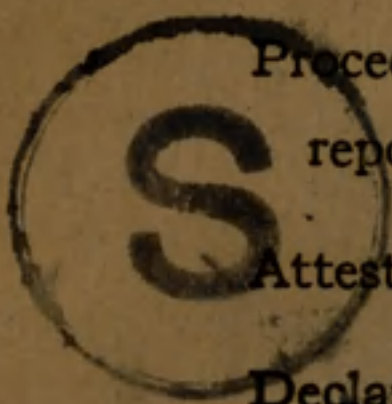


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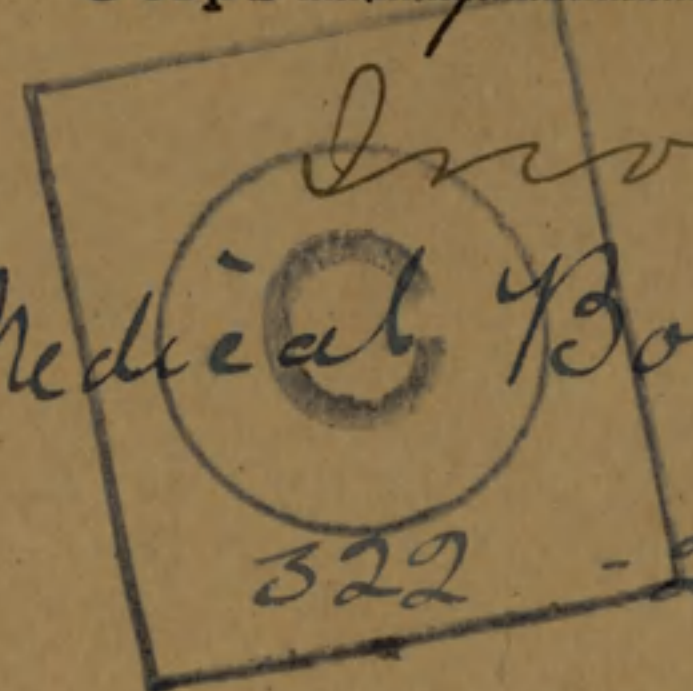
R. O. No.
H. Q. No.

DISCHARGE DOCUMENTS



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers *2*.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet *1*.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge *1*.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet *1 sent to BPL 16.3.18. Ptd*.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *Amyot Fancière*
 Regt. No. *F 56199* Rank *Private*
 Corps *178th Bn. C. C. F.*



Invalide
Medical Board. 5-5-16 St. Hyacinthe
322 - 2 - c. H. R. + 0.



P.L. 1

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CORPS

REG'T NO. RANK

NAME

DISCHARGE DOCUMENTS

REG'T NO

RANK



Original

PIÈCE D'ATTESTATION.

No. 856198

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille? Amyot
1a. Quels sont vos noms de baptême? Juvénile
1b. Quelle est votre présente adresse? 30 rue Tête, St. Hyacinthe
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né? St. Hyacinthe
3. Quel est le nom de votre plus proche parent? M. Pierre Robitaille
4. Quelle est l'adresse de votre plus proche parent? 30 rue Tête, St. Hyacinthe
4a. Quel est votre degré de parenté avec icelui? Beau-père
5. Quelle est la date de votre naissance? 12 septembre 91
6. Quel est votre métier ou profession? Charretier
7. Êtes-vous marié? Non
8. Consentez-vous à être vacciné ou revacciné et inoculé? Oui
9. Faites-vous déjà partie de la Milice active? Non
10. Avez-vous déjà fait du service militaire? Oui
11. Comprenez-vous bien la nature et les termes de votre engagement? Oui
12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer? Oui

DÉCLARATION REQUISE DU SUJET

Je, Juvénile Amyot déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le Corps Expéditionnaire Canadien d'outre-mer et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Juvénile Amyot (Signature de la Recrue)

Date 30 Mars 1916. A. Beauchemin Capt (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Juvénile Amyot prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Juvénile Amyot (Signature de la Recrue)

Date 30 Mars 1916. A. Beauchemin Capt (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités prévues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma

présence, à St. Hyacinthe le 30 Mars jour de 1916.

Ed. Fenouillet (Signature du Juge)

Handwritten initials

Signalement de Tancrède Amyot à l'Enrolement

Age apparent 24 ans 9 mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille 5 pieds 7 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 38 pouces
 Marge d'expansion 4 pouces

Teint Blanc

Yeux Brun

Chevelure Noir

Confession religieuse { Anglican.....
 Presbytérien.....
 Méthodiste.....
 Baptiste ou Congregationaliste.....
 Catholique Romain..... oui
 Juif.....
 Autres dénominations.....
(Indiquer laquelle)

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* valide pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date 30 mars 1916 G. A. Lapierre, Cap.

Lieu St. Hyacinthe A. M. C.
 Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

.....

CERTIFICAT DE L'OFFICIER COMMANDANT

Tancrède Amyot ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... (Signature de l'officier.)

Date 30 mars 1916.

McCard C.R. 482



MEDICAL HISTORY SHEET.

Surname *Augot* Christian Name *Fauride*

Examined { on *30th* day of *March* 191*6*
 at *St. Hyacinthe*
 Birthplace { City or Town *St. Hyacinthe*
 County *St. Hyacinthe*

Approved by *G. G. Squire, M.D.*
 Rank *Capt.* M.O.

