8

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.....1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....2

M. F. W. 62.
50M.—9-16.
H Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

H

Name Beaulieu Camille

Regt. No. 889012 Rank Pte

Corps 189th Battalion.

Medically Unfit

S. O. S. Dis

28/8/16

H

PUBLIC ARCHIVES
RECORDS CENTRE

402472

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Camille Beaulieu.
2. In what Town, Township or Parish, and in what Country were you born? ..... St Epiphane, Temiscouata. P. Que.
3. What is the name of your next-of-kin? ..... Father. Marcial Beaulieu.
4. What is the address of your next-of-kin? ..... Fraserville. P. Que.
5. What is the date of your birth? ..... March. 13. 1897
6. What is your Trade or Calling? ..... Student.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated? ..... Inoculated. ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

Camille Beaulieu (Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Camille Beaulieu, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Camille Beaulieu (Signature of Recruit)

Date November, 23. 1915. 1914. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Camille Beaulieu, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Camille Beaulieu (Signature of Recruit)

Date November. 23. 1915. 1914. (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Fraserville. P. Que. this 23rd day of November. 1915. 1914.

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Description of Pte Camille Beaulieu. on Enlistment.

Apparent Age 26 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 3 ins.

Chest measurement: Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Good

Eyes .....

Hair .....

Religious denominations:
- Church of England .....
- Presbyterian .....
- Wesleyan .....
- Baptist or Congregationalist .....
- Other Protestants ..... (Denomination to be stated.)
- Roman Catholic ..... R.C.
- Jewish .....

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 23rd November 1916

Place Granville Que.

J. Thauvette
Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Camille Beaulieu having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

P. A. Wing Lt. Colonel (Signature of Officer)

Date 8th Nov 1916

IEN

189e BAT., F.E.C.

Copied for VB

MEDICAL HISTORY SHEET.

Surname Beaulieu *Christian Name* Camille

Examined { on 23rd day of Nov 1915 / at Fraserville

Approved by J. Hamel M.O.

Birthplace { ~~City or~~ Town St Epiphane / County Temiscouata

Rank M.O.

Apparent age 17 years 4 mos

Trade or occupation Student

Height 5 Feet 3 Inches.

Weight Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 36 inches.

Physical development good

Small-Pox Marks 0

Vaccination Marks { Arm Right. Left. + / Number 1

When Vaccinated last 1911

(*a*) Marks indicating congenital peculiarities or previous disease 0

(*b*) Slight defects but not sufficient to cause rejection 0

Date.	Fit or Unfit.	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
		M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1916 May 9	good	J. H. M.O.
May 19	good	J. H. M.O.
		M.O.

Enlisted on 23rd *day of* November 1915 *at* Fraserville Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	189th Batt.	889012		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Valcartier	11-8-16	Valvular Heart Disease	Discharged

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname Beaulieu Christian Name Camille

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				

189e BAT., F.E.C.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 889012 Rank Pte Name Camille Beaulieu

Corps 189th Bn C.E.F. who was* Discharged

On August 28th 1916 1915, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

	Dr.	$	c.		Cr.	$	c.
From 1/8/16 To 28/8/16	Bal. Dr. from previous month			From 1/8/16 To 28/8/16	Regimental pay 28 days at $ 1,00	28,	00
	Total payments during period				Field allowance 28 " $ 10	2,	80
	Advance Pay August 1916 from	10,	00		Other allowances		
	Assigned Pay August 1916	15,	00		Other Credits (give particulars)		
	Other Charges (give particulars)						
	Bal. Cr. on discharge or transfer	5,	80		Bal. Dr. on discharge or transfer		
	Total	30,	80		Total	30,	80

The amount shewn as Balance Cr. due on discharge or transfer has †Been paid.

Monthly stoppage on account of assignment of pay is Cheque No 4365 $15,00, and has been charged in Pay-list for month of August 1916

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment 23-11-15

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge and authority Medically Unfit (H.Q. 16-1-290f 10-8-16)

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date Nil

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 28th 1916

Place Valcartier Camp P.Q.

Capt.
Paie-Maître 189ième Bataillon, E.E.C.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

IEN

CERTIFICATE OF SERVICE

Copied by VB

(Issued following loss of Permanent Discharge Certificate, M.F.W.39)

This is to certify that No. 889012 (Rank) Private

(Name in full) BEAULIEU, Camille

Enlisted in 189th Battalion

Canadian Expeditionary Force, on the 23rd day

of November 19 15

Served in CANADA

with the 189th Battalion

and was discharged at Valcartier, P.Q.

on the 28th day of August 19 16

by reason of MEDICALLY UNFIT

His conduct and character while in the Service were Good

Medals and Decorations etc. NIL

DESCRIPTION ON DISCHARGE

Age 19 Years

Height 5'3"

Complexion Good

Eyes Brown

Hair Brown

H.Q. 649-B-6751

(Clyde R. Scott),
Major,
Assistant Director of Records

Ottawa 4th day December 1919

NOTE—This Certificate of Service if lost will not be replaced.

