Duplicate Triplicate

ATTESTATION PAPER.

No. 520125

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

CAPITAL GENERAL LAVAL No. 6 C.E.F.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — Joseph Grenier
2. In what Town, Township or Parish, and in what Country were you born? — Three Rivers
3. What is the name of your next-of kin? — Mrs Councillor Grenier Mother
4. What is the address of your next-of-kin? — Three Rivers
5. What is the date of your birth? — Dec 24 1887
6. What is your Trade or Calling? — Postmaster
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? If so, state particulars of former Service. — No
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

Jos. Grenier (Signature of Man.)

(Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Grenier, 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.

Joseph Grenier (Signature of Recruit)

Date 13 Oct 1915. Pierre Benoit (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Grenier, 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.

Joseph Grenier (Signature of Recruit)

Date 13 Oct 1915. Pierre Benoit (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 13 day of Oct 1915.

A Archer Taylor Capt (Signature of Justice)

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

H. E. Beauharnois Lt Col (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Joseph Grenier on Enlistment.

Apparent Age 28 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... ft ..... ins.

Chest measurement.
- Girth when fully expanded ..... ins.
- Range of expansion ..... ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations.
- Church of England
- Presbyterian
- ~~Wesleyan~~ Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic ✓
- Jewish

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).

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 12th Oct. 1915. J A Chabot Captain

Place Montreal 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.

Joseph Grenier 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.

Geo E Beauchamp (Signature of Officer)
Lt Col

Date 13 October 1915.

Stationary Hospital #6

BB 5-9-17

ATTESTATION PAPER.

No. 32912 Laval

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

OCT 12 1915

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Joseph Grenier
2. In what Town, Township or Parish, and in what Country were you born? ..... Three Rivers
3. What is the name of your next-of kin? ..... Cornelie Grenier mother
4. What is the address of your next-of-kin? ..... Three Rivers
5. What is the date of your birth? ..... Dec 2nd 1887
6. What is your Trade or Calling? ..... Artisan Ebeniste
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ~~and inoculated~~ ..... A. P. 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

Jos. Grenier (Signature of Man.)

L Robert (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Grenier, 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.

Jos. Grenier (Signature of Recruit)

Date October 13 1915. L Robert (Signature of Witness)

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I, Joseph Grenier, 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.

Jos. Grenier (Signature of Recruit)

Date October 13 1915. L Robert (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 13 day of Oct 1915.

A Morley Lang Capt (Signature of Justice)

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

E O E Beauchamp Lt Col (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Joseph Grenier on Enlistment.

Apparent Age 28 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8 ins.

Chest measurement. Girth when fully expanded 38 ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Brown

Religious denominations.
- Church of England
- Presbyterian
- ~~Wesleyan~~ Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic ✓
- Jewish

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

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Date 12th Oct. 1915 — Lachabotcaptain

Place Montreal — Medical Officer.

*Insert here "fit" or "unfit."

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Joseph Grenier 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.

Geo E Blanchamp (Signature of Officer)
Capt

Date 13 October 1915

A.C. 18-8-19

REGIMENTAL DOCUMENTS

NAME Grenier Joseph (Cpl) REGT. NO. 520125 UNIT 6th Cdn. Gen. Hosp. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					27978
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) cert.					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 263)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C.D.D. cert.					
1	Disp. cert.					
1	S.I.C.R. 132					

W. 2589
100M-11-18
12-2 38-1377

MARRIED OR SINGLE Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Carmelie Gremer

~~Three Rivers~~

R.F.D. 29
R.2. Bl. 16816 Boulevard St Louis Three Rivers

RELATIONSHIP OF NEXT OF KIN mother

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
Confined Rlesp	1/4/16	No 8 AO. 31. 1
To be Corpl.	7/7/17.	~~AO.~~ 39. 25/7

