

Duplicate
IX

ATTESTATION PAPER.

No. *A 4498*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... **Albert Fortin**
2. In what Town, Township or Parish, and in what Country were you born?..... **St. Jerome, Lake St. John, P.Q.**
3. What is the name of your next-of-kin?..... **Augusta Fortin, Juliana Fortin**
4. What is the address of your next-of-kin?..... **St. Alexis, P.Q.**
5. What is the date of your birth?..... **January, 24th, A.D. 1891**
6. What is your Trade or Calling?..... **Labourer**
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?..... **No**
10. Have you ever served in any Military Force?..... **No**
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**

Albert Fortin (Signature of Man).
Gabellan (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert Fortin*, 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.

Date *April 25* 191*5* *Albert Fortin* (Signature of Recruit)
Gabellan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Fortin*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *April 25* 191*5* *Albert Fortin* (Signature of Recruit)
Gabellan (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 *Campbellton* this *25th* day of *April* 191*5*.

Walter D. D. [Signature] (Signature of Justice)

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

Gabellan (Approving Officer)

Description of Albert Fortin on Enlistment.

Apparent Age 24 years 4 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. 6 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Brown

Hair Dark

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 191 .

55 Patriciu
W. C. 55th. Lt. C. E. F.
 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.

A. Fortin 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.

W. C. 55th. Lt. C. E. F. (Signature of Officer)

Date MAY 14 1915 191 .

BA. 20.9.18

DISCHARGE DOCUMENTS

R. O. No. _____

H. Q. No. _____

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

14

Name FORTIN, ALBERT #

Regt. No. 444198, Rank 2/6 pt.

