83
29-8-19

REGIMENTAL DOCUMENTS form 625

NAME Chaput Joseph Donat REGT. NO. Lieut- UNIT C a m lb H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M	France. 4th Stat Hosp. Sgt	Feb 9.12.19	15648	DEATH
1	ROYALTY FORM (M.F.W. 54 or A.F.B. 103)				C.6	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		B.R.C.	30/5/20	Spec 30 25 do	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					d. 19 Mar 20
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Can 27-5-20			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category med unfit
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Doc - S. F - 10					
1	Pay Card					
1	A.F.B. 122					
1	179 - 2					
1	P. 122 2					
1	P.C. 6091.					

40356

W. 2589
100M 11-18
1772-39-1327

1

Card 2 B 4/16 beard mgs. 35

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS).
1.	What is your name?	Donat Chaput
2.	In what Town, Township or Parish, and in what Country were you born?	St Ambroise de Kildare P.Q.
3.	What is the name of your next-of-kin?	Father Hormidas Chaput
4.	What is the address of your next-of-kin?	Howell Saskatchewan
5.	What is the date of your birth?	Sept 26. 1890
6.	What is your Trade or Calling?	Medical Student 4th year
7.	Are you married?	Yes
8.	Are you willing to be vaccinated or re-vaccinated?	Yes
9.	Do you now belong to the Active Militia?	Yes Laval C.O.T.C.
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	Yes
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

Donat Chaput (Signature of Man).

Albert J. Giroux (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Donat Chaput, 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.

Donat Chaput (Signature of Recruit)

Date March 13 1915 Albert J. Giroux (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Donat Chaput, 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.

Donat Chaput (Signature of Recruit)

Date March 13 1915 Albert J. Giroux (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 Montreal this 16th day of March 1915.

C. Fiset Major (Signature of Justice)

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

.....(Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841

Description of Chaput-Donat on Enlistment.

Apparent Age 24 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 3 3/4 ins.
Chest measurement — Girth when fully expanded	34 ins.
Chest measurement — Range of expansion	5 1/4 ins.
Complexion	Fair
Eyes	Blue
Hair	Chatain

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).

1 Birth mark left scapula
1 vaccinations left arm

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 March 16 1915 E. Peltier Major

Place Montreal O.C. No 4 F.A.

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.

Chaput Donat 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.

for O.C. E. Peltier (Signature of Officer)

APR 9 1915

No. 4 STATIONARY HOSPITAL FRENCH CANADIAN

Date 191 .

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER Chaput, Joseph Donat. #

REGIMENT A. M. C. TRAINING DEPOT RANK Lieut.

No.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination																						

M. F. B. 465
2M-M-1-17
1772-39 950

Canadian Discharge Depot.
Empire Hotel. Burton.

11 MAY 1917

.....1917.

No. 625.

I hereby certify that the marginally noted man was examined by me on the above date, and was not suffering from any skin, contagious, infectious or venereal diseases, and that he is fit to travel.

Name Sgt. Chaput L.

E. N. Kelley

Capt. C. ..M.C.
Canadian Discharge Depot.

Number Rank Name

625. Sp. Asspt N.

Postenhanger, Kent.

Apl 20/ 1917.

The marginally noted has this day been examined and found free from Vermin, Venereal, and Skin Diseases, and I consider him in a fit state to travel.

Wm Robb

Capt.

M.O., C.A.M.C. Training School.

No. 35 RANK Pte. NAME Chaput Donat

T. O. S. 16.3.15; Apr. paylist UNIT No 4 Stationary Hospital A. M. C.
(French Canadian)

M. D. 4

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Mar 16	Mar 31	✓		
Apr.		✓		
May.		✓		

UNIT SAILED
MAY 6 1915

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Med. Student. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 24 YEARS 7 MONTHS

HEIGHT 5' FEET 3 3/4 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 5 1/4 INCHES

COMPLEXION Fair EYES Blue HAIR Auburn

DISTINGUISHING MARKS 1 Birth mark left scapular
1 vacc. left arm.

MEDICAL EXAMINATION. PLACE Montreal, P. Q. DATE Mar. 16th 1915

SURNAME. Chaput.

CHRISTIAN NAMES Donat.

REGL. No. 625 RANK Cpl.

UNIT No. 4 Stat. Hosp.

FORMER CORPS Laval C. O. T. C.

CARD NO.

S.O.S. Dis 29-5-17-5-

NEXT OF KIN.

NAMES IN FULL Chaput, Hormidas.

RELATIONSHIP TO SOLDIER Father

ADDRESS Howell. Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St Ambroise de Kildare P. Q. DATE Sept. 26th 1890

PLACE OF ATTESTATION Montreal, P. Q. DATE Mar. 16th 1915

O/S 6-5-15-70/1

R/e. 21-5-17.

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

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

Hold

CHAPUT, Joseph Donat, Lieut. C.A.M.C.

E dig for 14-18 Star. Lieut # 4 Stat Hosp.

MEDALS & ~~DECORATIONS~~	Madame Flore Chaput (Widow) 282 Fabre St., Montreal, P.Q.
Decorations, Orders PLAQUE &	Widow, as above.
SCROLL (Ser. # 985-147.)	
MEMORIAL	Widow, as above.
CROSS	Mother, predeceased.

1791

Dup AUG 26 1920 (M) C, 9890

Scroll Desp. 2/10/23 Reqn. No 56902

Plague Desp. DEC 21 1923 Reqn. No 50117

Scroll retd. 9-6-23.

