REGIMENTAL DOCUMENTS NAME BUOTTE, WALTER AUBREY. M. F. W. 2505 NON-EFFECTIVE BY DATE FORWARDED CONTENTS TO WHOM FORWARDED DATE RECEIVED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 50466 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) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) DENTAL HISTORY SHEET (M.F.B. 465) Category Denish 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) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) C.A. D. C. 5009 A.

Mumber 303 47 43. 6 +3-13-3/68/0T Surname BLOTTE. Christian Name Walter. Oubrey. Units 5 th Bn Can Inf Theatre of War France Date of Service 12-9-18. Remarks Austia Busta Rustico 1 Latest Address Gulford was n. y. 22690 10m.-8-21.M.

SHORT FORM. PROCEEDINGS ON DISCHARGE. Demobilization.) 303 et 74 No. Rank. Name. Unit. APR 1 2 1919 Place Date of Discharge Reason for Discharge..... No.2, D.D., Part II, D.O.No. 7. Authority. 8. Proposed Residence after Discharge 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.?.... Signature of Soldier. 10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Liverpool LORONTO apland' 3 April 1919; 2 District Depot. (O. C. Discharging Unit.) M.F.B. 218a-300m.-11-18-1772-89-118.

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
Proceedings of Medical Board 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

18 1- 1

Group Checked by 15 10000

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

West Service Badge, Class

	No.
THIS IS TO CERTIFY that No	34743 (Rank) Pte issued.
Name (in full) A alter 6	Buottle enlisted in
	, st COR
	Toronto on the 10th
day of Tapril 19 /	8
HE served in Mrance a	
and is now discharged from the service by rea	Demobilization. Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER on	the DATE below is as follows:
Age 29 yrs. 1 mos	Marks or Scars Dattoo left arm
Height & fh. 3 in.	
Complexion meduin	
Eyes Brown	
Hair Brown.	
Multo de Brita	Suce to sprong,
Date of Discharge	Issuing Officer For
No. 2 DISTRICT DEPOT	D.C. No. 2 District Depot.
APR 1 2 1919	Rank
TORONTO	Date APR 1 2 1919 . 19

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. 1049-D.P.-300M-11-18. H.Q. 1772-39-882. A two

ORIGINAL

Canadian.

No

ATTESTATION PAPER.

No. 3034743
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	BUOTTE
1a. What are your Christian names?	Walter Aubrey
1b. What is your present address?	in Rustico, P.E.I., Canada.
what Country were you born?	A see of a see transmission of the see
4. What is the address of your next-of-kin?	어느 보는 해변한 경험을 잃었다면 보다는 그들은 무리를 보고 있는 것들은 사람들은 하지만 연합을 받았다.
4a. What is the relationship of your next-of-ki	
5. What is the date of your birth?	2000
6. What is your Trade or Calling?	
7. Are you married?	
8. Are you willing to be vaccinated or vaccinated and inoculated?	re- Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force	3. 2. No
If so, state particulars of former Service. 11. Do you understand the nature and terms your engagement?	
12. Are you willing to be attested to serve in th CANADIAN OVER-SEAS EXPEDITIONARY FORCE	e) Tes
 Have you ever been discharged from any Bra of His Majesty's Forces as medically unfit 	
14. If so, what was the nature of the disabili-	ty ?
15. Have you ever offered to serve in any Branck His Majesty's Forces and been rejected?	of No
16. If so, what was the reason?	
Force, and to be attached to any arm of the se existing between Great Britain and Germany safter the termination of that war provided Hidischarged.	gree to serve in the Canadian Over-Seas Expeditionary ervice therein, for the term of one year, or during the war now should that war last longer than one year, and for six months is Majesty should so long require my services, or until legally (Signature of Recruit)
Date April 10th., 1918.	(Signature of Wintess)
in duty bound honestly and faithfully defend l	N BY MAN ON ATTESTATION. I. t.e, do make Oath, that I will be faithful and orge the Fifth, His Heirs and Successors, and that I will as His Majesty, His Heirs and Successors, in Person, Crown and and obey all orders of His Majesty, His Heirs and Successors, e. So help me God.
seems a seem of the seems of th	Maller A. Bull (Signature of Recruit)
Annil 10th 8	6 1 / N
Date April 10th. 191 8	(Signature of Witness)
CERTIFICA	TE OF MAGISTRATE.
The Recruit above-named was cautioned questions he would be liable to be punished as The above questions were then read to I have taken care that he understands	d by me that if he made any false answer to any of the above provided in the Army Act.
before me, at. To ronto, Canadathis	10 th day of April, 1918. (Signature of Justice)

