Ivac

REGIMENTAL DOCUMENTS

NAME COTE J.A. Paul Sgt REGT. NO. 520213 UNIT Ca mc H. Q. FILE NO.

Joseph Augustin Paul

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	18-7-19				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Comp to B.P.C	21/1/20	B.P.C - Spec 1609	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				~~37878~~	
2	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
2	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				38285	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
3	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. [illegible])					
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)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Dental Cert					
1	Dispersal Cert					

H

W 2589

HOPITAL GENERAL LAVAL

Original

PIÈCE D'ATTESTATION.

No. 520213

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ?	COTE
1a. Quels sont vos noms de baptême ?	J. A. Paul
1b. Quelle est votre présente adresse ?	Tadousac, P.Q.
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?	Tadousac, P.Q.
3. Quel est le nom de votre plus proche parent ?	Docteur Charles A. Coté
4. Quelle est l'adresse de votre plus proche parent ?	Tadousac, P.Q.
4a. Quel est votre dégré de parenté avec icelui ?	Pere
5. Quelle est la date de votre naissance ?	14 Aout 1895
6. Quel est votre métier ou profession ?	Etudiant en Med.
7. Êtes-vous marié ?	non
8. Consentez-vous à être vacciné ou revacciné et inoculé ?	oui
9. Faites-vous déjà partie de la Milice active ?	oui
10. Avez-vous déjà fait du service militaire ? (En ce cas, mentionner les états de service)	non
11. Comprenez-vous bien la nature et les termes de votre engagement ?	oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ?	oui

DÉCLARATION REQUISE DU SUJET

Je, J. A. Paul Coté déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Paul Coté .....(Signature de la Recrue)

Date le 28 Janvier 6 191 . E.L. Dufresnois Capt .....(Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, J. A. Paul Coté prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V,** ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Paul Coté .....(Signature de la Recrue)

Date 28 Janvier 1916 . E.L. Dufresnois Capt .....(Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 28 ème jour de Janvier 191 6.

J. Sam Brais .....(Signature du Juge).....

Lt Col Juge.

M. F. W. 23a
40M.—12-15
1772-39-841.

Signalement de J. A. PAUL COTE à l'Enrolement

Age apparent 21 ans 5 mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille ..... 5 pieds 4½ pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 36½ pouces
Marge d'expansion 3 pouces

Teint BRUN

Yeux BRUNS

Chevelure BRUNE

Confession religieuse { Anglican
Presbytérien
Méthodiste
Baptiste ou Congregationaliste
Catholique Romain C.R.
Juif
Autres dénominations (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Large mole behind left thigh.

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Lit pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date le 28 Janvier 1916. J. A. Sachaboteaptain

Lieu Montreal
Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

CERTIFICAT DE L'OFFICIER COMMANDANT

J. A. Paul Coté ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

Geo E Beauchamp Lt Col (Signature de l'officier.)

Date 28 Janvier 1916.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 321164

THIS IS TO CERTIFY that No. 320213 (Rank) Pte.

Name (in full) COTÉ J. A. Paul enlisted in

the 6 Can. Gen. Hospital

CANADIAN EXPEDITIONARY FORCE at Montreal on the 31

day of January 1916

He served in 6 Can. Gen Hospital, France

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 24

Height 6'

Complexion Fair

Eyes Gray

Hair Light Brown

Signature of Soldier.

Marks or Scars

Date of Discharge

Dispersal Station "B"
JUL 10 1919
Military District No. 6

J. R. L. Bellware Major

O. C. Dispersal Station "B"
Issuing Officer.

Rank

JUL 2 1919

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.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

H.Q.649-C-40235

COTE, J.A.P. # 520213

M & D	brother	Raymond Cote, Sault au Mouton, P.Q.
P & S	"	"
Memorial X-	nil	

9BP.

Number 520213. Rank Sgt

Surname COTE.

Christian Name Joseph Augustin Paul

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

Date of Service 1-7-16.

Remarks

Latest Address Tadoussac, c/o Saguenay. Quebec

Roll No. B. Page 21772.

200m.-6-21.M.

(This form to be filled in by all ranks on voyage to Canada.)

M.D. No.....

NUMBER	RANK	SURNAME	INITIALS
.....	.....	.....	.....

