	61st Batt. Winnipeg
3rd Enl.			not applicable
4th Enl.			not applicable
Imp. Enl.			IMPERIAL SERVICE. not applicable

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
1st Enl.	15 June 1915	Not discharged				
2nd Enl.		not applicable				
3rd Enl.		not applicable				
4th Enl.		not applicable				
Imp. Enl.				IMPERIAL SERVICE.		not applicable

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8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? N.A. (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency N.A.

9. 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:

689 61st Batt 15 June 1915 to Nov. 1915
8th Batt Nov 1915 to August 1918

10. 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? N.A.

11. Have you been issued with a War Service Badge? If so, give number and class no

12. 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 D D H

13. 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, from where paid, and on what dates. no

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled N.A.

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service N.A.

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no.
(b) If so, are you in receipt of full pay and allowances from that Department? yes, G.D.

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge N.A.

18. Relationship of such dependent N.A.

19. Present address, in full, of such dependent N.A.

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name N.A.

REMARKS

No. 460553 Name *Dionne G.* Sqn., Batty., } or Company } Corps *14th Battalion* Date of enlistment } *15/6/15* G.C. } Badges } Service or Proficiency Pay }
 Date of last entry in } No. and date } 1. *11/12/15* Period not reckoning towards } Sheet No. } Signature O.C. } Company, etc. } *J. M. Dawson Lt.* Character }
 Company Conduct Sheet } of last drunk } freedom from extra fine }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Kythe</i>	<i>11/12/15</i>		<i>1</i>	<i>" Spunk in Kythe. (2) Absent without leave after having been warned for draft.</i>	<i>Cpl. Batchelor & Cpl. Pollard & Cpl. Smith</i>	<i>16 days detention</i>	<i>13/12/15</i>	<i>Lt. Colonel S. Murray</i>	
<i>Free</i>	<i>15/7/17</i>	<i>Pte</i>		<i>Absent from billets without leave 9 P.M. 14/7/17 to 6.30 AM 15/7/17</i>	<i>Det. Holmes & Sgt. Gilman</i>	<i>7 days pay by R.N.</i>	<i>16/7/17</i>	<i>Capt. A. Sanders</i>	<i>CPD Lt.</i>
<i>"</i>	<i>8/8/17</i>			<i>Conduct to prejudice of good order & military discipline</i>	<i>Sgt. Bramby</i>	<i>admonished</i>	<i>11/8/17</i>	<i>Capt. A. Sanders</i>	<i>CPD Lt.</i>
	<i>9/8/18</i>	<i>Pte</i>		<i>Gunsight Wound in R. Leg. wounded to England 2.9.18. Par 11 No 105. d/12.9.18</i>	<i>J.R. Barlow</i>	<i>Wounded</i>			

DUPLICATE ORIGINAL NOT AVAILABLE

Army Form B. 122

CLINICAL CHART.

Army Form B. 181.

Corps 8 Ban. Batt.

(To be attached to Case Sheet.)