M. F. W. 23. 750 M.—1-17. H. Q. 1772-39-841,

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Beight		ent Ageyearsmonths. etermined according to the instructions given in the Regu- ns for Army Medical Services.)	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Girth when fully expanded. Sina. Sina. Complexion Begin and a service of the state of the state of the state of the state. Church of England. Presbyterian. Methodist. Baptist or Congregationalist. Roman Catholic. R. 2.* Hearing flose & throat Hornal cach eye D. 20. CERTIFICATE OF MEDICAL EXAMINATION. CERTIFICATE OF MEDICAL EXAMINATION. 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. I 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 deels are that he is not subject to fits of any description. I consider him* I consider him* I consider him* To the Canadian Over-Seal Expeditionary Force. Date. April 10th. 1918 191 Syracuse. Medical Officer consider the Recruit until he will fill in his faregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of collines;— CERTIFICATE OF OFFICER COMMANDING UNIT. Balter Aubrey Extra Butte 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. Heart and the state of the cause of Officer)	latio	ns 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).
Complexion Brown Church of England Presbyterian Methodist Roman Catholic	Heigh		car back left hand.
Girth when fully expanded. The panded. The	rreign	10	scar makes finger rt hand.
Range of expansion 3 ins. Complexion Medium Fyes Brown Church of England. Prechyterian Methodist. Baptist or Congregationalist. Roman Catholic. R. 2. Jewish. CERTIFICATE OF MEDICAL EXAMINATION. 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* 1 consider him* 1 for the Canadian Over-Seas Expeditionary Force Education of the Canadian Over-Seas Expeditionary Force Education Centre of the Canadian Over-Seas Exped		The state of the s	
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Church of England. Presbyterian. Methodist. Saptist or Congregationalist. Cother denominations. Certificate of Medical Examination. Certificate of Medical Services. 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 heartand 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* 1 consider him* 2	Eves	Brown	
Church of England. Presbyterian Methodist. Baptist or Congregationalist. Roman Catholic. R. 2. Jewish. Other denominations. Other denomination to be stated.) 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. 1 tonsider him. 1 t		Sec. 19	
Methodist. Baptist or Congregationalist. Roman Catholic. R. 2. Jewish. Other denominations. Other denomination to be stated. Thave 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. I consider him. There here "ft" or "unft." There here "ft" or "unft." New April 10 th., 1918 191 CERTIFICATE OF OFFICER COMMANDING UNIT. There here "ft" or "unft." New April 10 th., 1918 191 CERTIFICATE OF OFFICER COMMANDING UNIT. The atternation of the cause of those who have been attested, and will briefly state below the cause of unfiness: CERTIFICATE OF OFFICER COMMANDING UNIT. That Aubrey Extra Butte 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. J. M. J.	Hair,	\$ 100 p	
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Other denominations (Denomination to be stated.) 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* 1 to the Canadian Over-Seas Expeditionary Force. EDICAL		Presbyterian	THE RESERVE OF THE PROPERTY OF
Other denominations (Denomination to be stated.) 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* for the Canadian Over-Seas Expeditionary Force, EDICAL	ns.	Methodist	
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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* 1 to for the Canadian Over-Seas Expeditionary Force EDICAL			
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. Some Market Gol (Signature of Officer)	free u	ection specified in the Regulations for Army Mo He can see at the required distance with eit use of his joints and limbs, and he declares that I consider him* for the C April 10 th. 1918 191 Toronto Canada. *Insert here "fit" or "unfit."	ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description. anadian Over-Seas Expeditionary Force. EDICAL EUARD MOSILIZATION CENTRE Syracuse. Medical Officer PRESIDENT
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. Here Aubrey Batter Buotte 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.	(4		AND TO SEE THE SECTION OF PERSONS ASSESSED.
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. July 101 (Signature of Officer)		CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
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. John Manual Land (Signature of Officer)		Walter Aubrey Eskin	Buotte having been finally approved and
John Indani, -Col (Signature of Officer)			of Attestation, and every prescribed particular having
	DOM	9.11	n. M.
Date 191		APR 1 1 1918	

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

M. F. W. 54. (A. F. B. 10s. 500M.—9-16 H. O. 1772.30

Casualty Form—Active Service.

