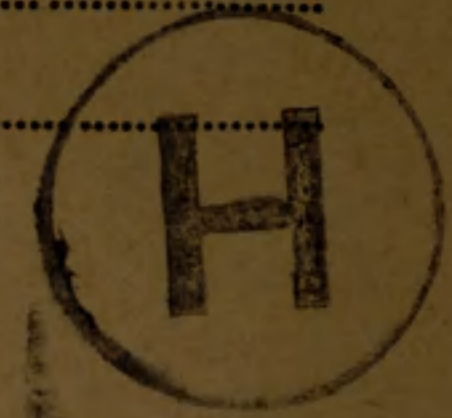
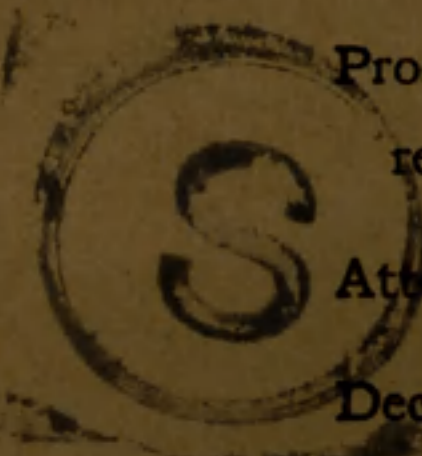


T.J. 17-2-19

DISCHARGE DOCUMENTS

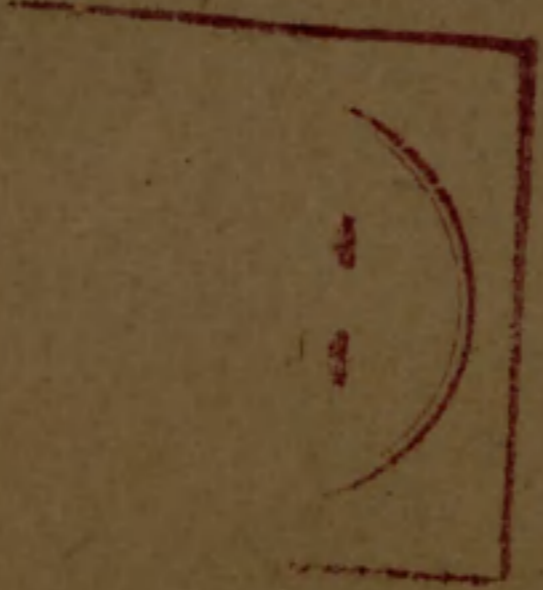
R. O. No.....
H. Q. No.....



- 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.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate..... 1

Name BUJOLD, JOSEPH OSCAR
 Regt. No. 3289956 Rank Sapper
 Corps No. 1 Engineer Depot Coy
Demobilization

49689



M FW 129-1
 M FB 465-1
 M FW 178-1
 M FW 113-1
 M FW 71-2

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No 3289956 Rank Sapper

NAME IN FULL BUJOLD Joseph Oscar.

THE 1st Depot Battalion 2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE AT Quebec.P.Q.

ON THE 23rd

DAY OF July 1918

HE SERVED IN No 5 Engineer Depot Coy

AND IS NOW discharged from the Service by reason of DEMOBILIZATION

ROUTI ORDER 1357. Para (a) of the 25-11-18

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows

Age 21 years 8 months

Marks or Scars

Height 5 feet 10 Inches

Complexion Dark

Eyes Blue

Hair Black

NNL

Signature of Soldier

Issuing Officer

Major, R.C.