Military Hospital 8 Stationary

No. 460555 Rank and Name Pte. G. Dronne

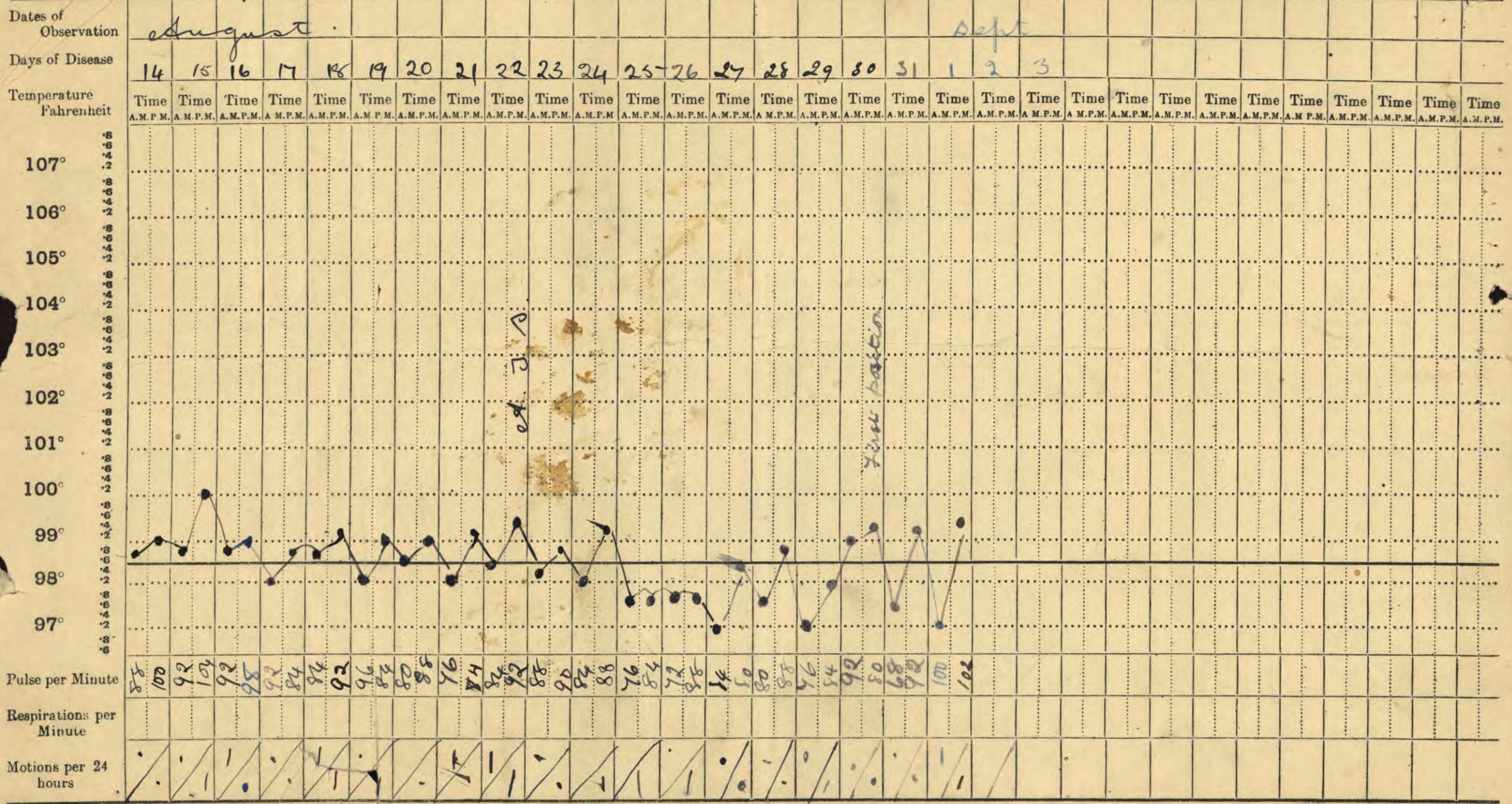
Age Service

Disease Frac. femur R.

Date of admission 13-8-18.

