

C 41266

ATTESTATION PAPER.

No. ~~41266~~ 210

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Edgar Joseph Dorion (Dorion)
 2. In what Town, Township or Parish, and in what Country were you born? Ottawa, Ontario, Canada
 3. What is the name of your next-of-kin? None
 4. What is the address of your next-of-kin? None
 5. What is the date of your birth? 15th December 1890
 6. What is your Trade or Calling? Sailor
 7. Are you married? No
 8. Are you willing to be vaccinated or re-vaccinated? Yes
 9. Do you now belong to the Active Militia? Yes
 10. Have you ever served in any Military Force? R.C.D. St Johns, Quebec, Canada, 7 months
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement? Yes
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
-
Edgar Dorion (Signature of Man).
.....
R. H. Rydberg (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edgar Joseph Dorion, 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.

.....
Edgar Dorion (Signature of Recruit)
Date 25th Sept 1914.
R. H. Rydberg (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edgar Joseph Dorion, 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.

.....
Edgar Dorion (Signature of Recruit)
Date 25th Sept 1914.
R. H. Rydberg (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 Quebec this 25th day of Sept 1914.

.....
Andrew ... (Signature of Justice)

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

.....
Edgar Dorion, Capt (Approving Officer)

4th Battery

Description of Corion Edgar on Enlistment.

Apparent Age 23 years 8 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. 8 ins.

2 scars left
to a both shoulders
both forearm

Chest measurement { Girth when fully expanded 35 ins.
Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Grey

Hair D. Brown

Religious denominations. { Church of England
Presbyterian
Wesleyan
Baptist or Congregationalist
Other Protestants
(Denomination to be stated.)
Roman Catholic
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 Sept 3 1914.

Place Valcartier

W. H. McNeil
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.

E. J. Gannon 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.

Andrew Gannon
(Signature of Officer)

Date 25 Sept 1914.

REGIMENTAL DOCUMENTS

NAME DORION EDGAR JOSEPH REGT. NO. 41266 UNIT 33rd Regt FILE NO. 100

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

M

21546

DEATH

Category

DISCHARGE

Category

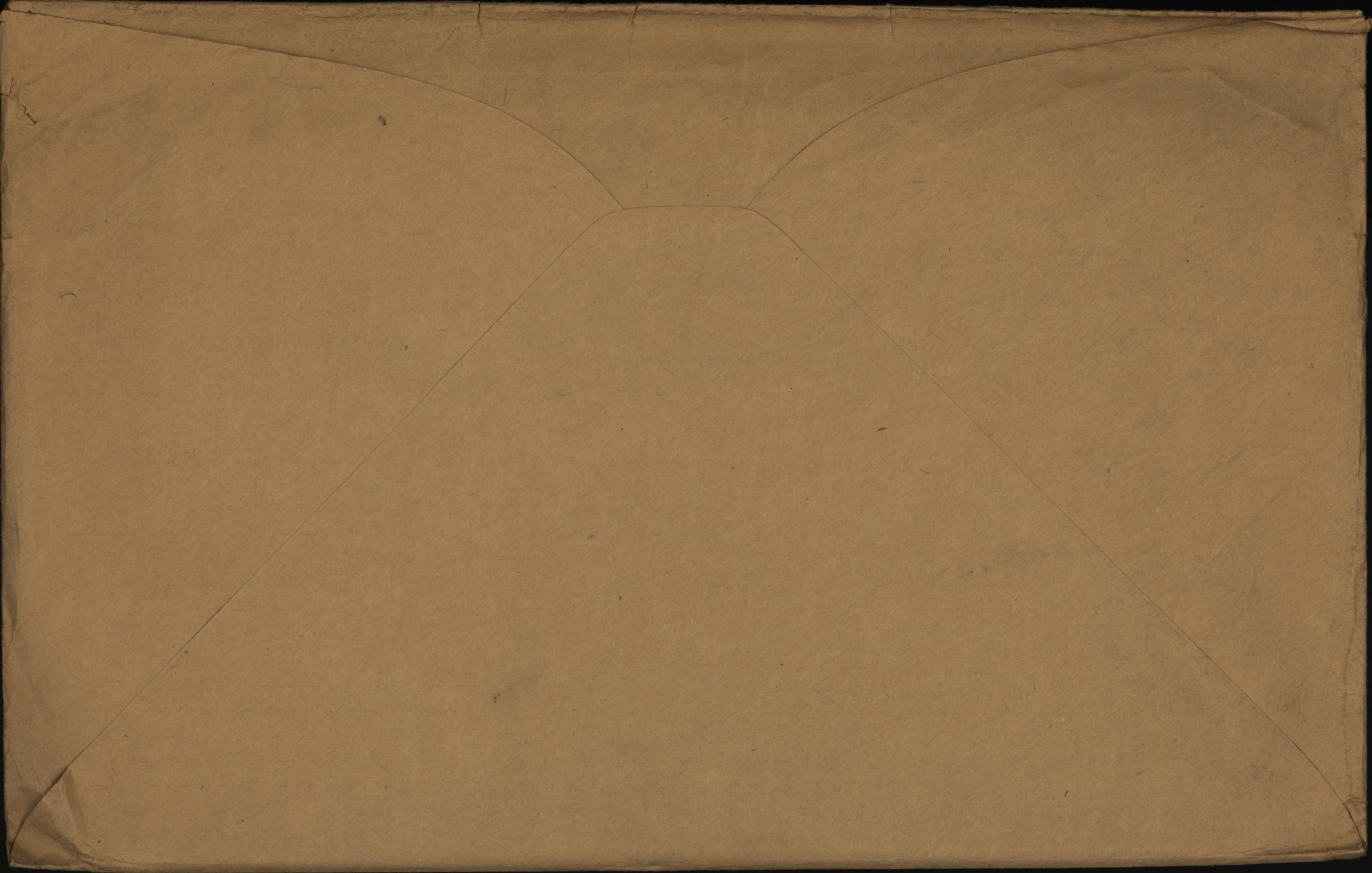
Sumob

DESERTION

H

X

Disp Cert
Case 117
ATI 1257
R12
R149



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

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

1. Christian names... *Edgar Joseph* 2. Surname... *Dorson*

3. Rank... *Driver* 4. Original Unit... *7th Bn, C.F.C.* 5. Reg. No... *41266*

6. Address, in full, to which future payments of gratuity are to be forwarded...
*Edgar Joseph Dorson
Block Island R.D. U.S.A.*

7. Date of enlistment in the C.E.F... *2-5-9-14.*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *None.*

9. Relationship of such dependent... *—*

10. Address, in full, of such dependent... *—*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
.....

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
.....

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....
.....
.....