Full postal address..... (Street) ..... (City or Town) ..... (Province)

Name of one person to be notified of arrival.....

Address.....

Railway Station in Military District to which a furlough warrant is required.....

..... Railway.....

If married, is your wife on board.....Number of children on board.....

Their destination.....

(Sgd.).....

DEST. DEC 4 1922 REGINA

M. F. W. 2502.
50 M —1- 9.
1772—39—1269.

No. 3155626 RANK Pte NAME Cote - James.

T. O. S. 20-2-18. UNIT 2nd Depot Battalion 2nd Depot Battalion
D.D.52 of 21-2-18.

M. D. H.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918.			
Feb 20	Feb 28	—		
mar		—		
apr 1	apr 15	—	a.w.l.	
			a.w.l. forfeits 22 Days.	D.D.6 H. mar Paylist
				D.D.6. apr Paylist.

√

SURNAME. Côté,

CHRISTIAN NAMES J. A. Paul

REGL. No. 520213 RANK Pte.

UNIT #6 Gen. Hosp., Laval

FORMER CORPS Nil

6B CARD No.

FOLL. S.O.S.-Dis: 8-7-19 Demob 200 185 of 4-7-19 #6200

NEXT OF KIN.

NAMES IN FULL Côté, Dr. Charles A.

RELATIONSHIP TO SOLDIER Father

ADDRESS Tadoussac, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Tadoussac, P.Q. DATE Aug. 14th, 1895

PLACE OF ATTESTATION Montreal, P.Q. DATE Jan. 28th, 1916

O/S 20-3-16 360/3

R/C 2-7-19 360/19 Sgt

L. L. 90189.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING ? Medical student RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 21 YEARS 5 MONTHS

HEIGHT 5 FEET 4 1/2 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Brown EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE ? Montreal, P. Q. DATE Jan. 28th, 1916

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 .....

Regimental No. 520213 Rank Sgt. C. E. F. Name Cote J. A. Paul

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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				
24-7-19	Camc Pers.	S.os. of Am & C. on pro. to Canada.	London.	25-6-19.	a.c.1.

D. Ruthine
Capt.
for
D of R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

CERTIFIED CORRECT. Canadian Record Westminster H. 7, Millbank, S.W.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No.6. GENERAL HOSPITAL, C.E.F. Laval University

Regimental No. 520213 Rank ~~Private~~ Sergeant Name J.A.Paul Coté

C. E. F.

Enlisted (a) 28-1-16 Terms of Service (a) D of W. Service reckons from (a) 28-1-16.

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) Medical Student.

Class "A"

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.
		Embarked	Halifax	22-3-16	
		Arrived in England, on S.S.Baltic	Liverpool	9-4-16	
		Acting Sergeant, Autho.Part II Orders No.18 of 7-6-16.			
8.7.16	D.A.G.	Arrived in France.		1.7.16	DAG Rl. KA 63
9.7.16	066 C.G.H.	arrived in France	St Cloude	9.7.16.	B230.
30/6/16	D.M.S.	rank confirmed as Sergt.		1.4.16.	C.O. 1144 154 29/6/16
9/12/17	6 C.G.H.	Granted 14 days leave			Sl ord 32 d/ 7/8/16
13/12/17	"	Rejoined Unit		3/12/17	B213 Pt II 65 14/12/17
				17/12/17	B213
15-9-18.	A.I.D. Cdns.	Classified.A.		15-9-18.	W.3339/719.
29.9.18.	6.C.G.H.	Sick. adm.		24.9.18.	B213.
13.10.18.	"	Dis to duty		10.10.18.	B213.
9.2.19.	"	14 days leave Italy.		6.2.19.	B213 Pt 6 1919
2-3-19	" "	Rejoined from leave	Unit	24-2-19	B213. [illegible]

(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				
		Proceeded to England.			C A Hewett Capt ~~LIEUT~~ FOR LT COL. A.A.G.
16/6/16		S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA. for discharge	D.O. 67 d/16/6/19		
			J Melanson Lieut. For Officer Commanding M Wing C.C.C.		
25-6-19		T. O. S. No. 6 D. D. from O.P. and posted Disp Stee B. Hlpt. D.O. 185			
10-7-19		S.O.S. On Discharge			