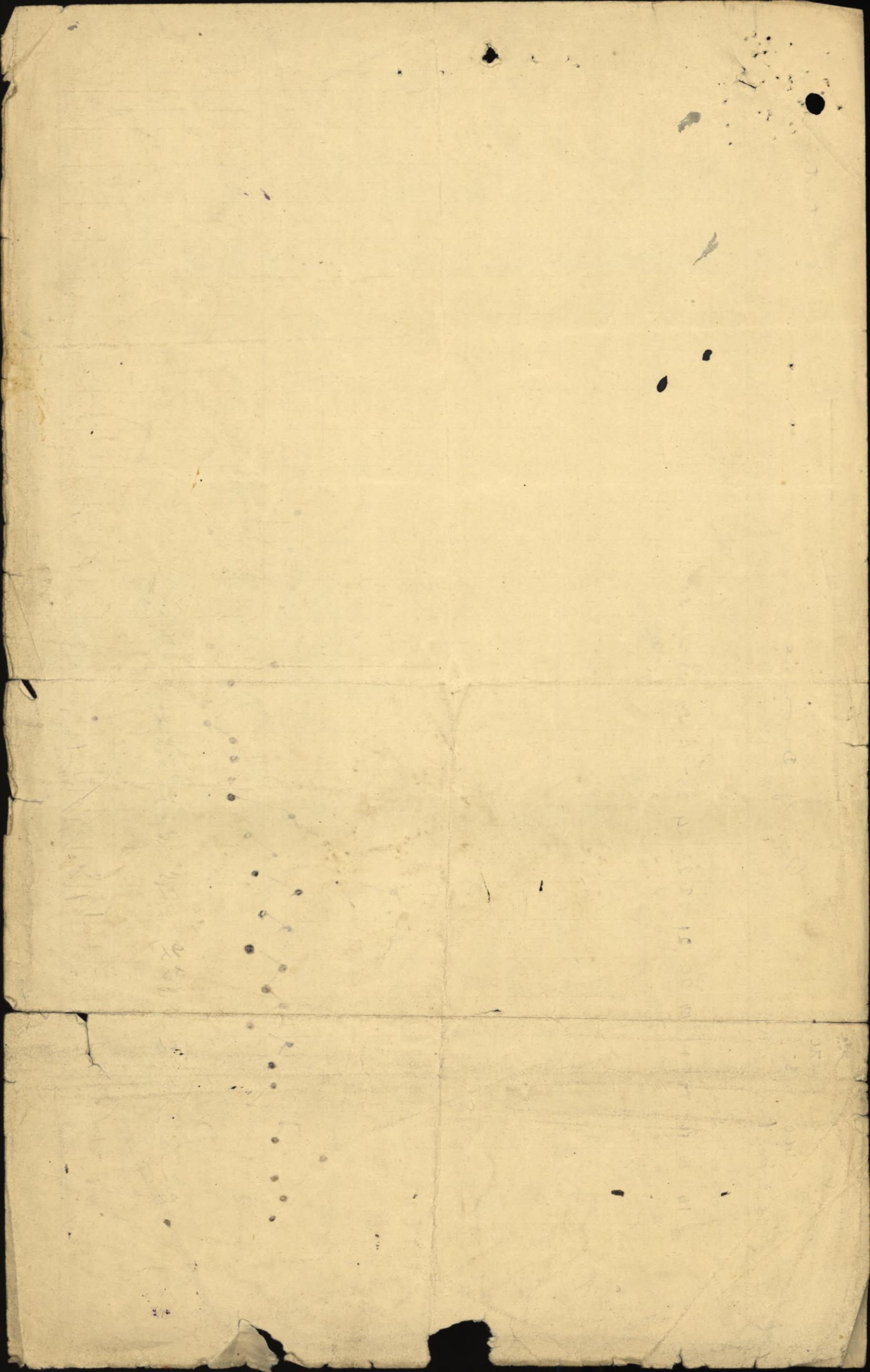
Date of discharge

Result



Oct. 5. 19

First Motion



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) DIONNE, G
REGIMENT 8th Bn RANK Pte No. 460555

Date of Examination in England Apr. 25: 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. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper 6. 7. 8. 9. 10
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower 19. 20. 23. 24. 25. 26

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 Yes

Signature of Dental Officer L. D. Steele
CAPT. CD 3

FEDERAL BUREAU OF INVESTIGATION

1. Name of person or organization investigated
2. Address of person or organization investigated
3. Date of investigation
4. Name and position of special agent in charge
5. Name and position of agent in charge of this office
6. Name and position of agent in charge of this division
7. Name and position of agent in charge of this section
8. Name and position of agent in charge of this unit
9. Name and position of agent in charge of this detail
10. Name and position of agent in charge of this assignment