Surname Chaput

Christian names Joseph Donat.

Regtl. No. Rank Lieut.

Unit C. A. M. C. (T.D.) (Per. Conducting. Staff.)

H. Q. Clearing Services 29-11-18

M. D. No. H X5 30125 93 17/18

T. O. S. June 22nd 1918

D. O. Pt. II 183 of 2/7/18

S. O. S. 31-7-1919

Reason Demob m-u.

Auth. R.O. 2135 18/8/19 D.O. 231 19/8/19 #4020

Next of kin Chaput Mrs. Flore. Relationship Wife.

Address 463 Garnier St. Montreal P.Q.

Also notify: auth SCR 41-3151 22.8.20 Ont 19.3.20 4

BORN—Place Canada St Jerome P.Q. Date Sept 26th 1890

ATTESTED—Place Montreal P.Q. Date June 22nd 1915.

O/S 13/9/18 1442/1

R/C 28-10-18 226/1

W. 22—75M-5-18. 1772-39 839

Pte

Number. . . 625 . . . . . Rank. . . Sgt. . . .

Surname. . . . CHAPUT. . . . . .

Christian Names. . . . Donat. . . . . .

Unit. . C.A.M.C. . Theatre of War. France

Date of Service. . . . . 19/11/15. . . .

Remarks. . . . . .

Latest Address. . . . Montreal, P.Q. . . .

Roll No. B. Page 2209 No 4 Stat Hosp

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 A. M. C. Training Depot #4.

Regimental No. ------ Rank Lieut. Name Chaput, Joseph Donat.

C. E. F.

Enlisted (*a*) 22 Jun 18 Montreal, Terms of Service (*a*) C. E. F. Service reckons from (*a*) 22-6-18.

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*) Physician.

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				
		Transferred to M.D.#4 Authy M.O. 293-8-88 dated 5-1-18 4/5-7-18.			
		S.D.L., C.A.M.C., I.D., M.D. No 6, on Fralesfer to Clearing Services Command. Authy: M.O. 1384 d/31-12-17	Halifax N.S.	8/17/18	C. Lundon Capt & A/Major, O.C. A. M. C. Training Depot No. 4. Lt. Col. C. A. M. C. O.C. C. A. M. C. Training Depot M.D. No. 6
AMCTD MD4	Attached to Clearing Services Command		Quebec	9-7-18	D.O. 35. A/LIEUT. OFFICER IN CHARGE RECORDS CLEARING SERVICES COMMAND

(*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

29.7.19
N.D.4

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				
5.8.19	Quebec.	S.O.S. on Return to M.D.4	C.S.C. Quebec.	29.7.19	D.O 217 of 5.8.19.
19/8/19	Overseas	T.O.S. D.D. No.4.	Montreal	29/7/19	Auth. D.O. 231-2
19-8-19		S.O.S. "med. unfit"	do	31-7-19	Auth. D.O. 231-4

Officer i/c Records
Clearing Services Command

Capt. & Adjt.
DISTRICT DEPOT No. 4.

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

2317

Army Form B. 103.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Soldiers' Record Office,
Westminster House,
7 Millbank, S.W.

No. 4 STATIONARY HOSPITAL
Regiment or Corps FRENCH CANADIAN.

Regimental No. 625 Rank Cpl Name Chaput Desilets

Enlisted (a) 13/3/15 Terms of Service (a) Period of war Service reckons from (a)

Date of promotion to present rank 21 April 1915 Date of appointment to lance rank Numerical position on roll of N.C.Os.

Extended Re-engaged Qualification (b)

Report: Date	Report: 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.
11.4.16	O.C. H can Stat. Hosp	Is promoted corporal from. St bloud		21.4.15	161/C.A.M.C./21/8 D.H.Q. Ord. No. 18 d/30/4/16
28.5.16	a.d.s. can Sect 3rd Echn	Is promoted Sergeant from D.M.S. Corps Ords. 142/1044 d/15/6/16	D°	23.2.16	161/CAMC/21/8. D.H.Q. 25 d/21/6/16
29.3.17	No. 8 can Gen	arrived Base from unit	Havre	29.3.17	Nom Roll.
15.4.17	C.B.D.	Left C.B.D. for Shorncliffe	England	15.4.17	Nom Roll.
26.2.17	a.d.s. can Section	Struck off strength on posting to C.A.M.C. Depot Shorncliffe. auth:- W.O. 121/Overseas/1109 (A.M.D.1.) d/24/2/17	4	15.4.17	file K.E. 184/276. D.H.Q. 30 d/25/4/17 D. C. Skinner Capt. Staff Captain for Major D.A.D.S. can Section
	C.A.M.C. Depot	S.O.S. on discharge to Canada to resume civil duties.	Westerhanger		Auth. A.G. letter. A.G. 3b1. A.G. 2-C-361 dated. 3-3-17 [illegible]

Over

(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				
	D.O. Depot	S of S to resume medical Studies	Quebec.	29.5.17	auth paylists.
					Cpl. [illegible]
					for DOAR

W.W.4-38.
L.B.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

28-1-22

This is to Certify that (Rank) Lieutenant.

(Name in full) Joseph Donat CHAPUT.

Enlisted in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the [redacted]

day of [redacted] 191 [redacted] AND WAS APPOINTED to COMMISSIONED RANK

in The Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-Second day

of June 1918.