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department... *no.*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

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

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

Signature of Applicant: *C. J. Dorion*

Place of Residence: *Block Island R. I. U.S.A. Box 76,*

Declared before me at: *Worthy Camp - Surrey - Eng.*

This *27th* day of *February* 19*19*

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

*Alex. J. Dainkou Major C.F.A.
 oc. 35th City*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

ORIGINAL MEDICAL HISTORY SHEET

Surname DORION Christian Name Edgar Joseph

Examined on 3rd day of Sept 1917
 at Valcartier

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

Birthplace { City or Town Ottawa
 County Canada

Apparent age 23 years 8 months
 Trade or occupation Tailor

Height 5 Feet 8 Inches. M.O. _____

Weight _____ Lbs. M.O. _____

Chest measurement { Minimum 33 inches. M.O. _____
 Maximum expansion 3 1/2 inches. M.O. _____

Physical development _____ M.O. _____

Small-Pox Marks _____ M.O. _____

Vaccination Marks { Arm Right Left _____
 Number 2

When Vaccinated last Sept 1916 M.O. _____

(a) Marks indicating congenital peculiarities or previous disease _____ M.O. _____

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

Tata Back - Moulders
Bot. Lenses

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>2/1/17</u>	<u>Raised to 11 1/2 inches</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>21.5.17</u>	<u>L.G.</u>	<u>Capt. C.A. [Signature]</u> M.O.
		M.O.
		M.O.

Enlisted on 25th day of Sept 1917 at Valcartier Quebec

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>4 Battery</u> <u>C.F.A.</u>	<u>@41266</u>		<u>25/9/17</u>
Transferred to.....	<u>22nd Brigade</u> <u>S.B. 2 Bde</u> <u>1st Bde C.R.A.</u> <u>P.O.S. to C.F.A.</u>			<u>1/7/17</u> <u>7-11-17</u>

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.

Entries in Red Ink made from Attestation Sheets.
[Signature]
 for D. D. M. S.

CANADIAN

Can 172

Lieut.-Col.
 In Charge of Regt
 Canadian Tenthings

Christian Name *by far*

Donon

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				
No 9 Stat. Hosp. Have 14, NORTH GENERAL HOSPITAL R.A.M.C.I. LEICESTER.		6	4	16	26	4	16	V.D.U. Trac Coccyx	30. 40	Reg. unit ex Can Base Dep. A302-4314. Some neuralgic pain - still on Friday 11/9/16. Base 8/11/16 Trains to Woodcote Park. 8/11/16.	
<i>W. B. Hepson</i>		10	11	16	6	12	16	Do		Discharge to club for further P.Y. <i>R. Gaudin</i> Duplicate Medical History Sheet posted to here. 7. 5.	

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 1st Brigade C.F.H. Regimental Number _____

*Substantive Rank Dr. Surname Dorion Christian Names E. J.

*Acting Rank _____

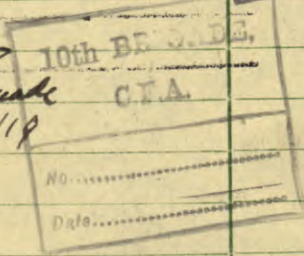
(* To be entered in pencil to facilitate alteration.)

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

To be folded on this line.

(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, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
7-12-18	ac 10 Bde Emb of 8 Hoske		Rejoined for Leave Proceeded To England	fld 20/12/19	29/11/18 P.I. 150.18	13213 Lient.
						for Lt. Canadian Section
			S.O.S.M.F of C proceeding to leave P.I. 150.18 19/10/19			
			R.R. Oliver			
7-4-19	O/S		T.O.S. DD#4	Mtl.	19-3-19	D.O.Pt.2-97
7-4-19			S.O.S. DD#4 Demob.	Mtl.	29-3-19	D.O.Pt.2-97. R.O. 1420.
						Chas. J. D. L. Lieutnant, Assistant Adjutant, District Depot No. 4.



(SERVICE AND CASUALTY FORM NO. 1)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	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.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Nothing to be written in this margin.

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CANADIAN GENERAL LABORATORY.

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Prom

PARTICULARS OF CASE FOR WHICH WASSERMANN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference. Unless these are furnished the test will not be carried out.

Name *Doiron E.J.* Regtl. No. *41266* Rank *Dr*

Unit *4th Bn. C.P.C.* Date of first Sore *1916* If T. Pallidum found ... Secondaries,

if any Other Symptoms

Treatment, if any Arsenical *Full* Mercury *am*

Previous Wassermann, date *1916* Result *—*

Station and Date *24-2-19*

CVH

Result of Wassermann (Original) Quarter System.

Date Serial No. Result

**WASSERMANN
NEGATIVE**



Samyane
Major,
Officer Commanding,
Canadian General Laboratory.

Witley, Surrey.

984

.....191...

UNION GENERAL LABORATORY

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The particulars below are for general purposes and future reference. The particulars below are for general purposes and future reference.

Name of patient:

Date of birth:

Other symptoms:

Treatment if any:

.....

.....

.....

.....

.....

.....

.....

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.....

.....

.....

.....

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DORION. E.J.

REGIMENT 35 Bty. C.F.A. RANK Orn. No. 41266

Date of Examination in England _____ Date of Examination in France 20/1/49

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 12 13 18

2. EXTRACTIONS

3. CROWNS

4. DENTURES
- (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

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 No
- (c) In France

Signature of Dental Officer S.P. Marlett



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Casualty Form—Active Service.

CERTIFIED CORRECT
Canadian Army Form B. 103.
Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps *1st Battery, 2nd Artillery Brigade*

Regimental No. *41266* Rank *1st Lt* Name *Edgar Joseph Dorion*

Enlisted (a) *25/9/14* Terms of Service (a) *duration of war* Service reckons from (a) *25/9/14*

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) *Sailor - Driver*

Date	Report From whom received	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.
			<i>Canada</i>	<i>11.2.15</i>	
<i>6.2.15</i>	<i>2nd Artillery Bde</i>	<i>embarked 28 days A.P. No 1, dined 28 days pay</i>	<i>Avonmouth</i>	<i>11.2.15</i>	
<i>9/1/16</i>	"	<i>Proceeded on leave to England</i>	<i>France</i>	<i>6.2.15</i>	
<i>23/1/16</i>	"	<i>Returned from "</i>	"	<i>8/1/16</i>	<i>B213. P.2.6. No 3. 15/1/16</i>
<i>23/2/16</i>	<i>9. Staty.</i>	<i>N.Y.D. Slight admitted</i>	"	<i>14/1/16</i>	" " " <i>6. 4/2/16.</i>
<i>22/2/16</i>	<i>20 General</i>	<i>T.D.S. " "</i>	<i>9. Staty.</i>	<i>23/2/16</i>	<i>W. 3034.</i>
<i>22/2/16</i>	<i>20 General</i>	<i>T.D.S. " "</i>	<i>20 General.</i>	<i>22/2/16</i>	" "
<i>26/2/16</i>	<i>20 C.C.F.</i>	<i>Chenere. 20/2/16. Transferred to Base</i>	"	<i>21/2/16</i>	<i>a. 36. D.C.R. No 229.</i>
<i>23/2/16</i>	<i>20 General.</i>	<i>T.D.S. " "</i>	<i>" 9 Staty</i>	<i>23/2/16</i>	<i>W. 3034.</i>
<i>12/3/16</i>	<i>9 Staty.</i>	<i>forfeits 50 cents per diem whilst in hospital from 20/2/16 to 12/3/16</i>	<i>On the field</i>	<i>12/3/16</i>	<i>01643. P.2.6. No. 13. 21/3/16</i>
<i>12/3/16</i>	"	<i>T.D.S. & Scalmer Transferred to</i>	<i>Camp details</i>	<i>12/3/16</i>	<i>W. 3034.</i>
<i>6/4/16</i>	"	<i>N.Y.D. sgt. admitted</i>	<i>Havre.</i>	<i>6/4/16</i>	
<i>24/4/16</i>	"	<i>forfeits 50 cents per diem whilst in hospital from 4/4/16 to 24/4/16.</i>	"	<i>24/4/16</i>	<i>01643. P.I. O. No 19. 7/5/16.</i>

18 SEP Recd

(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.