Corps 12th Res Bn **M**

Died of wounds 11.7.16 14311

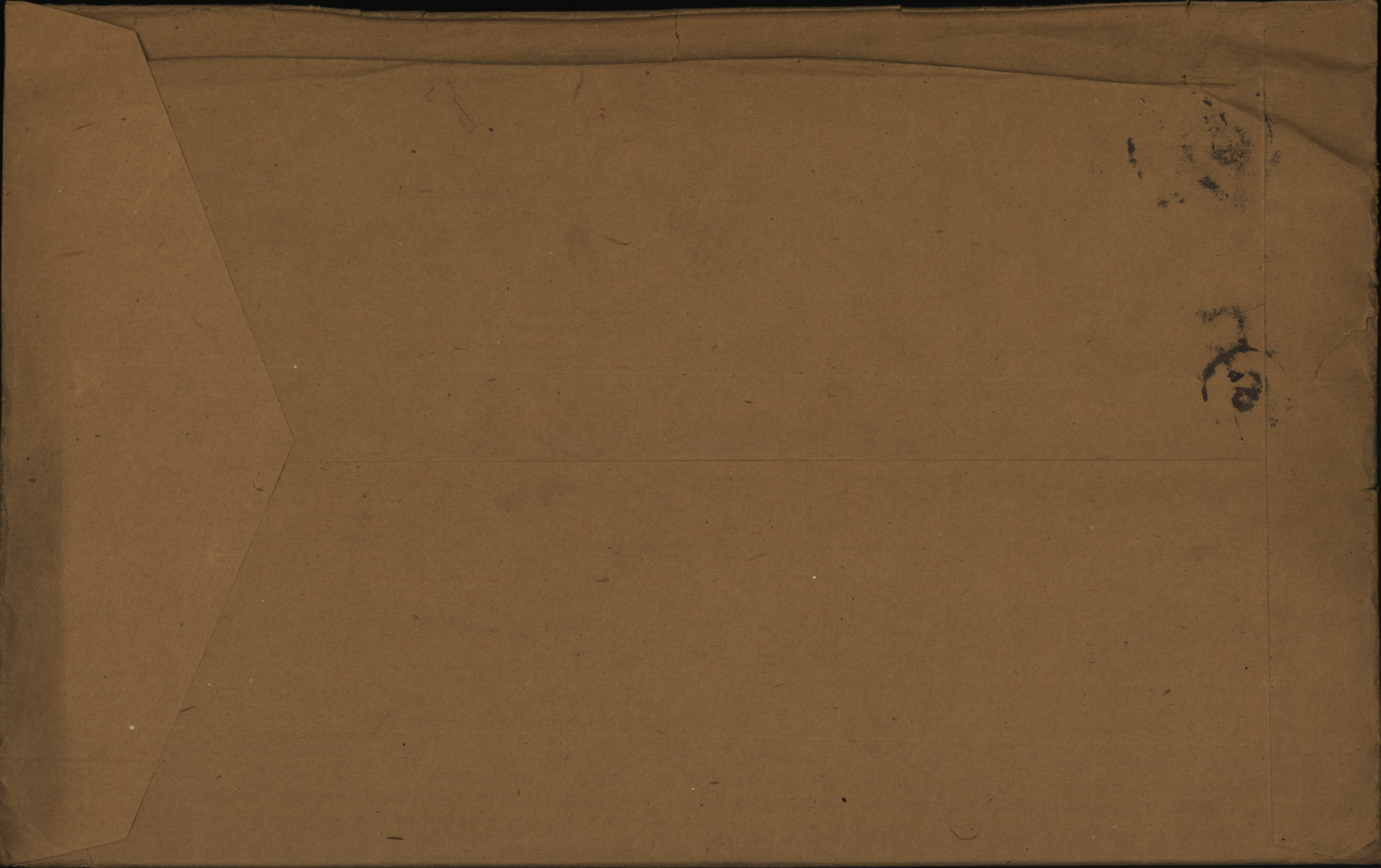


9.888
9.888

1. 122-1
1. 178-1

R 122-1

1 orig will copy
M.X.
9-4-21
R.R.



A. 44198

44198

MEDICAL HISTORY SHEET.

Surname Fortin Christian Name Albert A. H.

Examined { on 20th day of April 1915
at Camphillton MB
Birthplace { City or Town St Jerome
County Lake St John PQ

Approved by [Signature]
Rank Capt M.O.

Apparent age 24
Trade or occupation Laborer
Height 5 Feet 6 Inches.
Weight 137 Lbs.
Chest measurement { Minimum 32 1/2 inches.
Maximum expansion 36 inches
Physical development
Small-Pox Marks

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

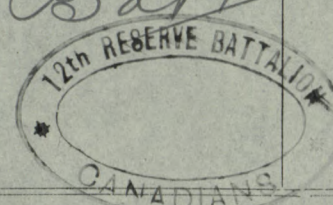
Vaccination Marks { Arm Right. Left. /
Number
When Vaccinated last 1913

Date	Result	VACCINATIONS.
<u>1915</u>	<u>Apr</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease No marks.
(b) Slight defects but not sufficient to cause rejection

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

Enlisted on 20th day of April 1915 at Camphillton MB

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>55th Batt</u>	<u>A44198</u>		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

35905.

R-122. *6*

Rank ~~Cpl.~~ Name FORTIN Albert *St.*
 Unit 55th BN. If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Campbellton.N.B. 20th Apr.1915** Place of Birth **St Jerome.P.Q.**

Name and Address, Next-of-Kin **Juliana Fortin, St Alexis. P.Q.**
 Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place *L. G. L.* Reason Character ✓

*571-X
9-4-21
RR*

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				
30-6-15	OC 12th	Taken on Strength 12th	Shorncliffe	29.6.15	Part II 0667.
5.8.15	OC. 12th	Adm. sent hosp. Shorncliffe	"	5.8.15	Pt II or 945.
25.8.15	OC. 12th	Reduced to ranks by sentence of court martial	"	25.8.15	Pt. II 1109
29.8.15	OC 12th	Drafted to 14th Batt	France	28.8.15	Pt II 01152.
6.9.15	Ob. 14th	Joined 14th Bn.	In the Field	19.9.15	Daily bas sheet 1470
7.3.16	do	Reverts to Ranks at own req.	do.	10.2.16	Pt II 011. 6.
7.5.16	do	Appointed. L. Cpl.	do.	5.4.16	do. 19. 3.
14.5.16	do	Granted 8 days leave.	do.	4.5.16	do 20. 2.