DIOWNE G. [unclear]
[unclear] [unclear]

1. Name of person or organization investigated	[unclear]
2. Address of person or organization investigated	[unclear]
3. Date of investigation	[unclear]
4. Name and position of special agent in charge	[unclear]
5. Name and position of agent in charge of this office	[unclear]
6. Name and position of agent in charge of this division	[unclear]
7. Name and position of agent in charge of this section	[unclear]
8. Name and position of agent in charge of this unit	[unclear]
9. Name and position of agent in charge of this detail	[unclear]
10. Name and position of agent in charge of this assignment	[unclear]

1. Name of person or organization investigated
2. Address of person or organization investigated
3. Date of investigation
4. Name and position of special agent in charge

() In New York
() In Chicago
() In Philadelphia
() In Boston
() In San Francisco

() In New York
() In Chicago
() In Philadelphia
() In Boston
() In San Francisco

2-D-8

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Stretton Sept 25th 1916.

No. 460553 Rank Plt Name Dionne G.

Local Unit..... Overseas Unit 8th. Batt. Age 30

Examination held at 2nd Coy. Tunnard Depot. Husbands

DISABILITY.
Overseas—Local.
(scratch one out)

G.S.W. Rt Knee 13-6-16
6 mos in France.

PRESENT CONDITION.

Recovered —

BOARD RECOMMENDS:—

- 1. Fit for Duty..... yes -
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty.....weeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge.....

Signatures:—

Members { H. G. Crangon President.
H. L. Paver
.....

APPROVED

Dated at Stretton Sept 25th 1916. S. Williams

PROCEEDINGS OF A MEDICAL BOARD.

..... Dated at 1918.

..... No. Rank Name
 Local Unit Overseas Unit Age

..... Examination held at

DISABILITY.
 Overseas—Local.
 (separate one out)

PRESENT CONDITION.

BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after weeks' physical training.
3. Fit for Temporary Base Duty weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

..... President.

.....

.....

Members

APPROVED

..... Dated at 1918.

..... For A.D.M.S.

DIVISIONAL LABORATORY
URINE REPORT

Rank *Plt* Name *G. Dione* No. *460555* Corps *S.P.C.H.*

Ward..... Date *July 12th 19*

Received from *Capt. J. Richard Ave*

Volume *Clear 2^{1/2} etmes*

Sp. Gr. *1030*

Reaction *acid*

Albumin *Nil*

Blood.....

Glucose *Nil*

Bile.....

Deposit *nil*

Examined by *Harry Mace* *M. Mace*

M. F. W. 2537.

20m.-1-19.

1772-39-1314.

O % LABORATORY

DIVISIONAL LABORATORY
URINE REPORT

Patient Name: _____

Date: _____

Physician: _____

Volume: _____

Sp. Gr. _____

Reaction _____

Albumin _____

Blood _____

Glucose _____

Urobilinogen _____

Diab. _____

Ward 62No. of Bed' Date 17. 10. 58Hospital.

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
460555	P. Downie	8 Canadian	R. Leg