HE SERVED in CANADA, with the Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Thirty-First day

of July 1919 by reason of being Medically Unfit.

Dated at Ottawa, this Twenty-Second day

of June 1920

Previous service with the C.A.M.C. as #625 (Private) in Canada, England and France, from 16-3-15 to 29-5-17.

Capt.

for. Director of Personal Services.

M. F. W. 2618a

10M.—3-20
1772-39-1428

Rank | Name CHAPUT Donat | Reg'l No. ~~614~~ 625

Unit No. 4 Stat. Hosp. | If in perm. Corps, What Unit? | Married or Single Married

Place and Date of Enlistment Montreal 16th March 1915 | Place of Birth St. Ambroise de Kildare P.Q

Name and Address, Next-of-Kin Hormidas Chaput, Howell, Saskatchewan.

Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No. 698.
File R.L.
Category O.R. Can.

Discharge, Date and Place | Reason | Character

Report Date	Report From whom received	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
		Arrived in England per S.S. Megantic		15-5-15	
31-7-15	D.M.S.	Transferred Can. Conv. H.			
		Monks Halton to No 4. Can Stat H.	—	29-7-15	Corps Orders 56.
		Confirms Corpl from		1-7-15	Nominal Roll of Confirms
6/8/15 20-11-15	#4 Stat Hosp Embk Offr	With unit Embarked for Overseas.	Shorncliffe Folkestone	6/8/15 19-11-15	Hunter Roll. Nom Roll.
30-4-16	" "	Is promoted Corporal from	St Cloud	21-4-15	Pt II 18.
21-6-16	"	Promoted Sergt	do	23-2-16	Pt II 25
31-5-16.	4 Dy. Hq.	On Nom Roll	do	31-5-16	Nom. Roll.
25-4-17	8 Gen Hp	S.O.S. on posting to CAMC Depot for resume medical studies	do	15-4-17	Pt II 0-30 + Pt II 0-108 dd 18-4-17 CAMC Dep

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				
18-5-17	[illegible] D. [illegible]	Leaves to be shown on leave to C.O.R. Burton & S.O.S. on return to Canada	W'hall	26-4-17	F.1.D.138 Laval University
	Dis Depot	Finally Discharged	Quebec	29.5.17	N.R 285 Montreal

M. F. W. 41
1 0M—7-16
1772-39 889.

1500

Name Chaput, D.A. (Lgt).

Regimental No. 625

Unit No 4 St. Hospital.

Name and address ~~of next of kin~~ Laval University. Montreal.

Date of enlistment

Place of " Montreal

" $20.00 fr 16/3/15 to 20/2/16
" $25.00 fr 21/2/16 to 30/6/17 } $630.00

Married (yes or no) Yes.

Date and place discharged 25. 5. 17.

Amount of pay assigned monthly $ 15.00 fr 1/5/15 to 31/1/16
28.00 fr 1/2/16 to 30/4/16
22.00 fr 1/5/16 to 30/6/17 } $518.00

Reason for discharge

To whom payable Mrs Flore M. Chaput 897 St. Herbert St. Montreal

Character on discharge H 2649. C 12535

Olympic. 24. 5. 17. Cir. Clothing Issd. No Class.

Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	23/4/17							42 54								Emg L. P. C.
24/4/17	29/5/17	36	1.35	48 60	36	15	5 40							96 54		D.D. Que.
									96 54						96 54	
3/1/18 Final payment has been made no further action can be taken to recover debit $8.72 P.D.P.								Sup L P.C.					8 72	8 72		

P.O.S. 2+ 9/17 Wtd.

X

Emg A.P. 30/4/14

Name.....

M. F. W. 41
1 0M — -16
1772-39 889.

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

3073-D-1

Name Chaput, Donat
Surname Christian Name

Regimental Number 625 Rank Sgt.

Unit C.A.M.C. C.C.A.C.

Original Unit No.Stat.Hosp.

District where paid Ottawa

Date of Discharge 29-5-17

P. D. P. Filing Number 1C22

Address (in full) Lavel University, Montreal, P.Q.

Rates:—Regimental pay $ 1.35 per diem: Field Allowance $ .15 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
21150	4612	2/10/17	7000	4571	17/11/17	7000	4994	7/12/17	7150		21150

M. F. W. 127.
60M—6 17.
1772 39-1140.

Remarks:

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

.....

.....

Pay Soldier $.....

Clerk .....

Dependent.....

Address.....

.....

.....

$

$.....

$

$

Pay Dependent $.....

Days..... Rate..... Due.....

Less P.D.P. credited.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1						1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

L. L. Job 70481—Req. 5220.

M. F. W. 12.
10m. 11 14.
H. Q. 1772 39-819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs. Flore Moudir - Chaput

Address ~~1575 Mance St.~~ 897 St Hubert-St. Montreal, Que.

Rate ~~$15.00~~ ~~25.00~~ 22.00

By Whom Assigned Chaput, Donat. A

Regtl. No. 625

Rank Corporal.

Corps # 4 Stationary Hospital French Canadian.

MAY 1 1915

PAYMENTS

Month	Year	Cheque No.		REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May		M 1218	15 —	
June		P 2115	15 —	
July		U 803	15	
Aug.		S 3710	15 —	
Sept.		M 7285	15 —	
Oct.		M 8257	15 —	
Nov.		Q 9340	15	
Dec.	R	11716	15 —	
Jan.	1916	U 11291	15	
Feb.	W	10496	25	
March		M 14254	25	

COPIED FOR CAS. 3 S.