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	NO
														18 65	18 66							
1/30-4-16	30	1.05	31	50	30	10	3	00							34 50							
1/31-5-16	31		32	55	31		3	10							35 65			13	Apl 26			
																		2	Apl 12			
																		11	15.6.16			
1/30.6.16	30		31	50	30		3								34 50			6	31.5.16			
																		1	22.5.16.			
1/31.7.16	31	1.05	31	00	31	10	3	10							34 10	15	30.6.16	19	15.7.16			
1/31-8-16	31	1.05	32	55	31		3	10						1 55	37 20							
1/30-9-16	30		31	50	30		3								34 50							
Oct	31		32	55	31		3	10							35 65							
1/30-11-16	30		31	50	30		3								34 50							
1/31-12-16	31		32	55	31		3	10							35 65							
1917			27	50																		
Jan	31	1.15	35	65											35 65							
Feb	28		32	20											32 20	136	31/1					
Mar	31		35	65											35 65	153 143	28/2 15/2	172 162	28/3 15/3			
			418	20										20 20	438 40							

126 31/8
106 31/7
149 15/9
182 15.10
321 31.8
120 15.81
166 30.93

203 31.10.16
229 30.11.16
218 15.11.16
244 15/12
255 29/12
266 16/1

MOTIONS, &c.

Effective Date	Authority
1/4/16	No 8 City Hosp. DO. 31. 7/8/16
7/7/17	DO. 39. 25/7/17.

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L NO. 520125 RANK L/Corp NAME Grenier J.

IF IN PERMT. CORPS WHAT UNIT No 6 Genl Hosp UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Montreal

DATE OF ATTESTATION 13/10/15

TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $ 18.00 DATE EFFECTIVE 1st April 1916

PAYABLE TO Mrs P.C. Grenier 115 St Louis Bold Three Rivers PQ RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS 2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS C
													18 65				C.R. Bal from R.P.C. from Canada - 31-3-16.
										18 00	26	18 26	34 89				.26 Cloth. rep. Voucher C. 547.
13	Apl 26						14 60			18		42 33	28 21				
2	Apl 12						9 73										
11	15.6.16.						6 81										
6	31.5.16						6 81			18		38 43	24 28.				
1	22.5.16.						6 81.										
19	15.7.16					6 81	6 98			18		31 79	26 59				
										18		18	45 79				Underpaid L/Corp July
	126	31/8						6 98									
	106	31/7	8 Gen Hosp.					6 98									
	149	15/9						6 98		18		38 94	41 35				
	182	16.10	8 Gen					6 98									
	321	31.8	01.13					4 36									
	120	15.8	8 Gen					6 98		18		43 30	33 70				
	166	30.9						6 98									
	203	31.10.16	"					6 98		18		74 98	43 22			43 22	
	229	30.11.16						15 70									
	218	15.11.16						6 98		18		40 68	38 19.				
	244	15/12	8 Gen Hosp					6 98		18		24 98	48 86				
	255	29/12	"					4 36									
	266	16/1	"			4 36		4 36		18		31 08	49 98				
172	28/3					4 36	4 36										
62	15/3					4 36	4 36			18		35 44	50 19				
						19 89	60 46	91	60	216	26	388 21	50 19		Nil.	50 19	

1 20

520125 L/Corp Grenier J.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
1917			418	20										20 20	438 40
Apr	30	1 05/10	34	50											34 50
May	31		35	65											35 65
June	30		34	50											34 50
	6	1 05/10	6	30											
July	25	1 10/10	30	00											36 30
Aug	31		35	65											35 65
Sept	30		36											1 55	37 55
			630	80										21 75	652 55

DATE	1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
	82	1/5						
	14	2/4						
	171	15/3						
	229	31/5						
	292	30						
	293	15/6						
	314	3						
	316	21						
	338	13						
	358	31						

CASH PAYMENTS 1	2	3	
19 89	60	46	91 60
4 46			
4 36			
4 46			
4 47			
4 46			
4 46			
4 43			
4 43			
4 47			
4 46			
64 41	60	46	91 60

