

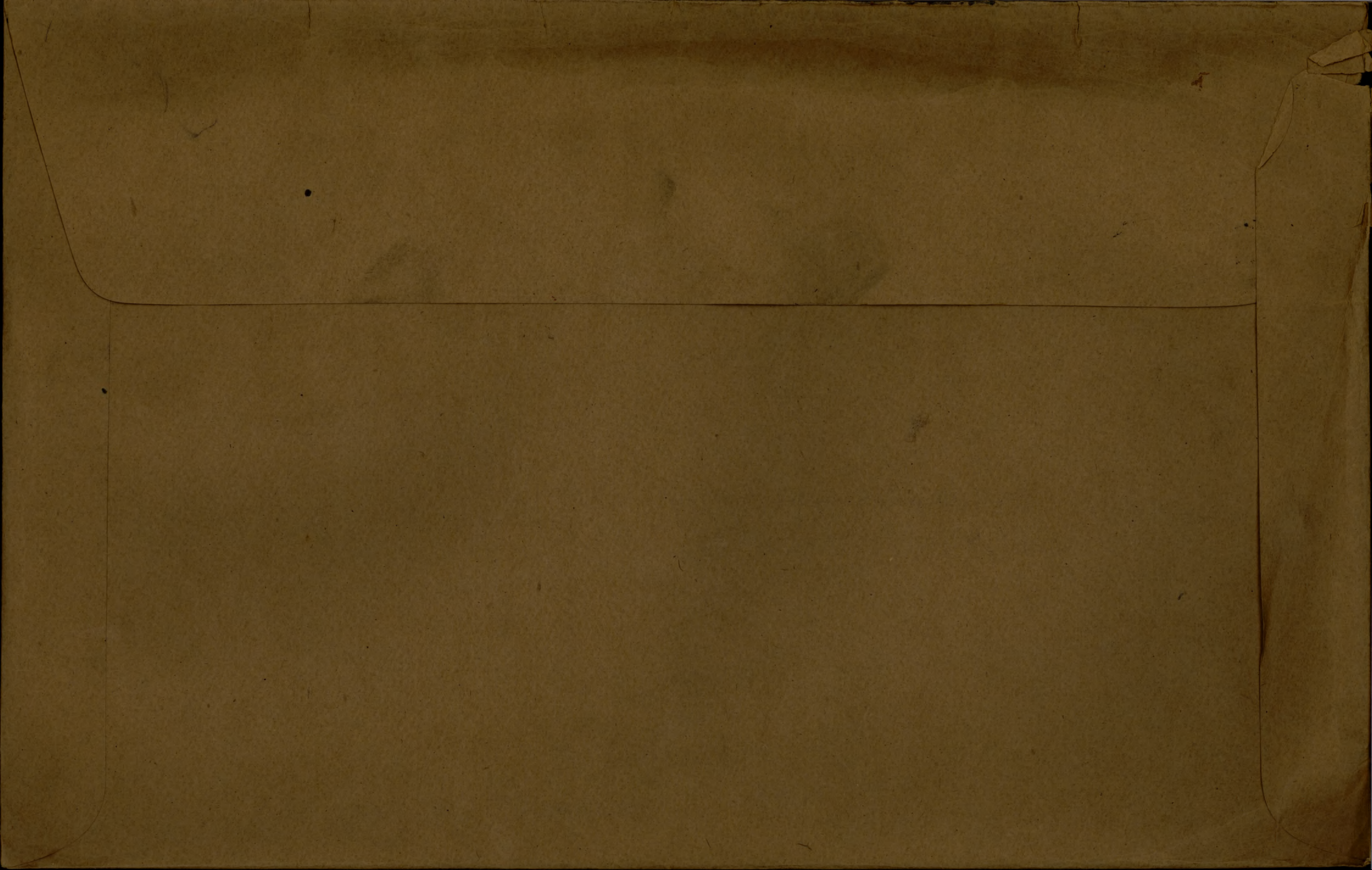
REGIMENTAL DOCUMENTS

NAME AUBURN POLY DORE Pvt REGT. NO. 3034883 UNIT 10th Res H. Q. FILE NO.

