

REGIMENTAL DOCUMENTS

2908 7908

2908

NAME *BEAULNE Joseph Oswald*

REGT. NO.

UNIT

H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Decub*

DESERTION

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18-6  
32-7  
3*

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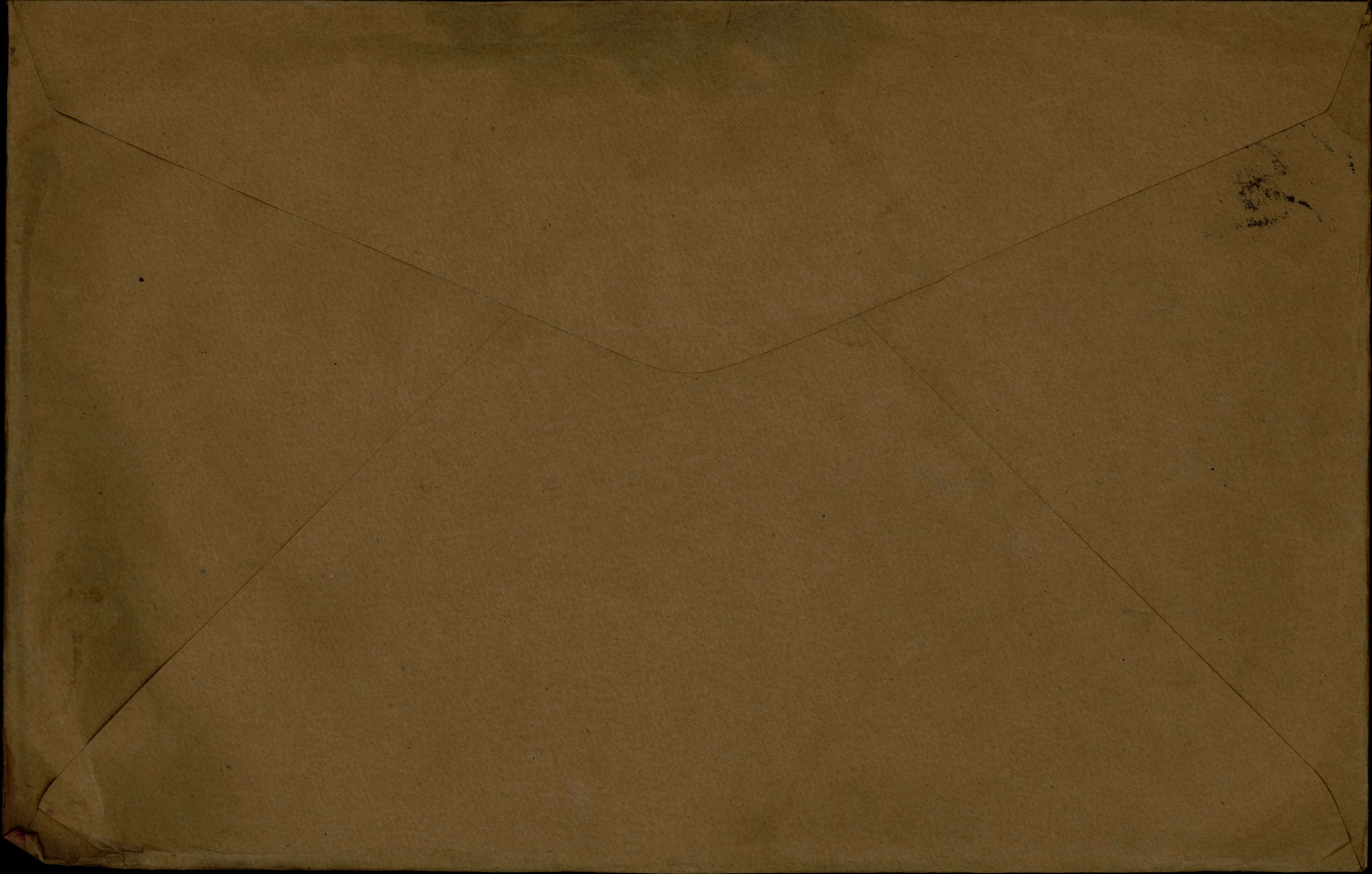
*M*

*H*

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 7 *...*  
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 7 *...*  
 7 *...*

*1 Card*

*PC*



ORIGINAL

ATTESTATION PAPER.

No. 811791

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Beaulne*
- 1a. What are your Christian names?..... *Joseph Oswald*
- 1b. What is your present address?..... *Pouce Coupe*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Rock Forest, Eastern Townships, P.Q.*
- 3. What is the name of your next-of-kin?..... *Miss C. C. Paradis Robert Alcorn*
- 4. What is the address of your next-of-kin?..... *Montreal, Fort Saskatchewan, Alta.*
- 4a. What is the relationship of your next-of-kin?..... *Sister Friend 16*
- 5. What is the date of your birth?..... *July 16th, 1881*
- 6. What is your Trade or Calling?..... *Farmer 33*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and 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 } *yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

CAPT. & ADJUT.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Oswald Beaulne*, do solemnly declare that the above are answers made by me to the above questions and that they 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.

*J. O. Beaulne* (Signature of Recruit)

Date *Jan 25th* 1916. *Harry B. Linsley* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Oswald Beaulne*, 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.

*J. O. Beaulne* (Signature of Recruit)

Date *Jan 25th* 1916. *Harry B. Linsley* (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 *Edmonton* this *25th* day of *January* 1916.

*W. S. [Signature]* (Signature of Justice)

# Description of Beaulne, Jos. Oswald on Enlistment.

Apparent Age... 34 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height..... 5 ft 8 1/2 ins.

Chest measurement: { Girth when fully expanded..... 38 ins.  
 Range of expansion..... 3 ins.

Complexion..... Clean

Eyes..... Brown

Hair..... Dark

Religious denominations { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic..... Yes  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... January 5th 1916.

Place..... Edmonton, Alta

W. Watson  
 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.

Joseph Oswald Beaulne 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.

W. Beulne Lt. Col. (Signature of Officer)  
 Commanding 138th. O. Battn. C. E. F.

Date..... Jan- 5<sup>th</sup> 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

CLASS SERVICE BADGE  
No. 232673 ISSUED

THIS IS TO CERTIFY that No. 811791 (Rank) Gunner  
 Name (in full) Beaulne - Joseph Groulx - enlisted in  
 the 1384 Batts  
 CANADIAN EXPEDITIONARY FORCE at Edmonton on the 5<sup>th</sup>  
 day of January 1916  
 HE served in France 5<sup>th</sup> Trench Mortar Battery  
 and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

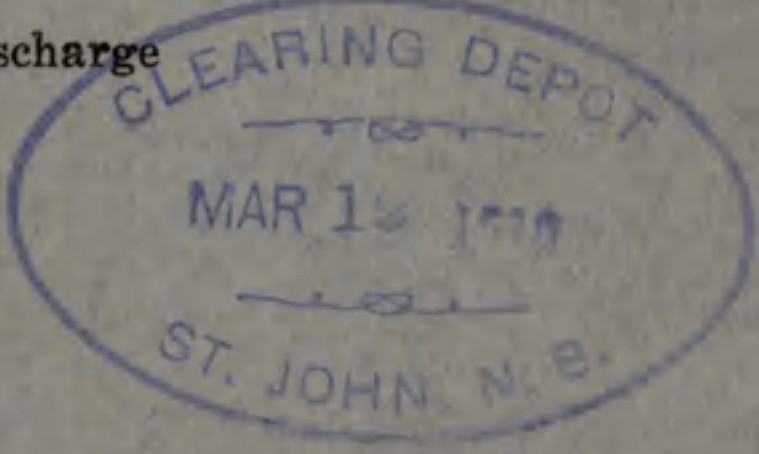
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:


Age 37 years  
 Height 5 ft. 8 1/2 inches  
 Complexion Fair  
 Eyes Brown  
 Hair Grey

Marks or Scars None

J. Beaulne  
 Signature of Soldier

A. H. Stark  
 Issuing Officer

Date of Discharge  


MAJOR  
 O. C. Clearing Depot, St. John, N. B.  
 Rank  
  
 Date 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.

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 811791 \* NAME BEAULNE 50. RANK Cpl. UNIT CERA  
40 Canada

Date of Examination 26-11-18

Present Dental Condition Fair

In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service? No

Has he ever declined Dental Treatment? YES. ask for to have work done after he gets his discharge

Recommendation seven extracts partial upper denture

Date 26-11-18

Station Gordon

Signature of Examining Officer M. A. McLean Capt. C.A.D.C.