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
30-9	Br. Bal.	~~111 82~~ 113							111 82		
Oct	Cpl. P.	37 20		A.P.C.			18				
				352 AR 15.9.17 6. Gen Hosp.	4 46				126 56		
		37 20			4 46		18				
Nov.	Cpl. P	36 –		A.P.C.			18				
				382 " 16.10.17 "	5 35						
				361 " 19.9.17 "	80 30						
				396 31.10.17	5 35						
Dec	Cpl P	37 20		A.P.C.			18				
				B.1899. 1st Inst. 100 was 2on	10 –						
1918		73 20			101		36		62 76		
Jan	Cpl. P.	37 20		411 15/11 "	14 28		18				
				430 30/11 "	5 35						
				424 30/11	1 78						
				2nd h. L.B 1899. 100.	10 00				50 55		
		37 20			31 41		18				
Feb	"	33 60		A.P.C.			18				
				3044 h.L.B.1899.	40				26 15		
		33 60			40		18				
Mar	Cpl Pay	37 20		A.P.C.	– –		18		45 35		
		37 20			– –		18				

MONTH	PARTICULARS	CR. 1	C

H PAYMENTS 3	H PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
91 60		216	26	388 21	50 19		Nil ~~9 00~~		
		18		18	66 69		~~9 75~~		
		18		26 82	75 52		~~10 50~~		
		18		26 93	83 09		~~11 25~~	83 09 ~~83~~ 84	
		18		18	101 39		Nil	101 39	
		18		26 92	110 12				
		18		35 83	111 82				Undesp. Ang. 5th as 2/c when the Chl. 3108 at 5th N/55
91 60		324 --	- 26	540 73	111 82				

ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR. 4	BALANCE	DEFER- RED. PAY	SEP. ALLCE. ENG.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE:
EFFECTIVE DATE:- 1/4/16		EFFECTIVE DATE:-
AMOUNT:- 18.		AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME WORD "SAME" ONLY TO BE WRIT

Mrs P. E. Grenier 115 St Louis Bold.
Three Rivers P.Q. Stopped 1-6-19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENT BY INSERTION OF DATE CHARGED IN

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PA
30/4	64	25/.	~~4 56~~			
13/5	146	25/.	~~4 36~~			
14/5	1444	£ 10	~~4 86 7~~			
			57 59			

PARTICULARS OF RENDERING NON-EFFECTIVE: to Canada Effective 31/5/19 draft NR 9 5 3

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	
Mar 31	Bl- 2d			
Apr.	Cpl Pay	36		— Ap
				— W.
				61 30
May	Cpl Pay	36 37 20		— Ap
				82 14.
				130 31.5
June	Cpl P.	37 20 36		- Ap
				152 14.
				187 29
2-18	✓	~~36~~ — 37 20		
				212. 13.
				257 31.
8-18		37 20		Ap
				284 14.
				323 31.
		37 20		
Sept	✓	36		C
				380 16
				414.
Oct	✓	36 37 20		C
				452. 15
				489.
Nov	✓	37 20 36		C
				3048.
				511
				4444.
				601
		Ford	36	

COMPILED BY L B Scott

CHECKED BY La Valois

ND OR A.

SEPARATION ALLOWANCE: — * ENGLAND OR CANADA.

EFFECTIVE DATE:—

AMOUNT:—

NAME:- GRENIER J

NUMBER:- 520125.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
39 25-7-17.	7-7-17	Corpl.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6 Gen. Hosp.

DATE ACCOUNT FIRST OPENED:- 1-4-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
		21/7/19	Can Det

THORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

old.

1-6-19

Y-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~4 56~~				
~~4 56~~				
~~4 46~~				
57 59			Bal bal Cr 63 77	
			Allce " Cr 5 18	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 10 — 10			

