REGIMENTAL DOCUMENTS

NAME ALARIE ONESIME Pte. REGT. NO. 315-5137 UNIT 2nd D. B. H. Q. FILE NO. 3455

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Comp to B.P.C.	25/9/19	B.P.C. Spec 798 MOC	DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Rt	15-10-19		Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
2	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
3	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
4	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Med. Unfit
	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)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					15-23
1	M.F.W. 192					20-26
2	Misc					28-26
1	M.F.B. 483					
1	C.A.D.C. 5009					
2	Cas card					
	M.F.W. 67					
1	P.R. 122					
	Paysheets					

W. 2589
100M-11-18
1777 1377

4 M. D. 2nd Depot Battalion 2nd Quebec Regiment

Regtl. No. 3155137

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname..... Alarie
2. Christian name..... Onesime
3. Present address..... 214 Beaudry St Montreal Q
4. Military Service Act letter and number..... 52016 DM
5. Date of birth..... 18 September 1891
6. Place of birth..... Montreal Que
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Roman Catholic
9. Trade or calling..... Carman
10. Name of next-of-kin..... Mrs Marie Alarie
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... 214 Beaudry St Mont que
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... No
15. Medical Examination under Military Service Act:—

(a) Place Montreal Que (b) Date 3.12.18. (c) Category A2

DECLARATION OF RECRUIT

I, ALARIE Onesime, do solemnly declare that the above particulars refer to me, and are true.

Onesime Alarie (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs 3 mths.

Height 5 ft 3 1/2 ins.

Chest measurement: fully expanded 36 ins.; range of expansion 4 ins.

Complexion Med

Eyes Blue

Hair Fair

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

Daly-Empress Ltd.

O. C. 2nd Depot Btln.

2nd Quebec Regt.

Place Montreal Que Date January 3rd 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

TRIPLICATE
Sur. Add.
Sur. Add.
2ND DEPOT BN. 2ND QUEBEC REGT.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3155157 (Rank) Private

Name (in full) ALARIE, Onesime enlisted in

the 2nd Depot Battalion, 2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at MONTREAL, QUEBEC. on the 3rd.

day of January 19 19.

HE served in FRANCE

and is now discharged from the service by reason of

MEDICALLY UNFIT

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

Age 27 years

Height 5 feet 5½ inches.

Complexion Medium

Eyes Blue

Hair Fair

Marks or Scars

Large red scar left shoulder, anteriorly.

(C.S.W. 3-9-18)

Onesime Alarie
Signature of Soldier

Issuing Officer

Captain

Officer i/c Discharge Section, District Depot No. 4

Rank

Appointment

Date of Discharge July 6th. 1919.

Signed at MONTREAL, QUEBEC this 6th. day of July 1919

in Military District No. 4.

File Reference No. MM 19-4-270.

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline as if on the strength of a unit.

On demobilization the particulars called for on this back of this certificate will not be completed.

DUPLICATE

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. 3155137

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

1. Surname Alarie Christian name Onésime.

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

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any) 214 Beaudry.St. Montréal.P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

5. Age as stated 26 Years 2 Months. 6. Apparent age.....Years.....Months

7. Height 5 Feet 3 1-2 Inches. 8. Weight 112 Pounds.

9. Chest measurement { Minimum 30 Ins. / Maximum 34 Ins. } 10. Complexion Médium { Eyes blue / Hair Fair. }

11. Physical development G Good. { Good / Fair / Poor } 12. Smallpox marks.....

13. Number of vaccination marks { Right arm 0 / Left arm I } 14. When vaccinated last Child.

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17.
(a) Vision R..... L.....
(b) Hearing. R..... L.....

R Mitchell Capt President.
E. Valois, A. Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3/1/14	E Valois R. M.	M.O.	3/1/18		M.O.
		M.O.	2/1/18	R Valois Lieut	M.O.
		M.O.	11/1/18		M.O.

Joined.....day of.....191....at.....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....	2ND QUEBEC REGIMENT	3155137		

2ND DEPOT BATTALION No. JAN 2 1918 MEDICAL OFFICER

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	M. D. No. 4	Date	Disease	Result
		FEB 6 1918		INSPECTING MEDICAL BOARD M. D. No. 4 FIT JAN 14 1918

D Ross Capt Pres. MONTREAL, P.Q.

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.

Signature of Man

Surname Alarie Christian Name Onesime

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
Ste Anne's Military Hospital	11-4-19	28	4	19	7	7	19	Lesion, Left Musculo-Spiral and Ulnar Nerves		Marked Improvement. Movements nearly normal in range - but weak. Sensation only slightly impaired in little finger. M.F.B. 227 F.H. Coonsbaft Transfer W.S.C.R. for further treatment	

ORIGINAL

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. 3155137

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

19 SEP 1918

1. Surname Alarie Christian name Onésime.

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

3. Consecutive number on schedule of men reporting for service (if he appears on it) ..... MK.

4. Address (including street and number, if any)... 214 Beaudry St. Montréal P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the.....day of.....1917, by the undersigned medical board sitting at.....

5. Age as stated 26 Years 2 Months. 6. Apparent age.....Years.....Months

7. Height 5 Feet 3 I-2 Inches. 8. Weight 112 Pounds.

9. Chest measurement { Minimum 30 Ins. / Maximum 34 Ins. } 10. Complexion Médium { Eyes blue / Hair Fair. }

11. Physical development G Good. { Good / Fair / Poor } 12. Smallpox marks.....

13. Number of vaccination marks { Right arm 0 / Left arm I } 14. When vaccinated last Child.

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [A]

17.

(a) Vision R..... L.....

(b) Hearing. R..... L.....

R. Mc Tupper Capt President.

E. Poland R. A. Member. Arnold Ray Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
3/1/18		E. Poland R. A. M.O.	3/1/18	TH3/1	M.O.
		M.O.	12/1/18	TH3/2	E. Poland print. M.O.
		M.O.	19/1/18	TH3/3	M.O.

Joined.....day of.....191.....at.....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2ND DEPOT BATTALION No. JAN 2 1918 MEDICAL OFFICER 2ND DEPOT BATTALION	3155137		
Transferred to.....				

FILED

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Bedford	12/12/18	G.S.W. L. Shoulder	Invalided to Canada
W. Ness Capt. Pres.			R.N. C.O. Toleadore Capt

INSPECTING MEDICAL BOARD M.D. No. 4 FEB 6 1918 MONTREAL, P.Q.

INSPECTING MEDICAL BOARD M.D. No. 4 FIT JAN 14 1918 MONTREAL, P.Q.

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.

Signature of Man

CANADIAN

Surname Alarie Christian Name Onesime

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	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.
UNIVERSITY COLLEGE HOSPITAL		14	9	18	13	XI	18	G.S.W. Shoulder L	61	2.14.18. Left scapula to infra clavicular region. bullet ind. Slight haemoptysis. — X ray nil definite. No signs chest. complete wrist drop. — No complete R.D. in any nerves of brachial plexus. Large galvanic current required. Except in flexors of upper arm & deltoid. Muscles supplied by median. Ulnar no response to faradism. Musculospiral nerve muscle reacts to Galv & faradism with large current. Ulnar nerve no response at all. Ulnar anaesthesia.	
Bearwood		12	11	18				do		Transfer to Granville Can. Spec. Hosp. Buxton.	[illegible]
Bearwood		13	11	18	8	3	19	G.S.W.	116.	Invalid to Canada	[illegible]

[illegible] Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

Regional No...................

MEDICAL HISTORY of—

A.F. B.178

Regimental No. 315537

Region...........................

Surname ALARIE

Christian Names O.

TABLE I.—General Table.

Birthplace { Parish .... County ....

Examined { on ......day of ....191 , at ....

Declared Age ....years..........days.

Trade or Occupation ....

Height.......feet.......inches. Weight..........lbs.

Colour of Hair..........Complexion..........

" Eyes ....

Chest Measurement { Girth when fully expanded ....inches. Range of expansion ....inches.