\* Name should be entered in block letters.

NATIONAL ARMY DENTAL CODES  
DENTAL CERTIFICATE

This certificate is to be attached to the Dental History Report and is to be returned to the Dental Office of the Army Medical Department.

NAME <i>W. W. Mc...</i>	
SERIAL NUMBER <i>100...</i>	
DATE OF EXAMINATION <i>April 11, 1918</i>	
PRESENT DENTAL CONDITION <i>Good</i>	
IN CASE OF LOSS OF DENTURE OR LOSS OF TEETH, OR LOSS OF JOINTS TO WOUNDS, INJURY, OR DISEASE, OF EITHER SIDE, STATE TO ACTIVE SERVICE	
REMARKS <i>...</i>	

D.A.D.C.

This certificate should be returned to the Dental Office of the Army Medical Department.

Regtl. No. Rank and Name 511791. Lt. Beaulne Corps C. R. A.  
Bramshott  
Disease Tonsillitis Hospital Military Hospital  
To Officer i/c Laboratory. 3 Ward Annexe

Please carry out an examination of the accompanying specimen of.....  
with special regard to R. L. V. A.

Date 6-12-18 J. J. Druff Capt.  
O. i/c Ward.

**LABORATORY REPORT.**

III a few Vincent's organisms present

Date of Examination 7-12-18  
W. 3212. 50M-4-4-18. [Signature]  
O. i/c Laboratory.



1914-1915  
DEPARTMENT OF AGRICULTURE

Annual Report of the  
Bureau of Plant Industry

FOR THE YEAR 1914

1914

WASHINGTON

1915



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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *138<sup>th</sup> Batta, C. I. F.*

Regimental No. *81791* Rank *Pte* Name *Beaulne, Joseph Oswald*  
C. E. F.

Enlisted (a) *5/1/16* Terms of Service (a) *War of War* Service reckons from (a) *5/1/16*

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				
		<i>S. O. S. Demobilisation St. John N. B., 19-3-19-</i>			

(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.]



W.S.B. Class A.

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

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

138th O. Bn., C. I. T.

Unit, Regiment or Corps

Name *Beaumont, Frank Rowland*

Rank *Plt*

C. E. F.

Regimental No. *811791*

Enlisted (a) *5/1/16* Terms of Service (a) *Duration of War*

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	From whom received	Date	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.
<i>138th</i>	<i>138th</i>		<i>Forwarded to 138th Bn. by 138th Bn. Headquarters</i>			
<i>138th</i>	<i>138th</i>		<i>Transferred to 138th Bn.</i>	<i>Witley</i>	<i>26/10/16</i>	<i>Part 11 Bn. Orders 249, Cuth. HQ. E. S. D., B.H. 25/1/16 of 25/10/16</i>
<i>128th</i>	<i>128th</i>	<i>27/10/16</i>	<i>Taken on strength of 128th on transfer from 138th</i>	<i>Witley</i>	<i>25/10/16</i>	<i>At 6 2 27/10/16</i>
<i>128th</i>	<i>128th</i>	<i>21/1/17</i>	<i>Transferred to 128th</i>	<i>Witley</i>	<i>21/1/17</i>	<i>At 6 2 27/10/16</i>
<i>4th CDA</i>	<i>4th CDA</i>	<i>3-3-17</i>	<i>Taken on strength 4th Can. Div. 1. Art. 4th Mortar Batteries.</i>	<i>Millford</i>	<i>27-1-17</i>	<i>Commanding 138th O. Bn., C. E. F. Lt. Col. <i>Beaumont</i></i>
<i>16-4-17</i>	<i>16-4-17</i>	<i>16-4-17</i>	<i>Transferred to 16-4-17</i>	<i>Millford</i>	<i>5-4-17</i>	<i>At 6 2 27/10/16</i>

(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.

CERTIFIED CORRECT.

01 AUG. 1917

CAN. RECORDS, LONDON.

Report Date	From whom received	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.
1-8-17	D.T.M.O. 5th C.S.W.	Proceeded overseas on Service	Witley	21-8-17	PT 2. 10. 0. 196 d/21-8-17 <del>UNABOARD</del> ..... Capt D.T.M.O. 5th Canadian Div
28.8.17	LR	Landed in France	Havre	25.8.17	LR 8855
15.9.17	D.T.M.O. 5th C.S.W.	Joined <sup>Army</sup> First School of Mortars	Field	12.9.17	auth. First Army School of Mortars a.F.B. 213 d/15/9/17
2.10.17	C.R.O.	Transferred to 5th C.S.W.	Field	2.10.17	C.R.O. 1470. S.O. Pt 2. No 45. d/17/10/17
2.10.17.	"	Y.O.S. 5th C.S.W.	"	2.10.17.	" " P. 20. No 1. d/12.10.17.
23.10.17.	1/3. N.M. 4. Amb.	Yeber. N.Y.D. adm.	1/3. N.M. 4. Amb.	23.10.17.	Scale Rep. Mort.
		Trans. 1. C. C. S.	1. C. C. S.	24.10.17.	
24.10.17.	1. C. C. S.	N. Y. D. adm.	1. C. C. S.	24.10.17.	A. 36.
25.10.17	1. C. C. S.	N.Y.D. (F) Tsf.	H.T. 31.	25/10/17	A 36 (977251)
25.10.17	4. Genl	do. adm	4. Gen. Hosp	25/10/17	103034 (a 8308)
3-11-17.	Pieter de Coninck	Invalided (Sick) & posted to	C.A.R. D Witley.	3-11-17.	W-3083. P. 20. No. 8. d/12/11/17.
12-12-17	CARD	YOS from 5th DTMB.	Witley	3-11-17	AW 248 ..... LIEUT. FOR LT: COL: I/C RECORDS, C.C.M.F.

*W. R. Chubb* LIEUT.  
OFFICER i/c RECORDS  
CANADIAN SECTION G.H.Q.  
3RD ECHELON

..... LIEUT.  
FOR LT: COL: I/C RECORDS, C.C.M.F.

CBI  
REBI.  
29-1-18

Casualty Form - Active Service.

Regiment or Corps... *Can. School of Gunnery*

Rank..... Surname *Beaulne*..... Christian Name *Joseph Oswald*

Religion..... Age on Enlistment..... years..... months

Enlisted (a) *5-1-16*..... Terms of Service (a) *War 6 Mths* Service reckons from (a) *5-1-16*.....

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

Extended { ..... } Re-engaged { ..... } Qualification (b)..... or Corps Trade and rate.....

Occupation..... Signature of Officer

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				
		Embarked ...			
		Disembarked ...			
<i>6-2-18.</i>	<i>B.S. of G.</i>	<i>Att. from B.A.R.D.</i>	<i>WITLEY CAMP.</i>	<i>6-2-18</i>	<i>PT. II. ORDER NO. 38</i>
<i>2-3-18.</i>	<i>B.S. of G.</i>	<i>Ceases to be attached from B.A.R.D.</i>	<i>WITLEY CAMP.</i>	<i>28-2-18</i>	<i>PT. II. ORDER NO. 61</i>
<i>3-3-18.</i>	<i>B.S. of G.</i>	<i>PT. II, #61/2-3-18. Cancelled.</i>	<i>Witley.</i>		<i>It for Stbd</i> <i>Quidg. Can Sch of Gunnery</i> <i>PT. II, #62.</i>
<i>19-3-18.</i>	<i>B.S. of G.</i>	<i>Attached from Res. Bde, 67A</i>	<i>~ ~ ~</i>	<i>23-2-18.</i>	<i>PT. II, #75.</i>
<i>28-3-18.</i>	<i>B.S. of G.</i>	<i>Granted permission to marry.</i>	<i>~ ~ ~</i>	<i>28-3-18.</i>	<i>PT. II, #87.</i>
<i>3-10-18.</i>	<i>B.S. of G.</i>	<i>Ceases to be attached on proceeding to Comp. Bde, B.R.A.</i>	<i>~ ~ ~</i>	<i>3-10-18.</i>	<i>PT. II, #276.</i>

*A. Cleaves*  
SUT. EAST ADPT.  
CAN. SCHOOL OF GUNNERY.

*6-9-19* Attached C.D.D. Buxton for return to Canada, Part II Order No. *31*  
Ceases to be attached C.D.D. Buxton on emb... for Canada.