EFFECTIVE 24/6/19 w.e. 30/5/19 draft NR 95.51 MD 4 Bram 23/5/19 Bram

CR. 1	CR. 2.	PARTICULARS		DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			7					45 35		
36		= AP	—				18	63 35		
		W.L 556 Imlc on #100.	7	40				23 35		
		61 30.4.18. AR. 6.9.H.	18	5 35				18 —		
36 37 20		— AP	—	45 35			18 18	37 20		
		32 14.5.18	6	5 35				31 85		
		130 31.5.18	20	5 35				26 50		
37 20 36		- AP	4	10 70			18 18	44 50		
		152 14.6.18	3	4 46				40 04		
		189 29/6 7	11	4 46				35 58		
36 — 37 20		AP		8 92			18	54 78		
		212. 13.7.18.	3.	4 46				50 32		
		257 31.7.18	13	4 46				45 86		
37 20		AP		8 92			18	65 06		
		234 14.8.18	3	4 46				60 60		
		323 31.8.18	11	4 46				56 14		
37 20				8 92			18			
36		C A P					18	74 14		
		380 16/9/18	3	4 46				69 68		
		414. 20/9/18	16	4 46				65 22		
36 37 20		C A P		8 92			18 18	82 42		
		452. 15/10/18	21	4 66				77 76		
		489. 31/10/18	48	4 66				75 10		
37 20 36		C A P		9 32			18 18	93 10		
		3048. 8/11/18 Del-Paris	4	27 99				65 11		
		511 6/11/18 6 G H	9	9 33				55 78		
		4444. 16/11/18 Del Paris	13	32 65				23 13		
		601 20/11/18 6 G H	34	4 66				18 47		
36				74 63			18			

NUMBER 520125 RANK Cpl NAME GRENIER.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR.
Nov/18	Forward	26 -			74 63	
Dec	Cpls pay	37 20		C a P		
				a/636. 16/12/18 6 G.A. 65	4 66	
Jan/19	" "	37 20		C a P		
		110 40			79 29	
Feb	"	33 60		C.a.G		
				699. 6 G.R. 31/12 6	4 66	
				775 " 15/1 18	4 66	
				857. " 29/1 53	4 66	
				938. " 28/2 116	4 66	
				902. " 15/2 117	4 66	
March	"	37 20		C. a G	23 30	
				6721 " 14/3 145	4 66	
				7257. " 23/3 159	18 66	
		70 80			46 62	
April	"	36 -		C.A.P.		
				a/4373 25/3 Paris C3	5 60	
				" 979 29/3 8 G H 5	4 66	
				" 30 15/4 " 21	4 56	
May		37 20		C.A.P		
				a/644 20/4 6 G H 53	4 56	
				" 146 13/5 " 77	4 26	
				" 1944 19/5 Notting 84	4 86 7	
		73 20			72 41	
				" 4568 10/6 (E) 18	9 73	
				" 5656 21/6 (E) 30	14 60	
					24 33	

S.S. Can 25/6/19

£1.784

- RENIER J.

TICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	7463			18	1847		
				18	3767		
8 6 G.H. 65	466				3301		
				18	5221		
	7929			54			
				18	6781		
6 G.D. 31/12 6	466				6315		
" 15/1 18	466						
" 29/1 53	466						
" 28/2 116	466						
" 15/2 117	466				4451		
	2330			18	6371		
" 14/3 145	466						
" 23/3 159	1866				4039		
	4662			36			
G.G.				18	5839		
Paris 63	560				5279		
8GH 5	466				4813		
21	456				4357		
P				18	6277		
6 GH 53	436				5821		
" 77	436				5385		
Nutting 84	4867				518		
	7241			36			
(E) 18	973				455		
(E) 30	1460				1915		
	2433						

n 25/6/19

t

No. 520125 RANK Pte. NAME Grenier Jos.

T. O. S. 13-10-15
Do. 37 of 13-10-15

UNIT #6 O/S. Stationary Hospital C. E. F. (Laval)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Oct. 13	Oct. 31	✓		
Nov.		✓		
Dec.		✓		
1916	1916			
Jan.		✓		
Feb.		✓	Prom. L/Cpl. 18-2-16.	Feb. Paylist.

Att. RS

Number 3-20125 Rank Cpl.

Surname GRENIER

Christian Name Joseph

Units C.A.M.C. Theatre of War France.

Date of Service 12-3-16

Remarks

Latest Address 125 Boulevard St. Louis
Three Rivers P.Q.

Roll No. B. Page 15-135

200m.-2-21.M.

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

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster Palace,
7, Millbank, S.W.

M. F. W. 54
150M. 10-15.
H.Q. 1772-39-930.

W.S.B. Class "A"

Unit, Regiment or Corps No. 6. GENERAL HOSPITAL, C.E.F. Laval University

Regimental No. 520125 Rank ~~Private~~ Name Joseph Grenier
C. E. F.