(S)

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823					
1 67065009A					
1 1177					



DUPLICATE

2nd M. D. First Depot Battalion 1st Central Ontario Regiment
M. S. A. Regtl. No. 3034883

22/5/18
E. W.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname AUBUT
2. Christian name Polydore
3. Present address St Godfroi, Bonaventure Co. Quebec
873029
4. Military Service Act letter and number
5. Date of birth 26 January, 1892
6. Place of birth St Godfroi, Que.
(town, township or county and country)
7. Married, widower or single Single
8. Religion R. Catholic
9. Trade or calling Bushman
10. Name of next-of-kin Germain Aubut,
11. Relationship of next-of-kin Father
12. Address of next-of-kin St Godfroi, Marcell Office
Bonaventure, Que.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—
(a) Place Kenny Siding, Ont (b) Date 30th Jan, 1918 (c) Category A - 2

DECLARATION OF RECRUIT

Polydore Aubut

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

Polydore Aubut (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs 3 mths.
Height 5 ft 4 ins.
Chest measurement } fully expanded 36 1/2 ins.
range of expansion 2 ins.
Complexion Medium
Eyes Blue
Hair Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Scar over left eyebrow. Very slight.

John Smith
Lieut. Col.
First Depot Btl.
1st Central Ontario Regt.

Place Toronto, Ontario Date 18th April, 1918.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3034883 (Rank) Pte.

Name (in full) AUBUT, Polydore. enlisted in
the 1st. Depot Battalion 2st. C. O. R.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ontario on the 18th.
day of April 19 18.

HE served in England with 10th. Can. Res. Battn. from 8-8-18.

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

Part 11 Order # 185 of 4-7-19

R O 1420 (10) of 12-12-18

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

Age 24 years 4 mos.
Height 5ft. 4in.
Complexion Medium
Eyes Blue
Hair Brown

Marks or Scars _____

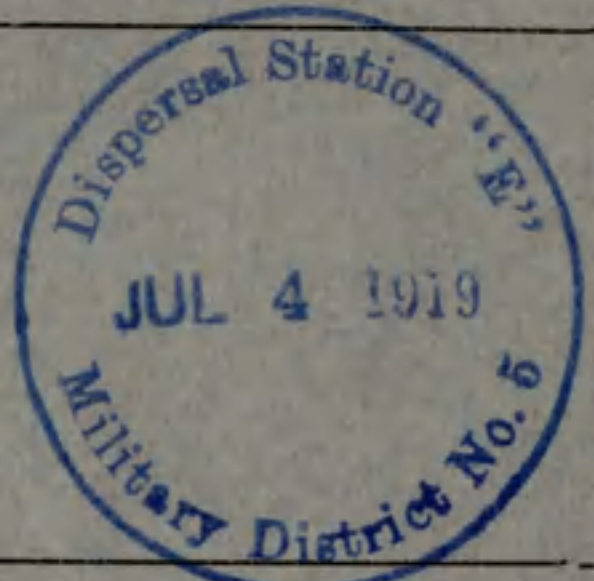
Polydore Aubut
Signature of Soldier

Percy A. Wade
Issuing Officer

Part 11 Order Major
Commanding Dispersal Station E.

Rank

Date of Discharge



Date JUL 4 1919 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

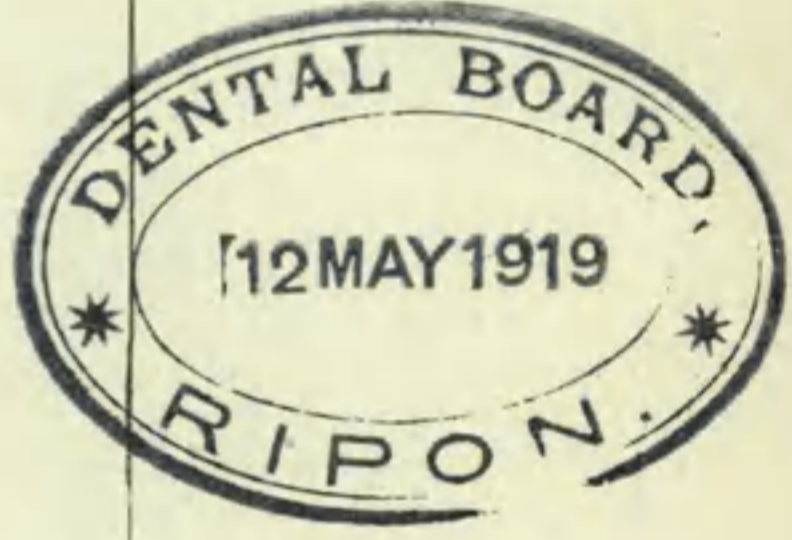
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) AUBUT P