[signature] CAPTAIN
ADJUTANT NO. 6 DISTRICT DEPOT

C.A.D.C. 5069A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COTÉ J. A. PAUL

REGIMENT 6th Can. Gen'l. Hosp. RANK Sgt. No. 520213

Date of Examination in England 19/5/19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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 19. 28.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

ASSISTANT DIRECTOR OF DENTAL SERVICES M. D. NO. 6 JUL 2 1919

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 yes
- (*c*) In France yes

Signature of Dental Officer D. Glenn Capt

KF

R—122

Rank Sgt Name COTE J.A.Paul. Reg'l No. 520213

Unit No. 6 Gen.Hos. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Montreal, Jan.28th,1916. Place of Birth Tadousac,P.Q.

Name and Address, Next-of-Kin Docteur Charles A.Cote.

Tadousac, P.Q. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

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 SS Baltic	10 APR 1916	
7. 6. 16	6 Gen H	Det. for duty to Camc-T.S.	St Martins Pl.	7.6.16	P II O 23 (16 F)
19. 4. 16	Camc T.S.	att to Camc T.S. for quarters & rations	Debgate	23. 4. 16	" 117
7. 6. 16	6 Gen H	Arr in England with rank of A/Sgt.	St Martins Pl.	9. 6. 16	" 16
13. 6. 16	"	Retd from Duty with Camc T.S.	"	9. 6. 16	" 17a AJB [illegible]
10. 6. 16	Camc T.S.	Ceases to be att.	Debgate	"	" 165
30. 6. 16	6. Gen H	Confirmed in rank of Sgt	Shorncliffe	1.4.16	" 26 & P II O-32 d/7/8/16 France
		Embarked For France		2-7-16	✓
21. 5. 19	N win CCC Camc	S.O.S to M wing	Sgt Witley	20.5.19	P II 33
20. 5. 19	M win CCC "	T.O.S from N "	" "	20.5.19	— 40

Cot.

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.
15.5.19	N Wing CCC	T.O.S. from 6th C.G.H	Witley Sgt	15.5.19	Pt II DO 28
26-5-19	6th C.G.H	Proceeded to England	England "	14-5-19	—18
		84-B-23	d/ 25-6-19		
S.O.S TO CANADA CAMC after		Order NO 1 d/25.6-19			
24.7.19	Camc Pers.	Sos. of Om 7 C. on pro to Canada.	London	25-6-19	a.O.1.

DUPLICATE

ORIGINAL

No 6. C. G. H.

Original

JAN 28 1916

GENERAL HOSPITAL LAVAL

MEDICAL HISTORY SHEET.

HOPITAL GENERAL LAVAL No. 6 C.E.F.

Surname COTE *Christian Name* J. A. Paul

Examined { on 28th day of January 1916
at Montreal

Birthplace { City or Town Tadousac,
County P.Q.

Apparent age 21

Trade or occupation Med. Student

Height 5 Feet 4 1/2 Inches.

Weight 134 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks No

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last As a boy. 22/4/16

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

nil

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

nil

Approved by [signature]

Rank M.O.

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

Date.	Result.	Vaccinations.
22/4/16		B. Gudmon M.O.
30/4.16	O.K.	Capt. A.C. Cote Can. M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
1/2/16	O.K.	J. H. Gariepy Capt A.M.C. M.O.
11/2/16	O.K.	J. H. Gariepy Capt A.M.C. M.O.
		M.O.

Enlisted on 28th *day of* January *1916 at* Montreal

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No 6. Gen. Hosp. B.E.F			
Transferred to	Laval University	520213		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	31-5-16	Double Inguinal Hernia	A. accepted

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

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-459.

Surname COTE Christian Name J.A. Paul

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
	1	2									
	1		4								

2nd Contingent

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

APR 1 1916

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

Sheet No. 2. Dr. Charles Coté

Name of Soldier Coté Paul (Sgt)
#6 Genl Hospl "Laval"

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	$25 Remarks.
April	1916	O 552	25	
May		P3402	25	
June		Q 7062	25	
July		F6378	25	
Aug.		I12981	25	
Sept.		W16845	25	
Oct.		W 21909	25	
Nov.		F 26274	25	
Dec.		J 33097	25	
Jan.	1917	Z 38480	25	
Feb.		S 43990 ~~Z 43810~~	25 ~~25~~	Z 43810 Cancelled [illegible]
March		A 50356	25	25-h-
April		Y 933	25	25 6
May		V 7648	25	
June		L 14152	25	25.8
July		Z 23133	25	B
Aug.		G 27949	25	D
Sept.		F 39220	25	D
Oct.		S 48109	25	
Nov.		S 54945	25	
Dec.		G 52075	25	525
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

450

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.				