Enlisted (a) Terms of Service (a) Service reckons from (a)

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)

Report 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.
		Debgat Sythe TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL	Overseas	~~3/5/16~~ 12-5-16	
					J. Jamieson CAPT. C.A.M.C., COMMANDING C.A.M.C. TRAINING SCHOOL
21/5/16.	O.C. 4 Staty.	Att. for temp duty on arr. from England, (from No. 6 Can. Gen. Hosp.	St. Cloud.	13/5/16.	B.213. AAG. Can. Sec. 3rd. Ech. GHQ. tele. K.R. 1641 d/8/5/16. Pt. 2 Ord. No. 23 d/7/6/16.
29.6.16	D.M.S.	appointed Lance Cpl	D°	1.4.16	154/11444 Pt II 31 d/7 8/16.
13.8.16	No. 8 Can Gen	Escort to Prisoners to P.P. Camp.	Rouen	12.8.16	B 213. D.G.S. 60 d/18 8/16
13.8.16	D°	Rejoined unit from Rouen	St Cloud	13.8.16	
27.8.16	D°	Escort to P.P. Camp.	Rouen	24.8.16	B 213. D.G.S. 63.
		Rejoined unit from P.P.	St Cloud	24.8.16	
19.11.16	D°	Escort to P.P. Camp	Rouen	18.11.16	B213. D.G.S. 79 d/28 11/16.
		Rejoined unit from P.P.	St Cloud.	18.11.16	

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
21.1.17	8 Can Gen	leave to be attached for duty on rejoining 6 Can Gen	St Cloud	18.1.17	B213. Pt.2 Ords. No. 7 d/29/1/17
21/1/17	6 CGH	Rejoined Unit		18/1/17	" " 7 d/-30/1/17.
19/7/17	D.M.S.	Promoted Corporal C.O. 168/938		7/7/17	D.R.O. 39 25/7/17
23/9/17	6 CGH	Granted 10 days leave		20/9/17	B213 D.R.O. 50 30/9/17
7/10/17	"	Rejoined Unit		30/9/17	" " 53 13/10/17
10.11.18	6 C.G.H.	Granted 14 days leave in France.		7.11.18	B213 Pt. No 54 of 1918.
24.11.18.	"	Rejoined Unit from leave.		21.11.18.	B213
30-3-19	"	Granted 3 Days Special Leave. (Authy: H.Q. Cdt L. of C. 630/405.)		23.3.19.	B213. Pt. II. O. 12/1919.
30.3.19.		Rejoined from Leave.		26.3.19	B213.
		Proceeded to England.			C.R. Hewett Capt. for LT COL. A.A.G.
16/6/19	S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA. For discharge			D.O. 67 d/16/6/19	D. McLaren Lieut. for Officer Commanding M Coy C.C.C.

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Sheet #2 Unit, Regiment or Corps ..... #6 G.H. C.E.F. .....

Regimental No. 520125 Rank Cpl. C. E. F. Name GRENIER J.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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*) .....

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				
21-7-19	O/S	T.O.S. D.D.#4 Disp.Stn."F"	Montreal	25-6-19	D.O.Pt.II#202.
21-7-19.		S.O.S. D.D.#4 Demob.	"	7-7-19	D.O.Pt.II#202. R.O. 1420.
		G.H. Fletcher Lieutenant, Assistant Adjutant, District Depot No. 4.			
24-7-19	Camc Pers.	S.O.S of Dmtc on pro. to Canada	London	25-6-19	a.o.1. W. Guthrie Capt. for Lieut R

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 570125 (Rank) Cpl.

Name (in full) JOSEPH GRENIER enlisted in

the 6th. Can. Gen. Hospital

CANADIAN EXPEDITIONARY FORCE at Montreal, Que. on the 13th.

day of Oct. 1915

HE served in 6th. Can. Gen. Hospital France

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 32

Height 5ft 6in.

Complexion Dark

Eyes Blue

Hair Brown

Marks or Scars .....