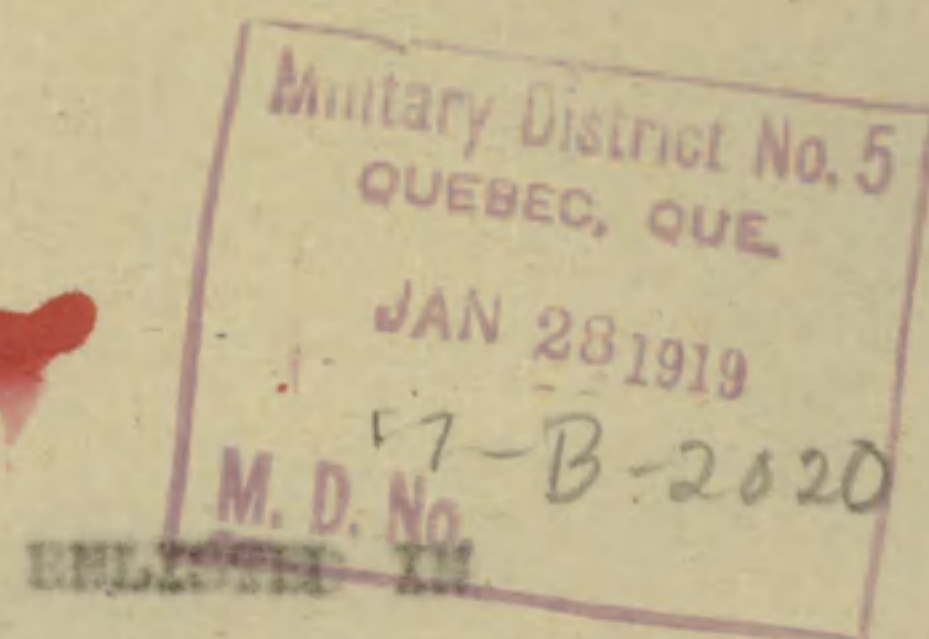
C.R.C. M.D.5.

Date of Discharge January 22nd 1919

Signed at Quebec.P.Q. this 22nd day of January 1919

In Military District No 5

File reference. E-3-B-956



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3289956 Rank Sapper Name Dujald, J.O.

Corps No 5 Engineer Depot who was* Discharged

On 22nd January 1919, to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 16-1-19 191.....
 to 22-1-19 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	24	20
Advances } No.....			Reg't Pay <u>7</u> days at \$ <u>1</u> c.....	7	
by } No.....			Field Allow. <u>7</u> days at \$.....	10	70
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allee. No.....			Other Allowances* <u>Clothing</u>	35	00
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No. <u>98</u>	66	00	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	66	00	Total.....	66	00

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 311 191..... }
 { and Sep'n Allee. for month of..... 191..... } (to) Assignee.....
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 30-7-18
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge Demobilization authority R.O. 1528 of 18-11-18
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