Physical Development ....

Vaccination Marks	RIGHT	LEFT
Arm,		
Number		

When Vaccinated ....

Vision { R.E.—V = ... L.E.—V = ... With Glasses { R.......... L..........

Identification Marks, such as Tattoo, Moles, Scars, etc :—

Defects or Ailments :—

Examined and found—

Fit for Grade { I. II. III. IV.

(Strike out those which do not apply.)

Signature ....

Chairman of Medical Board.

Re-examined for posting at..........

On..........day of..........191.....

Enlisted { at.......... on..........day of..........191.....

	Corps	Regtl. No.
Joined on enlistment	87th Bn.	
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

FILE

Became non-effective by ....

on..........day of..........191.....

(*Signature*) ....

(*Rank*) ....

(29056) W3751/P1398. 800m. 7/18. M.R.Co.,Ltd. E 3540.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
No. 3 CANADIAN GENERAL HOSPITAL LIVERPOOL.	3	MAR	1919				G. S. W. Head & Lt Shoulder		Moots: Left arm slightly limited. Muscles whole left arm & hand considerably atrophied. Grip weak	T. S. Tuppen, capt C.A.M.C.
				31	MAR	1919				
H. M. A. T. "ESSEQUIBO"	MAR	31	1919	APR	11	1919	do.	12	Condition unchanged.	[illegible] capt.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 1904

Name of Soldier Clarie, D

Regiment 87th Batt. Rank Pte

No. 3155137

M.F.B. 465
150M-10-18
1772-39-950

A 42

INSTRUCTIONS

X to be extracted
M are missing

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

Good

FILE

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	Prophylaxis	Operator	Military District	Remarks
Good	1919 5/29																				Elemens & Major		Cavities / Extractions

Recommended for discharge 5/29/19

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
C 171	3155137	Pte	Alarie	Onesime
Year 1918	Unit. 87 Can.	B.	Age. 27	Service. 8/12

223 D

Station and Date.

Disease G S W Shoulder & head. (2.9.18)

UNIVERSITY COLLEGE HOSPITAL.

Adm 11.9.18

If 13.9.18

A.T.S. 9.18 15 (D) units

10.9.18 5 (D) "

T. T. W^d. L. scap. l^a

" wrist drop.

Retired Sensation below chest

Haemoptysis.

X Ray = Collapse L. Lung -

U.C.H. 1 Small scar L. parietal bone

2 T. T. W^d. L. shoulder.

" practically healed

Ant W^d. - 1½" below L. clavicle

3½" from middle line

Post W^d.

on Surface of scapula

below Spine -

About level of 3rd. dorsal vertebra

Chest. L. side dull to percussion

more marked at apex down to

level of 4th. rib

BS - d^l V.R. increased.

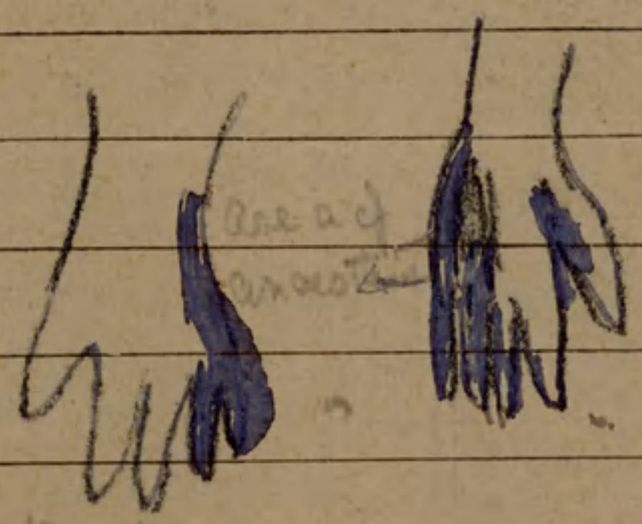
Bulging Skin in chest over

Area of Ant W^d.

(See over)

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T

Station and Date.	
	Pulsation visible - felt to be expansive & a thrill is present Swelling disappears when Subclavian artery is pressed on above the clavicle. Pulsation disappears from Swelling but is resumed in progressively longer beats when pressure from above is removed. Systolic murmur heard over Swelling No marked difference of radial pulses of both sides. Circulation in limb good Sensation Normal Motion Abduction limited to less than a Right Angle Other movements at Shoulder joint limited Muscles of arm & forearm feel wasted Biceps - Deltoid Fair power. Triceps - No power Supinator longus. Flexors & Extensors of wrist No " Adduction of thumb No power Opponens Pollicis Very little power Flexor of fingers & thumb " " " Complete wrist drop present. No Extension at wrist or fingers present. Wasting of thenar & hypothenar eminences - Complete loss of sensation in areas shown diagram Confusion of pain in forearm  Hand put in wrist Extension splint

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
OS. 15512	3/55137	Pte.	Alarie	O.

Year	Unit.	Age.	Service.
1918	87th Can Inf.	27	10/12

223 D.
Station and Date.

Disease G.S.W. Head & Lt. Shoulder

13/11/18
17.11.18

G.S.W. involving ~~Brachial~~ Brachial plexus (left)
Mort of arm limited - fract - by ~~Essued~~ Osseous
hand grasp. Transfer to Granville.

Captain,
Med. Off., Canadian Convalescent Hospital,
Bear Wood, Wokingham, Berks.

FILE

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

(6365) W2914/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

R/

CASE HISTORY SHEET.

Military - - - - - - - - Hospital. Ste. Anne de Bellevue - - Station.

No. 3155137 Rank Pte. Name Alarie O. Age 26

Unit D.D.#4 Completed years of service Where and how long } C. 3/12 E. 4/12 F. 2/12

Date of admission On leave (11-4-19) 28-4-19 Date of discharge 7-7-19

Diagnosis Lesion Musculo-Spiral and Ulnar Nerves. Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaints.

(1) Pain and stiffness in left hand.

(2) Occasional shortness of breath.

HISTORY: Enlisted Jan. 1918 in good health. Was a teamster and cabman in civil life. Arrived in England March 1918, and France Aug. 1918. Was wounded Sept. 1918 through left shoulder. Had wrist drop. Spit blood 4 or 5 times. Remained in hospital until return to Canada and admitted to Ste. Annes. -Small scar on top of head- No disability.

PRESENT CONDITION:

Patient is under nourished of average mentality. Height 5' 3½". Weight 119. Left arm is ½", Forearm is ¾" and wrist is ½" smaller than right. Bullet wound scar is 1½" below left clavicle 1" to the left of the mid-clavicular line. Posteriorly the scar is 1" below the spine of the scapulain the mid-line. No tenderness in either scar. There is a scar of incision running full length of clavicle and also from middle of clavicle to axillary fold. The latter is ½" wide and the union is rather blue and interlaced with fine venules. - He states that there is no pain except on forced raising of the arm. Elevation is 110°. All other movements are normal, at shoulder joint. - Movements at elbow are normal. Wrist A.G.F. is 45° A.F.E. is equal to that in Right. Lateral movements are very slight. Carpo metacarpal movements are practically normal in range but very slow.

FAMILY HISTORY P.T.O.

(Tuberculosis, mental or nervous diseases.) Negative.

TREATMENT Massage and Manipulations. Remedial Gymnastics.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Marked improvement. Movements nearly normal, though

(and disposal made of case.) still weak. Sensation only slightly impaired in little finger.---M.F.B. 227--

Date 28-6-19. [signature]
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
17[illegible]-39-439.

eg.426.

Fingers- Extension is about 45° in first 3 fingers and 40°in little finger. Flexion is limited about 1/3 in thumb and fingers. There is wasting of thumb muscles. He cannot touch thumb and little finger. Lumbricales are very weak. Hand clasp is very weak. Movements stiff. Triceps and muscles controlling movements of wrist are weak. Biceps, supinator and pronator are strong. Temperature of arm and hand is normal.

Sensation: Epicritic and protopathic are absent over little finger and ulnar side of ring finger. Otherwise normal.