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				
26/4/16	C.B.D.	Left for unit	In the field	26/4/16.	151/BB/3/60. D.C.R. No. 253
25/4/16	"	Admitted Class. A.	Havre.	25/4/16.	101/BB/3/295. " " 258.
24/4/16	9 Staty.	V.D.S. Discharged to 12 Camp Harfleur		24/4/16.	W 8034.
6/5/16	G.C. Unit.	Rejoined unit.	In the field	6/5/16.	B 213. D.C.R. " 259.
29/4/16.	G.C. Town Hooks Rouen	Sentenced to 7 days F.P. No I for Drunk in Town. 27/4/16.	Rouen.	29/4/16.	B 2069. P. II O. No 21. 21/5/16.
18/5/16.	1st Can. Div art H.Q.	Posted to 1st C.D.A.C.	Field	18/5/16.	A.H.Q. 9-31. P. II b. No. 22 ³¹ /5/16.
25/5/16.	2. Art. Bde.	Sentenced to forfeit 28 days pay and 10 days F.P. No I for absent from parades 16/5/16 + 17/5/16.	"	25/5/16.	B 2069. " " 23. 7/6/16
18/5/16	A.H.Q.	Taken on 1st D.A.C.	18/5/16 FIELD	19/5/16	A.H.Q. 9-31 18/5/16
26/5/16	"	Posted to 2nd C.F.A. Bde	"	27/5/16	" 9-37 P. II. O. D/7/6/16
"	"	Taken on strength	"	28/5/16.	" " " "
25.8.16	No 10 Stat.	W/pt adm	No 10 Stat	25.8.16	W 3034
27.8.16.	32 Stat.	Frac & Dis Coccyx (acc.) adm.	32 Stat	27.8.16	W 3034
20.8.16	No 2 C/Amb.	Confused Back (accid) adm.	2 C/Amb	19.8.16	Ad 6 DCR. 325 d 2. 9. 16
31.8.16.	No 32 Stat.	Simple frac. & dislocation Coccyx (acc) transfd	ceac	31.8.16	W 3034
27.8.16	No 10 Stat.	Simple frac & dislocated. Coccyx. transfd	2 Base per 2nd Amb. In Folkestone	27.8.16	W 3034
31.8.16	H/5 St David	transfd	ceac	1-9-16	W 5083. G.H.Q. 16/9/16

Capt.

For Officer i/c Can. Records,
Canadian Section.
G.H.Q. 16/9/16

Casualty Form—Active Service.

Regiment or Corps 1st Bn. Royal Artillery
 Rank Pte Surname Dorion Christian Name Edgar Joseph
 Religion Catholic Age on Enlistment 23 years 8 months.
 Enlisted (a) 25/9/14 Terms of Service (a) 20 years Service reckons from (a) 25/9/14
 Date of promotion to present rank ✓ Date of appointment to lance rank ✓
 Extended { ✓ } Re-engaged { ✓ } Qualification (b) Sailor Driver
 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			
<i>15/11/17</i>	Discharged from <i>1st</i> C.C.D. <i>St Leonard</i> to <i>1st</i> <i>1000000000</i>		<i>Bn. Part II D.3. No.</i>		<i>Lieut. for Adjutant for C.C. 3rd CANADIAN COMMAND DEPOT</i>
<i>2/11/17</i>	Discharged from <i>1st</i> C.C.D. <i>St Leonard</i> to <i>1st</i> <i>1000000000</i>		<i>Bn. Part II D.O. No.</i>		<i>Adjutant Canadian Command Depot</i>
<i>1/11/17</i>	<i>St-Basile</i> <i>1st Bn. 2 Bde. R.A.</i>		<i>Schiff</i>	<i>29/6/17</i>	<i>100000 100000 100000 100000</i>
	<i>1st Bn. 2 Bde. R.A.</i>				

(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.

[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 of Casualty	Date of Casualty	Remarks Taken from Army Form B, 213, Army Form A, 36, or other official documents
Date	From whom received				
18-10-17	ab 2nd Bde C.R.A.	S.O.S. B. Bly 2nd Bde C.R.A. from 1st Bde C.R.A.	Witley	16-10-17	R.O. P. 11-9 CAPT. & ADJUTANT, 2ND BRIGADE, CANADIAN RESERVE ARTILLERY.
19-10-17	O.C. 2nd Bde C.R.A.	T.O.S. B. Bly 1st Bde C.R.A. from 2nd Bde C.R.A.	Witley	16-10-17	B.O. P. 11-18-17. 120
8-11-17	O.O. 1st BDE. Can. Res. Art'y.	PROCEEDED O/SEAS TO <u>67-a</u>	WITLEY CAMP.	7-11-17.	1st BDE. PT. II. ORDER No. 140 CAPT. & ADJUT. For O.O. 1st BDE. CAN. RES. ARTY.
8-9-16	ccac	Taken on Strength	Hstone	3-9-16	PT II DO 384 LIEUT. FOR LT. COL. /C RECORDS. C.O.M.F.
8-11-17	C.G.B.D.	Arr'd Reinf. T O S Can. Art'y Pool		8-11-17.NR.	106, d/11-11-17
11-11-17	do	Left for C.C.R.C.	Field	11-11-17 NR.	(711)
do	C.C.R.C.	Arrived at C.C.R.C.	do	do	NR. (59)
15-11-17	acrb	Passed to 10th Bde CFA	nt 1/7	8-11-17	PT II DO 384
15-11-17	do	L.O.S. 10th Bde CFA	nt 1/7	8-11-17	PT II DO 384
13.6.18.	10th Bde CFA	Sentenced to 28 days F.P. on 4.6.18 for whilst on Active Service "failing to comply with an order given him by an NCO. 2-6-18.			AFB 2069 d/13-6-18 PT II DO 81 d/25-6-18
16.11.18	do	Granted leave 11/12/18 to 17/12/18			182.3 PT II DO 384

RECEIVED
 8-11-17
 NOV 17

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No. _____

THIS IS TO CERTIFY that No. 41266 (Rank) Driver

Name (in full) DORION Edgar, Joseph enlisted in
the 7th Battery C.F.A.