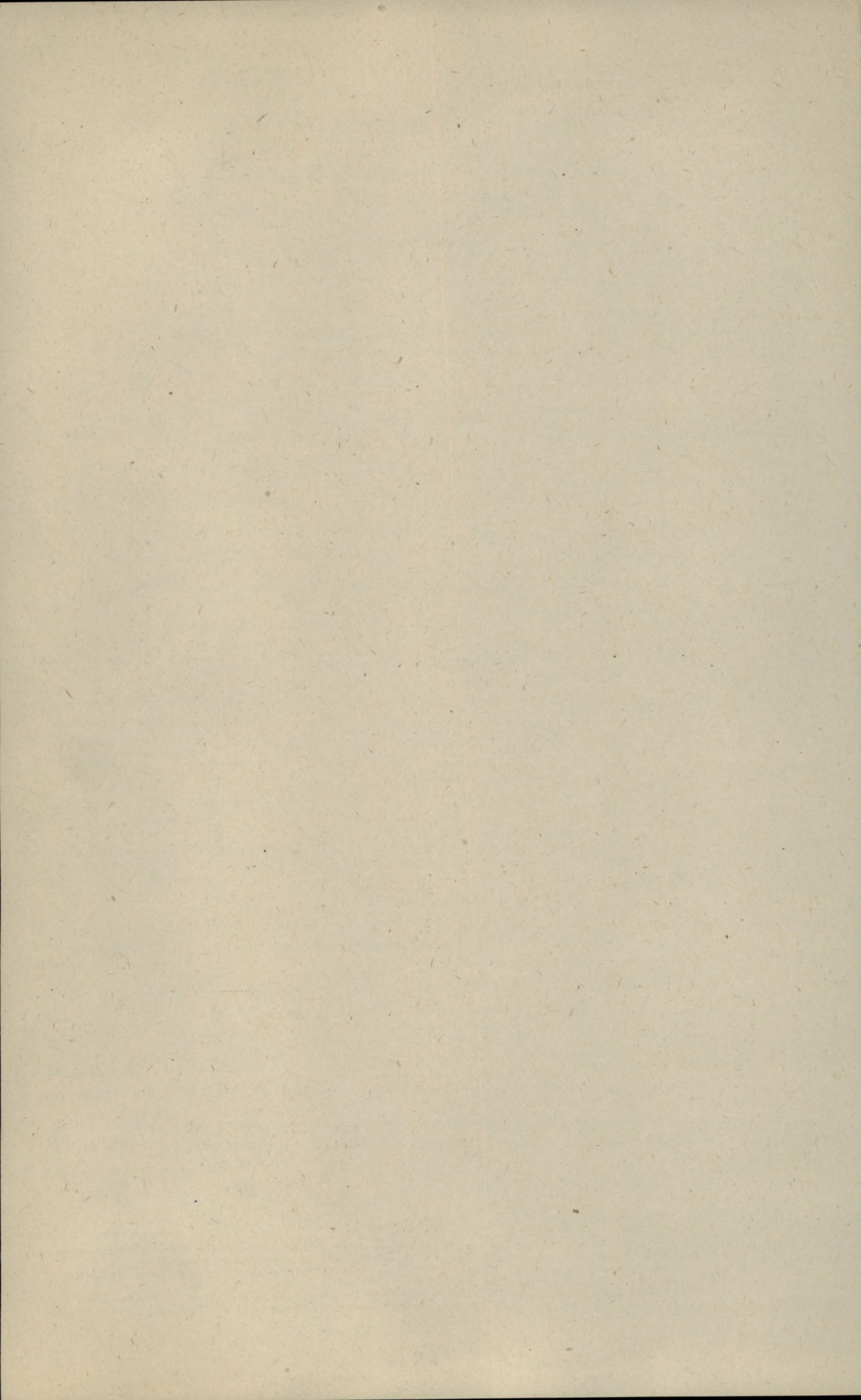
I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 22nd January 1919

Place Quebec, P.Q.

Russell G. E.
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



No crime Lot 92

MILITARY SERVICE ACT, 1917. 3289956

MEDICAL HISTORY SHEET.

Original

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 duplicate on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Cuyold Christian name Oscar

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } 222834 EC

3. Consecutive number on schedule of men reporting for service (if he appears on it)..... } 17-B-2020

4. Address (including street and number, if any)..... } Chandler

Military District No. 5
 QUEBEC, QUE.
 JAN 28 1919
 M. D. No. 35

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 30 day of July 1917, by the undersigned medical board sitting at Quill Point Quebec

5. Age as stated 21 Years 3 Months. 6. Apparent age 21 Years _____ Months

7. Height 5 Feet 10 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 31 Ins. 10. Complexion Dark { Eyes Blue
 { Maximum 24 Ins. { Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm _____ 14. When vaccinated last never
 { Left arm _____

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

Signature of Man

16. Slight defects but not sufficient to cause rejection Nil

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 AT eyes 10 D 20 L D 15
Hearing Rt ok Lt ok

J. P. Gibson Member. J. P. Farnille President. J. P. Farnille Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2-8-18</u>		<u>K Claims apt. M.O.</u>	<u>2-8-18</u>		<u>K Claims apt. M.O.</u>
		<u>M.O.</u>	<u>12-8-18</u>		<u>K Claims apt. M.O.</u>
		<u>M.O.</u>	<u>19-8-18</u>	<u>TAB</u>	<u>at clinic Point</u>

Joined 30 day of July 1917 at Quill Point Quebec

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3289956</u>		<u>30/7/18</u>
Transferred to.....	<u>Canadian Engineers.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>AUG 19 1918</u>		
<u>Quebec PQ</u>	<u>22-1-19</u>	<u>NIL</u>	<u>AT</u>

Lead staff
 President Medical Board, St. Johns, P.Q.