Heart- Pulmonary 2nd sound is accentuated and accompanied by diastolic murmur. There is pulsation over scar and in both supra-clavicular fossæ- seen but not felt. Left radial pulse difficult to feel.

Lungs- Impaired resonance over wound area, and a few dry rales on forced breathing.

X'Ray- "Several localyzed densities.in roots of lungs (glands) No f.b.
(Signed) J.D.Morgan, Major.

G.U.System normal.

5-5-19- No change in condition.

7-5-19- Complains of chill and cough with headache. Temp. 102°. Marked dry rales throughout chest. No sputum. Poor appetite.

11-5-19- Temp. normal. Patient feeling well.

May 15th 1919-

Electrical reaction:

	Faradic
Triceps	Very slight response.
Supinator longus	Good
" brevis	Very slight "
Radial extern. long.	" " "
" " brevis	" " "
Extensor digit communi	" " "
Extensor indicis	Not obtained
" digiti minimi	" "
Abductor pollic. longus	" "
Extensor " "	" "
Ulnar extern.	" "
Abductor minimi digiti	Slight
Interossei	Slight

DIAG: Lesion of left ulnar and musculo spiral nerve in process of recovery.
(Sgd) "R. Michaud, Capt.

May 16th- ~~Feels well~~. Sleeps well. Coughs occasionally. Dry rales throughout chest. Weight 119 lbs.

May 26th- Week end from Sat. 17th. Returned Monday 26th. Says he was sick in bed 5 days while home.

31-5-19:- Continue treatment. Should like to see in weeks time.--

June 7th.,1919:- Pain in hand, not so frequent. Feeling well.
June 14th.,1919 Improving--no complaints other than weakness in left hand
June 18th.,1919:-Went A.W.L. to June 23rd.,A.M.
June 24th.,1919:-All voluntary movements of hand present but weak. Is fit for discharge---No further treatment required.
B.F.-- M.F.B. 227 for Wednesday.--

A.T.Mussen(Capt.)

CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.

No. 3155137 Rank Pte Name Alarie, O. Age 26

Unit DD # 4 Completed years of service Where and how long } C. 3/12 E. 11/12 F. 2/12

Date of admission (11-4-19) 28-4-19 Date of discharge 7-7-19

Diagnosis Lesion, Left Musculo-Spiral Nerve and Ulnar Nerves. Place of origin France 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE Complaints

① Pain and stiffness in left hand.
② Occasional shortness of breath.

History

Enlisted Jan. 1918 in good health. Was a teamster and cabman in civil life. Arrived in England March 1918, and France Aug. 1918.

Was wounded Sept 1918 through left shoulder. Had wrist drop. Spit blood 4 or 5 times. Remained in hospital until return to Canada and admitted to Ste Annes.

Small scar on top of head - no disability.

Present Condition

Patient is under nourished of average mentality. Height 5' 3½". Weight 119.

Left arm is ½" smaller, forearm is ¼" and wrist is ½" smaller than right. Bullet wound scar is 1¼" below left clavicle, 1" to the left of the mid-clavicular line. Posteriorly the scar is 1" below the spine of the scapula in the mid-line. No tenderness in either scar.

There is a scar of incision running full length of clavicle and also from middle of clavicle to axillary fold. The latter is ½" wide and the union is rather

FAMILY HISTORY (Negative)
(Tuberculosis, mental or nervous diseases.)

TREATMENT
(Especially any specific or special form.) Massage and manipulations (P.T.O.)
Remedial Gymnastics.

FILE

CONDITION ON DISCHARGE,
(and disposal made of case.) Marked improvement. Movements nearly normal though still weak. Sensation only slightly impaired in little finger. M.F.B. 227.

Date 25-6-19

J.H. Boone Capt.
Medical Officer i/c case.

M. F. B. 313a.
200M. - 5-18.
1772-39-439.

blue and interlaced with fine venules.
He states that there is no pain except on forced raising of the arm.
Elevation is ~~limited~~ 110°. All other movements are normal, at shoulder joint.
Movements at elbow are normal.
Wrist - A.S.F. is 45°. A.S.E is equal to that in Right.
Lateral movements are very slight.
Carpo-metacarpal movements are practically normal in range but very ~~weak~~ slow.

Fingers - Extension is about 45° in first 3 fingers and 40° in little finger.
Flexion is limited about ⅓ ~~of~~ in thumb and fingers.
There is wasting of thumb muscles.
He cannot touch thumb ~~to~~ little finger
Lumbricales are very weak.
Hand clasp is very weak. Movements stiff.
Triceps ~~muscles~~ and muscles controlling movements of wrist are weak.

Biceps, supinator and pronators are strong.
Temperature of arms and hand is normal.
Sensation - Epicritic and protopathic ~~and deep~~ is absent over little finger and ulnar side of ring finger.
Otherwise normal. See chart.

Heart - Pulmonary 2nd sound is accentuated and accompanied by diastolic murmur.
There is pulsation over scar and in both supra-clavicular fossae - seen but not felt.
Left radial pulse difficult to feel.
Lungs - Impaired resonance over wound area, and a few dry rales on forced breathing.
X-ray - "Several localized densities in roots of lungs (glands). No. T.B." J.D.M. Major.

4 M. D. 2nd Depot Battalion 2nd Quebec Regiment

Regtl. No 3155137

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

ORIGINAL

2ND DEPOT BN. 2nd QUEBEC REGT.

Sur. Add.

1. Surname..... Alarie
2. Christian name..... Onesime
3. Present address..... # 214 Beaudry St Montreal Q
4. Military Service Act letter and number..... 52016 DR
5. Date of birth..... 18 September 1891
6. Place of birth..... Montreal Que
   (town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... Roman Catholic
9. Trade or calling..... Cabman
10. Name of next-of-kin..... Mrs Marie Alarie
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... # 214 Beaudry St Montreal
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... No
15. Medical Examination under Military Service Act:—
    (a) Place Montreal Que (b) Date 3, 1, 18, (c) Category A 1

DECLARATION OF RECRUIT

I, A L A R I E Onesime, do solemnly declare that the above particulars refer to me, and are true.

Onesime Alarie (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs 3 mths.

Height 5 ft 31/2 ins.

Chest measurement: fully expanded 30 ins.; range of expansion 34 ins.

Complexion Med

Eyes Blue

Hair Fair

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

T Daly-Surgn Lt Col

O. C. 2nd Depot Btln.

2nd Quebec Regt.

Place Montreal Que Date January 3rd 1918.

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 2nd Depot Bn 2nd Quebec Regt

(2) Regimental Number 3155137

(3) Full Name of Soldier Alario Onesime

(4) Place of Birth Montreal Que

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife Nil

(b) Present Postal Address Nil

(7) Are you a widower ? No

(8) Have you any children ? Nil

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....Xxxxx No.....

If so, state name and address .....Nil.....

(10) Is your Mother alive ?.....NMrs Marie A;arie.....

If so, state name and address.....# 214 Beaudry St Montreal Que.....

.....

(11) If your Mother is a widow..... No.....

Are you her sole support, or not ?.....Nil.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....Nil.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....Nil.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....Nil.....

15) Are you insured ?.....No.....

If so, in what Company ?..Nil.....

Have you made arrangements for payment of your Insurance premiuNil.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

F Daly-Finigan Lieut.
.....
Officer Commanding.

Date Montreal Que..... Januari 3rd 1918,

Form R 122.
10287—65M—28-7-17.

Dft. 2nd Depot BN 2nd Que, REGT

LTR

Rank | Name ALARIE, Onezime | Reg'l No. 3155137

Unit | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal. Jan. 3rd.1918. | Place of Birth Montreal. Que.