CANADIAN EXPEDITIONARY FORCE at Quebec on the 25th
day of September 1914

HE served in 35th Battery Can Field Artillery

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

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

Age 28

Height 5'8"

Complexion Dark

Eyes Grey

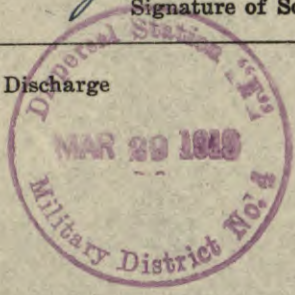
Hair Dark Brown

E. J. Dorion
Signature of Soldier

Marks or Scars _____

2 rose marks left arm
tattoo marks both shoulders
both forearms

Date of Discharge



[Signature]
Issuing Officer
Officer in Charge, Discharge Section, Dispersal Station "F"
Rank _____

Date March 29th 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____

Name (in full) _____

enlisted in _____

CANADIAN EXPEDITIONARY FORCE at _____

on the _____

day of _____ 19____

He served in _____

Private 1st Class

Demobilization _____

and is now discharged from the service by reason of _____

Medical Certificate _____

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

Age _____

Marks or Scars _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Issuing Officer _____

Date of Discharge _____

Rank _____

Date _____

19____

NOTE: - The original of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, British Council, Ottawa, Canada.

1st Pay Record

E-24895

Rank and Name DORION, Edgar Joseph

Regimental No 4266

Name and Address of Next-of-kin

Unit 2nd Bgde

Mrs Albertine D. Rose,

Date of enlistment Sept 25th., 1914.

Block Island, R.I.

Place of birth Ontario

U.S.A.

Married (Yes or No) No

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

133/30

SE

1189-15

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				
13-3-15	OC 2nd Bd	28 days #1 2 P. 28 days pay	France	6-3-15	Part II O #2
2-12-14	2nd Bgde	Forfeits 4 days pay	England	2-12-14	Part II O #65.
15-1-16	" "	Proceeded on leave	France	8-1-16	Part II O #3.
7-2-16	" "	Returned from leave	"	17-1-16	Part II O #7.
2-3-16	" "	Adm #9 Staty Hosp.	Have	23-2-16	Case S# A270 U.D. 9.
21-3-16	" "	Adm #1. Camp Detail	Have	12-3-16	Case S# A285
21-3-16	" "	Forfeits 50¢ per diem while in Hosp.	France	20-2-16 12-3-16	Part II O #13.
15-4-16	" "	Adm #9 Staty Hosp	Have	6-4-16	Case S# A302 U.D. 5.
4-5-16	" "	Rejoined Unit	Field	26/4/16	BS A314
7-5-16	" "	Forfeits 50¢ per diem while in hospital from 7/4/16 to 24/4/16			} Part II O #19.
21-5-16	" "	Sentenced to 4 Days 2 P No 1 Drunk in town		27/4/16 27/4/16	

41766

Dorion, E. J.

Rank and Name DORION, E. J.

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				
28/5/16	of 2 nd Bde	Posted to 1 st W.A.C.	Field	18/5/16	Part II O 22
31.5.16	of 1. S.A.C.	Taken on Strength	France	19.5.16	" " 22
7.6.16	of 18 a/c	Posted to 2 nd A. Coy	"	27.5.16	" " 23
7.6.16	" 2 nd Bde	Taken on Strength	"	28/5/16	" " 23
"	"	Sentenced to forfeit 70 days pay, and to 10 days 4 P No 1. 20/5/16			} Part II O 23
		Absent from parades 16/5/16 & 14/5/16			
5.9.16	"	Admt No 10 Galy Hoop	Field	25/9/16	CL A 379 ^{Duple Fracture} + Dental Coy
"	"	Lo Base	"	27/5/16	" " "
6.9.16	"	Admt 5 th Northn Gun Hoop	Leicester	1/9/16	" B 112
7.9.16	2 nd Bde	To Ho. 32. Stationing Hoop	Winchester	27.8.16	CL A 380. ^{fac + Distants} Coeyx.
8.9.16	ccac	Taken on Strength	Totter	29/16	Ph # 0. 384.
9.9.16	2 nd Bde	Transf to ccac Totter " Sick "	Field	1.9.16	— 42.
25.11.16	2 nd Bde	Transf to Can Comd Hoop	Epsom	1/11/16	CL B. N.S. fac. Coeyx.
11.1.17.	ccac	Reported En. Epsom	Haarlem	10.1.17.	Ph # 0 18.
12.1.17.	ccac.	On Comd to ccac for P.T.S. A. Haarlem	Haarlem	11/1/17	Ph # 0 21.
15-1-16	2 nd Bde 67A.	Discharged from Can Comd Hoop	Epsom	9-1-17	has list 13188

Etc

Rank Name DORION, Edgar Joseph Reg'l No. 41266
 Unit 2nd Brigade If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Sept. 25th 1914 Place of Birth Ontario
 Name and Address, Next-of-Kin Mrs. Albertine D. Rose, Rock Island, R.I., U.S.A.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Relationship SIC 133/30
 2023/9/16 7384 d/s 9/16
 from 2nd Bde.

NJE, R.S. No. 11511
 File No.
 Category
Louise

Discharge, Date and Place Reason Character

1st Page of Record filed in envelope.

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>Perm Grade. pte Acting Rank. Hil.</i>
11-3-17	CCAC S.O.S. On Tfr To Arty Hastings	10 3 17 Pt2	0 117	
16-3-17	Can Arty Regt Support T.O.S. on bomb = 3 rd Bde (S.I) S' Bluffe			
13-5-17	do. Cases to be o/c 3 rd CCD to o/c 1 st CCD	do	9-5-17	65.
27-6-17	1 st CCD Cases to be Alt'd on proceeding to Reg Depot S ^t Leonard's	S' Bluffe	26-6-17	110.
1-7-17	2 nd Bde CRA J.O.S. from Regt Depot	S' Bluffe	26.6.17	10. Fii On d 28.6.17 CARD
18.10.17	do. S.O.S. 1 st Ra	Gen Witley	16.10.17	119 + 1 st Ra Pii 120 11/10/17
8.11.17	1 st Ra S.O.S. to Arty Pool		7.11.17	140 + Pool Pii 106 11/11/17
10.12.17	Arty Pool S.O.S. to 10 th Bde		24.11.17	124 + 10 th Bde Pii 189/12 11/17
22-2-19	10 th Bde. Proc. to England		20-2-19	18
	Proc to Canada		19.3.19	29-F + 10 Bde. Pii No. 29. 19/19

ASSIGNED PAY,
MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.


SEPARATION ALLOWANCE

Name *Joseph Dorion*
Address *Box 76*
Block Island
R.I. U.S.A.

Name of Soldier *Dorion Edgar J.*
Regtl. No. *41266*
Rank *Gunner*
Corps *4th Bty 2nd Bde*
To what Corps belonging }
when called out }

Relation to Soldier }
wife, child or mother } *Father*
\$20⁰⁰ 1 Aug 1917

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				

2 M 30 $\frac{8}{12}$ 497 3 $\frac{9}{17}$

SECRET
14-00000
FBI

00

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Sheet No. 2 Joseph Dorion
 (Assignee)

PAYMENTS.

Name of Soldier Dorion Edgar J
Gr 4 Bty 2nd Bde # 41266

L. L. Job 19227 - M. & D. 7814

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			\$ 20 ⁰⁰ - 1 Aug 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				} \$ 40 ⁰⁰ sept to adjust 20 ⁰⁰ future
Sept.		F 898 14	40	
Oct.		N 46 405	20	
Nov.		A 39798	20	
Dec.		Q 56456	20	700 H
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

check

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.				