L. L. Job 88773—M. & D. 6195.

2nd. Contingent
96

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

APR 1 1916

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-8-9.

To Whom Dr. Charles Côté

Address Tadousac, Q.

Rate $2.5

By Whom Assigned Côté Paul

Regtl. No. 520.913

Rank Sgt.

Corps #6 Genl. Hospl. "Laval"

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
Marc'				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 4

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

10598

Date of Assignment Apr 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

25			

PARTICULARS OF SEPARATION ALLOWANCE

No. 5-20213

Rank Sgt. Promoted Reverted Discharge

Soldier's Name J. A. Paul Coté

Battalion # 6 Gen. Hosp. Laval

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Dr. Charles Coté

Address Tadousac Que

Change of Address

1

2

3

4

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
	Dec 31			525	525	
1918	Jan	65089 D		25	25	
	Feb	99204 D		25	25	
	March	117371 A		25	25	
	April	6801 O		25	25	
	May	25177 X		25	25	
	June	27418 G		25	25	
	July	30854 S		25	25	
	Aug	40759 G		25	25	
	Sept	42616 L		25	25	
	Oct	50526 M		25	25	
	Nov	58583 L		25	25	
	DEC	66303 R		25	25	
	JAN	71068 M		25	25	
	Feby	76609 P		25	25	
	Mar	88958 R		25	25	
	Ap	1835 R		25	25	
	MAY	7228 H		25	25	
	JUN	10945 G		25	25	
	July	12314 D		25	25	
				1000	1000	

3756-J-29

REMARKS

A/c Closed 31-7-19

Ret'd per Caronia

Date 2-7-19 M.F.W 187 12-7-19 M.D.6

Closed W. M. Phillips

M.R.O. 97204

AUDITED

ARH 12/7/19

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Réverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

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.

We concur.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or No)	Yes "A"
(*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.)

Double inguinal hernia operation. 4 weeks.

(*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.)

R.T.C. Auth. Tel A.G. 9083 of 11.11.18

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.

J.B. Hanley. Capt. CAMC. *President.*

PLACE Witley — A. Archibald. Capt. CAMC. } Members

DATE 31-5-19

A[W] **TO BE COMPLETED WHEN TREATMENT IS REFUSED**

I, the undersigned 520213. J.A. Paul Cote. understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness A.L. Poisson. Capt. CAMC. Signed Sgt. Paul Cote.

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.

CERTIFIED TRUE COPY

J.B Hanley. Capt. CAMC. *President.*

PLACE Witley — A. Archibald. Capt. CAMC. } Members

DATE 31-5-19

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 Witley DATE 31-5-19

1. 1 (*a*) Unit 6th Can Gen Hosp (*b*) Regimental No. 520213 (*c*) Rank Sgt.

(*d*) Surname Cote (*e*) Christian name Joseph Augustin Paul.

(*f*) Home address Tadoussac, Co Saguenay. Que. Canada.

(*g*) Next of Kin Dr Charles Cote. M$D. (*h*) Relationship Father

(*i*) Address of Next of Kin Same as above.

2. Age last birthday 24 Date of birth 14-8-1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal. (*b*) Date 28-1-16

4. Personal description: Est;-

(*a*) Height 5-----4½ (*b*) Weight 134 (stripped) (*c*) Complexion Fair.

(*d*) Colour of hair Light (*e*) Colour of eyes Grey (*f*) Identification marks, Scars, etc.

Birth mark ¾" dia back of left thigh and one in front of right wrist.

5. Former trade or occupation Medical Stud ent.

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
	3	124

	Periods	
	From	To
Canada	28-1-16	22-3-16
England	9-4-16	1-7-16
France or other theatres of War	1-7-16	13-5-19

7. Original disease, or injury Double inguinal hernia.

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.)