Name and Address, Next-of-Kin Mrs Marie Alarie

214 Beaudry St. Montreal. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

N/E. R.B. No. ~~18546~~ 20777
File R.L.
M-UCANADA
Category

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.
5. 3		Arrived in England		4-3-18	S/S SAXONIA
5. 3. 18	10 Res	T.O.S. a. 2/8/03 16/8/18 due	Pr Witley	4. 3. 18	DO #57
9. 8. 18	"	S.O.S. to 23rd Res Bn	B'shott	8. 8. 18	DO 221 d/9.8.18 23 Res Bn DO 187
9. 8. 18	23 Res Bn	S.O.S. to 87th Bn o/s	"	8. 8. 18	DO 71 d/19.8.18 of 87th Bn DO 221
9. 9. 18	Q.R.	Wounded.	Field	3. 9. 18	Ch a #314
23. 9. 18	Q.R.D.	T.O.S. from 87th Bn	B'shott.	14. 9. 18.	DO #92 d/25.9.18 87th Bn DO. # 231.
4. 4. 19	QR	Invalid. to Can. 45 CGH Sailing List 74. MD 4.	Depot Pte	31. 3. 19	Ch "B" 489.
7. 4. 19	QRD	SOS to Canada MD. 4	Repon	31-3-19	DO 79

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

C.A.D.C. 5009A

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

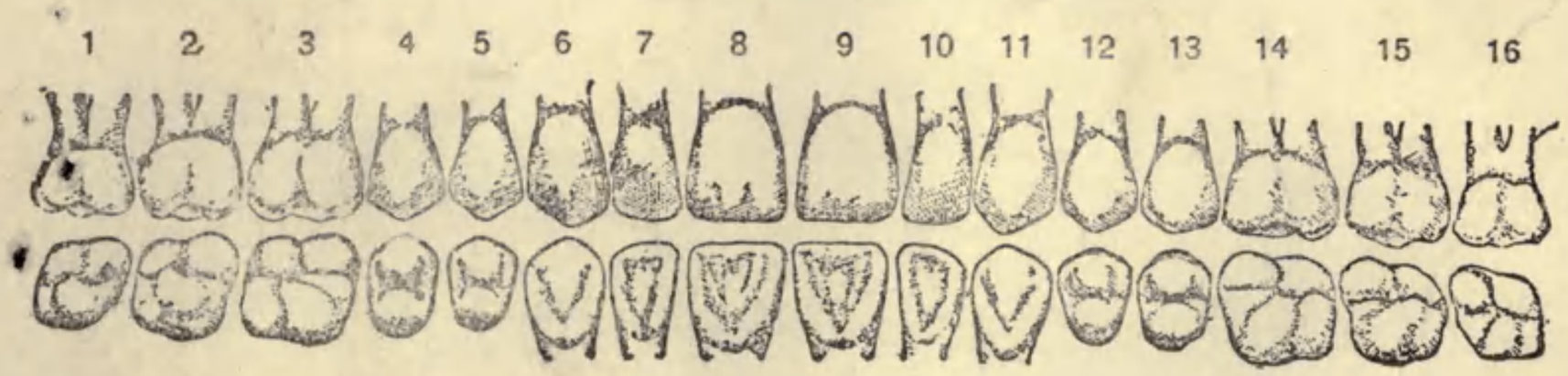
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ALARIE. O.

REGIMENT 87th Bn RANK Pte No. 3155137

Date of Examination in England Mar 11. 19 Date of Examination in France



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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

Signature of Dental Officer L. D Steele
Capt C.A.D.C.

Army Form B. 103.

Regimental Number 3155137

Casualty Form—Active Service.

Regiment or Corps Dft 2nd Depot Bn 2nd Quebec Rgt

Rank Pte Surname Alarie Christian Name Onezime

Religion R.C. Age on Enlistment ..... years ..... months.

Enlisted (a) 3.1.18 Terms of Service (a) ~~C E F~~ Dft Service reckons from (a) 3-1-18

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) Cabman

or Corps Trade and Rate .....

..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	Canada	18.2.18	
		Disembarked...	England	4.3.18	
5.3.18	O/C 10th Res Bn	T.O.S. on arriving from Canada	Witley	4.3.18	D.O.P II 57
9-8-18	O/C 10th Res. Bn	Transfer to 23rd Res. Bn on proceeding overseas.	B'shott	8-8-18	D.O.P II 187
		[signature]	Lieut Asst Adj 10th Res Bn		
9-8-18	23rd Can Res Bn.	Taken on Strength on Posting from 10th Res Bn Bramshott	8-8-18	Pt II DO	221
9-8-18	23rd Can Res Bn.	Posted to 8th Bn. do.	8-8-18	Pt II DO	221
		[signature]	Captain & Adjt 23rd Canadian Reserve Battalion		

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

CERTIFIED COPY ... 17 AUG. 1918 LONDON.

[M1101] W6185/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354. [P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				DO. No. 71 1918
10.8.18	C. I. B. D.	T. O. S. 87 TH BN ON ARRIVAL	FRANCE	10.8.18	N. R. A723
"	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	14.8.18	N. R.
15.8.18	C. C. R. C.	T. O. S.	"	15.8.18	N. R. A1255
17.8.18	C. C. R. C.	S. O. S. TO UNIT	"	17.8.18	N. R. D1391
24.8.18	UNIT	JOINED UNIT	"	18.8.18	B. 213
3.9.18	26 Genl	G S W Shldr & head	Adm	3.9.18	H 5198
14-9-18	"Princesse Elizabeth"	Invalided WOUNDED and posted to Quebec Regtl. Depot, Bramshott.		14-9-18	W.3083/6004 D.O.91/1918
					Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.
23.9.18	Q.R.D.	T.O.S. from 87th Bn	B'shott	14.9.18	D.O.231.
					for Major i/c Records, O.M.G.
12-4-19	MONTREAL	T.O.S.D.D.# 4	MONTREAL	31-3-19	D.O.PT.11.102-p-1
10-7-19.	S.O.S. Disch. Med. Unfit to ISC. RO.693		Montreal	8-7-19.	DD4/DO/Pt.11/191
					Captain, Officer i/c Discharge Section, District Depot No. 4.

401 946

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
War Service Records
JUN 21 1962
Referred to
Charged to

Ottawa Ont

To ● Copy for H.O. FILE

Date June 20/62

Attention of

NAME ALARIE, Onesime.

SERVICE NUMBER 3155137 CEF C.P.C. No. 141732 W.V.A. No. 54491

NAVY
ARMY x
R.C.A.F.

The DEPARTMENT has received information from

P.M.E. Montreal, P.Q. June 15/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death June 3/62
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
PAY
D.O.
H.O.

} Destroy form if advice of death already received.

for
Chief, Central Registry

DVA 24

NORTH LONDON
OR
UNIVERSITY COLLEGE HOSPITAL.

ELECTRO-THERAPEUTIC DEPARTMENT.

Patient's Name	Pte Onezime Alarie.	Date.	Ward.	Bed.	Out Patient's No.
Address	U. C.H.	25/9/15	11	6	
Clinical Diagnosis	Brachial plexus injury	Case sent by	Capt Raymond Johnson.		
Case sent for	Electrical reactions. (URGENT).				

Report
as to treatment
or Muscle testing,
etc.

No complete reaction to degeneration in any nerves of Brachial Plexus but a very large galvanic current required to obtain a contraction except in Flexors of Upper Arm & Deltoid. Muscles supplied by Median & Ulnar gave no response to Faradism.

Signature of Officer in Charge of the Department.....

B.E. (39)

*Name Alarie, Chas Rank Pte Regtl. No. 3155137

Original unit 2nd. QR Present unit DD#4 XX or S. Age 26 Religion rc Fyle Depot 19-A-270 Ref. H.Q.

Port, ship, and date of arrival Portland SS Essiquibo 31-3-19.

Next of kin (M) Mrs M.Alarie 219 Beaudry Street Montreal

Address on leave As Above

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation CabMan Date and place of enlistment 3-1-18. Montreal.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-4-19.	TOS.DD#4 31-3-19. from O/Seas posted to Hosp. Sec	
	Effective 11-4-19. Leave W./Sub till 28-4-19.	102-p-1.

