E. On. 9-8-18.

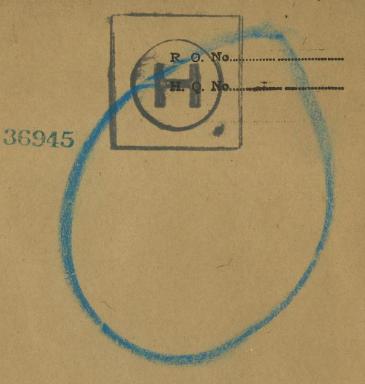
Proceedings of Court of Inquiry or on men

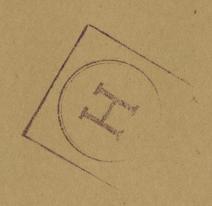
reported Missing on Active Service...... Attestation Papers...... Declaration of change of name..... Authority for special enlistments..... Documents of re-enlisted men..... Regimental Conduct Sheet Compulsory Stoppages..... Casualty Forms..... Proceedings on discharge..... Corps History Sheet..... Date 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

DESEBISCHARGE DOCUMENTS

Co:

Name, B.R.A.U.L.T. JOSEPHZ,
Reg+, No. 1021074. Rank, Co.pl.





Index Card......

Non-Effective Vard.....

Change of Address Card

Sward Cord

Casualty Card.

Part II Order Card ...

Last Pay Certificate.....

SURNAME. Disult.	CARD No.
CHRISTIAN NAMES Joseph L	FOLL.
REGL. NO. 1021074, RANK Ste.	
UNIT 2331d.	Bw.
FORMER CORPS FIL.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL / Groult. Leandre.	
RELATIONSHIP TO SOLDIER Tather,	
ADDRESS Hubon Hebert & Co.	
Montreal P. Q.	
COUNTRY OF BIRTH and Montreal P. O DATE	July 19th 1882
COUNTRY OF BIRTH and Montreal P. DATE PLACE OF ATTESTATION Columnitor Alta, DATE	May 1st. 1916.
L. L. 94504. M. & D. 6512. M. F. W. 22. 250	ом.—2-16. H. Q. 1772-39-339,

SINGLE VES MARRIED WIDOWER TRADE OR CALLING Male Murs RELIGION Joman Cathalis 3 4, YEARS APPARENT AGE MONTHS J. FEET 7. HEIGHT INCHES CHEST MEASUREMENT 3.8. INCHES COMPLEXION Brain, EYES Blue. PLACE Edmonton Alta DATE May 17 thy 916. MEDICAL EXAMINATION. Present Address General Hospital Edmonton, alta No. 1021074. RANK Pt.

NAME Brault of

T.O.S. 17-5-16 UNIT 2331d. Battalion. C. C.J.

M. D. 13.

PAID	PAID	SIG.	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.					
FROM	то	REC'T	PARTICULARS	,AUTHORITY				
1916	1916.	la.						
may 1%.	may:31	n. (From a/4 fl. 17-5-16	(D.o. 58 of 24.6-16)				
B	ely.	n.	Shown as lapl.	aug. Jaylest.				
Se	pt.	n.						
Deo.	ov. Dec. 29.	n.	S. O. S. 29-12. 16 asa Deserter	Do. 195 of 30-12-16				
			+					
			a/c. closed by charges.					
		10.4						

ATTESTATION PAPER.