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

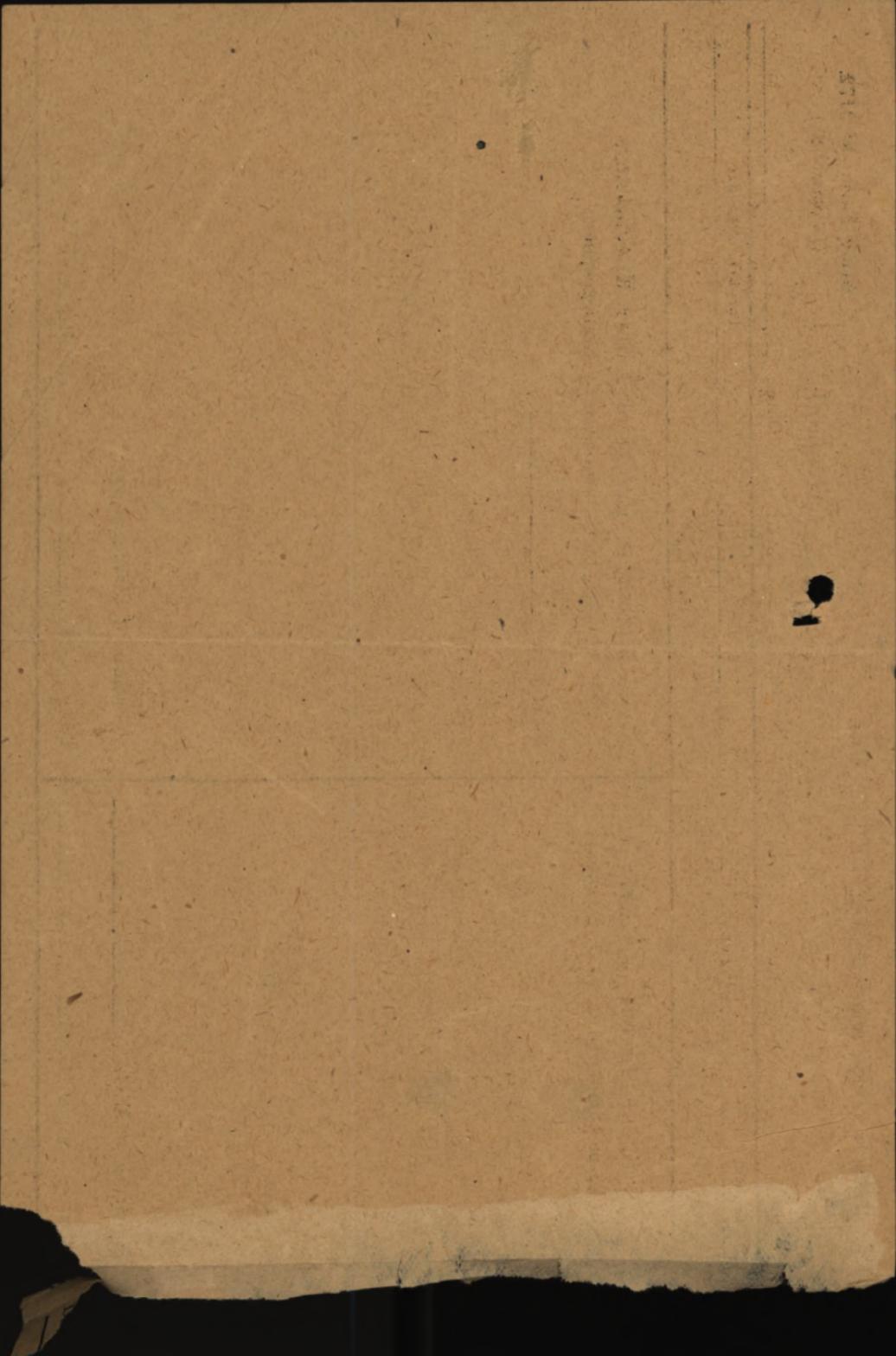
No. of Plate 4119

Signature of M.O. _____

Signature of Radiographer _____

Date _____

Date _____



P 92 1/387
MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
F.C.T. 60.	460555	Pte	Dionne	G
Year	Unit.		Age.	Service.
1918	8 th Canadians		31 yrs	3 1/2 yrs
Station and Date.	Disease <u>G SW. Frac. Femur Rt.</u>			
Alder Hey	<p><u>Previous History</u> Wounded Aug. 10th 1918. Admitted 9th Gen 7. Amb. same date and transferred to 3rd Cos 6. Sta. Transferred to 8th Stat. Hqs. Rouen on 14/8/18 + left France on 2/9/18. being admitted to 2nd West. Gen. Fozackerley on 3/9/18. Xray taken here. Transferred to Alder Hey on 4/9/18.</p>			
4.9.18	<p><u>A. Y. Serum</u> 750 qps on 10/8/18 at 3rd Cos 6. Sta. 750 22/8/18 .. 8th Sta. Rouen.</p>			
6.9.18	<p><u>Present Condition</u> The XRay shows comminuted fracture in surgical neck of right femur. Lacerated wound inner side of right thigh about 3 ins in length at junction of middle with lower 3rd. Outer side of right thigh 3 ins external to inner side of Spina^lium healed by first intention. Infection on inner wd. Packed with SPB.