(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.

MAR 1919

*J. Mack*  
Commanding Canadian Discharge Depot.

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				
23-5-18	CC Res. Bde C.F.A.	S.O.S. to Comp Bde C.R.A. remains on command to C.S of G for duty	Witley	22-5-18	B.O.P. II 143. J. V. Gray LIEUT. & ASST. ADJUTANT RESERVE BRIGADE, CANADIAN FIELD ARTILLERY.
23-5-18	CC Comp. Bde C.R.A.	T.O.S. from Res Bde C.F.A. remains on command to C.S of G for duty	Witley	22-5-18	B.O.P. II I
4-10-18	CC Comp. Bde C.R.A.	Ceases to be shown on command to C.S of G for duty	Witley	3-10-18	B.O.P. II 135
27-12-18	Comp Bde C.R.A.	O/S to 1st Res Bn Seaford	Borden	27-12-18	B.O.P. II 219 W.T. Dewson Lt. LIEUT. & ASST. ADJUTANT COMPOSITE BRIGADE, CANADIAN RESERVE ARTILLERY
3-12-18	1st Regt	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN. on command	Seaford	27-12-18	Pt. II. D. O. 311
3-2-19	1st Res	<del>S.O.S.</del> to MD 11 Wing Buxton	Buxton	6-2-19	Pt. II. L. O. 31 5
EMBARKEDS. S. GRAMPAN. 4-3-19. E. B. Gardner H. O. O.		for return to Canada	Adjutant, 1st Canadian Reserve Battalion DISEMB' D. ST. JOHN N-B-14, 3.13 E. B. Gardner H. O. O.		

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

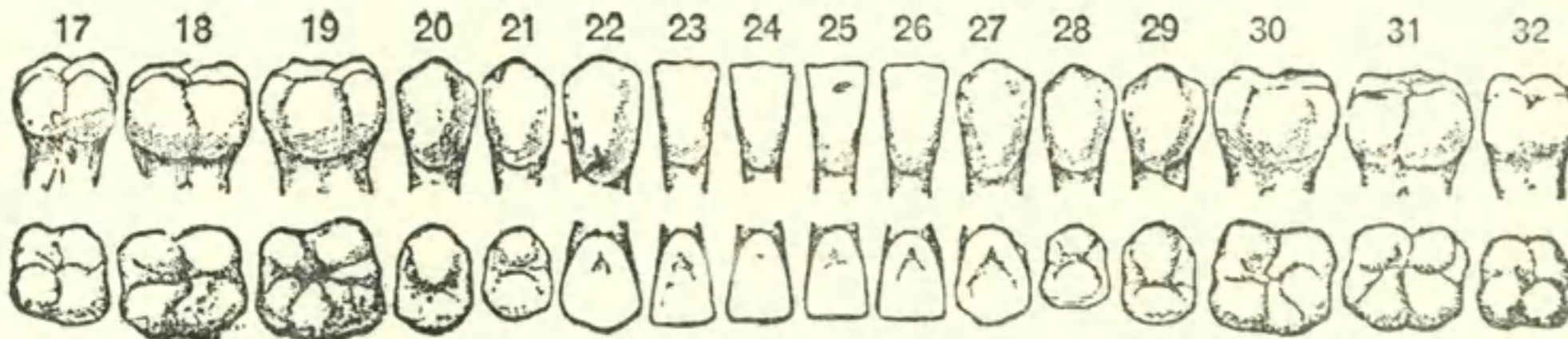
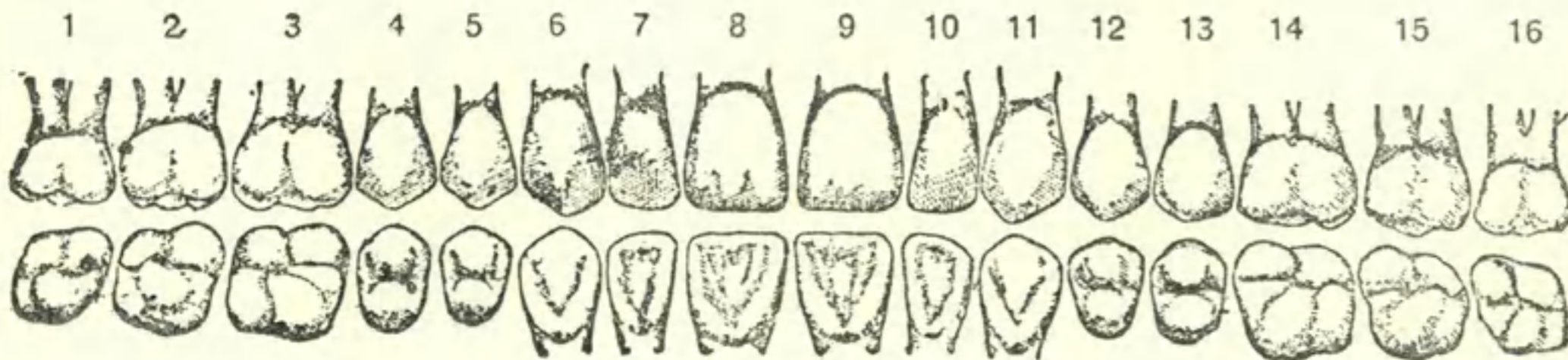
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) Beaulne Jo.

REGIMENT C.A.R.D. RANK lie No. 81179.

Date of Examination in England Apr 4/19. 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 28.
- 2. EXTRACTIONS 1. 2. 4. 13. 14. 22. 30. 19. 27.
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper yes. 5 teeth.
  - (c) Full Lower
  - (d) Part Lower yes 4 teeth

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 lie
- (c) In France

Signature of Dental Officer H. Conner Capt



1870  
1871

1872  
1873

1874  
1875

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book 11204 Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
	#5811491	Pte	Beaulne	J
	Unit.	Age.	Service.	
	C. P. A.	36	36/12.	

Station and Date. Bramshott Military Hospital	Disease
	Tonsillitis

6-12-18  
 Complaint - soreness in throat  
 + Rt side neck, - Swollen - 4 days.

F.H. - Neg  
 P.H. - Suppurative tonsillitis - 3 yrs ago.  
 always well otherwise  
 Venereal - denied.

Present illness.  
 2.12.18, noticed soreness  
 in throat - found on swallowing  
 blood spit Rt side neck swollen.  
 Received no treatment before admission  
 condition gradually getting worse - felt food  
 otherwise good appetite.

Phy Exam -  
 Temp 101 - R. 22. P. 90.  
 Throat quiet - congested + red. Tonsils  
 swollen warm in Rt - swelling Rt  
 submax gland - pilous uvula. Pharynx  
 also busy congested. - bluish gray color to  
 buccal membrane particularly Rt side + also  
 along gums - Teeth very poor - (Anemia)

7/12/18. - V. a positive. - Being treated daily  
 by Dental Officer -

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

Station  
and Date.

136/570

MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

811791 Gun. Beaulne J.O.

Unit.

Age.

Service.

Year

C.F.A.

36

23 1/2 4/12

Station  
and Date

Disease

Trench fever



Previous Occupation, Miner + Rancher,  
Enlisted, Royal Corps, B.C. Dec. 27, 1915.

Arrived England Aug. 27, 1916.

Arrived France, July 4, 1917.

Went sick, Oct 27, 1917  
Hospitals.

Field Amb. 7 days.

C. G. J. Camp.

#27 Brit. Gen. Hospital.

Norwich War Hosp. 2 weeks.

Red Cross Hosp. Boston, 5 weeks.

H.P.S. Reported sick Oct 27/17.

Complaint: - Headache, pains back of neck.

back thighs & legs. Sick in

bed 12 days. then improved, headache

went away, also pains in neck & back.

Pain in thighs left but pains in shins

remained.

Present Condition. Complaint: - Pains in shins.

esp. right leg. No tenderness

pain is along shins and in arch of

instep right foot.

No swelling.

Systems all normal. 11/25/17

W.D. Gyer

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

Station and Date.

27 DEC. 1917

Leibial class. Sinusoidal both legs  
Return in 4 days  
Thuesen Jensen  
Capt. Caura

25 JAN. 1918

Pain in left leg is gone. Pain in R leg and foot still there if he walks much. Refuse to surgery to get opinion of advisability of transecture bar on foot. Return in week to have light surgical hoists  
W. H. Jensen  
or Canadian name. To return in 1 week.  
P. H. M.