Acct Closed

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Mrs. Flore Mondor Chaput — PAYMENTS. 625' cpl

Name of Soldier Chaput, Donat
H H Sta Hosp

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	11105	25	
May		03608	25	
June		P76446	25	
July		Cancelled E64997	15	16
Aug.		L 10349 / 11088	16 / 22	22
Sept.		#15598	22	
Oct.		H20057	22	
Nov.		H25592	22	364
Dec.		H31456	22	
Jan.	1917	H36556	22	
Feb.		H42499	22	22 P
March		J49849	22	22 Lau
April		Y804	22	22 6
May		7 7374	22	897-St Hubert-H. Montl. J.B. 30/4/17
June		R13805	22	22
July			518 00	A/c Closed 30-6-17
Aug.				Ret'd per Troopship 2810
Sept.				Date 12-5-17 F. X
Oct.				Clerk J.P.L. 22-6-17
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

38391 THE MORTIMER SYSTEMS,
OTTAWA, CANADA

16 - 3 - 15
~~+ 5 15~~

18 // 47

45

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Flore, M Chaput, | Name of Soldier Chaput, Donat,

Address ~~1575 Mance St~~ Montreal | Regtl. No. 625

Rank ~~pte~~ ~~Cpl.~~ Sgt 23-2-16 DM 17-12-16

Corps # 4 ~~General Stat. Hospl~~

Relation to Soldier wife, child or mother: Wife

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		H5556	20	20
June		H6774	20	20
July		H8394	20	20
Aug.		J7934	20	20
Sept.		H8808	50	50
Oct.		M7496	20	20
Nov.		E24056	20	20
Dec.		J18039	20	20
Jan.	1916	M17260	20	20
Feb.		E28120	20	20
March		J30980	20	20

COPIED FOR 5 CASUALTIES.

ACCOUNT CLOSED
PER W
DATE

Quarterly
(555)

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Flore. M. Chapeut Wife Name of Soldier Chapeut Donat

Cpl.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	0691	20 —	20
May		5293	20	20
June		R6796	20	20
July		R10656	20	20 R. 10656 Cancelled per address 8.8.16
Aug.		R12791	20	20 R 12791 " " " " " "
Sept.		13688	40 —	mailed 25-8-16.
		F13473	20	20
Oct.		V18418	20	20
Nov.		21658	20	20
Dec.		24691	20	50 R
Jan.	1917	m.26162	50 —	20 mailed 28-12-16
		W28261	20	25. W 28261 cancelled Rewrite 25
Feb.		m.28331	25 —	mailed 4-1-17
March		W31149	25	25
April		W34023	25	25
May		X378	25	25
June		X3627	25	25 - 897 St Hubert - Montreal
July		Y6956	25	25
Aug.			~~25~~	$630.00
Sept.				A/c Closed 30/6/17
Oct.				Ret'd per Prospective 2810
Nov.				Date 12.5.17. F. K.
Dec.				Clark W.P. 22/6/17.
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Rank a/Sgt. Name CHAPUT Donat Reg'l No. ~~C47~~ 625

Unit No. 4 Stat. Hosp. If in perm. Corps, What Unit? 3 Married or Single Married

Place and Date of Enlistment Montreal 15th March 1915 Place of Birth St. Ambroise de Kildar P.Q.

Name and Address, Next-of-Kin Hormidas Chaput, Howell, Saskatchewan.

Relationship Father.

Assigned Pay Monthly $ ~~15.00~~ 25.00 1 Feby 1916 ~~20.00~~ 22.00 1 21 May 1916 Payable to Mrs J. Chaput 1575 Manor St Montreal

Relationship Wife.

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

PAY CANADIAN CONTINGENTS Sep 11

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
May 1	5	5	1.10	5 50	5	.10	50	3 75	9 75			10 -	15 -				Bal Prev. Account. Canada.
5	31	26	..	28 60	26	..	2 60		31 20			15 95			40 95		15.95.
June 1	30	30	..	33 -	30	..	3 -	15 95	51 95			20 -	15 -		35 -	16 95	Error in carried forward June pay sheet Oct
July 1	31	31	..	34 10	31	..	3 10	16 95	54 15			10 -	15 -		25 -	29 15	Corrected in August
								29 15				55 95					# 1.49 diff Exchange
								1 49									May 1 to July 31
Aug 1	Aug 31	31	..	34 10	31	.10	3 10	30 64	67 84			29 20	15 -		44 20	23 64	
Sept 1	Sept 30	30	..	33 -	30	..	3 -	23 64	59 64			24 34	15 -		39 34	20 30	
Oct 1	Oct 31	31	..	34 10	31	..	3 10	20 30	57 50			19 46	15 -	15 95	50 41	7 09	Error in bal forwarded for May corrected in Oct.
Nov 1	Nov 30	30	..	33 -	30	..	3 -	7 09	43 09			17 41	15 -		32 41	10 68	
Dec 1	Dec 31	31	"	34 10	31	"	3 10	10 68	47 88			12 20 26 16	15		12 20 41 16	548 ~~6 72~~	
1916 1/1	31/1	31	1-10	34 10	31	.10	3 10		37 20			8 72	15		548	29 20	
1/2	29	29		31 90	29		2 90	8 ..	42 80			8 72	15		33 72	9 08	
1/3	31/3	31	1-10	34 10	31	.10	3 10	9 08	46 28			8 72	15		33 72	12 56	
				369 60			33 60	524 08	44			210 98	185		395 88	12 56	Carried forward to Large Ledger sheet

Checked
#13
7/12/17

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

M. F. W. 41
100M-1-18.
1772-39-889.

Name Lieut Chaput J. D.