REGIMENT 10 Res Batt RANK Pte No. 3034883

Date of Examination in England 12-5-19 Date of Examination in France _____

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 1. 2. 89. 16. 18

2. EXTRACTIONS —

3. CROWNS —

4. DENTURES
- (a) Full Upper —
 - (b) Part Upper —
 - (c) Full Lower —
 - (d) Part Lower —

This is to certify that the Dental Treatment to be completed as shown here has been transferred to M. F. B. 484.

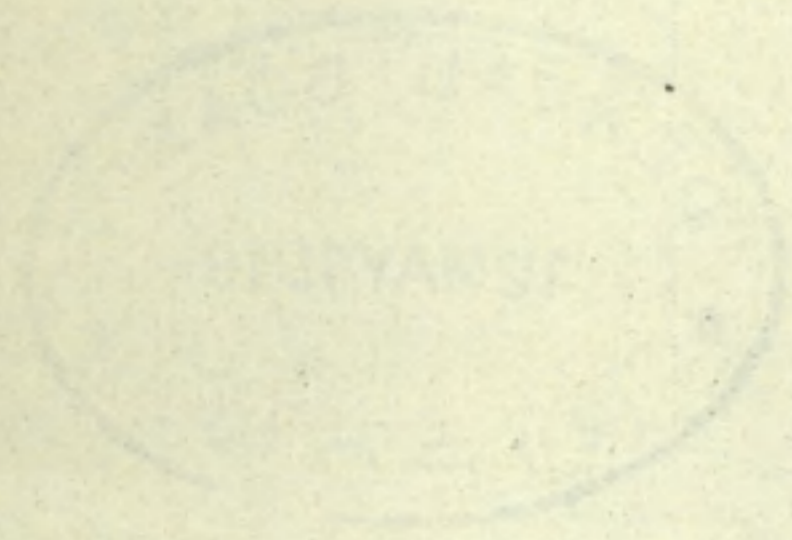
[Signature]
 Capt.
 O/C Dental Discharge D. D. 5

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 [Signature]
 Capt.



MILITARY SERVICE ACT, ORIGINAL
 MEDICAL HISTORY SHEET M.S.A.

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 an 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 AUBUT Christian name Polydore
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 873029
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 555
 4. Address (including street and number, if any) Camp #3 Kenny Siding, c/o Spanish River Lumber Co

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30 day of January 1918 by the undersigned medical board sitting at Kenny Siding, Ont.

5. Age as stated 26 Years 9 Months. 6. Apparent age 26 Years 9 Months
 7. Height 5 Feet 4 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 36½ Ins. } 10. Complexion Medium { Eyes Blue Hair Brown }

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

13. Number of vaccination marks { Right arm Nil Left arm Nil } 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar over left eyebrow, due to injury, recurrent headaches, six months intervals

16. Slight defects but not sufficient to cause rejection intervals

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. D30 L. D80
 (b) Hearing. R. Normal L. Normal

R.D. Morrison, Capt. President.

A. McMurchy Member.

D.A. Bedard Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23/4/18</u>	<u>good</u>	<u>873029</u>	<u>18/4/18</u>	<u>+</u>	M.O.
			<u>24/4/18</u>	<u>873029</u>	M.O.
			<u>29/4/18</u>	<u>+</u>	M.O.

Joined 18 day of April 1918 at Toronto, ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Dep. B'n</u>	<u>3034883</u>		
Transferred to.....	<u>1st C.O.R.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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. Polydore Aubut

~~1198~~

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

A 169

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Solydor* 2. Surname *Aubert*
3. Rank *Pte* 4. Original Unit *1st Dep Batta 7th C.O. Regt* 5. Reg. No. *3034883*
6. Address, in full, to which future payments of gratuity are to be forwarded
St Godois Co Bonaventure P.Q.
7. Date of enlistment in the C.E.F. *18/4/18*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Not applicable*
9. Relationship of such dependent. *Not applicable*
10. Address, in full, of such dependent. *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
[Redacted]
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *[Redacted]*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *[Redacted]*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *Canada from 18/4/18 until 21/7/18 England 10th Cox Reg Batta from 22/7/18*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