Apparent age *24*
 Trade or occupation *Charretier*
 Height *5* Feet *7 1/2* Inches.
 Weight *152* Lbs.
 Chest measurement { Minimum *34* inches.
 Maximum expansion *38* inches.

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

Physical development *Good*
 Small-Pox Marks *None*
 Vaccination Marks { Arm Right *1* Left *1*
 Number *2*

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last *About 6 years*
 (a) Marks indicating congenital peculiarities or previous disease *None*

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

(b) Slight defects but not sufficient to cause rejection *None*

Enlisted on *30th* day of *March* 191*6* at *St. Hyacinthe*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>178th Batt. CEF</i>	<i>856198</i>		<i>30/3/16</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>St. Hyacinthe</i>	<i>May 5th 1916</i>	<i>Defective vision</i> <i>C. Church Cap. am. C.</i>	<i>Discharged</i> <i>May 5th 1916</i>

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

No. 556198

RANK

Pte

NAME

Amyot, Tancrede

T. O. S. 30-3-16

UNIT

178 th. Battalion, (607)

DD-49 of 2-4-16

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar. 30 May 1	1916 Apr. 30. ✓ May 6 ✓		Dis chgd 6-5-16 M. U.	RD. 84. of 13-5-16
			a/c. closed by payment.	

MEDICAL HISTORY OF AN INVALID.

1. Station. *St Hyacinthe* 8. General remarks on his:—
 2. Regiment or Corps. *178th* (a) Conduct. *good*
 3. Regimental No. and Rank. *856198 Pte* (b) Habits. *good*
 4. Name. *Amoyot Tevere de* (c) Temperance. *good*
 5. Age last Birthday. *25th* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *30th March 1916*
 at *St Hyacinthe*
 7. Former Trade or Occupation. *Carbi* Date. *May 5th 1916*

MILITARY SERVICE
 JUN 10 1916
 CANADA

9. Service. Years. *10 Days.*

PERIODS.

FROM. TO.

84th
178th - C.F. *1906* *1909*
April 28 - 16 *May 5 - 16*

10. (a) Disease or disability. *Defective Vision*
 (b) Date of origin. *For some years*
 (c) Place of origin. *St-Hyacinthe*
 (d) Cause. *Myopia Congenital*

11. Present Condition. (Most Important) *Defective Vision*
 (To include full description of present disabling condition or conditions.)

Ri. Eye 5/200
Li. Eye 5/200

12. (a) Is the disability the result of service or climate? *no*
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted. Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

H. G. 1772-39-117.

Station *St Hyacinthe Pte*
 Corps *178th C.F.*
 Regimental No. *856198* Rank *Private*
 Name *Amoyot Tevere de*
 Disability *Defective Vision*
 Date *May 5th 1916*
 Hospital or Station transferred to for final disposal. }
 Date of final disposal }
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Several deep scars on both sides of the neck

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14. Treatment

nil

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

Not at all

18. State if for discharge on account of unfitness for Service.

Unfit for military service

Does the Board concur with the preceding report? If not, give differing opinion.

10.

Yes

11.

12.

15.

16.

17.

19. Is he unfit for Military Service.

Yes

20. Recommendations :

To be discharged

Signatures :—

C. Church Lewis President.

James Smith

Station.

S. Hyacinthe

Date.

May 5th 1916

Date.

10/7/16

Approved.

Date.

12⁶/16

W. H. Sale
Assc. Director of Medical Services.

Boyd Cannon
Director-General of Medical Services.

E. H. Thierion Major O.C. B. Co 128th
Medical Officer by whom the case is brought forward.

R.O. 6-6-16.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron Battery Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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 (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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.

Proceedings on Discharge.

DEPT MILITIA & DEFENCE
JUN 10 1916
H.Q. CANADA
MILITARY DISTRICT No. 4
MAY 23 1916
M.D. 4

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

No.	856198
Rank	Soldat
Name	Amyot, Tancrede
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	178 ^{ème} Bataillon Canadien-Français
Date of Discharge	5 mai 1916.
Place of Discharge	St Hyacinthe, Qué.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 24.....years.....9.....months.	Descriptive Marks
Height 5.....feet.....7.1-2.....inches.	
Complexion Brun	
Eyes Bruns	
Hair Noirs	
Trade Charretier	
Intended place of residence } (To be given as fully as practicable.)	St Hyacinthe, Qué.
2. The above-named man is discharged in consequence of invalide.	
Authority M.D.No 4, Medical Board, 5/5/16. St Hyacinthe.	
322-2-e KA 10 1910	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
Très bon.	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
Nul	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Caractère 6-16
1916

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

Nul

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

6. Medals and Decorations.....

Nul

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) Sherbrooke, Qué.....

(Date) 12 mai 1916.....

M. D. D. Major
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.

(Place) St. Hyacinthe, Qué. *Poweride August 1916* (Signature of Soldier.)

(Date) 12 mai 1916 *A. B. Boyd* (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. 43 days.

Total.....years. 43 days.

11. Confirmation of Discharge.

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

(Place) Sherbrooke, Qué.....

(Date) 12 mai 1916.....

(Signature) *M. D. D. Major*

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.)