3-1-18

Gym. This patient needs  $\frac{1}{2}$ " high bar across sole of right foot behind heads of metatarsals.

9-JAN. 1918

Says that just now he is entirely free from discomfort. Add Swedish #1. Ret. 1 wk. W. H. Jensen

17 JAN. 1918

Based for Reg report - to have foot fixed.

W. H. Jensen

EXAM. BY [unclear]

27 JAN. 1918

B 11

G. C. S. H.

RELIGION:  
 Church of England  
 Roman Catholic  
 Presbyterian  
 Congregationalist  
 Wesleyan  
 Baptist

NORFOLK WAR HOSPITAL  
 THORPE, NORFOLK

Ward BF  
 Bed .....

# NORFOLK WAR HOSPITAL

Admitted into Hospital:  
3.11.1917

Resident Medical Officer Major Powell

Discharged from Hospital:  
17.11.17 191

REGT. NO.	RANK	NAME (SURNAME FIRST)	CORPS	AGE	A & D NO.
411719	Gur	Beaulne Powell	3 Canadian Artillery	36	6777/17

Disease or Injury: 34 P W O

Operation:

Complications:

Skiagram Report: No. \_\_\_\_\_

Pathological Exam. Report: No. \_\_\_\_\_

Abstract: Can. E.F. France 23-10-17 reported sick in Trench France. ill 4 or 5 days between headache pains in back & legs. Heart lungs nil.

P.C. 7.99. now improving - pains in shins worse at night

7-11-17 Amn Hoff A.

DATE	DIET	EXTRAS	TREATMENT	"BED" "UP, BED DOWN" "UP" or "OUT"
4-11-17.	old		R. Aspirin gr. 5. rect.	

WATERBURY HOSPITAL

Room 21

Admission Ticket No. 1234

W. H. J.

Case No. 1234

Admitted to Hospital on 12/12/1912

Discharged on 12/15/1912

Physician: J. H. J.

W. H. J.

12/12/1912

NORFOLK WAR HOSPITAL

A. & D. No. 6777/17 Ward B.I.  
Name Beaulieu Osfeld  
(Surname first)

Regimental No. 84719 Rank Qnr  
Regiment 5th Canadian Artillery

Squadron, Troop, Battery, or Company } TMB Group

Date of Admission 4th Nov 1917 Date of Discharge } 12 Nov 1917  
or Transfer }

Age 36 Service 2 years Service with the Field Force } 2 yrs Religion R.C.

\*Home Address Pouce Coupe  
North British Columbia  
Canada

Admitted or Transferred from } C.C.F.

\*Rail Station \_\_\_\_\_ on \_\_\_\_\_ Line

†Wounds Received in Action	No.	Regional Injury (To be filled in on admission.)	No.	Extent of Injury (To be filled in before discharge.)
†Disease or Injury	<u>34</u>	<u>P. n. d.</u>		

†Disease or Diagnosis changed to \_\_\_\_\_  
Signature of M.O. \_\_\_\_\_  
Date \_\_\_\_\_

†INJECTIONS OF TETANUS ANTI-TOXIN.	
DATES	
OVERSEAS.	HOME.
1	
2	
3	
4	

REMARKS :—

- †1. To be Discharged : Fit for Duty I.  
  Command Depot II.  
  Employment III.

†Condition on Discharge : Stretcher  
  Sitter  
  Walker

- †2. To be Transferred to : Military Convalescent Hospital : \_\_\_\_\_  
  Auxiliary Hospital "A." \_\_\_\_\_  
  Auxiliary Hospital "B." \_\_\_\_\_  
  (No Dressings or Massage).  
  Special Hospital : \_\_\_\_\_  
  Canadian Military Convalescent Hospital.  
  (No Dressings or Special Treatment).  
  Australian Auxiliary Hospital: \_\_\_\_\_

REGISTRAR  
- 7 NOV 1917  
NORFOLK WAR HOSPITAL

†3. Recommended for a Medical Board for \_\_\_\_\_  
Date Nov 7 1917 Signature of Senior Resident Surgeon, or Physician } [Signature]

This Form is to be filled in by the Registrar, except where marked otherwise.  
\*To be filled in by the Ward Sister.  
†To be filled in by the Resident Medical Officer.  
‡To be filled in by the Senior Resident Surgeon, or Physician.



W. D. C.

1-1

1

# ORIGINAL

## MEDICAL HISTORY SHEET.

Surname Beaulne

Christian Name Joseph Oswald

Examined on 5<sup>th</sup> day of Jan 1916  
at Edmonton

Approved by W. Watson

Birthplace { City or Town Rock forest  
County P. Q.

Rank Capt

M.O.

Apparent age 35

Trade or occupation Farmer

Height 5 Feet 8 1/2 Inches.

Weight 169 Lbs.

Chest measurement { Minimum 35 inches.

Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left yea  
Number 1

When Vaccinated last in childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<u>8 NOV 1917</u>
<u>22-2-16</u>	<u>X</u>	<u>Cat. A W. Watson</u>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>15.5.16</u>	<u>No Res. OK.</u>	<u>W. Watson</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13.6.16</u>	<u>OK</u>	<u>W. Watson</u>
<u>26-7-16</u>	<u>OK</u>	<u>W. Watson</u>
<u>4-5-17</u>	<u>2006</u>	<u>W. Watson</u>
<u>29/5/17</u>	<u>TAB</u>	<u>S. Taylor</u>
		M.O.

Enlisted on 5<sup>th</sup> day of January 1916 at Edmonton

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>138<sup>th</sup> Batt In</u>	<u>811791</u>		<u>5/1/16</u>
Transferred to	<u>128<sup>th</sup> Batt In C.D.</u>			<u>26-10-16</u>
	<u>4<sup>th</sup> Div. Art. Col.</u>			<u>21/1/17</u>
	<u>T.M. B. 5<sup>th</sup> Bn</u>			<u>27-1-17</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>SCSH. Boston</u>	<u>21/1/18</u>	<u>Trach Fever</u>	<u>Category B II</u>
<u>Wellesley Camp</u>	<u>22.2.15</u>		<u>Category A</u>
			<u>W. Watson</u>

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.

*Handwritten signature/initials*

**CANADIAN**

91.8.18  
11.9.18  
 TAB

Christian Name Joseph Oswald

Surname Beaulne

No 12 CAN

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Edinburgh Gen Hosp		1	4	16	7	4	14	Quinsey	7	Recovered	W. Watson
NORFOLK WAR HOSPITAL THORPE, NORWICH.		4	11	17	12	11	17	34 P.W.D.	8.		J. Brown FOR LT. COL. R.A.M.C., OFFICER IN CHARGE.
R. B. A. Lawson Canville Can Spec. Hosp Derbyshire		12	11	17	22	12	17		41		FOR LT. COL. R.A.M.C., OFFICER IN CHARGE.
		22	DEC	1917	26	1	18	190.	36	Patient is free from pain in legs now. To have a 1/2" high bar across sole of right foot behind heads of metatarsals. for category board.	W. J. ... Capt C.M.E.
GENERAL HOSPITAL.		6	12	18	19	12	18	Tonsillitis		Soreness throat on side of neck, a few Vincent's organisms found. Good recovery.	W. J. ...

PROCEEDINGS OF A MEDICAL BOARD.

EXAM. MED. BOARD  
21 JAN. 1918  
G. O. S. H.

Dated at ..... 1917.

No. 84791 Rank SMR Name BEAULNE J. O.

Local Unit C.R.A. Overseas Unit C7A. Age 37

Examination held at Granville Can. Spl. Hospital, Buxton

DISABILITY. TRENCH FEVER

Overseas ~~Local~~  
(SCRATCH ONE OUT)

PRESENT CONDITION.

*Was in France three months reported to this hospital with pains in both shins and in right foot. The pains in legs have cleared up but still has some pain in foot. Is at present wearing a bar across foot.*

BOARD RECOMMENDS :-

1. Fit for Duty ..... B II
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures :-

EXAM. MED. BOARD  
21 JAN. 1918  
G. O. S. H. Members

*[Signature]* ..... President.  
*[Signature]* .....  
.....