Unit, Regiment or Corps 1st C.O.R. Enlisted (a) 10.4.19. Terms of Service (a) Service reckons from (a) 10th April 1918. Date of appointment) Date of promotion to Numerical position on) present rank to lance rank roll of N. C. Os. Qualification (b). Chemist. Re-engaged. Extended..... 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 official documents received authority to be quoted in each case Canada. Embarked England. FRANCE 'n 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 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 re-			Remarks taken from Army Form B. 213;		
	Date	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	Army Form A. 36, or other official documents,		
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(1)*Substantative	e rank			(2) Regiment or Corps	(3) Regtl, N
*Acting rank		1			
*[To be entered in p (4) Surname	encil to facilita	te alteration.]		트림 (1986년 - 1987년 - 19	
5) Christi a n Na	mes				
(6) Army Form, Form or Reco	number of,	Attestation }			
(7) Whether of B origin [vide A	C. I. 578 of	1918]			
(8) Date of birth (9) (a)	as stated o	on enlistment		100	
(9) (4)			1 .7.1*		
(10) Enlistment (<i>b</i>)			(11) Engagement (c)	
(12) Service reck	ons from (a	late)	(13)	Special conditions (if any) of enlistment (d)	
(14) Any subsequence of condition	ent variati	ions (if any)}			Initials and Rank an Officer.
of condition	S OI SELVICE		ithority)	(date)	
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army	Order 93 of 1917
• (15)				Industrial Greup No.	
				Trade or Calling .	
				Married or Single	
				Particulars of Trade Test	
				Occupation Cards despatched on (date)	
				Second Occupation Card despatched on (date)	
17) Next of Kin					
18) Demobilizer	(f)		(Place)		(Signature of
in) Pivotal-man	(+)		(Date)		C. Cours onic

(17)	Next of Kin	
(18)	Demobilizer (f)	
(19)	Pivotal-man (f)	
(20)	Qualifications (g)	

(23) Re-engaged

(24) Miscellaneous entries:-

(22) Extended

or (21) Corps trade and rate

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

F	9	(B)	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of	(D) Place of	(E) Date of promotion, reduction,	(F) Remarks, and initials and rank	
Date.	From whom received	Authority of Part II, of Orders	entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	casualty	reversion, casualty, &c.	of an officer	
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ERVICE A	ND CASU	ALTY F	ORM (Part I).
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Army Form B, 103-1. Part I.

	(1)*Substantati	ve rank	*-		(2) Regiment or Corps	(3) Regtl. No.
	*Acting rank				A STATE OF THE STA	
	(4) Surname	pencii to racintat	te alteration.			
	(5) Christian N	ames				
	(6) Army Form.		Attestation)			
	(7) Whether of		Alien			
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	(9) (a)					
6	(10) Enlistment	(b)	×		(II) Engagement (c)	
340	(12) Service rec	kons from (de	ate)	(13)	Special conditions (if any) of enlistment (d)	
G.W, P.Co (3490)	(14) Any subsec	uent variatio	ons (if any))			Initials and Rank of an Officer.
<u>d</u>	of conditio	ns of service	,	thority)		7
= -		(date)	Onder 02 of rose)			
	(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Arm	ly Order 35 of 1917)
2/18					Industrial Greup No.	
IM	,				Trade or Calling	
					Married or Single	
150					Particulars of Trade Test	
PP1						
1 6			(C)		Occupation Cards despatched on (date)	
W1889 PP 1150	W. Man Brown				Second Occupation Card despatched on (date)	
	(17) Next of Kir					
	(18) Demobilize			(Place)		(Signature of -
	(19) Pivotal-man (f) (Date)					(Posting Officer
	(20) Qualification	ons (g)		or (21) Corp	os trade and rate	*
	(22) Extended {				(23) Re-engaged {	
	(24) Miscellaneo	us entries:—				

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.1, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes, [g] Signafler, Shoeing-smith, &c.

		men i).	MEGS VIJAURAS ONA 3					
W. Harris	(A) Report	(B)	Record of promotions, appointments, reductions.	(D)	(E) Date of	(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	promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer		
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	28-3-19	3 Rd Res	Struck off strength to M. D. No. 2 , Minmel Park Camp, Rhyl.	l vitility	itloy	28-3-19	D.O. 87	*
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LTR

Rank

Name

BUOTTE

Walter Aubrey

Reg'l No.