Signature of Soldier.

Jos Grenier

Date of Discharge

Dispersal Station "E" JUL 7 1919 Military District No. 4

Issuing Officer.

Lieutenant
Officer i/c Discharge Section, Dispersal Station "E"

Rank

Date July 7th 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.

M.F.B. 39A.

CADC 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

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

NAME OF SOLDIER (Block Letters) GRENIER, JOSEPH

REGIMENT 6. Can. Gen. Hpl. RANK Cpl. No. 520125

Date of Examination in England 19/5/19 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper yes
   - (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
- (c) In France yes

† 'ON GUARD' [illegible]

A.D.D.S. M.D. No. [illegible]

Signature of Dental Officer [signature] Capt

AR retd

B—122

KF

Rank Name GRENIER Joseph Reg'l No. 520125

Unit No. 6 Gen.Hos. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, Oct.13th,1915. Place of Birth Three Rivers.

Name and Address, Next-of-Kin Mme Cornelie Grenier, Boulevard St Louis (RL 6 51.95 29.7.16)
Three Rivers, Quebec, Canada. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	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.
		Arrived in England per	SS Baltic	10 APR 1916	
		Transferred to			
7.6.16	6 Gen Hp	Attached to Canc T.S.	Sheliffe	18.4.16	PtII O 16 X. Pt II O. 21 CANCTS d/23.6.16
23.4.16	Canc T.S.	T.O.S. from 6 Gen Hosp	Dobgate	19.4.16	Pt II O 17
12.5.16	do	Struck off Strength proc O/S. do		12.5.16	" 136.
7.6.16	4th Stat	Temp att: on arrival from	St Cloud	13.5.16	Pt II - 23 + Pt II O - 35 d/31.8.16 #6 Gen Hp
7.6.16	6 Gen	England from 6. Gen			
7.6.16	do	Arrived in England 9.4.16 with	— " —	9.4.16	Pt II O - 16
7-8-16	8. Gen. Hosp.	rank of a/L/Cpl Appt. L/ Corporal	do	1-4-16	Pt II O. 31.
30.6.16	6. Gen	Confirmed in rank of L/Cpl	Shorncliffe	1.4.16	Pt II - 26
29.1.17.	8 Gen Hsp	Ceases to be attd: on rely to 6 Gen Hsp.	Paris	18.1.17.	Pt II O - 7.
30.1.17.	6 Gen Hsp	Cease to be attd: 8 Gen Hsp	Troyes	8.1.17	Pt II O-7

E&B

Report. Date.	Report. From whom received.	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.
25·7·17	6 Gen Hsp.	Promoted corporal	L/Cpl	Troyes 7-7-17.	Pt II p. 39.
21. 5. 19	N Wing CCC	SOS & M wng	Cpl	Wilton 20. 5. 19	— 33
20. 5. 19	M wng CCC	T.O.S from N "	"	" 20. 5. 19	— 40
15·5·19	N Wing BBB	To D from 6th Gen. Hosp	"	" 15·5·19	— 28.
26-5-19	6th G.H.	Proceeded to England	"	England 14-5-19	— 18
		84 - FT - 34		date 25/6/19	
SOS	To CAN.	CAMC. After, O.T		25·6-19	

L. L. Job 88773—M. & D. 6195.

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

2nd. Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P. C.

To Whom Madame ~~C. A.~~ Grenier

Address 115 Blvd. St. Louis
Trois Rivieres
Q.

Rate 1/8

APR 1 1916

By Whom Assigned Grenier Joseph

Regtl. No. 570125

Rank L/Cpl.

Corps #6 O.S. ~~Stat~~ Hospl "Laval" Genl.

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

2nd. Contingent

APR 1 1916

Sheet No. 2.

Name of Soldier Grenier Joseph

S 20125 60 O.S. Hospital.