No. 1021074 Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	BEFORE ATTESTATION. (ANSWERS.)
1. What is your surname?	BRAULT.
1a. What are your Christian names?	SOSEPH. L. Edmonter
1b. What is your present address?	
2. In what Town, Township or Parish, and in what Country were you born?	My tool of land
3. What is the name of your next-of kin?	Leandre Brault
4. What is the address of your next-of-kin?	Aludon Hebert Ho Montrell
4a. What is the relationship of your next-of-kin?.	I Father
5. What is the date of your birth?	19m July 1882
6. What is your Trade or Calling?	Male Murse
7. Are you married ?	
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated?	Y
9. Do you now belong to the Active Militia?	k///0
O. Have you ever served in any Military Force? If so, state particulars of former Service.	
1. Do you understand the nature and terms of your engagement?	yes
2. Are you willing to be attested to serve in the	(yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	
Force, and to be attached to any arm of the service existing between Great Britain and Germany should	therein, for the term of one year, or during the war now d that war last longer than one year, and for six months esty should so long require my services, or until legally
1 You	If June (Signature of Recruit)
Date 17 May 1916.	Signature of Witness)
I, September 1, Se	MAN ON ATTESTATION. do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as lajesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, to help me God. (Signature of Recruit)
Date 17 May 1916. Of	Gignature of Witness)
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as proved The above questions were then read to the B. I have taken care that he understands each duly entered as replied to, and the said Recruit here the said Recruit here.	me that if he made any false answer to any of the above rided in the Army Act. Lecruit in my presence. question, and that his answer to each question has been as made and signed the declaration and taken the oath day of 191 Lt.Col. (Signature of Justice)

	rent Age. years months.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
lati	determined according to the instructions given in the Reguons for Army Medical Services.)	(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).
Train.	5 ft 7 ins.	
		to be the four our more than the walk of the
Chest measure- ment.	Girth when fully expanded	the second common and the law to a control of the
D H	Range of expansionins.	or this comply in this case is another as at the
Comp	dexion / Trous	The second of the second secon
Eyes	Blue	O Philipped and the special control of the second of the
Hair	Black	I is all the same up to a manufacture and to do to Was.
	Church of England	and the second of the second o
	Presbyterian	Pally of Synthesis of Alexander Synthesis and Pally
ns.	Methodist	-72 to be a made on all autors en al.
Religious denominations	Baptist or Congregationalist	A Committee of the Committee of the Committee of
Relig	Roman Catholic	T. The real arms I stong at She Active Wasters
den	Jewish	Stone Committee the many stone service of the servi
	Other denominations	to Contar lane sense to like the week shirmer out off.
	(Denomination to be stated.)	
		DICAL EXAMINATION.
N. X. SET	ection specified in the Regulations for Army Me He can see at the required distance with eituse of his joints and limbs, and he declares that	her eye; his heart and lungs are healthy; he has the
free	ection specified in the Regulations for Army Me He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Ca	edical Services. there eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. Anadian Over-Seas Expeditionary Force.
Date.	ection specified in the Regulations for Army Me He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Ca	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer.
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Date.	He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the Cally 1916. *Insert here "fit" or "unfit.' Note.—Should the Medical Officer consider the Recruit unfit, ttested, and will briefly state below the cause of unfitness:—	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer.
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Date Place been a	Exercised in the Regulations for Army Medical Second Secon	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. anadian Over-Seas Expeditionary Force. Medical Officer. The will fill in the foregoing Certificate only in the case of those who have the having been finally approved and of Attestation, and every prescribed particular having
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CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Ar	rticles 122	22, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).
Regimental No. 1021074 Rank Go	rporal	1 Name J.L. Brault
Coros 233rd, O. Battalio.n.	C.Ewho	o was* Declared Deserter
On	10	91, to
		arged" or "transferred."
The following is a statement of the to 29/12/6 191, the inclusion	e accoun	nt of the above named from 1/12/6 191 , te of transfer or discharge.
Dr.	\$	c Cr. \$ c
Bal. Dr. from prev. month		Bal. Cr. from prev. month 31.
Advances) No		
Advances by No. No. No.		Field Allow. 29 days at \$ - c 10 2.90
Assigned Pay No.	The state of the s	
Other Charges*Declared Deserter	62.9	90
Payment on transfer or discharge No		Other Credits*
Balance Cr. (to be paid by the new unit)		Bal. Dr. (to be deducted by new unit)
Total	62.9	96 Total 62.90
Total		Give Particulars.
(Address) (†) Insert amount to (‡) Insert "not" if a	be assign	gned, whether it has been paid or not. has not been paid for period of account.
		fer of an Officer. en paid by Paymaster, Military District No
REMARKS:—	37/6	5/6
		vance Card has been submitted 10t. 10.
If discharged from the Contingent, state if	Stop Pa	ayment advice for Assigned Pay has been forwarded, and date
I have carefully examined this state of the unit.	ment of	f account and find it to be a correct extract from the Pay-list
Date December 30,	1916.	
Place Edmonton, A	lta.	CE Garrier Captain
N.B.—For purposes of transfer this form is to Paymaster; one to accompany the pay-list at the en	be made of d of the mout in tripl	out in quadruplicate. One copy to Paymaster of new unit; one to District month, and; one for retention as a record.