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
7-7-19.	SOS. Hosp. Sec on trans. to Cas Co'y 7-7-19.	188-p.
10-7-19.	Discharged to I.S.C. 8-7-19. Me Unfit R.O. 693.	191.

M.F.W. 192
150M—5-18.
1772-39-1243.

D M S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Alarie	O.	315-5-137

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Que. Regt.	(87)		

HOSPITAL — DATE OF ADMISSION

26 Gen 1 Staples 3.9.18

1. Queen Alex Mil. Millbank HOSP. 14-9-18

2. Can Con. Bearwood. HOSP. 14.11.18.

3. 5 Can. Gen. Liverpool. HOSP. 5.3.19.

4. HOSP.

DIAGNOSIS

1. GSW Shldr & Head. L

2.

3.

DISPOSITION — DATE — REMARKS

L. 9.9.18 A314-S.

" 14-9-18 B323 ①

18.11.18 B344.3

12.3.19 B469 ①

4.4.19 - B469² Invalided to Canada 31.3.19. L

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

LEDGER No. 1966 SERIAL No. 37 Cy. 426

REG. No. 3155-137 NAME Alaric O

RANK Pte CORPS 4 DD AGE 26 SERVICE C 3/12 E 1/12 F 2/12

HOSPITALS	DATE OF ADMISSION
1 St Anne de Bellevue	11-4-19
2	
3	

OS DIAGNOSIS Lesion Musculo spiral & ulnar nerves GSW

TRANSFERRED TO

DISPOSITION unit 7-7-19 CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

HOSPITALS.	DATE.	DIAGNOSIS.

REMARKS:

LEDGER NO. _____ SERIAL NO. _____

REG. NO. 3155137 NAME Alarie O

RANK Pte. CORPS D.D.#4 AGE ____ SERVICE _____

	HOSPITALS	DATE OF ADMISSION
1	St. Anne de Bellevue Mil. Montreal	11-4-19
2		
3		

DIAGNOSIS G.S.W. Brachial Plexus Lt. Shoulder

TRANSFERRED TO _____

DISPOSITION Dis to unit 7-7-19 CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

Form R. 149.

Onezime

Name ALARIE Rank Pte. Reg. No. 3155137.

Unit 87 Bns.

Next of Kin Canada.

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.							
3-	9.	26. G. H. Staples	GSW Shlder & Head	A.	314	4302	382312
14.	9.	Queen Alexandra H.	Millbank	do	B323		26753
14.	11	C. C. Bearwood.		do	B 374		1182
9.3.	19	5th C. G. H. Kirkdale	GSW. Head & L. Shoulder		B469		8404
31-3-	19	Invalided to Canada Sh 74 MD 4	do		B479		8389

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A314.	26 Gen: Etaples	3-9-18	G.S.W. Shldr & Heel
B323.	Queen Alex Mil: Millbank	14-9-18	" " " " " Head
B373	Can. Conv: Bw. Wok	14-11-18	" " " " " "
B469	5 Can Gen Liverpool	9.3.19	- - - - - - -
B489	Invalided to Canada Sh 7 + MD 4	31.3.19	G.S.W. Head & L Shldr

REGT'L No. 3155137.

H. Q. FILE No. 649.

NAME Alarie, Onezime

RANK AND CORPS Pte. 87th Bn. Tom 2nd Que R. 2nd Dep Bn

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N of K.	Mrs Marie Alarie (Mother) 214 Beaudry St. Montreal Que.	
H 82-2 302.	11-9-18.	Adm. 26 Gen. H. Etaples Sept 3rd/18. GSW. Head. Shedr

L. L. 26438. M. & D. 8207.

M. F. W. 42–50M.—8-17.
H. Q. 1772-39-893.

Form DMS 1401.

A. & D. CARD

Can: Conval. Hospital ..... HOSPITAL.

Bear Wood. ..... AT

A. & D. No. OS 15512 ..... Pl. of Action .....

Rank Pte. ..... Reg. No. 3155137 ..... Unit 8th Can. Inf. ..... Sick or Wounded

Name Alarie O. ..... Age 27 ..... Religion R.C.

Place in Hospital 223 D.

Diagnosis G.S.W. Head and Rt. Shoulder

Admitted 13 NOV 1918 ..... From Q.A.H.

Discharged ..... To .....

Transferred 8 MAR 1919 ..... 405 Kirkdale, Liverpool

Service at Home 1/2 ..... In Field 1/2

Results .....

.....

.....

(See Document Card for M.H. Sheet and other Documents.)

L.P.T.O.

REMARKS.

Ser Grant 31

Occ ?

Dio F

Army Form B. 122.

No. 3151737 Name Clarie O. 242 Sqn., Batty., or Company "E" Corps 10th Can Res. Bn. Date of enlistment 3-1-18 G.C. Badges Nil Service or Proficiency Pay Nil

Date of last entry in Company Conduct Sheet Nil No. and date of last drunk Nil Period not reckoning towards freedom from extra fine Nil Sheet No. Signature O.C. Company, etc. R. G. Marion Capt. Character Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				To England - Wounded - 14/9/18 - (Part II Orders 92 - 25/9/18)					
				[illegible]	Lt. - A/Adjutant				
					89th - Bn Canadian Inf.				

[P.T.O.

[M3971] 2359/P568 2500m 12/17sv 313 G & S **E2237** Forms B/122/5.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	Attestation Paper or Particulars of Recruit	Militia Form	W. 23
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a		"	W. 133
or Field Conduct Sheet	"	W. 178	Proceedings on Discharge	"	B. 218
Copies of Convictions, by C. P.		in MS.			
Med. Hist. Sheet,	Militia form	B. 313			
Casualty Form	"	W. 54			
Medical Report for Invalid§	"	B. 227			
Dental History Sheet	"	B. 465			
Last Pay Certificate	"	W. 44			
Duplicate Discharge Certificate	"	W. 39A			
‡Form of Will	"	W. 82			

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

WAR SERVICE BADGE Class "A" No 392358 ISSUED

WAR SERVICE BADGE Class "B" No 64570 ISSUED

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 3155137

Rank Pte

Surname ALARIE,

Christian name Onesime

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2-2 Q.R.

Date of discharge July 8-19

Place of discharge MONTREAL, QUE.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years ... months.	Descriptive marks
Height 5 feet 3½ inches.	
Complexion Medium	Large red scar left
Eyes Blue	shoulder, anteriorly.
Hair Fair	(GSW ~~left shoulder~~)
Trade Cabman	(3-9-18)
Intended place of residence (To be given as fully as practicable.)	214 Beaudry St MONTREAL. QUE.

2. The above-named man is discharged in consequence of

~~R.O. 1420 & R.O. 1894 ON DEMOB. MEDICALLY UNFIT FOR~~

R.O. 693 . MEDICALLY UNFIT TO I.S.C.

Authority for discharge .....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

MILITARY DISTRICT No. 4 JUL 22 1919

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) MONTREAL, QUE. Onezime Alarie *(Signature of Soldier.)*

JUL 8 1919

(Date)..... A. T. Halley B/m *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) MONTREAL, QUE.

JUL 8 1919

(Date).....

(Signature)..... Captain,

Officer i/c Discharge Section, District Depot No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

Onezime Alarie

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (it any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document, The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Montreal

1

This space to be left blank for the Chelsea Number.

H53

Army Form B. 268.

4

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 315534 Army Rank Private.

Name Blair D

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Quebec. Regt. C.E. 15th Sept. 18. 8th August 18.

Battalion, Battery, Company, Depôt, &c. B. & 4th. Battalion.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge

Place of discharge Canada.

1. *Description at the time of discharge.*

Age years months

Height feet inches

Chest measurement { girth when fully expanded ins. / range of expansion ins.

Complexion

Eyes

Hair

Trade

Intended place of residence (To be given as fully as practicable)

Descriptive marks.

Scar on left shoulder.