L. L. Job 89002.—Req. 6213.

Made P. C. Grenier

$18.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	~~U3025~~ U79	~~18~~	U79 cancelled
May		V3509	18	
June		W 7031	18	
July		M 9928	18	
Aug.		S 14028	18	
Sept.		[illegible] 27941	18	
Oct.		U 22928	18	
Nov.		S 27881	18	
Dec.		M 30204	18	
Jan.	1917	C 40030	18	
Feb.		C 45108	18	
March		B 50486	18	18 L-
April		V 2125	18	18 W
May		V 8692	18	
June		~~C 14620~~	~~18~~	18 L C 14620 Cancelled 2/6/17 amo
July		K 18870	18	c
Aug.		D 22300	18	
Sept.		~~E 29588~~	~~18~~	29588 Cancelled TR
		N 30695	1836	to $36.00 XX to adjust August.
Oct.		A 25097	18	$18.00 XX Future. 13/9/17 wk.
Nov.		A 41073	18	
Dec.		[illegible] 55891	18	348
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

N 31695 Cancelled X43116

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.				

M. Wing

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 520125 Rank D.T. Cpl. Surname Grenier
(Given name in full) Joseph

Unit or Corps 6 Can Gen Hos Birthplace Grand River Que

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

1. GENERAL DESCRIPTION:

Physique good Weight 154 lbs. Height 5 ft. 6 in. Colour of Eyes Grey

Nutrition good

Pulse 60

Condition of arteries good

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 2/1 ft.

Left 2/1 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Nil

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of Mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Whitley (Overseas)

Date 30.5.19 Signed G. W. Nolan Lt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Jos. Grenier Spt.

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

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

P. 880.

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 Joseph 2. Surname Grenier
3. Rank Pte 4. Original Unit 4th Can. Gen. Hosp. 5. Reg. No. 520125
6. Address, in full, to which future payments of gratuity are to be forwarded P.O. Three Rivers Que, Canada
7. Date of enlistment in the C.E.F. 13th October 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No
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 with 4th Can Gen Hospital 6 mo. in Canada 1 mo. in England 2 yrs. and 9 mos. in France
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

5431. Wt. /30P. 50,0.0(8). 2.19. S.O.,F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid No

20. ~~Have you been issued with a War Service Badge? If so what class?~~

21. Have you, during the present war, served in the Imperial Forces? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable

24. ~~Are you now serving in the C.E.F.?~~ ~~If not, give:—(a) Date of discharge~~ ~~(b) Reason for discharge~~

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) ~~If so, are you in receipt of full pay and allowances from that Department?~~

Questions 12. 13. 14. 20. 24. 25. 26. 27. Deleted

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: Jos. Grenier

Place of Residence: 125 Boyd St. St. Louis Three Rivers Que Canada

Declared before me at: Witley Camp — Surrey England

This 16th day of May 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.

"QUESTIONS 12-13-14-20-24-25 26 & 27 ARE UNANSWERED"
H. Dymond Maj.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

ORIGINAL

Original

General Hospital Laval
MEDICAL HISTORY SHEET.

HOSPITAL GENERAL LAVAL
11TH
M.D. O.E.F.

Surname Grenier Christian Name Joseph

Examined on 12th day of Oct. 1915
at Montreal

Approved by
Lt Chabot Capt A.M.C.

Birthplace City or Town Three Rivers
County Champlain

Rank M.O

Apparent age 28

Trade or occupation ~~Horseclipper~~ Cabinetmaker

Height 5 Feet 6½ Inches.

Weight 154 Lbs.

Chest measurement Minimum 35 inches.
Maximum expansion 38 inches.

Physical development good

Small-Pox Marks no

Vaccination Marks Arm Right. Left.
Number 1

When Vaccinated last 3 yrs. ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Dentist needed

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
8/2/16	Nil	J. H. Gariepy Capt A.M.C. M.O.
April 16		B Gauthier M.O.
April 3rd/16	OK	Capt A.E. Cote Can. C. M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
15/10/15	OK	J. H. Gariepy Capt A.M.C. M.O.
29/10/15	OK	J. H. Gariepy Capt A.M.C. M.O.
5/11/15	OK	J. H. Gariepy Capt A.M.C. M.O.

Enlisted on 12th day of October 1915 at Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No 6 Gen Hosp	520125		13th Oct 1915
Transferred to..	C. A. M. C.	520125		19th April 1916

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.