3034743

Ioth Dft 1st Bn 1st C.O. R

If in perm. Corps, What Unit?

Married or Single

Place and Date of Enlistment

Tor onto, April 10th, 1918. Place of Birth Rustico P.R.I.

Name and Address, Next-of-Kin

Amelia Bantte.

Rustico. P.E.I. Canada

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance\$

Payable to

N/E R.B. Nº 2/260

Relationship

Discharge, Date and Place

Reason

1119	H. W. V., Ld.—9546	-16.				Commence of the second
	Repor	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 Decuments.
	6		Arrived in	England	27-	5-18 S/S VALACIA
	1-6-8	12 Pes.	To S from banada	15 helly	275-18	11th 131 50
	13-9-18		S.O.S. lo 15 An Ofs.		12-9-19	11 5 218 mal 854/20 18
	14-10-18		Wounded.	" Feeld	1-10-18	25101
	8-1-19	"	Sentenced to 28 days FPho 1 for m.o. a.s. a. w. R. from 0900 27.11.12			i i
			for W.O. 23. a. W. R. From 0900 27.11.12 until 1630 28.11.18. Forfeit 2 days Pay under R.W. Outh: O.C. 15 Por			
			AFB. 2069 df-5-1248.	" "	28-11-18	D.O.2.
	7-1-19	1 x corp	TOS fram 15th Br	. Pte withy	1-1-19	-5
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Date.	From whom received.	casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
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RATE OF SEPARATION ALLOWANCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

	RATE OF A	SSIGNMENT	
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PARTICULARS OF SEPARATION ALLOWANCE

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Nam	e		
Battalion /	St-Depot Batt	in 181-6.0.R.	
Beneficiary			
Relationship			
Address			

PARTICULARS OF ASSIGNMENT

Address		
	Change of Address	
1	FIRST NATIONAL BANK,	
2	WASHINGTON ST., BOSTON, MASS., U.S.A. 15 15.00	
3	% 3034748 PTE WALTER AUBREY BUOTTE FIFTEEN DOLLARS	
4		

	Date	Cheque No.	Amount S/A	Amount A/P	Total		File 2439-W-20 REMARKS 1/6 Roll-2-B-1	
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Separation and Assigned Pay Branch V

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RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