649-C-12535

Regimental No.

Name and address of next-of-kin

Unit Amc. (md. #6)

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged C.C.O.

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Recovered on Nov. Paylist 1918 Amc.								73 00	73 00					73 00	73 00	Adv. End 2 on L.P.
Letter dated 7-1-19-								48 67	48 67					48 67	48 67	adv in Engld
Recovered on March Paylist Chanty Service Command Letter 14 3/19																

M. F. W. 41
100M-1-18.
1772-39-889.

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly $

Reason for discharge

To whom payable

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Register No. D 61545

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3066 J. 20

Regt'l No. — Name Jos Donat Chaput
(Christian Name) (Surname)

Unit C A M C Rank Pte Date of enlistment

Date of casualty 19-3-1920 B.P.C. File No. 160562

Was service performed overseas ? Yes

DEPENDENT

Name Mrs Donat Chaput Relationship Widow

Address Apt 17-850 Durocher Outremont
Montreal
Que

Amount of Special Pension Bonus $ 120.00 Abstracted by D Maher

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

noted D G 18
18/8/20

Total deductions $

Balance due $

Cheque No. Date issued

REMARKS : Not eligible under P.C. 1486
Casualty date subs 11.11.19

Clerk W Mitchell

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 3721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1712-39-1140

A. M. C. TRAINING DEPOT NO 4

MEDICAL HISTORY SHEET.

Surname Chaput Christian Name Joseph Donat.

Examined { on 22 day of June 1918
at Montreal

Birthplace { City or Town St. Anthoise
County Joliette Co - Que.

Apparent age 28 years.

Trade or occupation Physician

Height 5 feet 4 1/2 - Inches

Weight 123. lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 37, inches

Physical development Good.

Small-pox Marks none:

Vaccination Marks { Arm Right Left ✓
Number one:

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease none:

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

Approved by C. Lucas

Rank Capt. A.M.C. M.O.

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.
		M.O.
		M.O.
		M.O.

Enlisted on 22nd *day of* June *191* 8 *at* Montreal, Que.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	AMC. TD. #4	Lieut.		22-6-18.
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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				

MARRIED OR SINGLE: Married

PLACE OF BIRTH: Quebec

NAME AND ADDRESS OF NEXT OF KIN: A. Chaput Dowell Sask Can.

RELATIONSHIP OF NEXT OF KIN: Father

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Prom Sgt	23/3/16	DOR (21-616)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. NO. 625 RANK Pte/Sgt/Cpl NAME Chaput Donat

IF IN PERMT. CORPS WHAT UNIT — UNIT 1st Stat Hosp Now 8 Can Hosp TRANSFERRED TO 1 Res Bgde DATE 22/24/4/17 AUTHORITY H12 C787 G.O. 38.2 C351 3/3/17

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Dept K DATE 24.4.17 AUTHORITY ✓

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 22 50 DATE EFFECTIVE 1/5/16

PAYABLE TO Mrs Chakaput 1575 Manser St. Montreal Quebec RELATIONSHIP Wife

PAY DEPT. BRANCH — SEP 11 1918 — CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP To Resume Medical Studies

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 23.4.17. EFFECTIVE 30/1-5-17. REASON Discharged to Canada

DISCHARGE DATE AND PLACE Cancelled 23.4.17 REASON AND AUTHORITY H.12.C.787. AG 38.2 C.351. 3/3/17.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.J.

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar 31			36	960			33	60						524	40	844										210	88	185		395	88	12	56			
April 30	1	1.00	33		30	.10	3								36		45	15/4						436 ✓				25		29	36	19	20			
May 31			34	10	31		3	10							37	20	51	3/4	67	3/5				426 ✓	426 ✓			22		34	78	21	62			
June 30	1	1.35	40	50	30	.15	4	50						20	70	65	70			74	15/6				596 ✓			22		27	96	59	36			69 days @ 30¢ Pay & Allce in Jan 1917 49 days
July 31			41	85	31		4	65							46	50	81	30/7	90	15/7				596 ✓	523 ✓			22		33	19	72	67			
Aug 31			41	85	31		4	65							46	50	98	31/7	113	15/8				610 ✓	610 ✓			22		34	20	84	99			
Sept 30			40	50	30		4	50							45	00	129	31/8	142	15/9				872 ✓	871 ✓			22		39	43	90	54			
Oct 31			41	85	31		4	65							46	50	159	30/9	8 174	1/10				872 ✓	872 ✓ 282			22		42	06	94	98			
Nov 1/30			40	50	30		4	50							45	00	194	31/10						872 ✓				22		30	72	109	26		109 26	
Dec 1/31			41	85	31		4	65							46	50	227	30-11						1744 ✓				22		48	16	107	60			
1917			1	80													244	29 Dec						872 ✓											
Jan 1/31			46	50										900	55	50	238	15 "						523 ✓				22		35	98	124	15			8 B.L. 703 4 Stat. June 1916 under credit 30 days @ 30¢ in Canada
Feb 1/28			42												42	00	274	29-1						872 ✓											
																	260	16-1						523 ✓				22		32	46	136	69		
Mar 1/31			46	50											46	50	305	22-2	324	10-3				523 ✓	78 47			22		116	17	67	02		
																	288	17-2	313	3-3				524 ✓	523 ✓										
			932	40										34	94	967	34							107 88	1295	210	88	452		900	32	67	02		

S/L 6.6.16. Sailed on Troopship 7810 from Liverpool - 12/5/17

S/L 37. 17/5/17. Cr. $ 57.27

Small Ledger Sheet.