NAME DORION Edgar, Joseph

Regimental No. 266266

Name and address of next-of-kin

Unit 2nd Brigade

None

*M^{rs} Albertine J. Rose
Block Island P.T.
D.S.A.*

Date of enlistment Sept. 25th, 1914

"

Place of birth Ontario

Married (yes or no) NO

Date and place discharged

Amount of pay assigned monthly \$ NIL

Reason for discharge

*CCAC
B112*

To whom payable

Character on discharge

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.	Date						
22.9.14	31.10.14	40	1.00	40 -	40	.10	4 -		44 -			40 -			40 -		
1.11.14	30.11.14	30	"	30 -	30	"	3 -	4 -	37 -			10 -		17 60	27 60	Forfeits 16 days pay.	
1.12.14	31.11.14	31	"	31 -	31	"	3 10	9 40	43 50			25 -		4 40	29 40	" 4 " "	
1.1.15	31.1.15	"	"	31 -	"	"	3 10	14 10	48 20			30 -			30 -	18.20.	
1.2.15	28.2.15	28	"	28 -	28	.10	2 80	18 20	49 -						49.00	Forfeits 56 days pay D.O.I.T	
March	31	31	"	31 -	31	"	3 10		34 10			9		64 60	70 60	12.58 P.h. P.H. Dec. 12. 29 7/8	
April	30	30	"	30 -	30	"	3 -		32 -						45.50		
May	31	31	"	31 -	30	"	3 10		34 10			3		3	76 60.	P.h. D.T. 29 7/8	
June	30	30	"	30 -	30	"	3		33			6		15	94 60	P.h. D.T. 13 3/8 20 5 26 7/8	
July	31	31	"	31 -	31	"	3 10		34 10			3		6	122 70	P.h. D.T. 12 6.15	
								3 69							3 69	Ca. Diffce	
															126 39		
Aug	31	1.00	31	31	31	.10	3 10	3 69	37 79			7 48			7 48	153 01	
Sep.	30	"	30	30	30	"	3		33			5 42			5 42	180 59	
Oct.	31	"	31	31	31	"	3 10		34 10			7 91			7 91	206 78	
Nov	30	"	30	30	30	"	3		33			14 88			14 88	224 90	
Dec.	31	"	31	31	31	"	3 10		34 60			16 55			16 55	242 45	
Jan	31	"	31	31	31	"	3 10		34 10			253 06			253 06	23 49	
															497		
								49 70	3 69	550 39		443 30			83 60	526 90	

266.

Dorion Edgar Jr.

Date		PAY		Field Allowance			Other Credits		Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
				497			4970	3 69	550 39			443 30		83 60	526 90	
				1497			4970	3 69	550 39			443 30		83 60	526 90	
Feb.	29	100	29 -	29	10	2 90	1 60	33 50								56 99
Mar	31		31	31		3 10		34 10				4 35		13 20	17 55	73 54
				557			5570	5 29	617 99			447 65		96 80	544 45	

BALANCE TRANSFERRED TO NEW LEDGER.

56 99 Amdt Plas.
 44 Nov 14 20 13
 73 54 Host stop

Checked
 11/14/13

Surname **Dorion** Christian Name or Names **E. J.** Reg. No. **41266**
 Rank **Dr.** Unit **C.F.A. 2nd Sqde.** Co. Troop Batty. **2.**
 Hospital **9 Stat. Havre** Date of Admission **23-2-16.**
 Transferred **do** Hosp. **6.4.16.**
10 Stationary Hosp St. Omer Hosp. **25-8-16**
5th North Gen Hospital Wimereux Hosp. **27.8.16**
Woodcote Pk Con Hosp. **11.11.16**

Diagnosis

- (1) **N. D. G.**
 Later Diagnosis (if changed) **N. D. G.**
 (2)
 (3) **Simple Fracture & Dislocated Coccyx**

Additional Diagnoses: If more than one state present

DISPOSITION

1 Camp Det. Havre 12.3.16.
 Can Base Dept
 Rejoined unit 26.4.16.
 REMARKS
 Exchanged 9.1.17
 To Base 27-8-16

c.l. 1-3-16	270
" 21.3.16	A285
" 15.4.16	A302
" 4.5.16	A314
" 5-9-16	A379
" 6.9.16	B112
" 25.11.16	B155
" 15.1.17	B188

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

OK

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

125

Name **Dorion, E.J.** Rank **Dvr.**
Edgar Joseph

Reg. No. 41266.

Unit **2nd. Brigade. C.F.A.**

Next of Kin */Canada/* **U.S.A.**

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1916.						
23-2.	No. 9. Stationary Hos.	Havre.	V.D.G.	A270.		
12. 3.	<i>1. Camp Details</i>	<i>Havre & above.</i>	"	<i>285</i>		
6. 4.	<i>No. 9. S.H.</i>	<i>Havre.</i>	"	<i>A. 307</i>		
26. 4.	<i>Rejoined Unit ex Can. Base Depot</i>		"	<i>A314</i>		
25-8	No. 10 Sty. Hosp.	St. Omer	Simple Frac. and Discl. Gocyz	A379		
27-8	To Base					
27-8	No. 32 Sty. Hosp.	Wimereux	do	A389		
1-9	5th N. Gen. Hosp.	Leicester	do	B112		
11-11	Can. Conv. Hosp. W.P.	Epsom.	do	B155.		
1917						
9-1	Discharged.	C.C.A.C.	do	B188.		