</p>			
7.11.18	A.Y.S. 750			
17.11.18	Pul with abduction frame. R=29° L=30°			
4.12.18	R=28 1/2° L=30° Wound inner thigh healed			
14.12.18	R=30° L=30°			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(5365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E.2349) (P.T.O.)

Station
and Date.

#

MEDICAL CASE SHEET.*

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

C.T.
Vol. 4714
Year

460555

Private

Dionne G.

Unit.

Age.

Service.

8th Canadians

31

3 3/2
2 1/2

Station
and Date.

Disease

G.S.W. of R. Thigh.

Fract. Femur.

1st W Gen
Hospital
Fogarty

wounded

Aug. 10th 1918

Admitted

Sept. 3rd



*X. Ray Plate (with him)
shows Fract at
upper end of shaft.
(at inter-trochanteric line)*

*both wounds small, clean
and nearly healed.*

4/1/1919.

Transferred to Canadian Hpl.

Head Qtr
military Hpl.

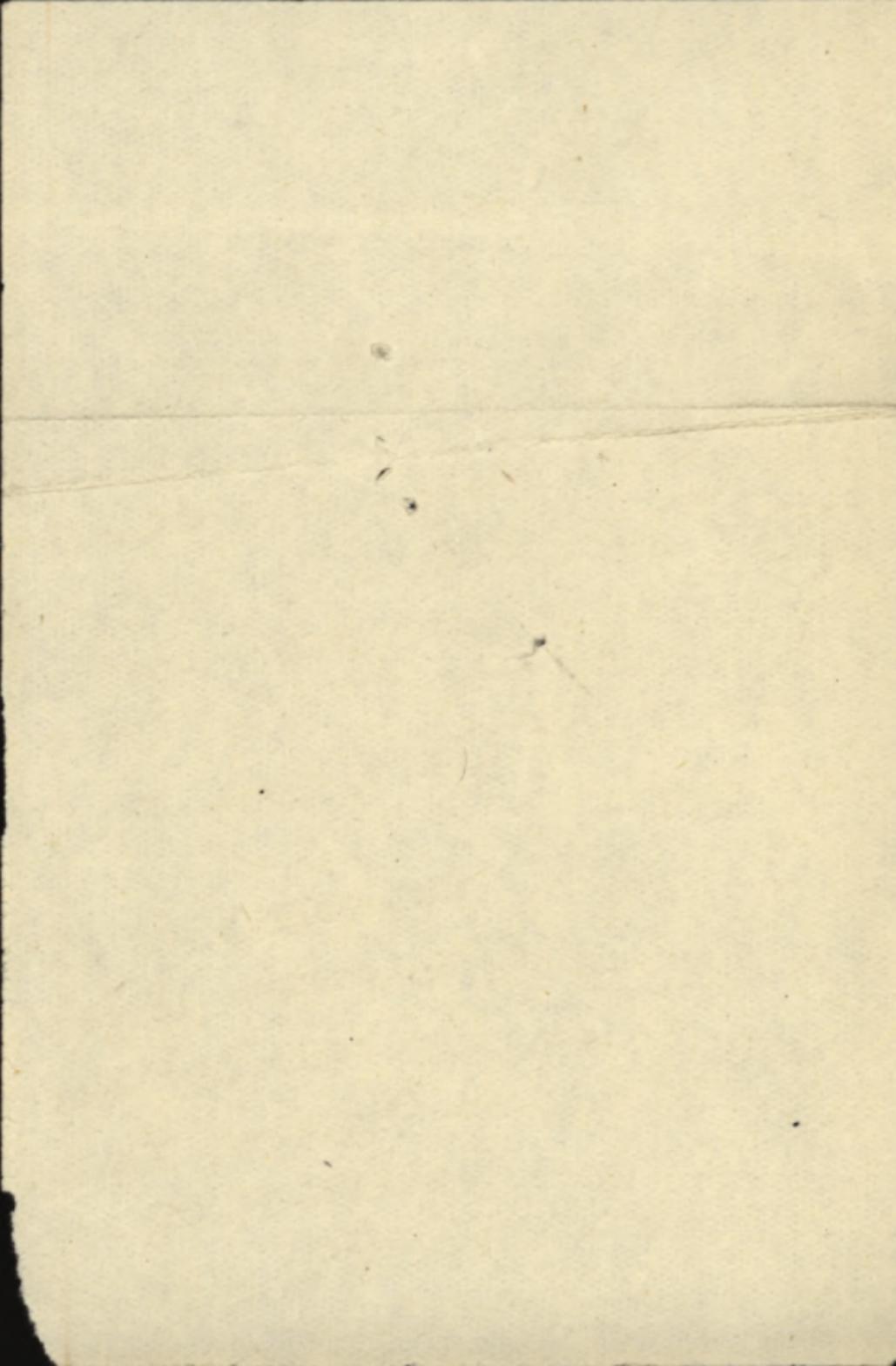
[Signature]