FUR NEW ACCT

No.				Name		
Rank	Promoted	Reverted	Discharge	Address		
Soldier's Name					Change of Address	
Battalion				1		
Beneficiary				2		
Relationship				3		
Address				4		
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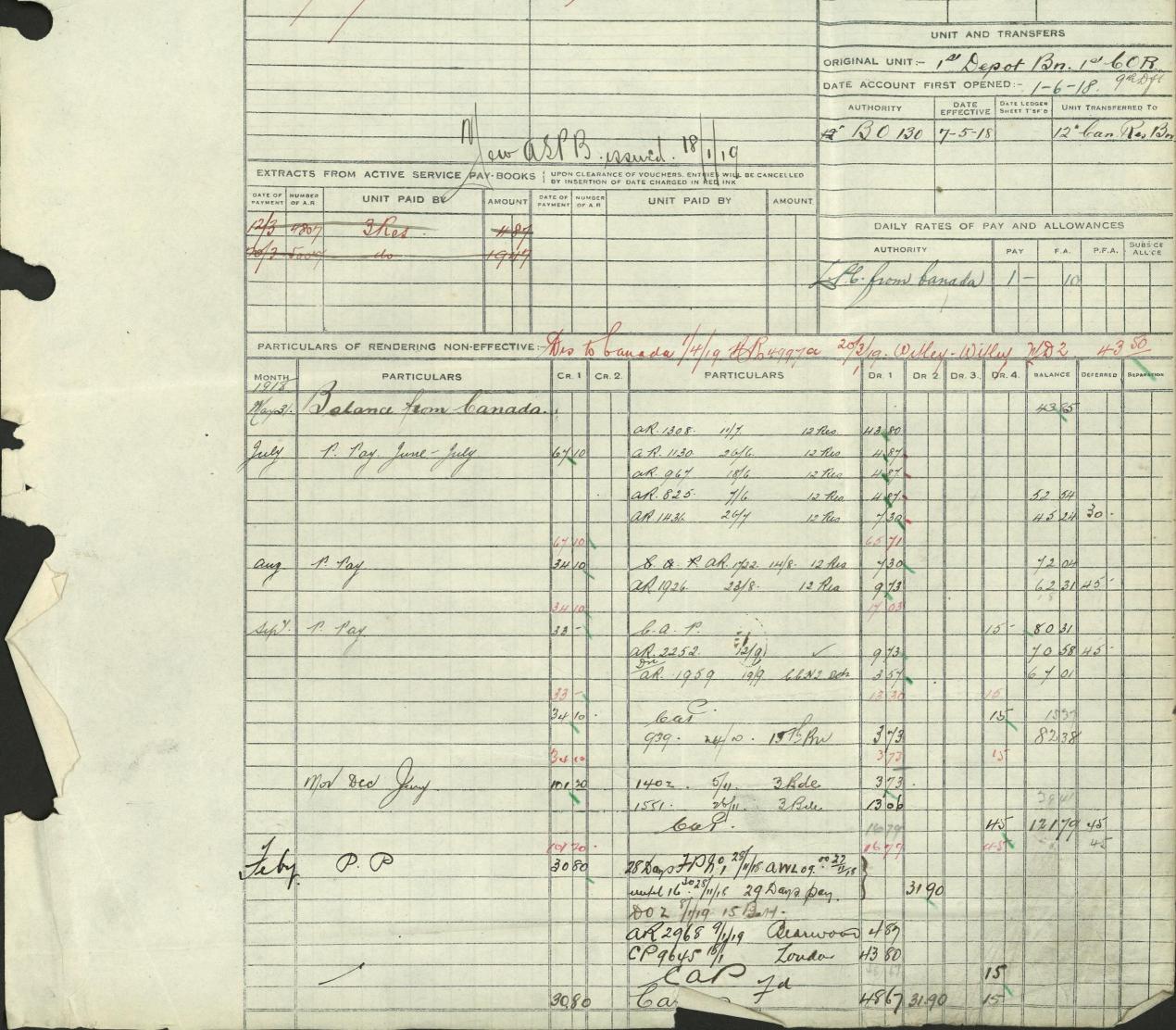
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"LAPLAND" 10-4-19 DISPERSAL"I" Byolf
AFFECTING
INCES REGT. NO. 3034743 RANK Pto. NAME (IN FULL) BUOTTE, W.A. PAYMASTER PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES ORIGINAL UNIT EFFECTIVE DATE AUTHORITY PARTICULARS DATE OF ATTESTATION TRANSFERRED TO ASSIGNED PAYS

Closed by Offawa 30 - Y-14

PAYABLE TO Frist National Bank

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS Washington St. Boston Mals. usu. EFFECTIVE STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE IF ENTITLED TO
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Certified the document checked with DEPARTMENT OF MILITERIAND 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.

	Malal W
1.	Christian names Valler WW belg 2. Surname 2.
В.	Rank Se 4. Original Unit / STOTO 5. Reg. No. 30 3444 3
6.	Address, in full, to which future payments of gratuity are to be forwarded
	Jank of Nova Leotea
	Charlottetown
7.	Date of enlistment in the C.E.F. April 9
8.	Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, im-
	mediately prior to your discharge Total lease
9.	Relationship of such dependent Tool applicable
0.	Address, in full, of such dependent Esstaple cable
1.	Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account
	of another soldier? 2000 applicable
2.	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:—
	Lm)
8.	
	time on duty outside of Canada or the United States?
4	Were you on active service only in Canada or the United States? If so, give particulars of unit and
1	
-	dates of such service.
-	+ 2 4
1	
5.	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
***	15 Bu France
6.	Were you at the time of enlistment a civil employee of the Dominion Government? If so, state
	Department 20
7.	Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?
-	AND THE COLUMN C

Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments	š.
and under what regimental numbers and units.	••