A170

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Being no longer physically fit for War Service. K.R. & O. XVI. 392.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
A4502 Wt. W17176 M291 500,000 2.16 Sch.3) Forms B. 268 40

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class_____

6. Campaigns, Medals and Decorations

_____
_____
_____
_____
_____

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place)_____ _____

(Date)_____ *Commanding*_____*Battn.*_____*Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(*Place*)_____ _____(*Signature of Soldier.*)

(*Date*)_____ _____(*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____(*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to_____(the date to which the record of service is completed)_____years_____days.

Further service „ „ _____(the date of confirmation of discharge) ... ..._____ „ _____ „

Total ..._____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place)_____

Signature_____

(Date)_____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	Unfit for Service.
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes . To S.C.R. for further treatment.

Galvanism and Massage.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Sgd. A.T. Mussen. Capt. *President.*

PLACE Ste. Anne de Bellevue. Hosp. A.A. Robertson. Capt. } Members

DATE June 28-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE Kenneth Cameron. Capt. } Members

DATE July 3rd. 1919. M.D. No. 4.

APPROVED BY *Assistant Director of Medical Services.*

DATE.....

APPROVED BY *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

FILED

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ste.Anne de Bellevue DATE 22-6-19.

1. 1 (*a*) Unit D.D. No. 4. (*b*) Regimental No. 3155137 (*c*) Rank Private.

(*d*) Surname ALARIE (*e*) Christian name Onesime.

(*f*) Home address 214 Beaudry St., Montreal Que.

(*g*) Next of Kin Mrs. Mary Alarie. (*h*) Relationship Mother.

(*i*) Address of Next of Kin same

2. Age last birthday 27 Date of birth Sept. 18th. 1891.

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date 3rd. Jan. 1918.

4. Personal description:

(*a*) Height 5'3½" (*b*) Weight 113 (stripped) (*c*) Complexion Medium

(*d*) Colour of hair Black. (*e*) Colour of eyes Brown. (*f*) Identification marks, Scars, etc. Large red scar left shoulder anteriorly.

5. Former trade or occupation Cabman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days	Periods From	Periods To
Patient 's statements.			Jan. 1918.	March 1918.
Canada 2nd. Quebec.			April 1919	Date
England 87th. Batt.,			March 1918	Aug. 1918
France or other theatres of War 87th. Batt.			Sept. 1918 Aug. 1918	April 1919 Sept. 1918.

7. Original disease, or injury G.S.W. left shoulder with injury to Brachial Plexus.

(*a*) Date of origin Sept. 1918. (*b*) Place of origin France.

(*c*) Cause Active Service Conditions.

M. F. B. 227.
400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

G.S.W. left shoulder with impairment in movement of hand and shoulder impaiment insensation of little finger and muscular wasting and weakness in whole arm.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Is a pooly developed undernourished man. There is a very faint bullet scar just below the clavilce to the left of mid-clavicular line anteriorly and posteriorly just below spine of scapula. Non adherent, not painful Large red scar of incision running from mid-clavicle to anterior axillary fold. Exam. of arm shows muscular weakness at shoulder, elbow wrist and hand. Circumference of arm and fore-arm is 1/2" and of wrist is ¼" smaller than on opposite side. There is marked strophy of thumb muscles and interussed. Hand measures ¼" smaller that right. Movements:- at shoulder very slight restriction in elevation with pulling on scar; at elbow-normal at wrist-lateral movements are stiff and limited. otherwise normal-Hand Cannot touch little finger with thumb- Slight restriction in active movementsof index and little fingers in making a fisrt. Hand clasp is about 1/2 of right. He says his arm is free from pain, that is is only weak. The left

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No — Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

Radical pulse id difficult to feel (Since injury he says) X'Ray shows no foreing body (8-5-19) Sensation, normal except on dorsal and palmer surfaces of little finger where it is slightly impaired.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Emlisted Jan. 1918. Wounded at Arras Sept. 2nd. 1918. Operated on Overseass documents states he had complete wrist-drop. There was no wrist-drop present on admission to Ste. Annes 28-4-19, but loss of sensation of little finger, and marked limitation of movements of Shoulder, wrist and fingers. There has been marked improment in all movements, and sensation. Overseass documents state that there was bulging and pulsation in anterior wound. None present this date, X'Ray of lungs (8-5-19) negative. except for localized densities at roots of lungs (glands).

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Bronchitis May 1919. Recovered. In bed 8 days.

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

Scar right temple (11 yrs ago.) Svar left forearm childhood.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Should improve during 10 month.

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

Message and Electrical Extension splint Overseas. Message, Galvanism Manipulation, Remedical Gym in Canada. Total Hospitalisation since Sept. 2-1918.

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

No there has been marked impromant since admission 28-4-19.

16. Can the former trade or occupation be resumed? Yes, he can drive a cab.
(If not, briefly state why)

17. Recommendations

That he be discharged.

(Sgd) F. Coore. Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Man have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Onesime Alarie. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No.)	
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)	Unfit for
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	service
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)	

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) ~~Does not require treatment;~~
(*c*) ~~Should pass under his own control~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Yes. To S.C.R. for further treatment-
Galvanism & Massage.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

A. T. Meunier Capt. *President.*
A. Robertson Capt.
A. Robertson Capt. } Members

PLACE Ste. Anne de B.M. Hosp.

DATE June 28/19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

} Members

APPROVED BY

FOR Assistant Director of Medical Services.

DATE JUL 8 1919 M. D. No. 4

APPROVED BY

Director-General of Medical Services.

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Ste. Anne de Bellevue DATE 27/6/19

1. 1 (*a*) Unit D.D. 4. (*b*) Regimental No. 3155137 (*c*) Rank Private

(*d*) Surname ALARIE (*e*) Christian name Onesime

(*f*) Home address 214 Beaudry St., Montreal, P.Q.

(*g*) Next of Kin Mrs. Mary Alarie (*h*) Relationship Mother

(*i*) Address of Next of Kin same

2. Age last birthday 27 Date of birth 18th Sept. 1891

3. Enlistment, ~~Appointment~~ (*a*) Place Montreal (*b*) Date 3rd Jan. 1918

4. Personal description:

(*a*) Height 5' 3 1/2" (*b*) Weight 113 (stripped) (*c*) Complexion Medium

(*d*) Colour of hair Black (*e*) Colour of eyes Brown (*f*) Identification marks, Scars, etc.

Large red scar left shoulder anteriorly.

5. Former trade or occupation Cabman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
Patient 's statements	From	To
	Jan. 1918	March 1918
	April 1919	Date
Canada 2nd Quebec	March 1918	Aug. 1918
England 87th Batt.	Sept. 1918	April 1919.
France or other theatres of War 87th Batt.	Aug. 1918	Sept. 1918.

7. Original disease, or injury G.S.W. Left Shoulder with injury to Brachial Plexus.

(*a*) Date of origin Sept. 1918 (*b*) Place of origin France

(*c*) Cause Active Service Conditions.

M. F. B. 227.
400m—11-18.
[1772-39-117.

50-1

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

G.S.W. left shoulder with impairment in movement of hand and shoulder, impairment in sensation of little finger and muscular wasting and weakness in whole arm.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Is a poorly developed undernourished man. There is a very faint bullet scar just below the clavicle to the left of mid-clavicular line anteriorly, and posteriorly just below spine of scapula. Non adherent, not painful. Large red scar of incision running from mid-clavicle to anterior axillary fold. Exam. of arm shows muscular weakness at shoulder, elbow, wrist, and hand. Circumference of arm and fore-arm is 1/2" and of wrist is ¼" smaller than on opposite side. There is marked atrophy of thumb muscles and interossei. Hand measures ¾" smaller than right. Movements:- At shoulder, very slight restriction in elevation with pulling on scar; at elbow-normal-at wrist-lateral movements are stiff and limited, otherwise normal-Hand- Cannot touch little finger with thumb- Slight restriction in active movements of index and little fingers in making a fist. Hand clasp is about 1/2 of right. He says his arm is free from pain, that it is only weak. The left radial pulse is difficult to feel (since injury he says). X'Ray shows no

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? ///
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System...No... Cardio-Vascular System...No... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System...No... (Albumen and Sugar will be excluded.)