✓
✓
✓

127

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*
20. Have you been issued with a War Service Badge? If so what class? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *No* If not, give:—(a) Date of discharge *4-7-19* (b) Reason for discharge *Shemob*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Robt. J. Aubert*

Place of Residence: *St. Yedfoie - Co Bonaventure P.Q.*

Declared before me at: *Rapport Yorks*

This *16th* day of *May* 19*19*

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

M. J. Macphee
10th CANADIAN BATTALION

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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

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

No. 034883 Rank Pte. Surname AUBUT,
(Given name in full)

Polybore
 Unit or Corps 10th. Can. Res. Bn. Birthplace St-Godfroi, Quebec.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5.6 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 70
 Condition of arteries Good
 Vision Rt. 4/6 Left 6/6
 Hearing (conversational voice) Rt. at ft.
 Left at ft.

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

None

Opinion as to general health and physical condition Good

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

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Alfon (Overseas)
Date 12-1-19 Signed [Signature] M.O.

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

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

THIS SECTION FOR USE IN CANADA—

Examined at Quebec (Canada)
Date 3-7-19 Signed [Signature] M.O.

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

Signature

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

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

[OVER]

Rank *90th Dft 1ST BN 2ND QUE* Name *Aubut Polydore* Reg'l No. *3034883*
 Unit *90th Dft 1ST BN 2ND QUE* If in perm. Corps, }
 What Unit? }
 Married or Single *Single*
 Place and Date of Enlistment *Toronto Ont Jan. 18th April 1918* Place of Birth *St Godfroi Quebec*
 Name and Address, Next-of-Kin *Germaine Aubut*
St Godfroi Marcell Office Bonaventure Co Quebec Relationship *Father*
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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.				
					<i>8 8 18 S S SMALL</i>
<i>20.8.18</i>	<i>10th</i>	<i>J.O.S.</i>	<i>Belts</i>	<i>8.8.18</i>	<i>DD #196</i>
<i>12.3.19</i>	<i>" "</i>	<i>Awarded 14 days CB (1) neglecting to obey order given by Sup. Mgr. (NCO) (2) absent from 9K. parade date of offence 5.3.19</i>	<i>Ripon Plt</i>	<i>5.3.19</i>	<i>DD 59</i>
<i>24.6.19</i>	<i>" "</i>	<i>DD to Canada 8/24</i>	<i>Ripon Plt</i>	<i>25.6.19</i>	<i>147</i>
		<i>S.L.84 D.D.4507E/25-6-19</i>			

90th dft

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

M. F. W. 54. (A. F. D. 105.)

500M.—9-16

H. Q. 1772-39-9 '0.

Casualty Form—Active Service.

1st DEPOT BATTALION

Unit, Regiment or Corps 1st C.O.R.

Regimental No. 3034883 Rank Private Name AUBUT, Polydore

C. E. F.

Enlisted (a) 18-3-18 Terms of Service (a) D. of W. & 6mo Dft Service reckons from (a) 18-3-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked Juebec	21-7-18	H. M. G.
			Arrived Tilbury	8-8-18	1st DEPOT BATTALION
20-8-18	O.C. 10th Can. Res. Bn.	T.O.S. on transfer from arriving from Canada	B'sholt	8-8-18	D.O.P. II 196
18-6-19	O.C. 10th Can. Res. Bn.	Struck Off Strength on attachment to 23rd Res Bn proceeding to Canada	Ripon	18-6-19	D.O.P. II 142
			<i>P. Beaumont</i>		cancelled, P.O.
			Lieut. Asst. Adjutant, 10th Canadian Reserve Battalion.		
24/6/19	O.C. 10th Can. Res. Bn.	Struck Off Strength on proceeding to Canada	Ripon	24/6/19	D.O.P. II - 147
			<i>Ragnvald Morin</i>		
			Lieut. Asst. Adjutant, 10th 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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		<p>DISPERSED WITH EFFECT.....</p> <p>PART II ORDER No.....</p> <p>Demobilization R O 1420 (1c) of 12-12-18</p> <p style="text-align: center;"><i>Percy W. Wade</i> Capt for Major Commanding Dispersal Station E.</p>		<p style="text-align: center;">JUL 4 1919</p> <p style="text-align: center;">JUL 4 1919</p>	