W. W. B. P.

P.T.O.

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				
13-7-16	14 th	Died of Wounds.	^{Stoulogne.} No 3 Sta Troop.	11-7-16	4 S.W. Multiple Cas A405
31-7-16	of 14 th	do do	do	do	Pt # 0 30

Casualty Form—Active Service.

Regiment or Corps 12th Res. Battalion.Regimental No. 441598 Rank Staff Sergeant Name Fortin A. A. J.Enlisted (a) 44198 Terms of Service (a) Period of War. Service reckons from (a) _____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) _____

Date	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				
29/8/15		3 Coy B.D.	Arrived from England, taken on strength of 14 th CANADIAN INF. BATTALION	3 Coy B.D.	29/8/15	77-3
11/9/15		O.C. Unit	gained Batt.	Field	6/9/15	B. 213
10.2.16		Unit.	Reverts to hands at own request.	do	10.7.16	Ptv. ho 11, dt. 7.3.16. Certificate File 111/24/14/36.
21.4.16		Unit	App'd lance corporal.	Field.	5.4.16	Bv13. Ptv. ho 19, dt. 7.5.16.
5.5.16		Unit	8 days leave to	Unit.	4.5.16	Bv13. Ptv. ho 20. 14.5.16.
2.7.16		17. C.C.S.	Gsw Head & L Arm Ad	17. C.C.S.	30.6.16	} a 36 — 305
			20	31. A. 2	30.6.16	
100		O.C. 1 C.F.A.	Gsw. Head, Mult. wds Body Frac. R. Arm, Frac L. Temp. Bone Adm	1 C. F. A.	30.6.16	} a 36 309
			20	C. C. S.	30.6.16	
11.7.16		13 Staty	Gsw. Mult. DIED of Wounds	13 Staty	11.7.16	W3034489 N.C.S. 311.

(e) 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.

I.P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
					<i>[Handwritten Signature]</i> LIEUT. FOR LT COL. .A.A.G.

Rank

14
55th BN.

Name

FORTIN Albert

If in perm. Corps,
What Unit?

Reg'l No. A 44198

P-56

Unit

Married or Single **Single**Place and Date of Enlistment **Campbellton, N.B. 20th Apr. 1915** Place of Birth **St Jerome, P.Q.**Name and Address, Next-of-Kin **Juliana Fortin, St Alexis, P.Q.**

Relationship

Assigned Pay Monthly \$ **10⁰⁰**Payable to **Next of Kin**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **11/7/16**Reason **Died of Wounds** Character **C.L.A 405****13/7/16**

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							
19/6/15	31/7/15	44	1 ¹⁰	48 40	44	10	4 40	10	62 80			20	10		30	32 80		
									53							33 33	Exchange	
1/9/15	31/8/15	24	1 ¹⁰	26 40	31		3 10		36 50	195	232	38 93	10		48 93	20 90	Grand 6 14¹⁰ Paid	
1/9/15	31/9/15	30		30	30		3		33				10		10	43 90	Returned to Rank 29/1/15	
1/10/15	31/10/15	31		31	31		3 10		78			24 48	10		3	44 48	43 52	
1/11/15	30/11/15	30	1 ⁰⁰	30	30	10	3		43 52			12 78	10	36	23 54	53 38	1/6 @ 6950 on Ref	
1/12/15	31/12/15	31		31	31		3 10		87 48			16 63	10		26 63	60 85		
1/1/16	31/1/16	31		31	31		3 10		94 95			5 24	10		15 24	79 91		
1/2/16	29/2/16	29		29	29		2 90		111 61			5 23	10		15 23	96 38		
1/3/16	31/3/16	31		31	31		3 10		130 48			5 23	10		15 23	115 25		
				294 80			28 80	10	53 34 13			128 52	90	36	26	218 88		
				794 80			28 80	10	53 34 13			128 52	90	36	218 88		Settled.	