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

MOBILIZATION CENTRE M. D. 5

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. **1st. DEPOT BATTALION, 2nd. QUEBEC REGIMENT**

Regimental No. **3289956** Rank **Private** Name **BUJOLD Joseph Oscar**
C. E. F.

Enlisted (a) **23-7-18** Terms of Service (a) **Can. Expd. Force** Service reckons from (a) **30-8-18**

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) **Traveller**

Military District No. 5
QUEBEC, QUE.
17-8-2020

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				

Trans to **ENGINEER TRAINING DEPOT** *St. Johns P. B 30/7/18 # 228*

Discharged account Demobilization

R.C. 1357 Para (a) of 25-11-18

Part II orders 22 of 22-1-19

Civilian Address

St Helene de la Croix

*Bonaventure C
P2*


M. Henderson
MAJOR R. C. E.
Commanding R. C. E. M. D. No. 5.

(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. IP.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				



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..... **Spr** Name..... **Oscar** Surname..... **Bugold**
 Unit of Corps..... **R.C.E.** (If a soldier) Regtl. No..... **3289956**
 Born at..... **Bonaventure Bonaventure Co.** on, (date)..... **May 1st 1897**
 Signature (for identification)..... *[Handwritten Signature]* **JAN 28 1910**
12-B-2020

The examination is to be made by one Medical Officer.

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

Weight	Colour of eyes
130	Blue
.....lbs.
Height	Identification Marks, Scars, etc.
5' 10"	Nil
.....ft.in.

2. NUTRITION AND DIATHESIS?

Fair

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

No

5. HEART ?

Abnormal Sounds ?

Nil

Abnormal Size ?

No

Pulse Rate ?

72

Intermittence or irregularity ?

No

Muscular Tone ?

Good

6. ARTERIES.—(a) Any hardening or nodulation ?

(b) Blood Pressure.

Nil

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included).

Nil

8. GENITO-URINARY SYSTEM ?

Nil

Urinalysis—S.G. ?.....

Reaction ?.....

Albumen ?.....

Sugar ?.....

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

Vision :

Hearing :

Nil except for acne face and chest

Rt. Eye.....OK.....

Rt. Ear.....OK.....

L. Eye.....OK.....

L. Ear.....OK.....

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

No

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

Good

Examined at.....Quebec.....

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

Date.....23-1-19.....

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

S.)
A.)

NIL

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A.)
P.)

15.00

- 1. Name in Full (Surname first) Buyold Joseph Oscar
- 2. Rank and Regimental Number Pri 3289956
- 3. No. of Battalion or Corps _____
- 4. Date of Enlistment 30-7-18
- 5. Full Name of Wife _____ or
Widowed Mother _____ or
Children's Guardian _____

A. P. ONLY

6. Address _____

7. State ages of Children: Girls under 17 _____ Boys under 16 _____

8. With whom do your Children reside? _____

9. Amount of Assigned Pay 15.00 10. Name of Assignee Charles Buyold

11. Address St. Helene de la Croix, Bonaventure
Embarras Station P. Q. Canada.

12. From what date is Assigned Pay effective? Embarkation
13. Date of Marriage
14. Date Marriage Certificate examined by Paymaster
15. Date Birth Certificates (in case of guardian) examined by Paymaster.....
16. If soldier is sole support, does Statutory Declaration accompany this application? no
17. Have you made a previous Claim for Separation Allowance? Give particulars no
.....
no
18. Is Separation Allowance being paid on your Account to any person?
19. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place? yes
20. Will you be in receipt of a salary as such, while serving? If so paid, how much per month? yes
21. Name of Corps prior to enlistment in the C.E.F. yes

I hereby certify that the above is a true statement.

Signature of Officer forwarding this application,

Josecar Bygones
Name of Soldier.

Unit.....

Date.....

CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &C.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &C.</small>
	No.	DATE	
<p><i>F. Leave</i> <i>Ext. to 15.11.18</i></p>	305	1.11.18.	
<p><i>Ext. to 1.12.18</i></p>	315	11.11.18	
<p><i>T.O.S.</i></p>	46	15-2-19	<p><i>From St John's - Que</i> <i>Discharged in</i></p>
<p><i>A.O.S.</i></p>	46	15-2-19	
<p><i>accordance with</i> <i>of 25-11-19.</i></p>		R. Orde	<p><i>1357 para (a)</i></p>
	<p><i>Civilian</i></p>		<p><i>Address</i></p>
	<p><i>Surey,</i></p>		<p><i>Compton Co P. 2.</i></p>

NAME Bujold, Joseph Oscar

REGIMENTAL NO. 3289856

RANK

ENLISTED AT Quebec

PROMOTIONS, &c.
AND DATE

DATE 30-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

single

NEXT OF KIN Charles Bujold

RELATIONSHIP

father

ADDRESS OF Ste Helene de la Croix, Bonaventure Co. P. Q.

ASSIGNMENT OF PAY \$ 15.00 c. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE <small>E.G. ABSENCE, PROMOTION, &C.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &C.</small>
	No.	DATE	
Discharged	22	22-1-19	P.O. 1357 Parc 1a/ of 25-11-18 Address St Helene de la Croix Bonaventure

NAME

Bufoald. Joseph Oscar

REGIMENTAL NO.

3289956

RANK

Spr

ENLISTED AT

Quebec P. 2.

PROMOTIONS, &c.
AND DATE

DATE

30-7-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Charles Bufoald

RELATIONSHIP

Father

ADDRESS OF

St Helene de la Croix Bonaventure

ASSIGNMENT OF PAY \$

C.

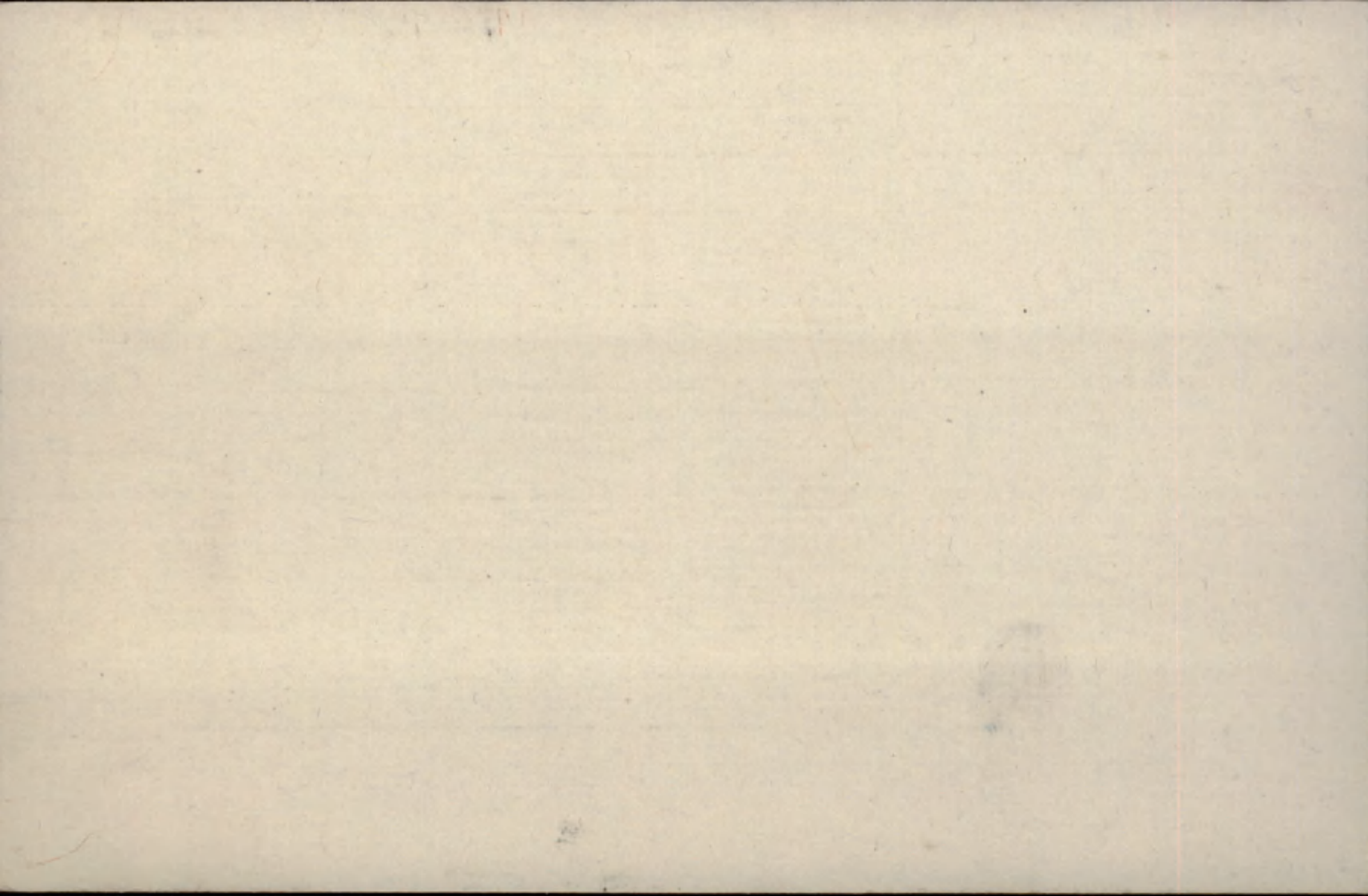
TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