M. F. B. 313.
150M.—8-15.
H. Q. 177-39-439.

Surname Greuer Christian Name Joseph

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	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.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class "A" No. 24534

D.A-F

AG- 1.

M

1. No. 520125

HM T CARONIA
SAILING, No 84
Embarked 25, 6, 19.

2. Rank. Corporal

3. Name. Joseph Grenier

4. Unit. No 6 Can. Gen. Hosp

5. Date of Discharge | 7-7-19. | Place Montreal, P.Q.

6. Reason for Discharge Demobilization

7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II#202

8. Proposed Residence after Discharge

125 Boulevard St. Louis
Three Rivers Que

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

July 7th 1919

J B Grenier

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date July 7th 1919

Lieutenant
Officer i/c Discharge Section, Dispersal Station

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64),
14. War Service Gratuity (Form M.F.W. 2596),
15. Sundry Documents.

Group B

Checked by No. 17

Date 15 JUN 19[illegible]

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

G 701

Date of Assignment Apr. 1/16.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

18			

9 h 16 d 17 Fw

PARTICULARS OF SEPARATION ALLOWANCE

No. 520125

Rank L/Cpl. Promoted Reverted Discharge

Soldier's Name Joseph Grenier.

Battalion #6 O.S. Hospl "Laval" Genl.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Madame P. E. Grenier.

Address 115 Blvd St. Louis Trois Rivières Que.

Change of Address

1

2

3

4

REMARKS 0 14 26 f 6.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31			378	378	
1918 Jan.	J 65706		18	18	P
Fet	G. 93934		18	18	
March	H 94590		18	18	
Apr.	H 13408		18	18	M
May	S 21351		18	18	M
June	O 23706		18	18	M
July	N 32368		18	18	M
Aug.	O 39819		18	18	M
Sept.	T 50387		18	18	M
Oct.	W 52064		18	18	M
Nov.	Y 61072		18	18	M
Dec	X. 65418		18	18	M
Jan	R 74664		18	18	M
Fet	Y. 80764		18	18	
Mar	M. 82901		18	18	M
Apr.	S 1263		18	18	M
MAY	P 7386		18	18	
JUN	O 10294		18	18	
July	M 13024		18	18	I
			720	720	

O.K. 2 M.

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A/c Closed 31 7/19

Ret'd per Canonia

Date 2 7/19 M.F.W 187 31 7/19 MD 4

Closed

mko 106360 remdd 31 7/19

AUDITED.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22920—M. & D. 7693.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 520125 RANK Cpl NAME (IN FULL) GRENIER Jos (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

BALANCE FROM PREVIOUS ACCOUNT

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	25/6/19	DO 212 123
		MR 93. Suppt

ORIGINAL UNIT C.E.F. 6th Gen Hosp — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 13/10/15 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 1800 — DATE EFFECTIVE 1/5/19

PAYABLE TO Mrs P C Grenier — RELATIONSHIP

ADDRESS 115 Blvd St Louis, Three Rivers, Que

ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. G.P.O., Three Rivers, Que

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 7/7/19 — REASON Demob — AUTHORITY DO 307 P 213 MR 93 Suppt — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
																																					Balance Forward Corp 206
1/6/19 to 10/7/19	40	1.20	48	00	35	00			1530		Born	From	Corp to				487	500	8798	3600			360		1915		12745		1915		360		1555					OC 35th Bn W.S.G. 70.00
					70	00																									15660						Wo Gen Fund 36.00
																																					Wo a/c 302 8/7/19 to 10/7/19
			Other Credits		W. S. G.		S. A.	Total	War Service Gratuity														Other Charges		W. S. G.		S. A.	Total	Balance Soldier		Dependant					
					420			420																	70			70	350							
																							360					360	340	40					
16/8/19																									70			70	270	40					
7.9.19																									66	40		66	40	210	00				
7.10.19																									70			70		140					
7/11/19																									70			70		70					
7.12.19																									70			70							
																												420							

1278321 2
1524054 3
1633521
1669021 (5)
1795341

200M-3-19.—L. L. 58769-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.