Sch no 401
 Statement of Cash found in effects **93⁰⁰**
 OCT 27 1916
 Account rendered

BALANCE TRANSFERRED TO NEW LEDGER

Checked **J. Jackson**

MILITIA AND DEFENCE
ASSIGNED PAY

521

M. F. W. 12a.
 80m.—12-15.
 1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. 2 *Miss Julia Fortin*

Name of Soldier Fortin A.
55th Batt

L. L. Job 89002.—Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$10. ⁰⁰
April	1916	5431	10	
May		73393	10	\$ 00 7/9/16
June		96612	10	130. ⁰⁰ 7/13/16
July		88315	10	Account closed. Cas
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			130. ⁰⁰ 7/26/17
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Casualties

[Handwritten scribble]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Ew

520

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom

Address

Miss Julia Fortin
Avignon, St Alexis
Donaventure Co, 2 ne,

By Whom Assigned

Regtl. No.

Rank

Corps

Fortin A.
(A 44198)
Private 1st Lt
Reinpts Coy. 55th Battn.

Rate

10.00

JUL 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; font-family: cursive;">Casualties</p> </div> <p style="color: red; font-family: cursive; margin-top: 20px;">Died of wounds July 9/16. C. L. 18/16. J.H.G.</p> <p style="color: red; font-family: cursive;">Also 3 M. July 15/16. J.H.</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>I 923</i>	<i>10</i>	
Aug.		<i>T 3015</i>	<i>10</i>	
Sept.		<i>X 51</i>	<i>10</i>	
Oct.		<i>Y 1187</i>	<i>10</i>	
Nov.		<i>K 4001</i>	<i>10</i>	
Dec.		<i>L 6341</i>	<i>10</i>	
Jan.	1916	<i>L 10659</i>	<i>10</i>	
Feb.		<i>M 14064</i>	<i>10</i>	
March		<i>P 12978</i>	<i>10</i>	

11-11-11
12-1-11
13-1-11

ADDITIONAL
PAGE

11-11-11

12-1-11

13-1-11

14-1-11

11-11-11

11-11-11

12-1-11

13-1-11

14-1-11

Surname *Jorkin* Christian Name or Names *A. J.* Reg. No. *444198*
 Rank *Cpl* Unit *14th Bn* Co. Troop Batty.
 Hospital *13 Sta Rouloque* Date of Admission *2.7.16*
 Transferred Hosp.

Diagnosis *G.S.W. Multiple*
 (1) Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnosis: if more than one state present
Died of Wounds . 11.7.16.

DISPOSITION	Date
<i>Cpl. 13.7.16 A405</i>	
<i>Ch. 12.7.16 #166</i>	
<i>Ch. 163 (Cancelled)</i>	
<i>28.7.16 a418.</i>	
<i>a.l. 8-8-16 A427.</i>	

REMARKS
A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.G. London.

act.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

(499-4-622)

CARD NO. ✓

D
FOLL.

SURNAME. *Fortin*

CHRISTIAN NAMES *Albert.*

REGL. NO. *A 44198* RANK *pte.*

UNIT *55th.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Fortin, Julia.*

RELATIONSHIP TO SOLDIER *R.N.S.*

ADDRESS ~~*St. Alexis, P.Q.*~~

Avignon Malapedia C, Bonaventure P.Q. Canada

COUNTRY OF BIRTH *Canada. St. Jerome Lake. P.Q.* DATE *Jan. 24th. 1891.*

PLACE OF ATTESTATION *Campbellton.* DATE *Apr. 20th. 1915*

01319-6-15 ¹²⁷/₂

Tailed from hevis per. S. Sloane can? 9/6/15
3 1/2 1/2 1/2

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

24 YEARS

4 MONTHS

HEIGHT

5 FEET

6 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Medium

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

Not Stated.