APPROVED

Dated 22 JAN. 1918 1917. *[Signature]* for A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1917.  
No. 8021 Rank 2nd Name BEAULNE

Local Unit \_\_\_\_\_ Overseas Unit C 7 A Age 37

Examination held at \_\_\_\_\_

DISABILITY  
(overseas duty)  
(separate one out)  
FRENCH FEVER

PRESENT CONDITION

Was a French fever with reported to the hospital  
with pain in both legs and in right foot  
the pain in legs has cleared up but still  
has some pain in foot. He is fit for duty.

BOARD RECOMMENDATIONS

1. Fit for duty
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for temporary base duty \_\_\_\_\_ weeks
4. Fit for permanent base duty \_\_\_\_\_ weeks
5. Discharge

Signatures:

President.

*[Handwritten signatures]*

Members

APPROVED

*[Handwritten signature]*

Dated \_\_\_\_\_ 1917.

**Medical Examination upon leaving the Service  
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *Private* Name..... *JOSEPH OSWALD* Surname..... *BEAULNE*  
 Unit or Corps..... *C.P.A.* (If a soldier) Regtl. No. *811991*  
 Born at..... *ROCK FOREST P.S.* on, date..... *16 FEB. 1884*  
 Signature (for identification)..... *J.O. Beaulne*

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight *165* lbs.      *Slight scoliosis*  
 Height *5* ft. *8 1/2* ins.

2. **NUTRITION AND DIATHESIS?**

*good.*

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?**

*no*

4. **RESPIRATORY SYSTEM.**

*no*

5. **HEART?**

*no*

Abnormal Sounds? *no*

Abnormal Size? *no*

Pulse Rate? *72*

Intermittence or irregularity? *no*

6. **ARTERIES.**—Any hardening?

*no*

7. **DIGESTIVE SYSTEM?**

*no*

8. **GENITO-URINARY SYSTEM?**

*no*

Urinalysis—s.g.? *1000.*

Reaction? *acid*

Albumen? *ny*

Sugar? *ny*

9. **SKIN, MIDDLE EAR, EYE**  
or any other part?

*no*

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

*Slight pain in damp weather result of trench fever.*

11. Opinion as to the health and physical condition of the one examined?

*good.*

Examined at..... *BURDON*

Signed..... *[Signature]* M.O.

Date..... *28-11-19*

Signed..... *[Signature]* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

Medical Examination upon leaving the Service

of an Officer in the regular service of the Army

16 FEB 1881  
J. D. [Signature]  
ROBERT [Signature]  
J. D. [Signature]  
J. D. [Signature]

Appointments

1881

100

100

100

100

100

100

100

100

100

1000

100

1000

Right hand in [unclear] [unclear] [unclear]  
Left hand [unclear] [unclear] [unclear]  
Ditto

[Signature]  
[Signature]

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at.....B.U.X.T.O.N......21st Jan. 1918.

No. 811791 Rank GNR. Name BEAULNE J.O.

Local Unit C.R.A. Overseas Unit C.F.A. Age 37.

Examination held at GRANVILLE CAN. SPL. HOSPITAL B U X T O N .

**DISABILITY.**  
Overseas—~~Local~~  
(scratch one out).

TRENCH FEVER.

### PRESENT CONDITION.

Was in France three months<sup>1</sup> reported to this Hospital with pains in both shins and in right foot. The pains in legs have cleared up but still has some pain in foot. Is at present wearing a bar across boot.

### BOARD RECOMMENDS:—

1. Fit for Duty..... Bii.
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

### Signatures:—

Geo. F. Boyer, Captain, C.A.M.C......President.

Exam. Med.  
Board, **Members**  
21st Jan. 1918.  
G.C.S.H.

F.G. Mac Donald, Capt., C.A.M.C......

APPROVED

Dated.....22 JAN. 1918.....1917.

*[Handwritten Signature]*  
FOR A.D.M.S. (CANADIAN) LONDON AREA. For A.D.M.S.



PROCEEDINGS OF A MEDICAL BOARD

Dated at \_\_\_\_\_

No. \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_  
Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_ Age \_\_\_\_\_

Examination held at \_\_\_\_\_

Signature \_\_\_\_\_

DISABILITY  
Overseas - Local

PRESSENT CONDITION

When in France the patient was hospitalized for  
several months and in the meantime the patient  
was treated by the medical staff of the hospital.  
The patient was discharged on \_\_\_\_\_

BOARD RECOMMENDATIONS

- 1. Fit for Duty
- 2. Fit for duty after \_\_\_\_\_ weeks physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature \_\_\_\_\_

\_\_\_\_\_  
President

Members

APPROVED

Dated \_\_\_\_\_ 1917

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

*Service - 3 yrs.*

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 *Joseph Oswald* 2. Surname *Beaulne*
3. Rank *Gunner* 4. Original Unit *138th Bn* 5. Reg. No. *811791*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Pouee Coupe B.C.*  
*1 Bank of Commerce*
7. Date of enlistment in the C.E.F. *9.11.16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. Dorothy Beaulne*
9. Relationship of such dependent *wife*
10. Address, in full, of such dependent *Pouee Coupe B.C.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
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:—
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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
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.
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*

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?
21. Have you, during the present war, served in the Imperial Forces?
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
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 <sup>118.</sup> now serving in the C.E.F.? *1919.3.19* If not, give:—(a) Date of discharge (b) Reason for discharge
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:

Place of Residence:

Declared before me at:

This *28<sup>th</sup>* day of *Feb* 19*19*

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.

*Joseph Oswald Beaulne*  
*Pouce Coupe*  
*B.C.*  
*O.S. Heard*  
*Magist.*

### POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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..... **138th O. Bn., C. E. F.**

(2) Regimental Number..... **811791**

(3) Full Name of Soldier..... **Beaulne Joseph Oswald.**

(4) Place of Birth..... **Rock Forest P.Q.**

(5) Are you married, or not?..... **No.**

(6) If married, state,  
(a) Full name of your wife..... **No.**

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

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

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

(10) Is your Mother alive?..... *Yes.*

If so, state name and address..... *Mrs. E. Beaulne*

..... *1056 Berri St Montreal*

(11) If your Mother is a widow..... *Yes.*

Are you her sole support, or not?..... *No.*

(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.

(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.

(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.

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

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

Have you made arrangements for payment of your Insurance premium..... *✓*

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

*A. Miller*  
for *Major*  
Commanding 138th. O. Batta. C. E. F.  
Officer Commanding. *A.O.D.*

Date *24th July 1916*

A.G.R. Rank Name **BEAULNE, Joseph Oswald** Reg'l No. **811791**

Unit **138th Bn.** If in perm. Corps, }  
What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Edmonton, 5th Jan., 1916.** Place of Birth **Rock Forest, Eastern Township, P.Q.**

Name and Address, Next-of-Kin **Mrs. E.C. Paradis,** Relationship **Sister.**

~~Montreal. *112 Gloucester Road, Peckham, S.E. 15*~~ Assigned Pay Monthly \$ **112 Gloucester Road, Peckham, S.E. 15** Payable to **RR 29 N 29 8/18**

*Ph*

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No.	<b>15414</b>
File R.L.	
Category	<b>OR</b> <span style="margin-left: 20px;">Can</span>

H. W. & V., Ltd. - 7165-16.

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.				
		<b>Arrived in England S. S. Olympic. 30.8.16</b>			
26.10.16	138 <sup>th</sup> Bn	S.O.S. on transfer to 128 <sup>th</sup> Bn	Pitney Camp	26.10.16	PII D.O. 249
27.10.16	128 <sup>th</sup>	T.O.S. from 138 <sup>th</sup> Bn	do	27.10.16	PII D.O. 62
21.1.17	128 <sup>th</sup>	S.O.S. on Trans to 4 <sup>th</sup> Can Div	do	21-1-17	PII D.O. 21
1-2-17	J.M.B. - 4 <sup>th</sup> Can	T.O.S. from 128 <sup>th</sup> Bn.	Witley	21-1-17	PII 2501-822
1-4-17	L.C.O.A. T.M.B.	now known as 5 <sup>th</sup> C.O.A.	"	29.3.17	" 91 4 <sup>th</sup> Bde
21.8.17	J.C.O.A.	Proceeded overseas	"	21.8.17	" 196 195
2-10-17	"	S.O.S. to 5 <sup>th</sup> DAC	Ym Field	22.8.17	196 196 2432 2-10-17
12.10.17	5 <sup>th</sup> DAC	S.O.S. to 5 <sup>th</sup> CDT.M.B.	"	2.10.17	245 196 12-10-17
30.10.17	5 <sup>th</sup> D.T.M.B.	To No. 1. Cas Class. Station	"	24.10.17	C.L.D. 199. N.Y.D. 9