625 Sgt. Chaput D. A.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mch			932	40										34 94	967 34									107 88	129 56	210 88		452		900 32	67 02				Overcredited 2 days from 24/4
																																		523 1/4 @ 150 per day
April 1-23	23	150	34	50											34 50										8 72 ✓		22	3 00	22 3 00	76 52				Loans to L.P.C. Bch effec
														3 00				2-4-17 Hawke						24 33 ✓				33 05	46 47				24/4/17 auth PH2 C787
														15 95	15 95				HQ 18-4-17 Westminster									H2		62				# 1595. Shows 30c have been credited
June																1102	7/5/17	Buxton					973						973	5227 ✓				

A3M. FORM REN'D 24/4/17 EFFEC. 1/5/17
DISCHARGED TO Canada DATE 23/4/17
PAYBOOK VERIFIED & Ext from AS/PB
Init. BAL. $62.00 L.P.C. REN'D 23/4/17
AUTHY Dock Sgt 25 & Canada 23/4/17

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFN. PAY	RED.	SER. ALLCE.	ENG.
Oct/17	Bal fd								52 27				
				Draft Dtd 30/4/17 C.R.D. Roville	8 72				43 55				
					8 72								
June				Dr Bal Dbar	43 55				0				
					43 55								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFN. PAY	RED.	SER. ALLCE.	ENG.

Overcredited 2 days from 24/4
523 1/4 @ 150 per day
Loans to L.P.C. Bch effec
24/4/17 auth PH2 C787
1595. Shows 30c have been credited in Acct of Oct 1915
A.G.B. 2C 351 3/3/17
& Not Cash Payment as shown on May Postings
PH2 & overcredited 2 days from May postings
Sept/Oct 1915 Sept/Oct 1915
Checked
Suppl LPC 17/1/17 $3.28

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. | RANK Lieut | NAME (IN FULL) CHAPUT Jos. S D (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes 40.00 | DATE EFFECTIVE 1-8-19

TO WHOM PAID Mrs D Chaput | RELATIONSHIP wife

ADDRESS 162 Jeanne D'Arc St. Montreal P.Q.

Jointly Wife

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Jos. S. D.		
ceasing to be attached to Cleaning Service Command Posted to Cadre	29.7.19	Ro 2130 Do 231/2 Do 238/14
Initial Allowance		

ORIGINAL UNIT C.E.F. CAMC | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 1st March 16/1915 | TRANSFERRED TO 2nd May 29/17 | DATE 25th June/1918 to 31-7-19 | AUTHORITY (Different state of)

ASSIGNED PAY $ 60.00 1-8-19

PAYABLE TO Mrs D Chaput | RELATIONSHIP

ADDRESS

ANY CHANGE IN ASSIGNEE OR ADDRESS: Box No. 36 St. Agathe des Monts Co. Terrebonne Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE SOS | DATE 31-7-19 | REASON Med Unfit | AUTHORITY Ro 2130 Do 231/4 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT									Nil																			Nil							Bal L/Pay Nil to 31.7.19.
Aug 1		4.00			Other Credits												War Service Gratuity								Other Charges										DA Aff 15/19 SA Aff 15/19
					W.		S. C.		S. A.		Total																W.		S. G.		S. A.		Total	Balance			
					732	00	240	00	972	00																								732	00	240	00	
12/9/19																											244	00	80	00	324	00	488	00	160	00	1530162 1530163
31.9.19																											124	00	40		164	00	364	00	120	00	1629779 1629780
31.10.19																											120		40		160		244		80		1646908 1646909
30.11.19																											124		40		164		120		40		1793613 1793614
31.12.19																											120		40		160						1799797 1799798
																															972						

200M-3-19.—L. s. 58786-I.I. & D. 9985.
M. F. W. 2596.
1772-39-1390.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. | RANK Lieut | NAME (IN FULL) Cheput J.B.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE

TO WHOM PAID Mrs Flore Chaput. | RELATIONSHIP

ADDRESS 463 Garnier St. Montreal P.Q.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST) T.D.O. Montreal

PLACE OF ATTESTATION | TRANSFERRED TO Clearing Services Command. | DATE 4-12-18 | AUTHORITY R.O. 1384

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 60.00 | DATE EFFECTIVE

PAYABLE TO Mrs Flore Chaput. | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 463 Garnier St. Montreal P.Q.

A/CHIEF CONDUCTING PAYMASTER C.S.C. CLEARING SERVICES COMMAND.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Transferred to MD 4. | DATE 29.7.19 | REASON | AUTHORITY P.O. 218 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	S.A. $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1919																																				
April	30	3.50	90	00	48	67	40	00	178	67	29	29/4/19					78	67					100	00							178	67					Credit of $48.67 charged in March Pay list the amount was previously received by the paymaster Md 6 on letter dated 9/5/19 Department Ottawa Remarks 15% Refund of Sep Tel Allce June
May	31	3.50	93	00			40	00	133	00	1691	30/5/19			1154	7/5/19	33	00					100	00							133	00					
June	30	4.50	135	00	91	50	40	00	266	50	1966	4/6/19	2241	26/6/19	2414	21/6/19	91	50	75	00			100	00							266	50					
July	31	4.00	124	00			40	00	164	00	3787	29/7/19			3390	21/7/19	49	00					100	00			15	00			164	00					
			442		140	17	160		742	17							252	17	75				400				15				742	17					

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE | AUTHORITY | NAME.