MEDICAL EXAMINATION.

PLACE

Not Stated.

DATE

Present Address. Not Stated.

No.

RANK

Ple.

NAME

Martin Albert. H.

T. O. S. 23-2-15 UNIT 63th Battalion

"Voucher of 31-3-15"

M. D. 6

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915

1915

Feb 23

Mar 31

✓

Apr.

✓

May

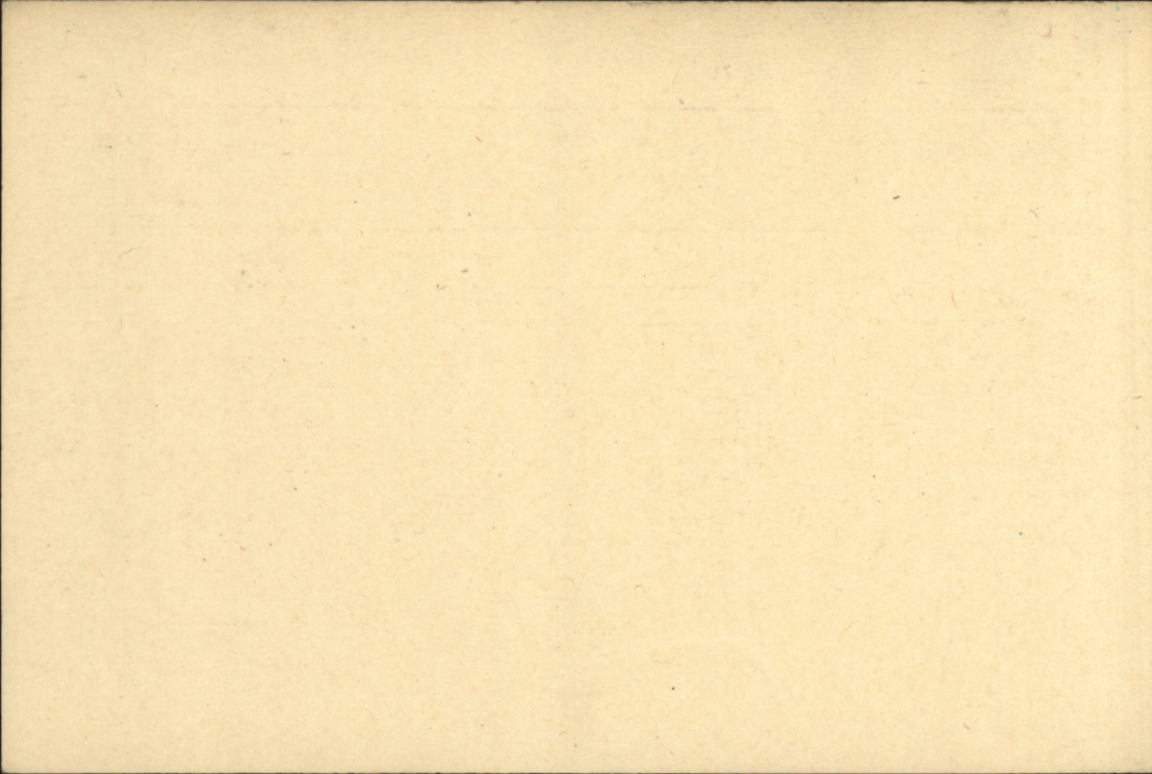
✓

June

✓

UNIT SAILED

OCT 30 1915



m & H

Number

444198

Rank

Lo/lepl

Surname

FORTIN

RI

Christian Name

Albert A.

Units

14th Co Canby

Theatre of War

France

Date of Service

19-9-15

Remarks

(Sister) Miss R. Fortin,

Latest Address

Montmagny
Que.

99806

Roll No.

Page 17174

200m.-2-21.M.

Pens paid to Augustus P Fortin
St Alexis P.Q.