SURNAME. *Aubut*

CHRISTIAN NAMES

Isidore

REGL. No. *3034883*. RANK *pta*

UNIT *1st. Can. Ont. Regt. 1st. Dep. Bn.* T. O. S. *Apr. 1819-18*

FORMER CORPS *Nel.*

D.O. Part II No ... *129*

2-516"
CARD NO. *Y*
R# 136 16-5-18
1/17.08.
FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Aubut, Germain.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Marcil Office, St. Godfroy,
Bonaventure Co. P. Q.*

COUNTRY OF BIRTH *Canada.* *St. Godfroy, P. Q.* DATE *Jan. 26th 1892.*

PLACE OF ATTESTATION *Toronto, Ont.* DATE *Apr. 18th 1918.*

o/a 21-7-18 *1327*
2

R/b. 2-7-19 *360*
100
Lepel

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

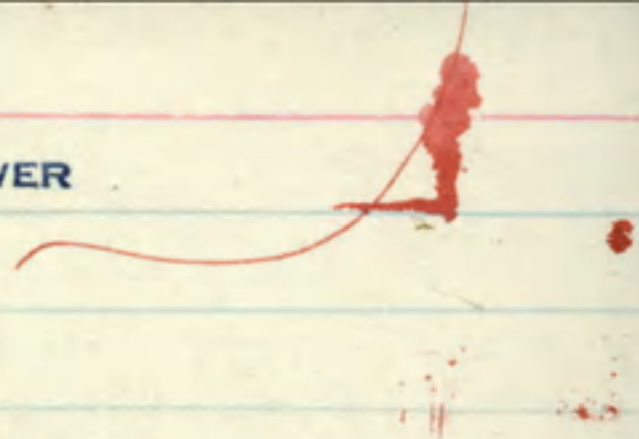
DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