Beneficiary
Address

Amount. $
Separation Allowance issued. Yes or No.....

U.C.O. Term. Cons Staff
Pay
F.A.
Messing

Lieut.

Name Chaput
Initials J. D.
Bank J

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Aug 14	Adv £15- Direct	6451.		73		73	Remd to Can. 21/8/18	
Sept 24	Adv. £10 Direct	9192		48 64		$ 121 64	Tf to N.E. Ledger	12
	Permanent Conducting Staff. no more advances in England						Payments endorsed on	
Sept 30	St. Bal. chgd. to Can. Vo. 422		121 64		Auth: M Graham		L.P.L. $ 121.64	
	$ 1/30 Recovered by Ottawa Dec fct 79-17						Tf 11 Sept 19/8.	
	$ 48 67 " " "							

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.

UNIT. NAME OF

RATE OF P. AND A.

RANK. DATE AUTHORITY

NAME.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

Pay

F.A.

Messing

Name

Initials

Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

M. F. W. 84.
3M.—9-19.
1772 [illegible]—993.
L. L. Job 8285 [illegible] & D. 7106.

Lt J. D. Chaput.

Date of Dis-embarkation — A/CHIEF CONDUCTING PAYMASTER CLEARI[illegible]

Place Chgt

PERIOD From	PERIOD To	PAY Days	PAY Rate	PAY Amount	FIELD Days	FIELD Amount	CREDIT LAST ACCOUNT	SUB-SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
1919			Chg't			Remarks										
Apr	23		425			allowance	Draw Ex		75 00	Check by C/C 4372. 23/8/19					75 00	425
"	26		512						51 30	Draw Ex	9/7/18 to 25/7/18				51 30	512
May	6		845						83 00		28/3/19 to 15/4/19				83 00	845
"	29		1822						153 00		15/4/19 to 17/5/19				153 00	
June	25		2659						109 50		17/5/19 - 10/4/19.				109 50	Dr. Bal. 75 00
July	10		3190			Duplicate			25 75		4/7/19 to 25/7/19.				25 75	
Aug	22		4577													
Sep	6		4713.						126 00	Draw Ex. 10/6 to 4/7					126 00	
									623 55						623 55	

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
17-4-15	Anti Typhoid inoculation
27-4-15	do
9-6-15	do

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

ORIGINAL

26

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Caput *Christian Name* Donat

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St Ambroise de Kildare County Joliette

Examined ... ... on 13 day of March 1915, at Montreal

Declared Age ... ... 24 years 7 months ~~days.~~

Trade or Occupation ... Medical Student

Height ... ... 5 feet 3 3/4 inches.

Weight ... ... 135 lbs.

Chest { Girth when fully Expanded 34 inches.
{ 5 1/4 inches.

Marks of Identification Mole Right Thigh

Vaccinated ... ... Left

Inoculated ... ... June 3rd/1915

Vision: Right Eye V= Left Eye V=

(1)

A. Sallen, Capt. C.A.M.C.
Medical Officer.

Enlisted ... ... at Montreal on 13 day of March 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	No. 4 STATIONARY HOSPITAL FRENCH CANADIAN.	625
Transferred to		

Became non-effective by ... on ... day of ... 191 .

(*Signature*)

(*Rank*)

Form—R. 130 8528-25M-25/10/16.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—
   (*a*) See that all entries are properly and fully made, and signed.
   (*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.
2. Action by Officer Commanding Unit—
   (*a*) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
   (*b*) On transfer to another Unit—to Officer Commanding such Unit.
   (*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

09 APR 1917

CANADIAN

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 39

P.T.O.

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ORIGINAL

Army Form B. 178.

26

To be used (*a*) for recruits enlisting direct into the Regular Army, and (*b*) for men of the Territorial Force when they are admitted to Hospital.
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MEDICAL HISTORY of

Surname Caput *Christian Name* Donat

TABLE I.—GENERAL TABLE.

Birthplace ... Parish St Ambroise de Kildare County Joliette

Examined ... ... on 13 day of March 1915,
at Montreal

Declared Age ... ... 24 years 7 months ~~days~~

Trade or Occupation ... Medical Student

Height ... ... 5 feet 3 3/4 inches.

Weight ... ... 135 lbs.

Chest Measurement { Girth when fully Expanded 34 inches.
Range of Expansion 5 1/4 inches.

Physical Development ... Normal

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

When Vaccinated ... ... June 3rd/1915

Vision ... ... { R.E.—V=
L.E.—V=

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

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

Approved by (*Signature*) A Sellers, Capt. C.A.M.C.
(*Rank*) *Medical Officer.*

Enlisted ... ... at Montreal
on 13 day of March 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	No. 4 STATIONARY HOSPITAL. FRENCH CANADIAN.	625
Transferred to		

Became non-effective by ...

on ____ day of ____ 191 .