APC

DESP OCT 24 1922
REG. NO. 16778

B. + V Retud

13. 11. 22.

Name *Fortin* A. H. Rank ~~Corporal~~ L/CORPORAL Reg. No. ~~A11489~~
 Unit ^{Alberta} 12 Batten. (14th Bn) A44198
 Next of Kin *Juliana Fortin, St. Alexis 25, 7. 586 P.Q. Can.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<u>1916</u>						
1-7	K. 13 Mat. Stop	Boulogne	I.S.W. Multiple	163.M	9227.	
	Dangerously ill					
11 8 7	Died of Wounds			405	m 9673.	
	erroneous					
	No			427		
	unchanged	1/9/16				

Name *Yortin A.* Rank *Corporal* Reg. No. *A 11489*

Unit *12th Batta.*

Next of Kin -

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i>						
<i>17</i>	<i>13 Plat. Hosp</i>	<i>Boulogne</i>	<i>G.S.W. Multiple</i>	<i>163.</i>	<i>M.</i>	
	<i>Dangerously ill.</i>				<i>9227</i>	
	<i>See 14</i>	<i>12th Batta.</i>				
			<i>Died</i>			

(a 11489)

REGT'L NO a. 44198

H. Q. FILE NO. 649-

NAME Fortin Albert

RANK AND CORPS L/Cpl 14 Batt form 55th Bn 1st R.D

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No. DATE

C

M 9227	3-7-16	} Officer, Com, No 13 Stat Hosp Boulogne reports Sang, ill July 1 st G. S. W. Multiple - Died of wounds 13 Stat Hosp, Boulogne July 11 th /16 G. S. W. Multiple - Died of wounds No 13 Stat Hosp Boulogne July 11 th /16 G. S. W. Multiple - no A. 44198. correct no - " " " " " July 11 th /16
R 1904	6-7-16	
M. 9673	12-7-16	
R 1966	17-7-16	
M. 10400	27-7-16	
A7B 2090.a	31-7-16	

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
163	No 13 Stat Boulogne	2-7-16	<i>as per list (166) dated 12-7-16</i> dangerously ill G.P.W. multiple
A 405	No 13 Stat Hosp Boulogne	11-7-16	Died of wounds G.P.W. "
a 418 (as per list)	Regmt No should read a 441	98 11-7-16	" " " "

A.A.C.

✓ ✓ ✓ *L/Cpl.* ✓
Fortin, A.H., ~~Pte.~~ 444198 ~~143rd Bn.~~ 649-F-622

✓
14th Bn. form. 55 Bn.

Med. & Dec. (Sister) Miss J. Fortin,
Montmagny,
Que.

M

P. & S. (Father) Augustin T. Fortin. Esq.,
Montmagny,
Que.

(Ser. # 766604.)