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

Station
and Date.

Shrapnel
Flesh
Slight
Lower Ext
Leg

Bullet
Fract
Severe
Lower Ext
Femur



CASE HISTORY SHEET.

Seward Park lea Hospital. Quebec Station.
 No. 460555 Rank Pte Name Droume Gustave Age 33
 Unit DD #5 Completed years of service 6 3/12 Where and how long } E 9 F 25
 Date of admission 2-7-19 Date of discharge 12 12 12
 Diagnosis G.S.W. Rt Leg Place of origin France

CONDITION ON ADMISSION AND PROGRESS OF CASE

20-6- Patient admitted from P.S.
 Patient was wounded 13 June 1916 by a piece of shell over the patellar Region but only involving the skin. No disability. He was wounded again 9 of August 1918 by a bullet which entered on the outer side of thigh upper third and went out Post aspect of 7 high. lower third causing the fracture of femur.
 Present Condition: 1 scar outer side of thigh near Trochanter 2"x1/2" not adherent. 2 scar 4"x1" patialy adherent inner side side right thigh near median third.
 Movements of the knee: 20% no visible atrophy. ankle movements normal. The knee has been in splint for a long time.
 Shortening of leg: 1 in
 movements of hip normal.
 Cardio-vascular, Respiratory, alimentary, genito-urinary systems nil.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases)

TREATMENT

(Especially any specific or special form)

Ionization of knee joint. active + passive
 movements of knee, massage of scar

CONDITION ON DISCHARGE

(and disposal made of case)

Date _____ Medical Officer i/c case.

1875

France

1875

France

Main body of extremely faint, illegible handwriting, possibly bleed-through from the reverse side of the page.

Bottom section of faint handwriting, likely bleed-through from the reverse side.