Special Senses... Respiratory System...No... Integumentary System...No...

Disturbances of Mentality...No... Digestive System...No... Muscular System...No...

Osseous and Joint Systems...No... Any other general condition...No...

///

foreign body (8-5-19)-Sensation, normal, except on dorsal and palmar surfaces of little finger where it is slightly impaired.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Enlisted Jan. 1918/. Wounded at Arras Sept. 2nd 1918. Operated on. Overseas documents state he had complete wrist-drop. There was no wrist-drop present on admission to Ste. Annes 28-4-19, but loss of sensation of little finger, and marked limitation of movements of shoulder, wrist and fingers. There has been marked improvement in all movements, and sensation. Overseas documents state that there was bulging and pulsation in anterior wound. None present this date. X'Ray of lungs (8-5-19) negative, except for localized densities at roots of lungs (glands).

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Bronchitis May 1919. Recovered. In bed 8 days.

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

Scar right temple (11 yrs ago)- Scar left fore-arm-childhood.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment?...No.
The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Should improve during 10 months.

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

Massage - Electrical Extension splint Overseas. -Massage, Galvanism, Manipulations. Remedial Gym. in Canada. Total Hospitalization since Sept, 2-18.

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

No. There has been marked improvement since admission 28-4-19.

16. Can the former trade or occupation be resumed? Yes, he can drive a cab.
(If not, briefly state why)

17. Recommendations...

That he be discharged.

...
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned... have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of...nothing.

...Rank.
Signature of invalid examined.

A.T.M.

PART I. (continued).

5. MEDICAL HISTORY. Enlisted Jan 2nd/1916 - came to England March 1916
Amt to France Aug 8/16 Wounded [illegible] France, Left Sept
12th/18 contd G.S.W. Shoulder
Imperial, Colchester Hosp. 14/9/18 - 13/11/18 G.S.W. Shoulder - Left Hospital to
Depot Chelmsford region. Wound healed. Slight Kathyplegia & Clawing
working digits to ulnar dist. Complete wrist drop
Firm claw shut - L. arm movements
abduction limited to less than a rt. angle - rotation movements
at shoulder joint limited - Muscles of arm & forearm pulverised
Biceps - deltoid - fair power - Triceps - no power
Supinator longus. Flexor extensors of wrist no power

Bearwood. E.E. Hosp. - 13/11/18 — massage & Electrical treat.

6. PRESENT CONDITION. General Condition fairly good.
Reflexes, Sytem - negative
Movements at shoulder joint all limited. Partial loss of
power of muscles of shoulder. Inability to extend forearm
Flexion of forearm but loss of power (partial) of biceps.
Wrist drop - can pronate & supinate hand but power not
strong. Loss of power of muscles of hand quite marked
Loss of sensation over ulnar surface of hand including
whole finger & half of the ring finger.
Electrical reactions - 23/9/18.
No complete reactions to degeneration in any nerves of Brachial plexus
but a very large galvanic current is required to obtain a contra
nocturn except in the flexors of upper arm & deltoid. Muscles supplied
by median & Ulnar gave no response to Faradism.
Fuller report - Muscles Spinal Nerve, muscles supplied about to
prodrom & Galvanism, but large current required no R.D.
Ulnar - no response to either faradism or galvanism.

7. OPERATION. (i.) Was one performed? Yes (ii.) If so, state what. —
(iii.) Was one advised and declined? No.

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No
(ii.) If so, describe. NA

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) No. (b) Invalid to Canada? Yes
(c) Discharge from the Service as permanently unfit? No.

Date of Report Dec. 9 1918. Signed J. Sinclair Lt Colonel
Officer in medical charge of case.
Station Bearwood.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except
Officer i/c Hospital (S.M.O. Brigade) Strike out one of these
Dated at Station, on 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? If not, describe it. Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. Yes

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? No — Aggravated? No
(b) Misconduct of the Soldier — Caused? No — Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3).* *Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permancency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration *(in months)*?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed?

18. REMARKS:— Case has been reported on a
Five a history of Shooting about after
being wounded [illegible] to Bearwood
at present - No [illegible]

19. RECOMMENDATION:—
(a) Fit for duty? (state category) No (b) Invalid to Canada? Yes
(c) Discharge from Service as permanently unfit? Yes.

Date of Board Dec 13th 1918
Signatures of the Board: [illegible] President.
[illegible] Capt RAMC
Station Bearwood

Approved [illegible] A.D.M.S.
Dated at Station 191

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.343

Reserved for M.H.C.

Regt. No. 3155137 Rank Pte Surname ALARIE Christian Name O.

Unit or Corps—(a) Overseas from United Kingdom 87th Bn (b) in United Kingdom 10th Res.

Born at—Town MONTREAL County or Province QUE Country CANADA.

Date of Birth—Day 18th Month September Year 1892 Age 26 yrs 2 months.

Joined at MONTREAL - QUE. Date 3 Jan 1918.

Former trade or occupation TEAMSTER

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 4 Colour of eyes Grey

Signature of Soldier *(for identification purposes)* Onezime Alarie

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a): INJURY TO BRACHIAL PLEXUS & Shoulder Left Side.

Disabilities Group (b): NA

Disabilities Group (c): NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	G.S. Wound.	France	1918
(ii.) As to Group (b) above.	NA	NA	NA.
(iii.) As to Group (c) above.	NA	NA	NA

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i.) As to Group (a) above ? No If yes, has Active Service aggravated it ? NA

(ii.) As to Group (b) above ? NA If yes, has Active Service aggravated it ? NA

(iii.) As to Group (c) above ? NA If yes, has Active Service aggravated it ? NA

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i.) As to Group (a) above ? Yes

(ii.) As to Group (b) above ? NA

(iii.) As to Group (c) above ? NA

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.6.18.	EFFECTIVE DATE:-
AMOUNT:- 15⁰⁰	AMOUNT:-

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

Mrs. Marie Alarie Mother
214 Bleidry St.
Montreal P.Q.
Stopped Eff 1.2.1919

NAME:- ALARIE Onésime

NUMBER:- 3155137

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Depot Bn

DATE ACCOUNT FIRST OPENED:- 1/2/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2nd ORD
71 19/8	1.9.18		87 Bn

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
~~30/12~~	~~2206~~	~~Bearwood~~	~~48 67~~				
"Cr" ~~1 Jun to 30/6/18 to 11/11/19 12 Days~~			~~8 76~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSIS'CE ALL'CE
	1 00	10		

A/c to Canada 31/1/19 Ext 71 19/8 13a/73 31/12/18 Bearwood. Cr Bal $ 128 29
Deferred Pay $ 52 50 Ledger Bal $ 168 16

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Forwd								57 60	22 50	
April	P Pay	33 00		AR 29 10th Res Bn 12/1/18	4 87				~~9060~~ 8573	~~37 50~~	
				" 118 " 24.4.18	4 87				8086	37 50	
		33			9 74						
May	PP.	34 10		" 308 " 15.5.18	4 87				110 09		
				" 321 " 23.5.18	29 20				8089	52	
		34 10			34 07						
JUN	PP	33		ap.				15			
				AR 467 " 13.6.18	4 87				9402		
				" 600 " 26.6.18	4 87				89 15	52	
		33			9 74			15			
Jul				ap.				15			
	P.P.			AR 747 10 Res. 15-7-18	4 87				6928		
		34 10							10338		
				" 876 " 26.7.18	7 30				9608	52	
		34 10			12 17			15			
Aug	PP.	34 10		ap.				15			
				AR 997 " 10.8.18	4 87				11031		
				" 613 11th C.D.Bde 27.8.18	3 57				10674	52	
		34 10			8 44			15			
Sep.	PP.	33		ap.				15	12474		Accounts Rejected 7/11/19
		33						15	19	52	
Oct	PP	34 10		ap				15	14384		
		34 10						15			