Surname *Buzold*
Christian names *Joseph Escar*
Regtl. No. *3279956* Rank *Cte*
Unit *2nd Que. Regt. 1st Depo. Bn.*

H. Q.
M. D. No. *57* *26 Feb 1919* *as set 17* *1/8/18* *Eng. 32* *Dpo.*
T. O. S. *July 23rd 1918*
D. O. Pt. II *2/31* of *19-8-18*
S. O. S. *Dis 22-1* 19 *19*
Reason *Dismissed*
Auth. *AO 22 of 22-1-19*
5-Eng. Dpo.

Next of kin *Buzold Charles*
Address *Ste. Helene de la Croix,
Bonaventure Co. P.Q.*

Relationship *Father*

Also notify:

BORN—Place *Canada Bonaventure P.Q.* Date *May 1st 1897*
ATTESTED—Place *Quebec P.Q.* Date *July 23rd 1918*
O/S..... R/C.....

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... 2 ✓	Militia Form W. 133
Field Conduct Sheet..... 1 ✓	Militia Form W. 178 or A.F.B. 122
Casualty Form..... 1 ✓	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate..... 1 ✓	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet..... 1 ✓	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board..... 1 ✓	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Clothing Transfer	
Dental History Sheet..... 1 ✓	Militia Form B. 465
Medical Report..... 1 ✓	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Training History	
Company Conduct Sheet..... 1 ✓	Militia Form B. 263a
Discharge Certificate 1 ✓	
War Service Badge Infor- 1 ✓	
" " " Application 1 ✓	
Will form Receipt 1 ✓	
M.F.W. 71 1 ✓	
SA & AP Card 1 ✓	
Demobilization Ques 1 ✓	
Proceedings on Discharge 1 ✓	

P.M.L.
6-2-19

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Military District No. 5
QUEBEC, QUE.
JAN 28 1919
17-B-2020
M. D. No.

1. No.	3289956
2. Rank.	Sapper
3. Name.	BUJOLD. Joseph. Oscar.
4. Unit.	No 5 Engineer Depot
5. Date of Discharge	22-1-19
Place	Citadel Quebec P.Q. Jan 22nd 1919
6. Reason for Discharge	DEMOBILIZATION Routine Order 1357 Para (a) of the 25-11-18
7. Authority.	Routine Order 1357 Para (a) of the 25-11-18
8. Proposed Residence after Discharge	Ste Helene de la Croix, Bonaventure County, P.Q.
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? 39</p> <p><i>J. Bujold</i></p> <p>Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>Citadel Quebec P.Q.</u></p> <p>Date <u>January 22nd 1919</u></p> <p><i>M. Hudson</i></p> <p>Signature <u>(O. C. Discharging Unit.)</u> Commanding R. C. E. M. D. No. 5.</p>	

Parliamentary District No. 5
QUEBEC, QUE.
JAN 28 1919
17-B-2020
D. No.

nil

J. P. Bayard