Have you already received any payment of Post Discharge Pay or War Service Gratuity? If s	0.
state amount you and your dependents have already received and by whom paid 200	
amount you and your dependents have already received and by whom paid	•••
Have you been issued with a War Service Badge? If so what class?	
Have you, during the present war, served in the Imperial Forces?	
Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge P	ay
from the Imperial Forces? If so, state amount received, or to which you are entitled	
(a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrive	al
in England? 20	
(b) If so, was such reversion in consequence of misconduct or inefficiency?	4114
Are you now serving in the C.E.F.?	ge /
204019 (b) Reason for discharge 1087LIZATIO	FA
	1.0
Are you at present a member of and in receipt of pay and allowances from any Canadian naval or la	ng
forces? If so, give unit	1
Did you at any time serve at the front in an actual theatre of war? If so, give particulars of o unit in which you served at the front, and dates of such service with that unit	He .
(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 force and effect as if made under oath and in virtue of the Canadian Evidence Act.	he
gnature of Applicant: Maller 4. Butter	
ace of Residence: Syracuse N. V.	
solared before me at: Willy Carry	
is day of melang of mekinlag r	nagi
Signature of Barrister of the Supreme Court Stipendiary Magis-	
trate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under	
P.C. 2767, dated 11th Nov., 1918.	
POST DISCHARGE PAY.	
ate paid. Paid Paid War Service Net amount Gratuity due	
Soldier Dependent Gratuity due	
Certified Correct.	

District Paymaster.

NAME RANK AND CORPE CABLE No. DATE L. L. 31493. M. & D. 8476. M. F. W. 42-100m.-28-11-17. H. Q. 1772-39-893.

DATE OF REMARKS LIST No. HOSPITAL

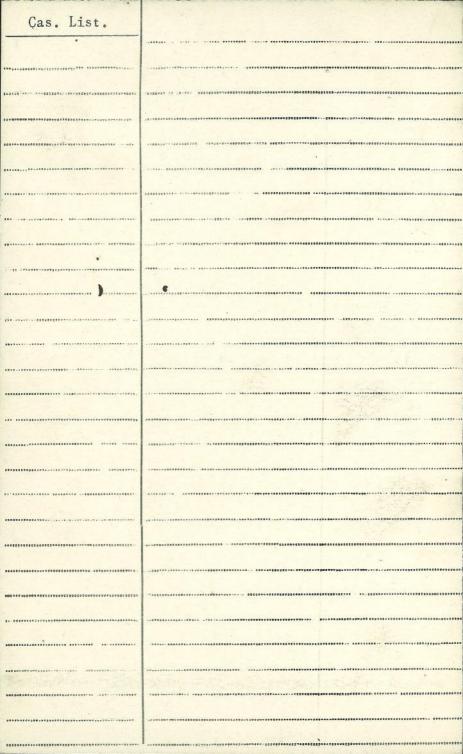
C	2 . CARD NO.
SURNAME. Buotte.	3.10.5.12-4-19
CHRISTIAN NAMES Walter aubrey.	Outletine.
REGL. NO. 3034743 RANK Otc.	17-4-19:#221.
	0. sapr. 11. 1918.
FORMER CORPS Mil	O. Part II No 102
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Boutte Mrs amelia.	
RELATIONSHIP TO SOLDIER Mother,	
ADDRESS Rustico, Queens Co, P. E.S.	
COUNTRY OF BIRTH Canada, Rustico. C. E. J. DATE	mar 25 th 1890.
PLACE OF ATTESTATION Joranto, Ont. DATE	
0/5 16-5-18 1249 RIC 10-4-19 3	13. P/E
)м.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER TRADE OR CALLING RELIGION DESCRIPTION. APPARENT AGE YEARS MONTHS HEIGHT FEET INCHES CHEST MEASUREMENT INCHES **EXPANSION** INCHES COMPLEXION EYES HAIR DISTINGUISHING MARKS