Mem. Cross. (Nil) *Scroll Desp.* *WIN 15 1222* *Reqn. No 2-47092*

52685

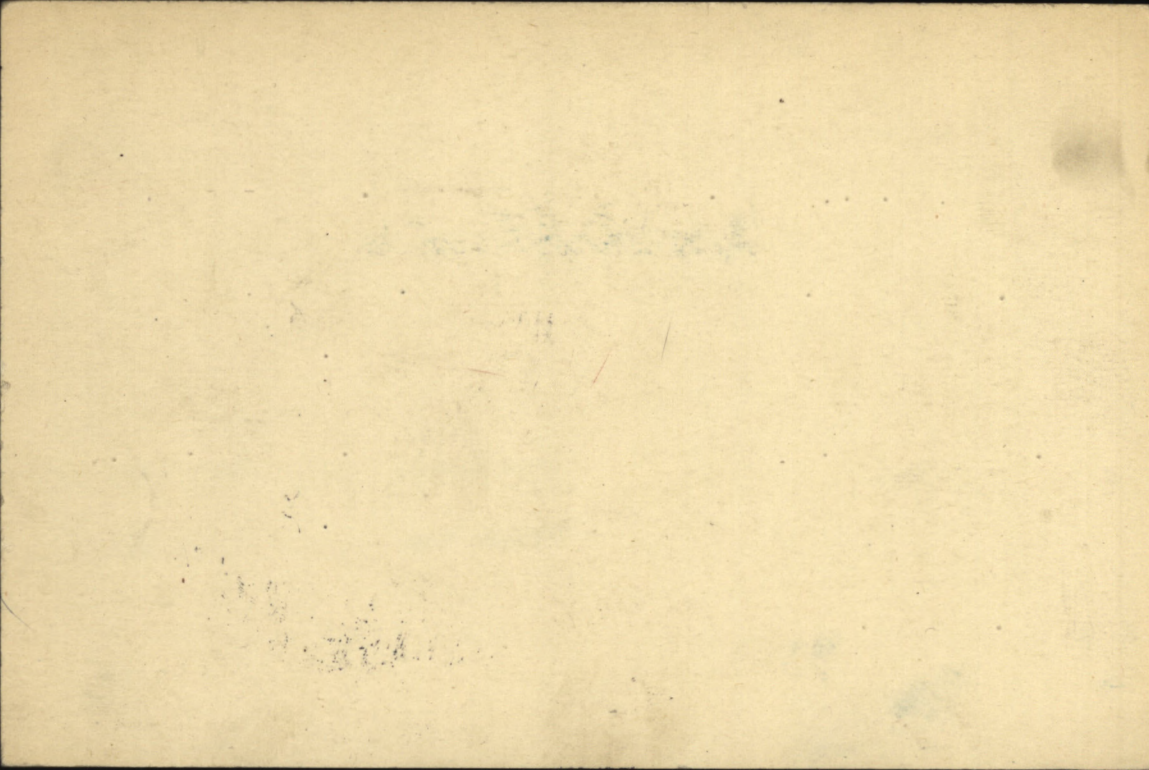
Eligible for 14-15. Star Pt. 14 Bn.

Reqn No p 27040

ED " " " V.M.
E " " " B.W.M

JAN 27 1922

L.P.F.



MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *S. Jerome P. Q*
 NAME AND ADDRESS OF NEXT OF KIN *Juliana Fortin*
S. Alex P. Q

RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Kram Hqpt</i>	<i>5.4.16</i>	<i>B.B. 19. 7.5</i>
<i>Died of wounds</i>	<i>11/7/16</i>	<i>C.R.A. 405</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS															
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4									
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE								
<i>1-30</i>																															
<i>4-16</i>	<i>30</i>	<i>1.00</i>	<i>30</i>		<i>30</i>	<i>1.0</i>	<i>3</i>							<i>334</i>	<i>13</i>																
<i>May</i>	<i>31</i>	<i>1.05</i>	<i>32.55</i>		<i>30</i>	<i>1.0</i>	<i>3.0</i>						<i>130</i>	<i>36</i>	<i>95</i>										<i>1169</i>	<i>74</i>	<i>1214</i>	<i>284</i>	<i>70.2</i>	<i>CA</i>	
<i>June</i>	<i>30</i>		<i>31.50</i>		<i>30</i>		<i>3</i>							<i>324</i>	<i>50</i>	<i>1345</i>	<i>146</i>														
<i>July</i>	<i>11</i>		<i>11.55</i>		<i>11</i>		<i>1.10</i>							<i>12</i>	<i>65</i>	<i>1435</i>	<i>23</i>														
<i>116 Pt. Oct/16</i>														<i>93</i>	<i>93</i>																
<i>N.E. Feb</i>																															

Checked *Placks*

Statement of
OCT 27 1916
Account rendered

Sch no 401
Cash found in
effects *934*

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
5.4.16.	App. 19. 7.5.16.
11/7/16	C.L.A. 405 13/7/16

REG'L No. HHH198 RANK L/cpl. NAME Fortin Albert.