Marked sharp pain left inguinal region on descent of hernia. Relieved on reducing hernia with feeling of nausea. Rt less troublesome.

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.)

Obj:- Left potent inguinal ring. Bulging at ring on coughing which can be seen and felt. Of an expansive nature. Right:- Slight expansive swelling felt at Ing ring on coughing. Abdominal wall at both inguinal regions are weak with tenderness present.

Subj:- Marked sharp pain, more marked on left inguinal region on descent of hernia with feeling of nausea. Dull pain and sense of tiredness marked after long marches. at times even lifting of light weights will cause sharp pain inguinal regions.

(*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 Yes Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems No Any other general condition No

States has been troubled with neck and throat since Nov 1916. He was in Hosp 5 weeks Summer of 1917. Complaining of pain in neck and occipital region with stiffness of muscles of neck. He has had recurrent attacks in damp and cold weather of a mild nature. Present condition Post terno mastoids glands readily palpable and firm. Left tonsils enlarged. No disability at present.

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

He states he was first troubled with pains in inguinal region June 1916 complained of nausea. Easily tired out, feeling of impending pain in inguinal regions. Causing pain on coughing and lifting heavy weights. Condition has become worse.

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, scar, and deformities.

see sec 4f

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? a & b 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? permanent without operation.

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

Scrotal suspensory worn.

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

Yes operation four weeks.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations Nil.

A.L. Poisson. Capt. CAMC.
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 520213 J.A. Paul Cote. 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 Nil.

Sgt. Paul Cote. Rank.
Signature of invalid examined.

Canada. 2-7-19

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

AUDITOR | PAYMASTER

M. OR S. | REGT. No 520213 | RANK Sgt | NAME (IN FULL) Cote, Jas | (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

SPC

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Trans	26-1-19	Can. 185

ORIGINAL UNIT C.E.F. 6 Gen Hsp | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE 16/5/0 | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 25.00 | DATE EFFECTIVE 1-8-19

PAYABLE TO Dr. Charles Cote,

ADDRESS Padoussac, National Bank

P2 6. Sqweway

RELATIONSHIP | EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS G.P.O. Quebec City 2/10/19 P3.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED | PLACE Hfx | DATE JUL 10 1919 | REASON Demob | AUTHORITY Can. 210 | IF ENTITLED TO POST DISCHARGE PAY

Adj MONTH to	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																				
31-5-19																																				6 Gen CC + W Sq
																																			6 Gen Hosp Convt
10-7-19	40	1.50	60	00	35	00			165	00							487	50	87	26	50	00			9	73	5	14	165	00	✓		—			6 Gen Hosp Convt 98773
					70	00																														6 Gen Hosp Jul 31 Sq Coy
																																				DD Bad LBC
			W.S.G. S.A.																				WAR SERVICE GRATUITY W.S.G. S.A.													$		D.		
143 days					420	00			420	00																	70	00							350	00			1st Coy W Sq
																											70	00							280	00			897544 2-8-19
																											70	00							210	00			1138008 6-9-19
																											70	00							140	00			1500869 3-10-19
																											70	00							70	00			1765787 4-11-19
																											70	00							Nil				1980386 6-12-19
	400	00	420	00																							420	00			420								

Certified that all payments due on this acct. have been paid.

H A Allen CAPT.

For Senior Officer Pay Services, M. D. 6

Completed

JUL 29 1919

200M-3-19.—L. L. 58788-1. & D. 9985.
M. F. W. 2496.
1772-39-1390.

MARRIED OR SINGLE: single

PLACE OF BIRTH:

NAME AND ADDRESS OF NEXT OF KIN: Dr Chs a Caté Padoussac P.Q.

RELATIONSHIP OF NEXT OF KIN:

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
Confirmed Sgt	1/4/16	Can. 32

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 520213 RANK Sgt NAME Caté J. A. P.