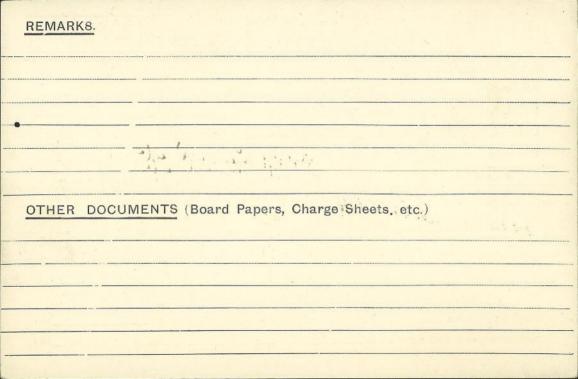
MEDICAL EXAMINATION. PLACE

DATE

Christian Name or Names Reg. No. Surname Buotte. w.a. 3034743. Rank Ate. Cas. List. R.F.B. Wd. rem. at duty - 1-10-18. 30. 12.18 a 408-2 18 4 Camiero 15:12.18. Blisters B. Foot at 31-19 9411 Carebidge allegatet-1-1-19 8.1.19 B 415/3 C C Bearwood 4.1.19 B 427-3 Llise - 17: 1: 19 D.M.S. 1300. 50M-30-8-18.



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Syracuse. N.Y.

FORM OF WILL

J, Wall	in Aubry Buotte. mber 3034743 serving in 1ST	(Name in full)
Regimental Nun	mber 3034 743 serving in 4ST	DEPOT BN.1S
of the Canadian	Expeditionary Force, do hereby revoke all form	er Wills by me made and
declare this to b	e my last Will.	
	I devise all my real estate unto	
		Name and Address of person or persons to whom it is to go.
absolutely, and	my personal estate I bequeath to	
	S. Burtte Rustico PE, 5, Com	Name and Address of person or persons to receive personal estate* (See note).
NOTE This space for appointment Executor if necessary. IMPORTAN NOTE This must be signed Dated by the SOLDIER HIMSELF. *N.B. Personal es	of this this day of	A.D. 191 8 Signature of Soldier. everything except real estate.
both present at each other have Sig Ad THE TWO	towledged by the Testator as and for his last W the same time, who in his presence, at his requestion hereunto subscribed our names as Witnesses. In a Communication of Witness Soldin Lower Compation Compat	

M. F. W. 82. 300m,-12-16. 1772-39-983. Occupation of Witness Sold

SIGN HERE

Form DMS 1401. Can: Conval: Hospital, Hospital.	A. & D.
Bear Wood	CARD
A. & D. No. 0. 5. 16630 PL. OF ACTION)
RANK 9 to REG. 3034743UNIT 15- 18	SICK OR WOUNDED
NAME Buotte & AGE 28 RELIGION P.	9
PLACE IN HOSPITAL 202 C	
DIAGNOSIS 9.6.T. /X/ Weel	
	Lushot
DISCHARGED 17 JAN 1919 TO 1 & C Wit	teg
Transferred	0
SERVICE AT HOME. S/12 IN FIELD. 4/12	
RESULTS	
FW DE	
(See Document Card for M.H. Sheet and other Documents.)	



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Canadian Printing and Stationery Services, London

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

1. This form will be NAME OF SOLDIER (Block Letters) made out for each individual at the time of Demobilization in England or France. Figures as per Date of Examination in England Date of Examination in France chart will be used to designate teeth concerned. 11 12 13 3. In reference to Partial Dentures the numbers of teeth thereon will be stated. 25 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS

Has he ever refused Dental Treatment?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lower

4. Dentures

- (b) In England
- (c) In France

Signature of Dental Officer_

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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	2-7-6-7-1					
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						······································
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ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

Buotte

Chairing and Chairing and Chairing and Chair a

Christian name_

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule...