*att  
bas*

A.F.B. 103 CHECKED  
28 AUG. 1917. 913

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.				
2.11.17	5 <sup>th</sup> D.T.M.B.	No. 4 General Hospital Danvers	Camiers	25.10.17	C.I.A. 81 Reg. P. A
9.11.17	" " " "	Portsmouth War Hospital	Thorpe	3.11.17	" 87. P.U.O.
12.11.17	" " " "	Invalids & Parked Reg. Depot	Field	3.11.17	P.I.O. 81 Reg Depot 245. 12.11.17
29.12.17	"	1st Gen Spec Hosp	Buxton	23.12.17	C.I.B. 128
26.2.18	band	SOS posted to RBCFA	Witley	23.2.18	Pr 57, Pr 59 & 28.2.18 RBCFA
<del>5.3.18</del>	<del>R.B.C.F.A</del>	<del>S.O.S. on posting to Sch. of G.</del>		<del>1.3.18</del>	<del>Pr 611</del>
28.3.18	Sch. of G.	Granted permission to marry	Witley	28.3.18	Pr 87.
23.5.18	C. Bde. C.R.A.	IOS from Res Bde.	"	23.5.18	Pr 1 & Pr 143 d/23 5/18 RB
29.12.18	" "	SOS to 1 <sup>st</sup> Res Bn.	Borden	28.12.18	" 221. & 1 Res Pr 311 d/29 12/18
6.2.19	1 Res	on Com C.D.D Buxton	Sejpra	5.2.19	Pr 31
24.3.19	1 <sup>st</sup> Res	Released on Com C.D.D. Buxton & S.O.S. to Lt. G. Imban (D.L. T)	D.H. T.	H-3-19	
			" "	4-3-19	-70

30

MILITIA AND DEFENCE  
**ASSIGNED PAY.**

To whom *Mrs Ethel G. Beaulns* By whom assigned *BEAULNS Jos.*  
Address *112 Gloucester Rd* Regtl. No. *811791*  
*Peckham S.E.15* Rank *Gun*  
Corps, &c. *CRA*

Rate ASSIGNED PAY *15<sup>00</sup>* SEPARATION ALLOWANCE *30<sup>00</sup>*  
Date to commence *1.12.18*

ASSIGNED PAY AND SEPARATION ALLOWANCE  
BEING PAID IN ENGLAND UNTIL ADVICE  
*Noted on P.C.*  
FROM OTTAWA OF DISCHARGE OF SOLDIER

**PAYMENTS HEREIN.**

Month.	Year.	Cheque No.	ASSIGNED PAY	SEPARATION ALLOWANCE	REMARKS.
Jan	1916 <sup>8</sup>				DISCHARGED TO CANADA. <i>30.11.18</i>
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		<i>E46000</i>	<i>15</i>	<i>30</i>	
Jan	1917	<i>E94181</i>	<i>15</i>	<i>30</i>	
Feb.		<i>J50865</i>	<i>15</i>	<i>30</i>	
Mar	<i>FB MAIN</i>	<i>J50952</i>	<i>15</i>	<i>30</i>	
April					
May					<i>Sailed to Canada 4/3/19</i>
June					
July					
Aug.					



# ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
Mar.					

Surname  
BEAULINE

Christian Name or Names  
J.O.

Reg. No.  
811791

Rank  
Gnr.

Unit  
CA CB

Cas. List.

12 CGH Bramshott 7-12-18.

Tonsillitis.

Disc 19.12.18

12-12-18 C423

23.12.18 C432

A.M.D. 2 DEPT.

Dept. of D.O.M.S., O.N.F.C., London.



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Yes

Roman Catholic

DESCRIPTION.

APPARENT AGE

34

YEARS

MONTHS

HEIGHT

5

FEET

8 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Clear

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Edmonton, Alta

DATE

Jan 5<sup>th</sup> 1916

Present Address

Pouce Coupe, B. C.

COUNTRY OF BIRTH

Canada

Rock View, P. Q.

DATE

Feb 16th 1881

PLACE OF ATTESTATION

Edmonton, Alta.

DATE

Jan 5th 1916

Noted from [unclear] for [unclear]

NAME

Mrs. E. S. Beaulne (Mrs)

RELATION

ADDRESS

119. Gloucester Rd.  
Edmonton, S. C. 15  
out. 2-21-34 7 3/10/16

NEXT OF KIN.

CHANGE OF ADDRESS

FORMER CORPS

Nil.

UNIT

138th

REG. NO.

811791

CHRISTIAN NAMES

Joseph, Oswald etc.

RANK

FOLL.

CARD NO.

X 88

From [unclear]  
Date [unclear]  
out 2-21-34 7 3/10/16

No. 811791

RANK Pte.

NAME Beaula Joseph Oswald

Beaulne

T. O. S. 5-1-16

UNIT 138th B attalion C. E. 21

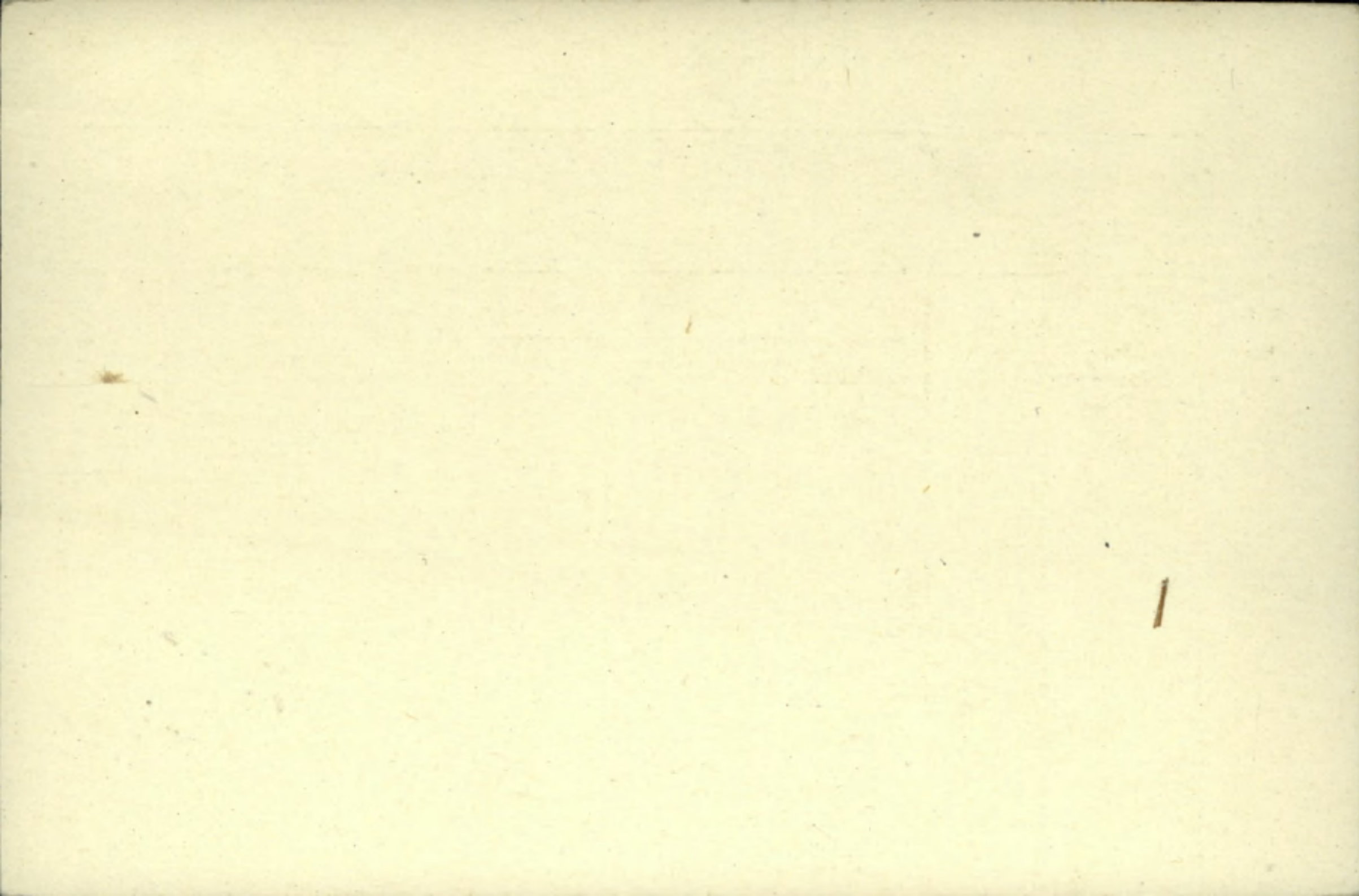
O.O. 16 of 20-1-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Jan. 5	1916 Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May.	✓		
	June	✓		
	July	✓		
	Aug.	✓		
			To proceed O/S 21-8-16	DD 189 of 12-8-16.