IF IN PERMT. CORPS, WHAT UNIT: No 6 Gen'l Hosp UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Montreal

DATE OF ATTESTATION 31/1/16

ASSIGNED PAY MONTHLY $ 25.00 DATE EFFECTIVE 1st May 1916

PAYABLE TO Dr Chs Caté Padoussac P.Q. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

TRANSFERRED TO / DATE / AUTHORITY

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 C	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																																20 50				Cr. Bal. from R.I.R.C. from Canada - 31-3-16.
30-4-16	30	1.25	40	50	30	.15	4	50							45	00												25	00	52	25	52	39	98			52 blot on ref. Voucher C. 547.
31-5-16	31		41	85	31		4	65							46	50		16 Apl 27							19 47			25			54	20	32	28		
30-6-16	30		40	50	30		4	50							45			1 Apl 12							9 73			25			49	33	27	95		ar. 617 / 630 Canc O.S.
31-7-16	31	1.35	41	85	31	.15	4	65							46	50	31	28-4-16				617 16-5-16			9 73			25			27	43	47	02		
31-8-16	31		41	85	31		4	65							46	50	39	31/1				630 25-5-16.			14 60			25			40	10	32	52		
30-9-16	30		40	50	30		4	50							45		35	19/7	43	16/8								25			46	79	51	03		
31-10-16	31		41	85	31		4	65							46	50	47	31/8	53	13/9					2 43			25			43	81	54	22		
30-11-16	30		40	50	30		4	50							45		60	29/7	67	14/10					1 74											
31-12-16	31		41	95	31		4	65							46	50	74	3-12-16							8 72	5 24		25			33	71	65	51	65	51
1917			4	25													93	30-11-16							13 08	8 71		25			46	79	51	03		
Jan	31	1.50	46	50											46	50	87	22-11-							8 72	9 59		25			43	81	54	22		
Feb	28		42														81	15-11-							8 71			25			33	71	65	51		
Mar	31		46	50													110	30/12							8 72											
			~~34~~	~~50~~											46	50	99	25/12	123	15/1					8 72	5 23		25			47	67	59	68		
	365		547	50											42		134	31/1							5 23			25			30	23	71	45		
															46	50	167	28/12	170	28/3					5 23	5 23										
																	141	15/2	160	15/3					5 23	5 23		25			45	92	72	03		
													20	50	568	00									102	69	68 43	24 33	300	52	495	97				

1 50

520213 Sgt Coté J.A.B.

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.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917	365		547	50										20 50	568									102 69	68 43	24 33		300	52	495 97	72 03		Nil	72 03	
Apr	30	1 35/15	45												45													25		25	92 03		..		
May	31	..	46	50											46 50	80 12	1/5 12/4							5 35 5 23				25		35 58	102 95		..		
June	30	..	45	..											45 ..	168 227	15/5 31/5							5 35 5 35				25		35 70	112 25		..		
July	31		46	50											46 50													25		25	133 75		..	133 75	
Aug	31		46	50											46 50	250 289	15/6 30/6							5 35 5 36				25		35 71	144 54				
Sept	30		45												45	302 313 324 335	13/7 31/7 13/8 31/8							5 35 5 36 5 36 5 36				25		46 43	143 11				
			822	--										20 50	842 50									156 11	68 43	24 33		450 ..	- 52	699 39	143 11				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Defer-red Pay	Sep. Allce. Eng.
30-9.	Cr. Bal.	~~143~~ 143 11							143 11 ✓		
Oct.	Sgt. P.	46 50		A.P.C.			25				
				349 AR. 15.9.17. 6 Gen Hosp	5 35 5 35		25		159 26 ✓		
Nov.	Sgt P.	46 50 45 ..		A.P.C.			25				
				380 .. 15.10.17 ..	7 14						
				364 .. 29.9.17. ..	5 35						
				394 31.10.17 ..	6 25						
Dec	Sgt P	46 50					25		182 02		
1918		91 50			18 74		50				
Jan	Sgt P	46 50		408 14/11 ..	16 06 x		25				
				424 30/11 ..	4 46 x						
				455 18/12	7 14 x						
				457 31/12	6 25 x						
				426 30/11	98 14 x				71 47		
Feb	Sgt P.	46 50 42		515 31/1 No 6. G.H.	132 05 6 25		25		113 47		
				473 15/1 do.	7 14				38 39		
Mar		42			13 39		25 25		75 08		
	Sgt P.	46 50		AP AR. 550 C5 15/2 6 G.H.	7 14		25				
				AR. 596 C21 28/2 do	6 25				69 80		
				AR 638 C32 15/3 do	7 14				69 80 nil		
				AR. 674 C36 22/3 do	6 25						
		46 50			26 78		25				