(*Signature*)
(*Rank*)

(4887.) W. 9597/1588. 500M. 9/15. C. P., LTD. Forms B. 178 39

P.T.O.

19 APR 1917
CANADIAN

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concur.

19. Is the invalid fit for

(*a*) ~~General service,~~	(Category A)	(Yes or No.)
(*b*) ~~Service abroad, not general service,~~	(" B)	(Yes or No.)
(*c*) ~~Home service (Canada only),~~	(" C)	(Yes or No.)
(*d*) ~~Temporarily unfit.~~	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" ~~E~~)	(Yes or No.)

20. It is certified that the invalid
(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Sanatorium with S.C.R.

(*b*) ~~Does not require treatment.~~
(*c*) ~~Should pass under his own control.~~
(*d*) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

as Medically unfit for service and to undergo treatment with the S.C.R.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Wm. Chas. E. Colby *President.*

PLACE Montreal.

DATE July 31st, 1919. E B Kaleohn Capt } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... } Members

APPROVED BY *Assistant Director of Medical Services.*

DATE 31-7-19

APPROVED BY *Director-General of Medical Services.*

DATE.....

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Montreal, P.Q. MD. #4 DATE July 29, 1919.

1. 1 (*a*) Unit C.A.M.C. (*b*) Regimental No. ----- (*c*) Rank Lieut.
(*d*) Surname CHAPUT (*e*) Christian name JOSEPH DONAT
(*f*) Home address 479 Guilford St., Montreal, P.Q.
(*g*) Next of Kin Mrs. Flora Chaput (*h*) Relationship Wife
(*i*) Address of Next of Kin Same as above.
2. Age last birthday 28 Date of birth Sept. 26, 1890.
3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal, P.Q. (*b*) Date March 16/15 Re-enlisted June 25/18
4. Personal description:
(*a*) Height 5-4½ (*b*) Weight 120 (stripped) (*c*) Complexion Sallow
(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Birth mark right shoulder.
5. Former trade or occupation Physician.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

	Periods	
	From	To
Canada First enlistment	16-3-15	29-5-17
England Second enlistment after completion of medical course.	25-6-18	date.
France or other theatres of War In France during first enlistment.		

7. Original disease, or injury Pulmonary Tbc.
(*a*) Date of origin June 1918 (*b*) Place of origin Canada.
(*c*) Cause Infection

M. F. B. 227.
400M.—11-18.
1773-20-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Necessity for absolute rest on account of Pulmonary Tuberculosis.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Pale, sallow young man of 28 years, looking somewhat older at present. Rather poorly nourished, having lost 15 lbs. during last six weeks. Assumes any decubitus with fair amount of ease. Temperature 100°. Pulse 88; respirations 22. Coughs and expectorates a great deal. Perspiring freely at present and has been troubled in this way for last six weeks.
Lungs:- Anteriorly - Expansion fair but lags on right side. Note over right apex is impaired to level of third rib. On auscultation expiration is prolonged and there are numerous moist rales. Posteriorly a similar condition prevails over right apex, viz:- Dulness, prolonged expiration and bursting moist rales on coughing. Elsewhere expiration is slightly prolonged but no rales heard.
Heart and abdomen negative.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No,—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No Cardio-Vascular System No (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System No (Albumen and Sugar will be excluded.)

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Since six weeks has had a rather severe cough with expectoration, has suffered from loss of weight, night sweats and fever. During last ten days temperature in morning has been 99° going to 100 - 101 in afternoon. Has been in bed for last week. On several occasions has had haemoptysis, the last being to-day. This one being rather severe.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Nil.

(*c*) (Here give a description of wounds, scars and deformities.

See Sec. 9.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil up to present.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Not for some months.
(If not, briefly state why)

17. Recommendations. That he be admitted to hospital for treatment of his pulmonary condition.

R B Malcolm Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned officer have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

J H P J D Lovegrove 2/ A.M.C.
Rank.
Signature of invalid examined.

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (it any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178)
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 645 Army Rank Dgr

Name Chapus - Donag
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Canada.

Battalion, Battery, Company, Depôt, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 29/5/17

Place of discharge Quebec

1. *Description at the time of discharge.*

Age 26 years 8 months
Height 5 feet 5 inches
Chest measurement { girth when fully expanded 34 ins. / range of expansion 2 ins.
Complexion Dark
Eyes Brown
Hair Brown
Trade Medical Student
Intended place of residence (To be given as fully as practicable)

Descriptive marks.
Birthmark L. shoulder.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Headquarters Shornclyffe Letter H-12-C-787 of 26/4/17

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— Good Abl.

4. Character awarded in accordance with King's Regulations :—

Commanding Lieut.-Col. Canadian Discharge Depot.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C. Forms B. 268 40
A4508 Wt. W19178/M991 500,000 2/16 Sch. 30

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations — France 17 mos

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

Lieut.-Col.
Commanding Canadian Discharge Depot
Commanding _____ *Battn.* _____ *Regiment.*

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

DISCHARGE DEPOT MAY 29 1917 QUEBEC

(*Place*) _____ _____ (*Signature of Soldier.*)

(*Date*) _____ _____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service „ „ _____ (the date of confirmation of discharge) ... ... _____ „ _____ „

Total ... _____ „ _____ „

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date) May 29th 1917

DISCHARGE DEPOT MAY 29 1917 QUEBEC

(Place) _____

(Date) _____

Signature _____ Lt.-Col.
Comd'g. Discharge Depot Quebec.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

_____

none