UNIT SAILED

AUG 22 1916



No. 12 CAN. GENERAL HOSPITAL. HOSPITAL.



AT.....

A. & D. No. 11204 PL. OF ACTION.....

RANK. 7th REG. No. 811 791 UNIT. C.P.A. SICK OR WOUNDED

NAME. Beaulieu AGE. 36 RELIGION. P.C.

PLACE IN HOSPITAL. Isal Am.

DIAGNOSIS. Tonsillitis

ADMITTED. 6-12-18. FROM.....

DISCHARGED..... To.....

TRANSFERRED. DEC 19 1918

SERVICE AT HOME. 36/12. IN FIELD.....

RESULTS.....

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





JOSEPH OSWALD

A. C. N/E

Name **BEAULNE** Rank **Gnr**

Reg. No. **811491**

Unit ~~112th~~ ~~112th~~ **64th** Camp **Bell-6100**  
 Next of Kin **112 Gloucester Poi. Regt. Ham. S.E. 15**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1914						
24-10	1 Cas b/c Stat.	✓	MYD Q	279		6192
25-10	H. G. H. Donner Carrier	✓	do	281	HA	15644
3-11	M. J. H. W. G. H. Thapa		P.M.O.	1387		5270
23-12	G. Can Spec Hpl Baxton		Trench Feve r		89	451
26-1	Discharged		do	3155		2786
4-12	12 Can Gen Hpl			6423		2812
19-12	Disch'd		do	4432		603



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C 342.  
SB2-

12 G. Gn. Pramps.

" " " " Dis.

7-12-18

19-12-18

2 tonsillitis

"

NAME

Beaulne, J. O.

REGT. No.

811791

RANK AND UNIT

Grv. Lt. Law. Art.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 79	No 1 Cas. Chr. Stat	24-10-17	N. Y. Hl. "Q" (Can Arty)
A 81	No 4 Gen Dames Camiers	25-10-17	" " " " (" "
B 87	Norfolk Thrope Norwich	3-11-17	P. W. S.
B 128	Granville Candee Buxton	23-12-17	Trench Fever (Can Arty)
B 155	discharged	26-1-18	" " 25-2-18

NAME *Beaulne J. W.*

RANK AND COPPS *Cpr*

REGT'L No. *811491*  
H. Q. FILE No. 649.

*5 J. M. B.*

FOLLOWS  
No. \_\_\_\_\_  
FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

R. & O. 6034.

REGTL. NO.

811791

RANK

Pvt

NAME

Beaulieu, Jas. Oswald

COY.

H.Q.

FOLIO

Trans.

TAKEN ON FROM

Enlisted

DATE

5/1/16

PARTICULARS

PROMOTIONS OR APPOINTMENTS

AUTHORITY

DATE

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

13-6-16 26-7-16 4-5-17

QUALIFICATIONS

Hammer

VACCINATION

15-5-16

DRAFTED TO

4th Dist. Artillery, Col. 2/1/17

REMARKS



## LEAVE

NEXT OF KIN

FROM

TO

Robert Alcorn. (Friend)

Fort Saskatchewan, Alberta.

REMARKS

See musketry course Longman 10/11/16

Ret 6-2-17 Ret 12-2-17

23-5-17 25-5-17

*Paul*  
*70A*  
Number

811791

Rank

Gen. B

Surname

BEAULNE

Christian Name

Joseph Oswald

Units

C.7-a.

Theatre of War

France

Date of Service

21-8-17

Remarks

Latest Address

Pouey. Coube

Peam River

Roll No.

B.C.

200m. -6-21.

*Page 19419*

DESP. MAY 27 1924

REGN. NO. 4571

Grampian 14-3-19

6569

AUDITOR *80* PAYMASTER *X*

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

REGT. No. *811991* RANK *Cm* NAME (IN FULL) *BEAULINE J.O* (BLOCK LETTERS SURNAME FIRST)

M. & R. S. *MI*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>English L.P.C. 30/11/18</i>			PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE
ADDRESS					<i>15.00</i>	<i>1.11.19</i>
					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mrs G. Beauline</i>	<i>Wife</i>
					ADDRESS	
					<i>Cross Camp Peace River BC</i>	<i>Both</i>
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					<i>St. Johns</i>	<i>24/1/19</i> <i>19.3.19</i> <i>WA</i> <i>Geo</i>

MONTH	PAY AND F.A.		OTHER CREDITS			TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS								
	NO. OF DAYS	RATE	AMOUNT					COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT									
<i>30/11/18</i>	<i>10</i>					<i>241.89</i>	<i>241.89</i>																<i>241.89</i>	<i>paid 1 day pay of I.P.C.</i>								
<i>24/1/19</i>						<i>402.29</i>	<i>402.29</i>	<i>28/12/18</i>	<i>12/2/19</i>	<i>63.26</i>	<i>4.87</i>	<i>5.00</i>	<i>60.00</i>								<i>133.13</i>	<i>68.90</i>	<i>69.73</i>	<i>5.50</i>	<i>09.73</i>	<i>75.23</i>	<i>45.23</i>	<i>WA</i>	<i>other chg over paid 5 days P.V.A</i>			
<i>183 days</i>			<i>470</i>	<i>180</i>		<i>600</i>															<i>83</i>	<i>69.73</i>	<i>11.00</i>	<i>75.23</i>	<i>76.23</i>	<i>86.23</i>	<i>86.23</i>	<i>333.79</i>	<i>180</i>	<i>1100 other chg to adjust Sep allow</i>		
																					<i>86.23</i>	<i>130</i>	<i>363.77</i>	<i>120</i>								
																					<i>83.77</i>	<i>210</i>	<i>90</i>									
																					<i>100</i>	<i>140</i>	<i>60</i>									
																					<i>100</i>	<i>70</i>	<i>30</i>									
																					<i>100</i>											
																					<i>600</i>											

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2585 received.

*W. Brown*  
 Officer in Charge War Service Gratuity  
 M.D. No. 11





\* Strike out whichever inapplicable.

ASSIGNED PAY. <i>paid</i>	ENGLAND or CANADA. <i>CANADA</i>	SEPARATION ALLOWANCE.	ENGLAND or CANADA. <i>CANADA</i>
EFFECTIVE DATE:- <i>1-6-18</i>	EFFECTIVE DATE:- <i>12.5.18</i>	AMOUNT:- <i>15 00</i>	AMOUNT:- <i>25 00</i>

NAME:- *BEAULNE Joseph Orville*  
 NUMBER:- *811791*

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 Ethel Gertrude Beaulne wife*  
*162 St. George Rd.*  
*Peckham S.E. 15*  
*London*  
*112 Gloucester Road*  
*Peckham S.E. 15*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Sur.</i>

UNIT AND TRANSFERS  
 ORIGINAL UNIT:- *138 Battalion*  
 DATE ACCOUNT FIRST OPENED:- *1 Sept 1916*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			<i>CKA</i>