160
171
52-60
57-1
54



No. 3034883 RANK Pte

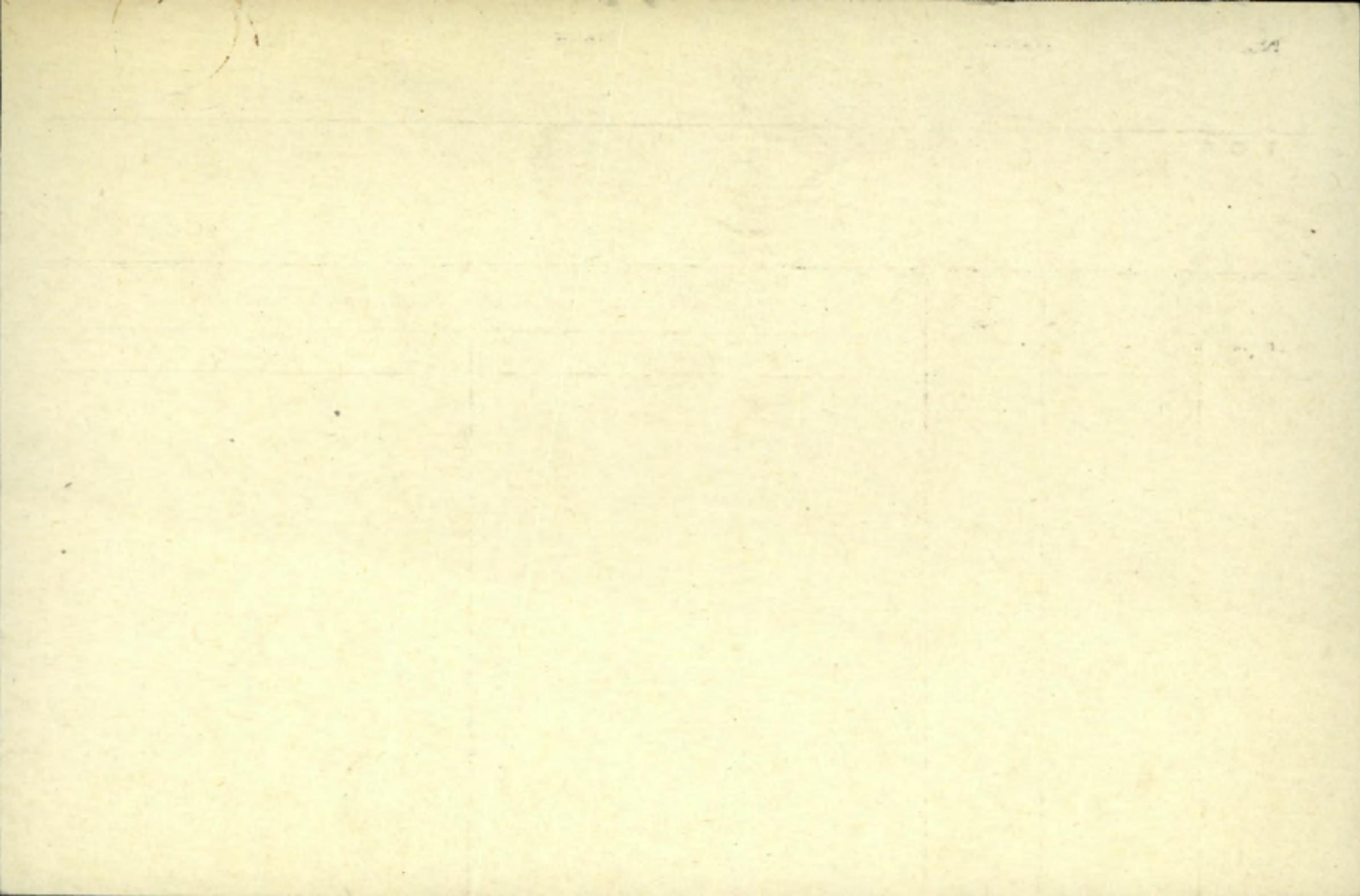
NAME Aubert Polydore

*T.O.S. Transferred from
1st Regt. B. 1st H.Q. Co.
9-5-18 H.Q. 152 of 6-18*

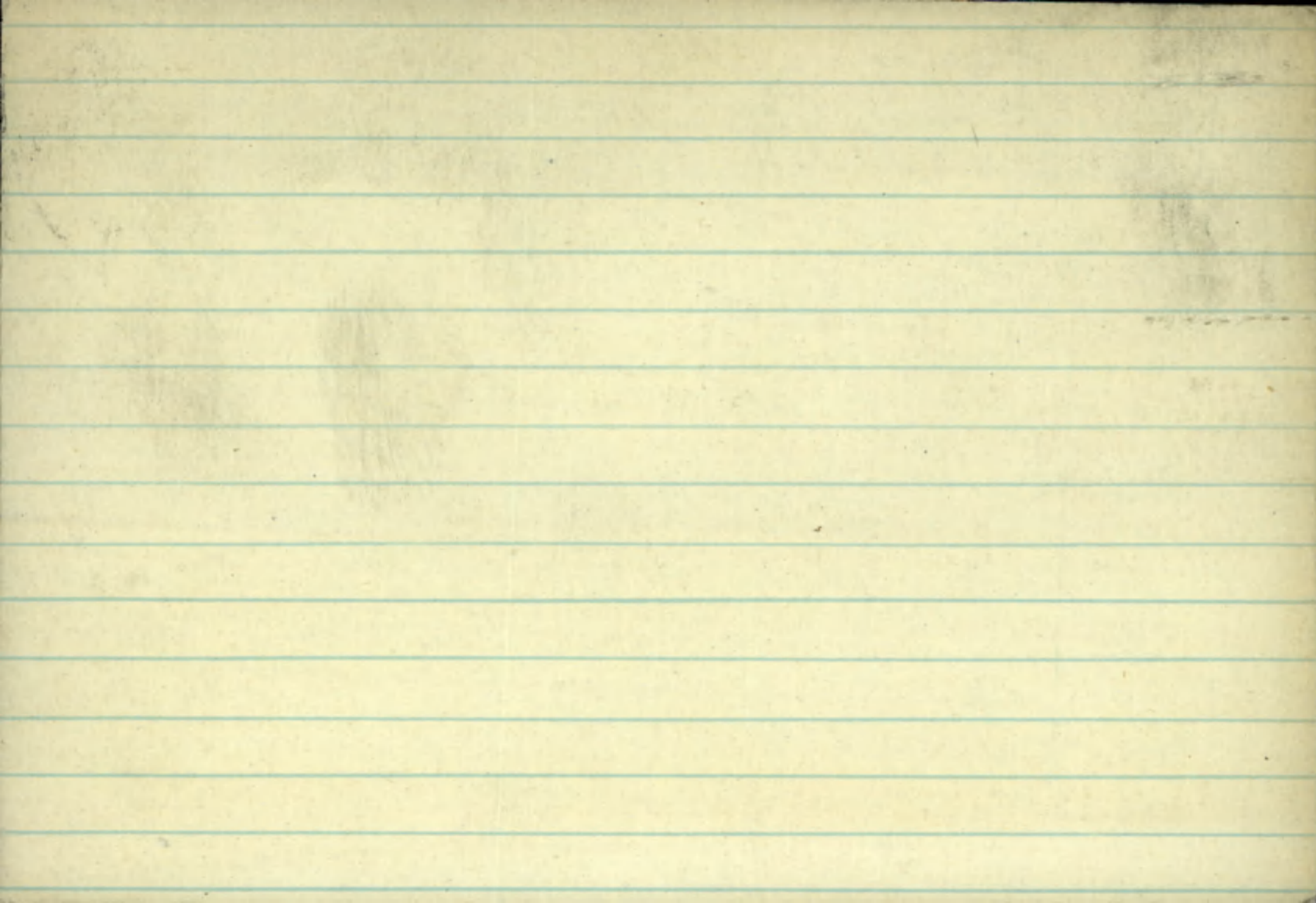
UNIT 1st Depot Battalion, 2nd Quebec Regt