No *C 41266* RANK *Mr*

NAME *Warion E*

T. O. S.

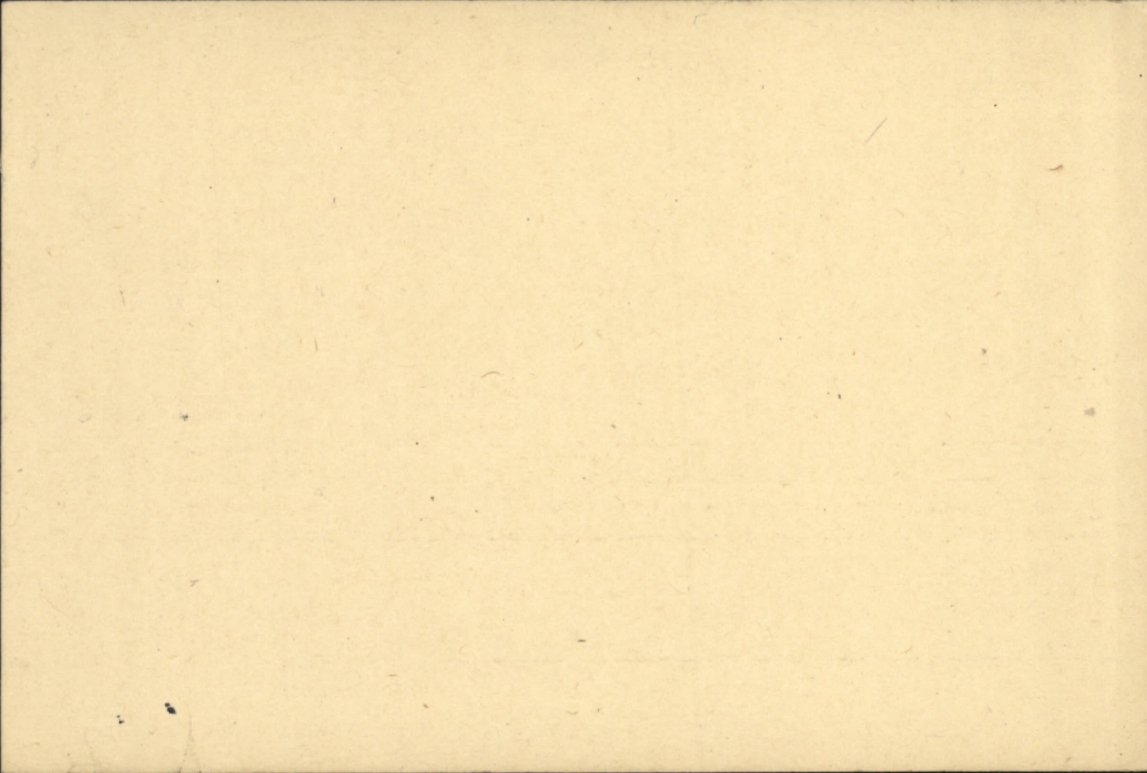
UNIT # *4 Battery, 2nd Brigade C. F. A - C. E. S.*

M. D. *val*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914 aug 29 Sept 22</i>	<i>1914 Sept 21 Oct 31</i>	<i>✓ ✓</i>		

UNIT SAILED

OCT 3 1914



SURNAME. Dorion

7.4

CARD NO.

CHRISTIAN NAMES Edgar Joseph

FOLL ⁴
SOS Demob 29.3.19
NO 97.7.4-1948

REGL. No. 41266 RANK Dr.

UNIT 2nd. C.F.A. Bde.

FORMER CORPS R.C.D. 7 mos.

NEXT OF KIN.

NAMES IN FULL Rose, Mrs. A. D.

CHANGE OF ADDRESS
Beneficiary -
Mr. Joseph Dorion
P. h. s.
10 Rockwell St.,
Cambridge, Mass.
U. S. A.
Aut: S. A. W. P. 24.6.18.

RELATIONSHIP TO SOLDIER not stated.

ADDRESS Block Island, R. I., U. S. A.

COUNTRY OF BIRTH Canada Ottawa, Ont. DATE Dec. 18th 1890

PLACE OF ATTESTATION Valcartier, P. Q. DATE Sept. 25th 1914

OST-10-14 ³⁶/₃

MC. 24-3-19 ²⁹²/₅₅ Dr.

From Quebec, Per. S. S. "Jeremia" 3-10-14

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Sailor

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

23

YEARS

8

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

D. Brown

DISTINGUISHING MARKS

2 Vacc. left. Tattoos both shoulders
& both forearms.

MEDICAL EXAMINATION.

PLACE

Valcartier, P.Q.

DATE

Sept. 3rd, 1914

Present Address: - not stated.

NAME

Dorion E. J.

H. Q. FILE No. 649-

REG'T'L No. *41266*

RANK AND CORPS

Plur. 2nd Bde. C-7. A.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. *1120X*

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 270	9 th Stat. Havre	23-2-16	V.A.L.
A 285	EX " " / 1 Camp Details Havre	12-3-16	" " "
A 302.	9 th Stat. Havre	6-4-16	" . . .
4314	EX Can. Base Depot Ref. unit	26-4-16	" " . . .
a 379	10 th Stat. St. Omer	25-8-16	simple fracture + dislocated coccyx
a 379	" 30 th Base	27-8-16	" " "
B 117	5 th No. Gen. Leicester	1-9-16	Frac. + Dislocated coccyx
a 340	32 nd Stat. Wimereux	27-8-16.	since from to England.
B. 155.	conv. Woodcote Pk. Epsom	11-11-16.	Frac. coccyx.
B. 188.	" " " "	9-1-17.	" " Disc.

am.

~~10~~
4

Number: 41266 Rank: *Deer*

Surname: *DARLON*

Christian Names: *Edgar Joseph*

Unit: *C.F.A.* Theatre of War: *France*

Dates of Service: *11-2-15*

Remarks:

Latest Address: *Black Island, R.I.*

Box 76, U.S.A.

Roll No. *"B" Page 1390*

4 19248. Deep

MAY 12 1921

909 27018 DM

JUL 29 1921

ASSIGNED PAY. ~~ENGLAND or CANADA.~~ ENGLAND or CANADA.
 SEPARATION ALLOWANCE. ENGLAND or CANADA.
 EFFECTIVE DATE: ~~1/8/18~~ ~~1/9/18~~ ~~1/10/18~~ ~~1/11/18~~ ~~1/12/18~~ EFFECTIVE DATE:
 AMOUNT: ~~70~~ AMOUNT:

NAME: DORION, Edgar J.
 NUMBER: 41266.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

~~Mr. Dorion (Father)~~
~~Block Island~~
~~Rhode Island, U.S.A.~~

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner

UNIT AND TRANSFERS
 ORIGINAL UNIT: 220 Bde 629
 DATE ACCOUNT FIRST OPENED: -

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 57 D	UNIT TRANSFERRED TO
			10 Bde 629

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
27/1/19	791	W.C.C.	38.93				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	1.00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada. 3/13/19. Authy: NR 3987. Bramshott. 3/13/19 to Bramshott. of which 340.00 deferred pay

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Jan	Balance forward								28245.285-		
Apr	Pay	33-		cap				20-	29545		
				AR 16, 10 Bde 17/1/18.	3.57						
				✓ 82 ✓ 25/4/18	3.57				28831.285-		
May	Pay	33-		cap	7.14			20-			
		34/10		AR 17, 9 Bde 8/5/18.	4.46			20-	30241		
				✓ 163, 10 ✓ 25/5/18	3.57				29438.285-		
June	Pay	33/10		cap	8.03			20			
		33-		AR 18, 10 Bde 10/6/18 for balance to comm				20	30438		
				with an order from 7/20/18. No 817 25/6/18		30.80			27658.285-		
July	Pay	33		cap		30.80		20			
		34/10		AR 19, 10 Bde 10/7/18	7.14			20-	29068		
				✓ 432 ✓ 25/7/18	3.57				28354		
Aug	Pay	33/10		cap	10.71			20-	27997.285-		
		34/10		AR 17, 10 Bde 19/8/18.	4.46			20-	29407		
					4.46				28961.285-		
Sept	"	33		"				20	32261		
		34/10		AR 16, 10 Bde 23/9/18.	7.14				31547.285-		agreed
					7.14				300		
Oct	"	34/10		cap ml				20	34957		agreed
		34/10									
Nov	"	33		1185 14/11 10 th Bde F.A.	7.46				280		
Dec	"	34/10		65783 18/11 London	34.07				295		
				67648 22/11 "	9.73						
				65 14/11 10 th Bde F.A.	87.60						
					138.86						