ASSIGNED PAY AND SEPARATION ALLOWANCE PRINT PAID IN ENGLAND UNTIL ADV. BY THE PAYEE OF THE SOLDIER NAMED HEREIN

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
<i>17/1/18</i>	<i>194</i>	<i>Bdn</i>	<i>2 43</i>				
<i>29/1/18</i>	<i>1099</i>	<i>"</i>	<i>9 73</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>100</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discharge to Canada 30/4/18 Cr. Bal. \$ 241-*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>									<i>319 21</i>	<i>127 47</i>	
<i>Apr. 2p</i>		<i>33</i>		<i>AK 36 CKA 1.4.18</i>	<i>3893</i>						
				<i>AK 273. CKA 10.4.18</i>	<i>243</i>						
				<i>AK 596. CKA 24.4.18</i>	<i>243</i>				<i>308 42</i>		
		<i>33</i>			<i>4379</i>						
<i>May 4p</i>		<i>3410</i>		<i>AK 916. CKA 8.5.18</i>	<i>973</i>						
				<i>Supp Ch A 48830. £ 3-6-4 <sup>12.5.18</sup> to 31.5.18</i>							<i>1614</i>
				<i>G. Regn. 470. CKA 5.5.18</i>	<i>9733</i>				<i>230 59</i>	<i>277 67</i>	
				<i>AK 1447 do 23.5.18</i>	<i>487</i>						<i>1614</i>
		<i>3410</i>			<i>11193</i>						
<i>June 2p</i>		<i>33</i>		<i>AK 665 £ 8.45</i>			<i>15</i>		<i>248 59</i>		<i>25</i>
				<i>AK 1852. CKA 12.6.18</i>	<i>973</i>						
				<i>AK 2330 . 26.6.18</i>	<i>1460</i>				<i>224 26</i>	<i>277 67</i>	
		<i>33</i>			<i>2473</i>		<i>15</i>				<i>25</i>
<i>July 4p</i>		<i>3410</i>		<i>B 90626 £ 8-4-5</i>			<i>15</i>		<i>243 36</i>		<i>25</i>
				<i>AK 2665. CKA 10.7.18</i>	<i>487</i>						
				<i>. 3185 . 24.7.18</i>	<i>973</i>				<i>228 76</i>		
		<i>3410</i>			<i>1460</i>		<i>15</i>				<i>25</i>
<i>Aug 4p</i>		<i>3410</i>		<i>B 29625 £ 8-4-5</i>			<i>15</i>		<i>247 86</i>		<i>25</i>
				<i>AK 3513. CKA 10.8.18</i>	<i>487</i>						
				<i>" 3968 do 20.8.18</i>	<i>973</i>				<i>233 26</i>	<i>277 67</i>	
		<i>3410</i>			<i>1460</i>		<i>15</i>				<i>25</i>
<i>Sept 2p</i>		<i>33</i>		<i>B 85632 £ 8-4-5</i>			<i>15</i>		<i>251 26</i>		<i>25</i>
				<i>AK 4315. CKA 11.9.18</i>	<i>487</i>						
				<i>AK 4833 . 25.9.18</i>	<i>973</i>				<i>236 66</i>	<i>315 00</i>	
		<i>33</i>			<i>1460</i>		<i>15</i>				<i>25</i>

*Fwd*

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
													23666	31589	
Oct					Pay	3410		Arb N 40303			15		25376		25
								Arb 5038	7/10	3407					
								Arb 5874	23/10	487			21682		
						3410				3894	15		5238		
Nov						33		D 81100			15		26905		40
					Int on Dep Pay	1923		Arb 194 @ Ra	12/11	243			5149		
								Arb 1099	28/11	973					
						5223		Arb 1195 - Emerged	23/12	2433			21756		
						5223				3649	15				40

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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. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260A)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D. 3)
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (P. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

17 FEB 1919  
 CANADIAN DISCHARGE DEPOT, C.E.F.  
 BUXTON, DERBYSHIRE  
 FEB 6 1919  
 FILE

WT  
 SHORT FORM.

Military District 13

PROCEEDINGS ON DISCHARGE  
 (Demobilization.)

Next of Kin *Wife*  
 War Service *Boys*  
 # *232673*

1. No.	<i>811791</i>	
2. Rank.	<i>Ynr.</i>	
3. Name.	<i>Beaulne Joseph O.</i>	
4. Unit.	<i>BCRD</i>	
5. Date of Discharge	<i>19-3-19</i>	Place <i>ST. JOHN, N. B.</i>
6. Reason for Discharge	Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G.S-1-22 of April 5th, 1918.	
Trade	<i>Rancher</i>	Occupation <i>1</i>
Service in France	<i>3 1/2 years</i>	
7. Authority.		
8. Proposed Residence after Discharge	<i>Peace Coupl. Peace River BC</i>	
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. ?	
	<i>J. O. Beaulne</i> Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
Place		
Date		
	<i>AS 22-6-54</i>	
Signature	<i>H. A. Smith</i> (O. C. Discharging Unit.)	

DISCHARGE DEPOT  
 ST. JOHN, N. B.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation or to his capacity to perform any work or to his ability to perform any work in the general market for unskilled labour.

15. THE PENSIONABLE DISABILITY.—As far as the soldier is concerned, the disability is permanent.

16. PERMANENCY OF THE PENSIONABLE DISABILITY.—Estimated next above in 15.

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

18. Remarks.

19. The Commission for the Pensions and Claims Board, Canadian Expeditionary Force, assembled at

Dated at this day of 191

Signatures of the Board: President.

Reserved for M.H.C.

Regt. No. 811891 Rank Gunner Surname BEVILUE Christian Name Joseph Oswald

Unit or Corps—(a) Overseas from United Kingdom T.M.B. (b) In United Kingdom Sch. of Gunnery

Born at—Town Rockforest, County or Province P.Q. Country Canada

Date of Birth—Day 16th, Month February, Year 1891, Age 27 yrs, 7 months

Joined at Edmonton, Alta. Date 7th Jan. 1916

Former Trade or Occupation T.M.B.

Permanent marks or peculiarities that will serve for future identification: boot

Height—feet 5 inches 8 1/2 Colour of eyes Brown

Signature of Soldier (for identification purposes) J. D. Bevilue

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Table with 3 rows: Disabilities Group (a) PAINS AND SWELLING RIGHT LEG; Disabilities Group (b) None; Disabilities Group (c) None.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury)

Table with 3 columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: Trench Fever, France, 27th Oct 1917. Row 2: None, None. Row 3: None, None.

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

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

Table with 3 rows: (i) As to Group (a) above? Yes. If yes, has Active Service aggravated it? Yes. (ii) As to Group (b) above? ---. If yes, has Active Service aggravated it? ---. (iii) As to Group (c) above? ---. If yes, has Active Service aggravated it? ---.

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

Table with 3 rows: (i) As to Group (a) above? No. (ii) As to Group (b) above? ---. (iii) As to Group (c) above? ---.

5. If a cause of disability was an injury received on Active Service, was it received—

- (i) While on duty? **NOT APPLICABLE**
- (ii) While off duty? **NOT APPLICABLE**
- (iii) Was a Court of Inquiry held? **NOT APPLICABLE**
- (iv) Where? **NOT APPLICABLE**
- (v) When? **NOT APPLICABLE**
- (vi) Opinion of the Court? **NOT APPLICABLE**

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

Three months in France. Evacuated with Trench Fever, 27th Oct. 1917. Granville Can. Spec. Hosp. Buxton reports:— Patient is free from pain in his legs now. To have 1/2 in. high bar across sole of right boot.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

This man has a slight disability of the right leg, probably due to an anterior poliomyelitis in childhood. Slight atrophy of the ant. tibial muscle. The great toe is rather shortened and inclined to cock up. No callouses on superior surface. There is 1/2 shortening of right leg. He was a farmer and prospector, both necessitating much walking. He has had this condition for the past 20 to 25 years and it should not be a cause of disability now.

8. OPERATION. (i) Was one performed?

- (ii) If so, state what. **NOT APPLICABLE**
- (iii) Was one advised and declined?

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

9. (i) Is there loss or decay of teeth attributable to Active Service?

- (ii) If so, describe. **NOT APPLICABLE**

10. DO YOU RECOMMEND:—

- (a) Fit for duty? **Yes. "A"**
- (b) Fit for base duty? **No.**
- (c) Invalid to Canada? **No.**
- (d) Discharge from the Service as permanently unfit? **No.**

Date of Report... Feb. 18th. 1918 Signed... D. J. Indley, Capt

Station... Witley Camp, Surrey, England.

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except

W. H. B. M. G. (Officer i/c Hospital) Strike out one of these. S.M.O. Brigade

Dated at... Witley Camp Station, on 21-2-1918

\* Delete if inapplicable.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the cases properly.

11. Is the disability fully indicated in Part I. (1)? If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier (b) Misconduct of the Soldier

14. 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?

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent? (ii) If not permanent, what is its probable minimum duration (in months)?

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

18. Remarks.

- 19. Recommendation:—(a) Fit for duty?
- (b) Fit for base duty?
- (c) Invalid to Canada?
- (d) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

President.

Station

Signatures of the Board.

Approved

A.D.M.S.

Dated at

Station