M. D. 5

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 May 9	1918 June 30	W	Orig. date of Enl. 18-4-18	June paylist



6m-51
Number 3034883 ✓ Rank *Pte* ✓ *B*
Surname *AUBUT* ✓
Christian Name *Polydore* ✓
Units *Q. R* ✓ Theatre of War *England* ✓
Date of Service *8/8/18* ✓
Remarks *St Godfroy P.Q.*
Latest Address ~~*St Godfroy*~~ ✓
Co. Bonnaventure
P.Q.
Roll No. *A page 45-22*
10m.-8-21.M.



Date of Enlistment 18.4.18.

MILITIA AND DEFENCE

26488

Date of Assignment

Separation and Assigned Pay Branch

1st Dec. 1918.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

EMT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Rank	Promoted	Reverted	Discharge	Name	Address
	Soldier's Name				Change of Address	
	Battalion 1st Depot Bn. 2nd Que. Regt.				1	GERMAIN AUBUT,
	Beneficiary				2	ST. GODFROY,
	Relationship				3	QUE. 15 15.00
	Address				4	% 3034883 PTE P. AUBUT FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec	0 2731		15	15	7-608-P-11 also 14234 Mailed 31-18 n. Roll 5-B-2
Jan	B 7364		15	15	
Feb	A 80480		15	15	
MAR	Q 86016		15	15	
APR	W 4104		15	15	
MAY	A 7826		15	15	
JUN	A 16405		15	15	
JUL	A 12650		15	15	
			120	120	

A/c Closed 31-7-19
 Ret'd per... Baronin...
 Date 2/7/19 M.F.W. 187... MDS
 Clerk... Ingham... MKO 9367

AUDITED

AUTHORITY FOR NEW ACCT.
 a2m. 30.9.18.
 M. Holleran
 27.12.18

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Last Pay Certificate (C.A.D.C. 5007a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 29)
(Placed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 9).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
(and Clothing)
12. Last Pay Certificate (P. 251).
13. Pay Book (P. 251).
14. War Service Certificate (M.F.W. 2595).
15. Summary Documents.