M. F. W. 44. 200m.—6-16. H. Q. 1772-39-903

MEDICAL HISTORY SHEET.

Surname BRA	ult	Ch	ristia	n Nam	re Jos	EPH.L.	
Examined on lateral	day of May 19	6	Аррі	oved by	a.	Slav	,
Birthplace { City or Town	0 .	el		Rar	ık (~	agh.	M.O.
County	21.		Date.	Fit or Unfit.	EXAMI	INED FOR RE-ENGAGEME	NT.
Trade or occupation	1 00	0					M.O.
Height 5 I							M.O.
Weight/_/							M.O.
Chest measurement { Min	nimum 36 inc	ches.					M.O.
(Ma	ximum expansion 38 inc	ches.	in second				M.O.
Physical development						***************************************	M.O.
Small-Pox Marks							M.O.
Vaccination Marks 3	n Right. X Left.		Date.	Result.	44,213,2	Vaccinations.	
When Vaccinated last	- /	1					M.O.
(a) Marks indicating	congenital peculiarities	or					
previous disease							
	t sufficient to cause rejec		Date.	Result.		YPHOID INOCULATIONS,	
	W.C.						M.O.
					····		M.O.
	/h/	<u> </u>			6		M.O.
Enlisted on / 6 day	of May		19	16 at	Cal	mour	on
	1	r'L Nu	MBER.	На	BITS.	DATE.	
Joined on enlistment	133 No 15	02	1074			May	17,
Transferred to							
EXAMI	NED OR DISCHAF	RGE	D BY	A ME	DICAL H	BOARD.	
STATION.	DATE.		Dise	CASE.		RESULT.	
	A CONTRACT OF THE PARTY OF THE	May 1 gr. s	12 de				

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

Christian Name Surname

Name of Street	D		DATES OF								Remarks on nature of the disease; how induced: if mild or severe: if com-	ACCOUNT CONTROL CONTRO
	STATION.	Date of Arrival at the	Admiss into Hos		Admission into Hospital.		Discharge from Hospital.		DISEASE. days in	Number of days in	transport and a partition of mirrory disease and what an apprount has been	
		Station.	Day	Month	Year	Day	Month	Year		Hospital.	appliances supplied. Particulars of prophylactic inoculations.	•
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1												
	A STATE OF THE STA											
						DI TANAMAN DE LA COMPANION DE						
						C. 400 722 001						
-												,

-11

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

Casualty Form-Active Service.

M. F. W. 54. (A. F. B. 103.)

260M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 233rd Overses Battalion, C.E.F. Regimental No. 1021044 Rank Enlisted (a)/7/May/9/6 Terms of Service (a) 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 Qualification (b) doshilal Re-engaged. Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other A. 36, or in other official documents. The Date received official documents. authority to be quoted in each case. 233" Bn Sol Beserter by B. 95. Edmontor 29000 Ph = 180 195-30-12-16 held 29-12-16-and 19-11-16 amended by afterorder 8 hom-19-11-16 30 12-16

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