1EN

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Copied for VB

Casualty Form—Active Service.

Unit, Regiment or Corps 189e BAT., F.E.C.

Regimental No. 889012 Rank Pte Name Beaulieu Camille

Enlisted (a) 23-11-15 Terms of Service (a) C. E. F. Hopewar Service reckons from (a) 23-11-15

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				
28/8/16	189th Bn	Struck off Strength "Medically Unfit" H.Q. 16-1-29 10/8/15 d/ 24/8/16	Valcartier	28/8/16	Pt 2 DO # 204

D. Ruckine

for D of R.

(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.

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				

649, B. 6737

CARD NO. ✓

FOLL.

SURNAME. Beaulieu.

CHRISTIAN NAMES Camille

REGL. No. 889012 RANK Pte.

UNIT 189th Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Beaulieu, Martial

RELATIONSHIP TO SOLDIER Father

ADDRESS Fraserville, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St Epiphane, P.Q. DATE March 13th, 1897.

PLACE OF ATTESTATION Fraserville, P.Q. DATE Nov. 23rd, 1916.

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING student RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 19 YEARS MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 3 INCHES

COMPLEXION Good EYES Not stated. HAIR Not stated.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Fraserville, P.Q., DATE Nov. 23rd, 1915.

Present address: Not stated.

No. 261 RANK Pte NAME Beaulieu Camille
889012 (Mar Taylor)

T. O. S. UNIT 189th Battalion

M. D. 5

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1916	1916			
Jan 1	Jan 31	✓		
Feb		✓		
Mar		✓		
April		✓		
May		✓	96 hrs Detention 25-5-16	D.O. 121 of 25-5-16
June		✓		
July		✓		
Aug 1	Aug 28	✓	Dischgd. Med. unfit 28-8-16	D.O. 204 of 28-8-16
			a/c closed by payment. ✓	

UNIT SAILED
SEP 23 1916

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date.....

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

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

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

Administrative Medical Officer.

Militia Form B. 227.

150 m—5-16.
H. Q. 1772—39—117.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

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.

1EN

MEDICAL HISTORY OF AN INVALID.

Copied 1st VB

DEPT MILITIA & DEFENCE
OCT 10 1916
H.Q. CANADA

1. Station. Valcartier
2. Regiment or Corps. 189th Batt.
3. Regimental No. and Rank. 889012 Pte
4. Name. Camille Beaulieu
5. Age last Birthday. 13
6. Enlisted on 23rd November 1915 at Fraserville
7. Former Trade or Occupation. Student

Date. 5th August 1916

8. General remarks on his :—
   (a) Conduct. good
   (b) Habits. good
   (c) Temperance. good

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

9. Service. 8 Months Years. 253 Days.

	PERIODS.	
	From.	To.
189th Batt. F. E. C.	November 23rd 1915	August 5th 1916

10. (a) Disease or disability. Valvular Heart disease and under age
    (b) Date of origin. 1914
    (c) Place of origin. Fraserville
    (d) Cause. Unknown

11. Present Condition. (Most Important)
    (To include full description of present disabling condition or conditions.) Well nourished youth lungs normal Heart apex beat in nipple line, systalic murmur, shortness of breath and exhaustion

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

Carded 19-10-16 BB

M. F. B. 227.

150 M—5-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.) No

(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? Not applicable

(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. No

14. Treatment L.D.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent? 1-yes 2- no

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes? 1- permanent 2- Under age 1 year

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. No extent

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

Carmel Asst. Capt. Ame

Mo. 1/19th Bn.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

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

10.

11.

12.

15. Yes

16.

17.

18. Is he unfit for Military Service. Yes

Recommendations: Discharged

Signatures :—

Walter S Barlow Capt Ame President.

Jeavitt Capt. Ame

Members.

John R Disbrow Capt Ame

Station. Valcartier

Date. Aug 11. 16

Date. 12/8/16

Approved.

Date. 17/10/16

Asst. Director of Medical Services.

Director-General of Medical Services.

189e BAT., F.E.C.

VALCARTIER

No 889012. Private Camille Beaulieu.	" DISCHARGED " Medically Unfit (Authority H.Q.16-1-29 of 10-8-16)	AUGUST 28th 1916. H

Attestation papers

Regimental conduct sheet

Company conduct sheet

Medical History sheet

Last pay certificate.

Casualty Form.

SD 9.7.63

Cordel 2-7-17 BL