Group..... A
 Checked by No. 21
Cms
 Date..... 10/6/19

M T CARONIA
 SAILING 10/1/19
 Embarked 25, 6, 19

E 5

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

Dispersal Area " E "
 Service Group 33
 Occupational Group 8
 W.S.B. Class **M**

1. No.	3034883	
2. Rank.	Pte.	
3. Name.	AUBUT, Polydore.	
4. Unit.	10th. Canadian Reserve Battalion, Quebec Regt.	
5. Date of Discharge	JUL 4 1919	Place <u>Quebec</u>
6. Reason for Discharge	DEMOBILIZATION. <u>Cost "A"</u>	
Demobilization R O 1420 (19) of 12-12-19 <u>occ Bushman</u> <u>n.o.k. Father</u> <u>Religion R.C.</u>		
7. Authority.	<u>Part sub order 185 of 4-7-19</u>	
8. Proposed Residence after Discharge	<u>Transportation to</u> <u>St-Godfoie, Co. Bonnaventure. P. Q.</u>	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? <u>39</u>	
<u>Polydore Aubut</u> Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>Quebec</u> Date <u>JUL 4 1919</u>	
Signature..... <u>[Signature]</u> Major Commanding Dispersal Station B (O. C. Discharging Unit.)		

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AUDITOR PAYMASTER

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

REGT. No. 3034883 RANK PTE NAME (IN FULL) AUBUT POLYDORE. (BLOCK LETTERS SURNAME FIRST)

Form with fields for M. OR S., NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ADDRESS, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

1918

A169

BALANCE FROM PREVIOUS ACCOUNT

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.

Address.
St. Leger.
Co. ~~Don~~naventure.
P.Q.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: - AUBUT, Polydore				
EFFECTIVE DATE: -	7-12-18	EFFECTIVE DATE: -		NUMBER: - 3034883				
AMOUNT: -	15.	AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				Mr. Germain Aubut St. Godfroid, P.Q. (Marcel (Office) (Father)) A2 M 12.10.18. <i>Stopped 7/7/19</i>	L.C. from Canada	1-8-18.	Pte.	
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	
24/5	336		24 82					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
				L.C. from Canada	1 -	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Jan. 1 Canada 7/7/19 Auct No 10010² 24/5/19 Report Rikun^{m 9}*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31-7-18	<i>Bal. from Canada</i>								39 10		
Aug.	P. Pay	34 10		A.R. 3516 16/8/18 Frencham	4 87				73 50		
Sep	pp.	33		" 4883 Fran 2.9.18	4 87				68 33 15		
				" 1532 10 Res 26/9	4 87				96 46		
		33							91 59 30		
Oct	pp	34 10							24 10		
				A.R. 1484 " 10-10-18	7 30				125 69		
				A.R. 2002 " 25-10-18	7 54				118 39 45		
		34 10							110 85		
Nov	pp	33							14 84		
				A.R. 2267 " 12-11-18	10 22				143 85		
				" 2427 " 27-11-18	24 82				133 63 60		
				" 2581 " 5-12-18	5 36				108 81		
				" 2775 " 19-12-18	12 17				102 45		
Dec	pp	68 20							90 28		
									12 84 8		
		16 120							30		
Feb	pp	30 80							52 57		
									30		
				A.R. 3070 " 10-1-19	7 79				129 48		
				" 3301 " 21-1-19	7 79				15		
				" 3514 " 14/2/19	7 30				145 28		
									137 49		
									129 70		
									122 40		
Mar	pp	34 10							22 88		
				A.R. 3692 " 25-2-19	7 79				15		
				" 3916 " 11-3-19	7 30				141 50		
									133 71		
									126 41		
									64 90		
									37 97		
									30		

COMPILED BY *J. Savary*
CHECKED BY *J. Savary*

1918 NUMBER 3034 883 RANK Pte.

NAME *Arbut P*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									126 41		
<i>Apr</i>	<i>Best Food</i>								15 -		
	<i>RP</i>	33		<i>ap</i>					144 41		
				<i>4151 10 Rs. 25-3-19</i>	7 30						
				<i>1074 119</i>	10 22						
				<i>57</i>					126 89		
<i>May</i>	<i>RP</i>	34 10		<i>cap</i>					15 -		
				<i>AR 24 10 Rs. 25/4/14</i>	7 79						
				<i>" 481 "</i>	14/5/19	10 22					
									127 98		
									30 -		
		67 10			35 53						
<i>Jun</i>	<i>RP</i>	33		<i>ap</i>					15 -		
	<i>Int on def</i>	2 12		<i>ak 736 "</i>	29/5/19	24 82					
				<i>" 1021 "</i>	(End) 18/6/19	9 73					
						34 55					
									113 55		
									15 -		
		35 12									

65 25/6/19 H 84

126 41
 67 10
 193 51
 65 53
 127 98