NUMBER 41266

RANK

Gur

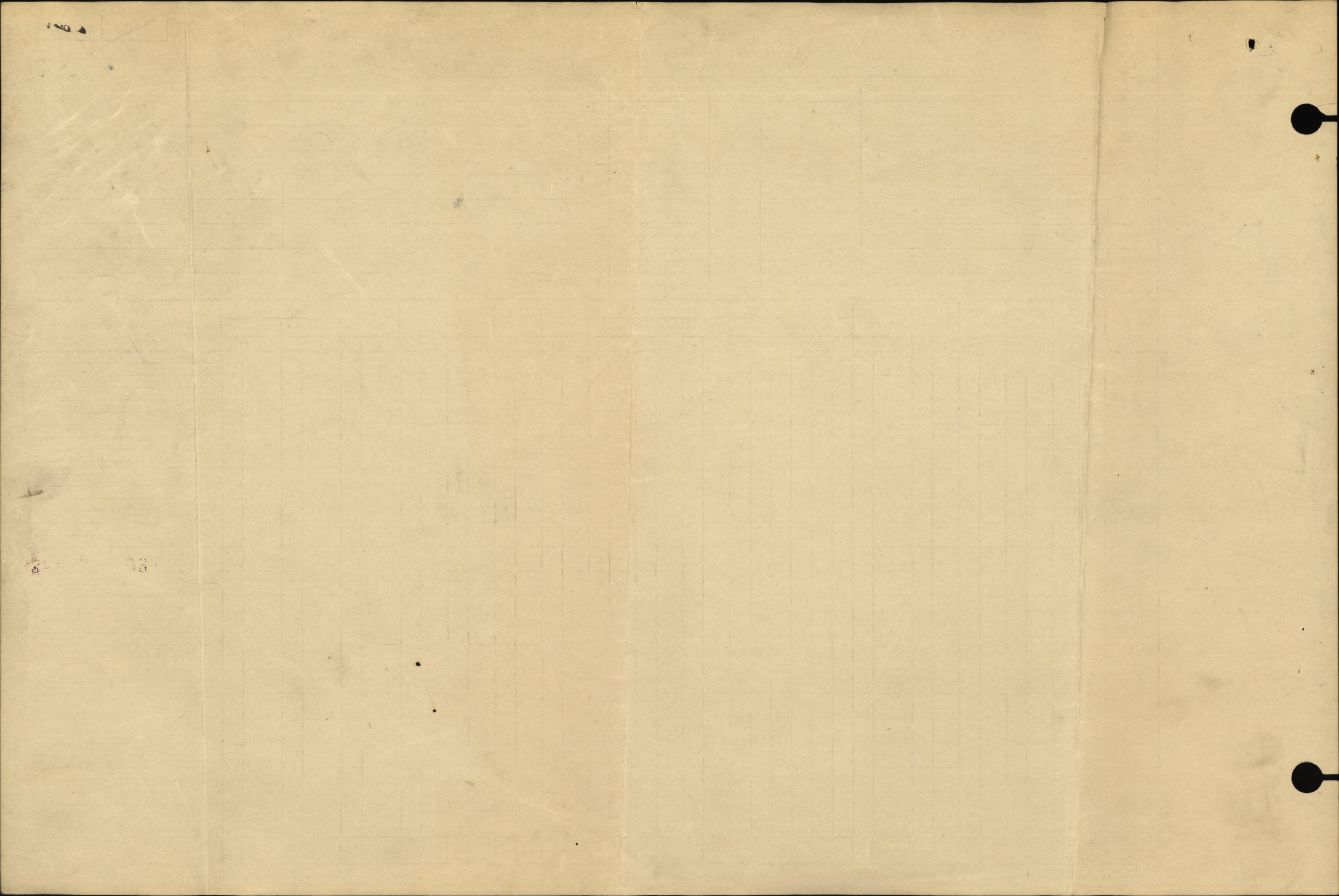
NAME

DORION, Edgar, Jr.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Dec	Forward	67 10			13886					295	
1919 Jan	Comp	34 10		1577 9/12 10 th A.S.A.	373						
				A 1174 1 ³ / ₄ clothing	13 89				294 29	310	
		101 20			15648						
Feb	fursp	30 80		AR 1796 23/12/18 10 C7A.	3 73					325	
March		34 10		AR 1764 16/1/19 10 C7A.	3 73					340	
	Int. on def pay to 31 st /19	33 23		AR 1989 27/1/19 10 "	3 73						
				AR 2104 1/2/19 10 "	3 73						
				AR 791 28/2/19 10 "	38 93				338 57		
		98 13			53 85						
				SOS. to Com. 21/3/19 SL29 C7A							

38.93.
14 92
53.85

294.29
98.13
392.42
53.85
338.57



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D

5754 Aug 1-1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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45810
15810
15810

PARTICULARS OF SEPARATION ALLOWANCE

No. 4 1266
 Rank *Inv.* Promoted Reverted Discharge
 Soldier's Name *Edgar J. Dorion*
 Battalion *4" Batty 2" Bde*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Joseph Dorion*
 Address *Box 76, Black Island*
 Change of Address *U.S.A.*
 1 *No. 10 Rockwell St Cambridge Mass U.S.A.*
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>4863-6-10</i>
<i>Dec. 31.</i>			<i>100</i>	<i>100</i>	
<i>Jan.</i>	<i>M 67472</i>		<i>20.</i>	<i>20.</i>	<i>M 27W 30-8-17 N 67472 - Re-mailed 24-1-18 - J. Dorion Box 761 Black Island P.I. USA. (re-mailed)</i>
<i>Feb</i>	<i>E 97123</i>		<i>20.</i>	<i>20</i>	
<i>March</i>	<i>A 12641</i>		<i>20</i>	<i>20</i>	<i>M 2020 rendered May 22/18 C.M.</i>
<i>Apr</i>	<i>B 8156</i>		<i>20</i>	<i>20</i>	<i>stop payments 1/9/18</i>
<i>May</i>	<i>D 17464</i>		<i>20</i>	<i>20</i>	<i>Family reasons, man's own request</i>
<i>June</i>	<i>Z 9497</i>		<i>20</i>	<i>20</i>	<i>per 3M of 10 18.</i>
<i>July</i>	<i>Z 20594</i>		<i>20</i>	<i>20</i>	<i>M.R.O 8015 rendered 20 18 C.E.J.</i>
<i>Aug</i>	<i>3 32728</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>			<i>20</i>	<i>20</i>	
			<i>260</i>	<i>260</i>	

A/c Closed *31/3/19*
 Ret'd per. *Cedric*
 Date *27/3/19* M.F.W. 187 *4/4/19*
 Closed *C. S. Johnston*

M. F. W. 128.
 400M. 5-17-1772-39-1141
 L. L. 22220-M. & D. 7883.



Date of Enlistment _____

MILITIA AND DEFENCE

Date of Assignment _____

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 128.
400mc. 5-17-1772 89-1141
L. L. 22320—M. & D. 5983.