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

M. OR S.

REGT. No. *460555* RANK *PTE.* NAME (IN FULL) *DIONNE GUSTAVE*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID <i>Nil</i>	RELATIONSHIP				ASSIGNED PAY, \$ <i>15.00</i>	DATE EFFECTIVE
ADDRESS					PAYABLE TO <i>Bank of Montreal</i>	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Quebec City</i>	
					STOP PAYMENT FORM RENDERED, DATE <i>Stopped</i>	EFFECTIVE DATE <i>1-8-19</i> REASON <i>own Request</i>
					DISCHARGED	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

P305

MONTH	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		
	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>539 91</i>													
<i>April 30</i>	<i>110</i>	<i>33.00</i>	<i>11 20</i>	<i>44 20</i>	<i>103 7/4</i>	<i>1714 25/4</i>	<i>487 22.00</i>	<i>487</i>	<i>487</i>				<i>84 08</i>				
<i>May 1</i>					<i>455 10/4</i>	<i>2540 7/5</i>	<i>487 5.00</i>	<i>487</i>	<i>487</i>				<i>70 00</i>				
<i>June 1</i>	<i>61</i>	<i>1.10</i>	<i>67 10</i>	<i>500 03</i>	<i>137 18</i>		<i>25 00</i>		<i>45 00</i>				<i>168 3</i>				
<i>July 1</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>	<i>497 13</i>	<i>531 23</i>	<i>1542 4.16</i>	<i>100 00</i>	<i>50 00</i>	<i>50 00</i>	<i>15 00</i>			<i>215 00</i>				
					<i>1830</i>		<i>5000</i>						<i>5000</i>				

To.S. 26.5.19 D.O. 151
Particulars or Remarks
Exp. "MEGANTIC"
lv Bal aug L.P.C.
Boat + Train Montreal
14 days Subs. 11-20 D.O. 154
April May June A.P.
A.P. April May June Ottawa
Transf to DD 4 29-4-19 D.O. 212.
Bal Cr on Transfer

Separation and Assigned Pay Branch **D**

OVERSEAS CONTINGENTS

4593

May 1-18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

\$15.00			
---------	--	--	--

9 L8 15 21
S.K.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion	61st Bn.		
Beneficiary			
Relationship			
Address			

Name			
Address			
Change of Address			
1			
2	BANK OF MONTREAL,		
	QUEBEC CITY,		
	P.O.	15	15.00
3	% 460555 PTE GUSTAVE DIONNE		
	FIFTEEN DOLLARS		
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					File 4694 - G - 22
April 4	9158		15	15 m	
May 6	16331		15	15 m	
June 9	27352		15	15 m	
July 9	32049		15	15 m	
Aug 11	41356		15	15 m	
Sept 7	44472		15	15 m	
Oct 0	53516		15	15 a	
Nov 1	61585		15	15 a	
Dec 1	65271		15	15 a	
Jan 0	71754		15	15 a	cancelled 23/1/19
Feb 1	78143		15	15 a	
Mar 9	85258		15	15 a	
Apr 0	92384		15	15 a	
May 4	97333		15	15 a	
June 1	11651		15	15 a	
			210	210	

* 15 overpaid as it should have been opened 1-5-18 instead of 1-11-18. Recovered through cancellation of other cheques 23/1/19.

A/c Closed 70-6-19
Ret'd per M. E. W. 187
Date 7/6/19 M. E. W. 187
Sha 121.054

AUTHORITY FOR NEW ACCT.

M. F. W. 128
400M.-6-17-1772-39-1141
L. L. 22320-M. & D. 7893.

AUDITED

AUTHORITY FOR NEW ACCT. } 2.M. 9/13/18
G. Gurling 24/7/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128.
40001-17-1772 99-1141
L. L. 22320-M. & D. 1955.

SPECIAL REMITTANCE

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Dr. N. E. Dionne*
Address *29 Bouillard St.
Upper Town, Quebec
P.Q.*

By Whom Assigned *Dionne G.*
Regtl. No. *460555*
Rank *Pte*
Corps *8th Battr.*

Rate *\$15.⁰⁰ (L 3-1-8.)*

Sched 45.

18/3/16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April	<i>1916</i>	<i>A 1508</i>	<i>15-</i>	
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



RECORD NUMBER

1