IF IN PERMT. CORPS | UNIT 14 BN. TRANSFERRED TO N.E. DATE 21/7/16 AUTHORITY C.L.A. 405
 WHAT UNIT | | | | | 12/7/16 | 13/7/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 10.00 DATE EFFECTIVE 1.7.15.

PAYABLE TO Juliana Fortin. St Alexis. P.2. RELATIONSHIP
Co. Bonaventure

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 15.7.16. EFFECTIVE 1.8/16. REASON Ktd Died of Wounds 11/7/16. C.L.A. 405.
13/7/16.

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 31/7/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



HOSPITAL, &c.

NAME OF HOSPITAL

ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
1	2	3	4				CREDIT	DEBIT				
						218 88	115 25					
	261	349		10 -		16 10	132 15.				Prom 1/4. 5/4/16	
		340	9733	1946	10	130 19	389 1					
	341				10	1341	60 -					
	540				10	1340	19 25					
Balance on transfer to N.E. Branch.								59.25				9390 CJE Pch No 405. 29/8/16
							60 18 ✓					To Ottawa for Lett 4/1/17
		60 18				60 18	- -					

H. H. 189. Pt. Fortin, A. H.
14th Bn.

14
WILL Belgique
9 sept. 1915
je donne tout ce que je
possede a ma soeur
Juliana Fortin
Orignon
St Alexis
les Bon
Canada P. Q.
A. H. Fortin
A. 98144
A. 3. 14 Batt

14798

H. D.

REGIMENTAL PAY

OFFICERS

	Per diem
Colonel or Lt. Colonel	\$5.00
Major	4.00
Captain	3.00
Lieutenant (junior or provisional)	2.00
First Lieutenant, quartermaster	1.00
Artillery, in addition to pay of rank	0.50

WARRANT OFFICERS, N. C. D. and MEX.

Major	4.00
Captain	3.00
Lieutenant	2.00
First Lieutenant	1.00
Second Lieutenant	0.50
Corporal	0.25
Private	0.10
Private First Class	0.05
Private Second Class	0.02
Private Third Class	0.01
Private Fourth Class	0.00
Private Fifth Class	0.00
Private Sixth Class	0.00
Private Seventh Class	0.00
Private Eighth Class	0.00
Private Ninth Class	0.00
Private Tenth Class	0.00
Private Eleventh Class	0.00
Private Twelfth Class	0.00
Private Thirteenth Class	0.00
Private Fourteenth Class	0.00
Private Fifteenth Class	0.00
Private Sixteenth Class	0.00
Private Seventeenth Class	0.00
Private Eighteenth Class	0.00
Private Nineteenth Class	0.00
Private Twentieth Class	0.00

RATES OF FIELD ALLOWANCE

	Per Diem
Colonel	\$1.50
Lt. Colonel	1.25
Major	1.00
Captain	.75
Lieutenant	.60
Warrant Officer	.50
Staff Sergeant	.40
Sergeant	.35
Rank and File	.30

DUPLICATE

A.44198.
Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178a to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname FORTIN. Christian Name Albert H.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St. Jerome. County Lake St. John, N.B.

Examined ... { on 20 day of April 1915.
at Campbeltown, N.B.

Declared Age ... 24 years

Trade or Occupation ... Labourer.

Height ... 5 feet, 6 inches.

Weight ... 137 lbs.

Chest Measurement { Girth when fully Expanded. 36 inches.

{ Range of Expansion 3½ inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left 1
Number 1

When Vaccinated ... 1913.

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) No marks.

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

Approved by (Signature) A.E.Gardner.

(Rank) Capt.

Medical Officer

Enlisted ... at Campbeltown, N.B.

on 20 day of April 1915.

Joined on Enlistment ... { Corps Regtl. No.
55th Batt. A.44198.

Transferred to ... {

Became non-effective by

on _____ day of _____ 1915.

(Signature) _____

(Rank) _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

Copy
for the Officer in Charge of Records
Canadian Contingents.
C.A.M.C.

The Sick List in the case of Warrant Officers treated in quarters

s bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of 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