Certified correct
Pholover

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Beamshott DATE 12/3/19

1. 1 (a) Unit 25th Bty C.F.A. (b) Regimental No. H1266 (c) Rank Drvr
 (d) Surname Lorion (e) Christian name Edgar Joseph
 (f) Home address Block 20 Rhode Is. U.S.A.
 (g) Next of Kin Mrs Oliver A Reed (h) Relationship Sister
 (i) Address of Next of Kin same address

2. Age last birthday 28 Date of birth 18/12/1891

3. Enlistment, or Appointment (if an Officer) (a) Place Valcartier (b) Date 25/9/14

4. Personal description: Est'd
 (a) Height 5'8 (b) Weight 150 (c) Complexion Medium
(stripped)

(d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Tattoos
Butterfly each shoulder etc. Mole upper lip

5. Former trade or occupation Sailor

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>4</u>	<u>168</u>

	PERIODS	
	From	To
Canada	<u>25/9/14</u>	<u>29/9/14</u>
England	<u>29/9/14</u>	<u>11/2/15</u>
France or other theatres of War	<u>11/2/15</u>	<u>12/3/19</u>

7. Original disease, or injury D.D.S.

(a) Date of origin 23/2/16 (b) Place of origin London England
 (c) Cause Infective

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.)

V. W. S. no disability

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.)

Small sore base of glans of chancere
no other signs

Patient has no symptoms
never had sore throat or rash
Wassermann 26/2/19 (Can Gen)
Lab Witley Negative

(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).)

Chancere 23/7/16 - full course of
treatment 9 Staboney La Havre

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).)

Continued back with fractured coccyx 27/8/16
Good recovery. Patient state U.D.G. 6/4/16 M.H.S.
LaFavre was U.D.S. Had no U.D.G. - Scabies 23/2/16
Good recovery

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

one vaccination scar ft arm

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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(a) yes (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? *not applicable*

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

Full course for U.D.S. at LaFavre
23/2/16

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations *nil*

W.G. Jamieson Capt R.A.M.C.
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, *E. J. Marion* 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.....

Dr E.J. Dorin 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.

Yes

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.)

Yes "A"

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.)

R.H. Authority 29. 9083 of 11/11/18

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 *C.C. Bramsholt*

DATE *17/3/19*

[Signature] President.
[Signature] 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.

STATEMENT OF THE INVALID
 PLACE.....
 DATE.....
 President.
 Members

APPROVED BY *[Signature]* Assistant Director of Medical Services. DATE *12-3-19*
 APPROVED BY _____ Director-General of Medical Services. DATE _____

Gilroyes 1090. S

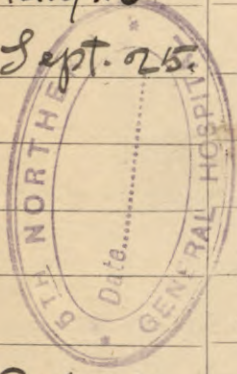
Forms
I. 1237
10

Army Form I. 1237.

172

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. Year	Regimental No.	Rank.	Surname.	Christian Name.
Station and Date.	Disease			
T 442 Can 1916	41266	Dor	Dorion	E
31 August	<p>Unit. Age. Service.</p> <p>L F A. 24 2.</p> <p>Fracture + dislocation of Coccyx. Incurred accidentally about Aug 12th in France by falling over a bed. Was rested in bed one week, since then getting about. C.O.A. Coccyx now appears normal, but is tender to the touch.</p>			
Sept 14	<p>Still remained painful. For transfer.</p> <p style="text-align: right;">N. J. Spriggs Capt. Rm. 101</p>			
Gibres. 14.9.16	<p>Complains of constipation and tenderness over coccyx. Cascara t.i.d.</p>			
Sept. 25	<p>Boil on face, opened. Tz iod. dressing. Pain on sitting down still complained of. Massage of muscles over sacrum & Bellad. plaster.</p>			
Oct. 13.	<p>Boils on neck.</p>			
Nov. 6.	<p>Boils healed. Health good. Returned to Base. 8.11.16. B. G. Rutherford.</p>			
Nov. 10.	<p>Condition satisfactory. Retreated by Rm. 101</p>			



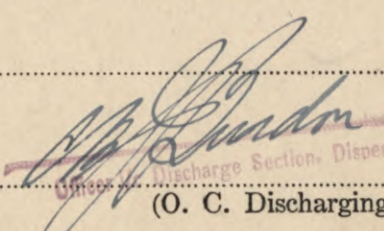
*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

Lined area for medical notes, containing horizontal ruling lines across the page.

Acc. Group 22
Amen F

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	41266	
2. Rank.	Squier	
3. Name.	Sourin, Edgar Joseph	
4. Unit.	35th Battery CZA.	
5. Date of Discharge	29-3-19	Place Montreal Que
6. Reason for Discharge	Demobilization	
7. Authority.	R.O. 1420 DD#4 D.O. Pt. II-97.	
8. Proposed Residence after Discharge	Block Island R.I. U.S.A.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W. #	B39	Montreal
	March 29-1919	E. J. Duro
		Signature of Soldier.
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place	Montreal	
Date	March 29-1919	
Signature	 Lt. Colonel Discharge Section, Dispersal Station (O. C. Discharging Unit.)	

PROCEEDINGS ON DISCHARGE
No. 10
1911

1	Name	W. L. ...
2	Rank	Private
3	Regiment	1st ...
4	Company	...
5	Date of Discharge	...
6	Reason for Discharge	...
7	Authority	...

Black Label R.I.
U.S.A.

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge certificate
M. R. W. ...
Signature of Soldier

CONFIRMATION

The discharge of the above named man is hereby confirmed

Signature
Date
Signature

List of Discharge Recipients

Alvin Form B. 35	Alvin Form B. 35
Alvin Form B. 100	Alvin Form B. 100
Alvin Form B. 110 or A. B. 130	Alvin Form B. 110 or A. B. 130
Alvin Form B. 54 or A. B. 100	Alvin Form B. 54 or A. B. 100
Alvin Form W. 41	Alvin Form W. 41
Alvin Form B. 310 or A. B. 130	Alvin Form B. 310 or A. B. 130
M. E. B. 207 or Form 170 or A. B. 130	M. E. B. 207 or Form 170 or A. B. 130
Alvin Form B. 400	Alvin Form B. 400
M. E. W. 100 or D. M. 130	M. E. W. 100 or D. M. 130
Alvin Form B. 200	Alvin Form B. 200
Alvin Form B. 200	Alvin Form B. 200

1. Alvin Form B. 35
2. Alvin Form B. 100
3. Alvin Form B. 110 or A. B. 130
4. Alvin Form B. 54 or A. B. 100
5. Alvin Form W. 41
6. Alvin Form B. 310 or A. B. 130
7. M. E. B. 207 or Form 170 or A. B. 130
8. Alvin Form B. 400
9. M. E. W. 100 or D. M. 130
10. Alvin Form B. 200
11. Alvin Form B. 200

Group _____
Checked by _____
Date _____

LIST OF DISCHARGE DOCUMENTS.

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

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

Group..... *B*

Checked by No. *11*

..... *[Signature]*

Date..... *18.3.19.*