on it)	••••••				
4. Address (including stree and number, if any).	t) 545	Gifford St.	, Syra	cuse, N	Y. USA
The following are acc	urate particulars w	ith regard to the	above nar	ned man as	ascertained by the
					1917, by the
undersigned medi	cal board sitting at	Toront	o, Can	ada.	
5. Age as stated 28	Years 1 Mo	onths. 6. App	arent age	28 Yes	ars 1 Months
7. Height 5	Geet 3 Inch	nes. 8. Wei	ght 14	2 Por	ands.
9. Chest measurement	Minimum 34 [Maximum 37	ns. 10. Complexion	ı Me	dium	Eyes Brown
11. Physical development.	Good	Good Fair Poor	d 12. Smal	lpox marks	Nil
13. Number of vaccination	marks { Right arm	14.	When vacci	nated last	3 yrs ago.
15. Distinctive marks and r					
Hearing "o	So - throat.	antmor, cac	77 GN G	2 200	
(Strike out disease ad We have examinaccordance with the medical examinations, a	ned the above name C. E. F. Regulate and he is placed in Communications.	category A2	(b) Hea	on R	LL
Date Result	VACCINATIONS	Date	Result	ANTI-TYPHOID	INOCULATIONS, ETC.
6/4/18 Jose AT	3 Friel laft	M.O. 12/4/8 M.O. 20/4/8		Free	M.O. M.O. M.O.
Joined 10th	day of A	pril, 1918,	at	Toron	to Canada.
	Corps	REG'TL NUMBER	н	ABITS	DATE
Joined on enlistment	Ist Depot Bn Ist C.O.Regt	3034743			
EXAMII	NED OR DISCH	HARGED BY	A MED	CAL BOA	ARD.
STATION	DATE	DISEASE			RESULT
1600	4. 2.19	nil		A. C	woll are
					tus

N. B.—This sheet is 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. 300M.-10-17. 1772-39-439.

1. Surname_

8 - JAN 1919

DATES OF 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. Date of Arrival Number of Signature of Admission into Hospital Discharge from Hospital. STATION. at the DISEASE. days in Medical Station. Hospital. Officer. Day Month Month Year Year Day Name Christian Surname

Forms Army Form I. 1237. 1. 1237 12 MEDICAL CASE SHEET.* Regimental No. No. in Rank. Surname. Christian Name. Admission and Discharge Book. 663 Unit. Age. Service. Year 202 Station and Date. Disease Can: Conval: IAN 101 Murra ober 17 JAN 1919 Med. Off., Canadian Convulescent Hospital, Bear Wood, Wokingham, Berke,

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

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Station and Date.

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MEDICAL CASE SHEET.*

No. in Admission	Regimental No.	Rank.	Surname.	Christia	n Name.
and Discharge Book.	3034743	Ple	Butte	_ lead	
		Unit. 15-4	Canadian	Age. 25	Service. $2\frac{3}{2}$
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and Date.	Disease / (1. Hell	- June	rwalled a	110000
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^{*} The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239)

Station and Date.

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	No. 30.34.7.43 Rank Of Surna	
	and the state of t	(Given name in full)
	Unit or Corne Jud Con Res Bor Birthn	P. T. P.O.
Uı	Unit or Corps Con Kiston Birthp	ace . // usueo /
	(Examination of Officer or Other Rank (stripped	to be made by one Medical Officer).
1.	1. GENERAL DESCRIPTION:	1
	Physique	ftin. Colour of Eyes Crou
	Nutrition	entification marks, scars, or deformities.
	Pulse 2	(Give cause and date of origin).
	Condition of arteries	at - left arm
	Vision Rt. 96 Left 96	a last as totally
	Hearing (conversational voice) Rtft.	as a subject of the second of
	Left .\.(ft.	
Op	Opinion as to general health and physical condition	tita:
2.	 Has Officer or Other Rank ever suffered from, or has h (Answer "Yes" or "No"). (Subjective evidence may h 	e now, any affection of the following systems?
	Nervous System	
	Special Senses	
	Disturbance of mentality Muscular System	
	Osseous and Joint System Any other general conditions	tion Ico
3.	3. If the answer to any part of Section 2 above is "Yes," h	ere give full porticulars with constant

of origin; and also a description of the present condition.

EXAMINATIONS.

	N FOR USE OVERSI	
Examined at		
Date	s,	Signed Set Harland M.C.
I hereby cer condition; that I	tify that I have read, or have I find it correctly stated; and	heard read, the above description of my present that I have not withheld any information concerneither prior to or during service. Signature Maller G. Butte
		be completed by Medical Board.)
HIS SECTION	N FOR USE IN CAN(Canada)	
HIS SECTION	N FOR USE IN CAN	VADA—
Examined at Date I hereby cer condition; that I	N FOR USE IN CAN (Canada) tify that I have read, or have find it correctly stated; and the	
Examined at Date I hereby cer condition; that I ing any other aff	N FOR USE IN CAN (Canada) tify that I have read, or have find it correctly stated; and the ections from which I suffered,	Signed

[OVER]