J. McLaurin
Adjt Quinze

1918

NUMBER 3155137 RANK Pte NAME Alarie O.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS		DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bd fwd									143 84	52 50	
Nov	PP	33		CP					15	161 84		
				1/ CR. Book 54860	7-11-18	4 87				156 97		
				10/ CR 9654. CCEH WAR.	18-11-18	9 73				147 24		
				53/ " 899 "	11-12-18	9 73				137 51		
				43/ HR 42686 University Boat Grosvenor St W C1.	15-10-18	9 73						
Dec	Jan PP	68 20		CP					30	168 18	52 50	
	Int on Defd Pay 31/1/19	2 20										
		103 40				34 06			45			
Feb.	SF 30-12-18 - 11-1-19. 20 1 ARD 2-1-19. 12 days	8 76								176 94		
				3/ AR 2206 CCEH WAR.	30-12-18	48 67				128 27		
				42/ AR 3454 XPC End.	4-2-19	9 73 5 84 40				118 54		
				135/ " P455 End. "	11-3-19	4 87				113 67		
		8 76				63 27						
				1/ 1433 End. 5 CEH.	25-3-19	4 87				108 80		
						4 87						

L P C.

So Sth Canada 31/3/19 £8 7 4.

Date of Enlistment 3-1-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

A 1036

Date of Assignment 1 June 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

62503 x 50

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Depot 2nd Quebec

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.MARIE ALARIE,
214 BEAUDRY ST.,
MONTREAL,QUE. 15 15.00

2 % 3155137 ONEZIME ALARIE

3 FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
June	B 13836		15	15	C
July	Y 26798		15	15	D
Aug	A 29277		15	15	C
Sept	A 35902		15	15	D
OCT	A 42540		15	15	C
NOV	A 50638		15	15	C
DEC	B 62814		15	15	C
JAN	B 70046		15	15	C
FEB	A 77154		15	15	C
MAR	D 82920		15	15	C
APR	C 655		15	15	C
			165	165	

Tyle 168-0-5 N.R703

REMARKS

(90161)

AUDITED.

A/c Closed 30/4/19.
Ret'd per Essequibo
Date 10/4/19 M.F.W.187 17/4/19.
Clerk MD 4 J Collins

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

AUTHORITY FOR NEW ACCT. 2 M-19 Apr 18
R. Garry 10-6-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Enlistment

RATE OF SEPARATION ALLOWANCE

Date of Assignment

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. 22320—M. & D. 7934.

A311

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 3155137 RANK Pte NAME (IN FULL) ALARIE Onesime (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID N.I — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	31-3-19	D0102 P.1
Pointe L. Hosp Secy.	11.4.19	D0102 P.1
AWOL forfeits 6 days Pay	18-6-19 / 23-6-19	AO 1994 P.4
S.O.S. 22C	9-7-19	auth Ottawa 15-7-19
101	8-9-19	✓ ✓ 11.9.19

ORIGINAL UNIT C.E.F. 2nd Q.R.

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Montreal — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 3-1-18 — TRANSFERRED TO o/s France — DATE — AUTHORITY

ASSIGNED PAY $ 15-00 — DATE EFFECTIVE 1-5-19

PAYABLE TO Mrs M. Alarie — RELATIONSHIP Mother

ADDRESS 214 Beaudry Montreal

ANY CHANGE IN ASSIGNEE OR ADDRESS: Mrs M. Alarie 214 Beaudry St Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 8-7-19 — REASON SOS 4-19-A270 — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. NO. 4 — APR 2 1919 — DEMOBILIZATION — PAY DIVISION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3	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.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
							128	27	128	27																										128	27	ESSEQUIBO. Bal C.R. Pte L. P.C. 31/12/19. 128 27
1-2-19	59	1/10	64	90					64	90	6785 11/5/19 6845 9/7/19 6933		Court C.M.				9/13 4/87		500	50 00			45 00								119	47					73	70	45 2 A.P. 2/2/19 = 31/1/19.
																																					14 25 1875 Sub All 7/1/19 - 31/1/19 D0102 P1
April	30	1/10	33	00	14	40			47	40																										121	10	15 00 A.P. 1 day 1-4-19 = 31-3-19 Corrected
May	31	1/10	34	10					34	10																										155	20	
June	30	1/10	33	00					33	00													30 00				6	60			36	60				151	60	15 00 A.P. 1 day 1-6-19 Sub All 7/1/19 - 30/6/19 D0102 P1
July	8	1/10	8	80	35	00	70	00	113	80							265	40													265	40					60 forfeits 6 days pay A.O. 1994/19 K Pay cancelled A.P. 9/7/19
					265	40			265	40							160	40	35	00					70	00					265	40					686.87

686 87

	Other Credits	W.S.G.	S.A.	Total
	280	00		280 00

War Service Gratuity

	Other Charges	W.S.G.	S.A.	Total	Balance Soldier	Balance Dependant
	70	00		70 00	210 00	
19/9/19	140	00		140 00	70 00	
8/10/19	70			70		
				280 =		

15 34 7220 13

16 34 8870

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.

FORM P.
8245-150:659
10M.-7/5/17

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Montreal

NAME OF NEXT OF KIN: Mrs Mary Alarie RELATIONSHIP: Mother

ADDRESS: 214 Beaudry St Montreal

NAME OF NEXT OF KIN: RELATIONSHIP:

ADDRESS:

APPOINTMENTS. PROMOTIONS AND REVERSIONS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY $	EFFECTIVE (DATE)	STOPPED EFFECTIVE (DATE
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
SEPARATION ALLOWANCE MONTHLY $	EFFECTIVE (DATE)	STOPPED EFFECTIVE (DATE)
PAYABLE TO		REASON
	RELATIONSHIP	AUTHORITY
AUTHORITY FOR ISSUE		REMARKS
NEW PAYBOOK ISSUED		NEW PAYBOOK ISSUED

REG'L NO. 3155137 RANK Private NAME Alarie Onésime

PLACE OF ATTESTATION Montreal 3-1-18 DATE OF ATTESTATION ORIGINAL UNIT 2nd Quebec Regt

PRESENT UNIT 10th Canadian Res Bn

ASSIGNED PAY

	(1)			(1)
PER MONTH $	DATE EFFECTIVE	AUTHY.		STOPPED EFFECTIVE
PAYABLE TO				CAUSE
	RELATIONSHIP			DATE A3M FORMS REND.
	(2)			(2)
PER MONTH $	DATE EFFECTIVE	AUTHY.		STOPPED EFFECTIVE
PAYABLE TO				CAUSE
	RELATIONSHIP			DATE A3M FORMS REND.
	(3)			(3)
PER MONTH $	DATE EFFECTIVE	AUTHY.		STOPPED EFFECTIVE
PAYABLE TO				CAUSE
	RELATIONSHIP			DATE A3M FORMS REND
	(4)			(4)
PER MONTH $	DATE EFFECTIVE	AUTHY		STOPPED EFFECTIVE
PAYABLE TO				CAUSE
	RELATIONSHIP			DATE A3M FORMS REND.
DISCHARGE DATE AND PLACE				ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE
REASON AND AUTHORITY				ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

PERIOD FROM	PERIOD TO	PAY AND FIELD allowance No. OF DAYS	PAY AND FIELD ALLOWANCE RATE	PAY AND FIELD ALLOWANCE $ c.	WORKING PAY No OF DAYS	WORKING PAY RATE	WORKING PAY $ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	BALANCE CARRIED FORWARD DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	NUMBER OF ACQUITTANCE ROLLS 2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
MONTH	PARTICULARS	CR. 1			CR. 2			PARTICULARS				DR. 1			DR. 2		DR. 3		DR. 4		BALANCE				
15-2-18																									
March 16/2	31/3	48	40																						
								AR 216	10 Rec	11/3/18		2	43												
								AR 1208	"	18/3/18		4	87												
		48	40									7	30												

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	NO. OF DAYS	RATE	$ C.	NO. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		