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
2. [illegible] (M.F.W. 133).
3. [illegible] (A.F.B. 103).
4. [illegible] History Sheet (M.F.B. 313 or A.F.B. 178).
5. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
6. [illegible] Certificate (C.A.D.C. 5609).
7. Field Conduct Sheet (A.F.B. 122)
8. Proceedings on Discharge (M.F.B. 218a)
9. Discharge Certificate (M.F.W. 29)
(Enclosed in special envelope (269.5)).
9. Copy of Discharge Certificate (M.F.W. 29a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
Checked by No. [illegible]
Date 15 JUN 1919

War Service Badge Issued, Class A No. 381164

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class "A" No.

HM T CARONIA
SAILING, No 84
Embarked 25, 6, 19.

DA.B
OG-19.

1. No. 520213
2. Rank. Sergeant
3. Name. J. A. Paul Côté
4. Unit. No 6 Can. Gen. Hosp. Laval University
5. Date of Discharge 10/7/19 Place
6. Reason for Discharge Demobilization
7. Authority. H R.O. 1420
8. Proposed Residence after Discharge Tadoussac c/o Saguenay P. Quebec

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.?

Paul Côté
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. JUL 2 1919

Place

Date

Signature [illegible] Major
for O. C. Dispersal Station "B"
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * [redacted] OR CANADA.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:- 1/5/16

AMOUNT:- $25.00

EFFECTIVE DATE:-

AMOUNT:-

NAME:- COTE, Jas. P. C

NUMBER:- 520213

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.

Dr. Chs Coté
Tadousac
P. Q.

Stopped 1/6/19.
L.P. Compiled 21/5/19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Confirmed DO32	1/4/16	Sgt.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Gen. Hosp.

DATE ACCOUNT FIRST OPENED - 1/4/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
30/4	60		~~7 50~~				
8/5	127		~~11 50~~			L/Sheet Balance C	66 15
13/5	1431		~~6 98~~			L & C " D	8 14
19/5	1939	N. Wing	~~8 67~~				
			74 29				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Tfd to Canada 21/5/19 A.R.O. 9537 Bal: to Bal to A.R.O. 4.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Balance forward								69 80	Nil	
April	Sgt. P.	45							114 80		
				Can. A.P.				25	89 80		
				AR 9 C 2 6 GH. 15/4/18	7 14				82 66		
				AR 57 C 19 do 30/4/18	6 25				76 41	√	
		45			13 39			25			
May	Sgt. P.	46 50		Can. A.P.				25	97 91		
				AR 78 C 6 6 GH. 14/5/18	7 14				90 77		
				AR 126 C 20 do 31/5/18	6 25				84 52	√	
		46 50			13 39			25			
June	Sgt. P.	45		Can. A.P.				25	~~104~~ 52		
				AR 149 14/6 6 GH C 3	7 14				97 38		
				" 182 29/6 " C 11	7 14				90 24	√	
		45			14 28			25			
July	Sgt Pay	46 50		Can Pay				25	111 74		
				AR 207 13/7 6 GH C 3	7 14				104 60		
				" 253 31/7 " C 13	7 14				97 46	√	
		46 50			14 28			25			
Aug	Sgt Pay	46 50		Can Pay				25	118 96		
				AR 280 14/8 6 GH C 3	7 14				111 82		
				" 319 31/8 " C 11	7 14				104 68	√	
		46 50			14 28			25			
Sept	Sgt. Pay	45		Can Pay				25	124 68		
				AR 376 16/9 6 GH C 3	7 14				117 54		
				" 410 30/9 " C 16	7 14				110 40	√	
		45			14 28			25			

Cancelled
Authority

Allowance approved 30/9/18

NUMBER 520213 RANK Lgt. NAME COTE Jas

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	18/9								110 40	Nil	
Oct	L Pay	4650		Cap				25	131 90		
				AR 448 15/10 69 H C21	7 46				124 44		
				" 485 31/10 " C48	7 46				116 98	N	
		4650			14 92			25			
Nov	L P2	45		Cap				25	126 98		
				AR 527 15/11 69 H C9	7 46				129 52		
				" 562 21/10 " C20	13 99				115 53		
				" 598 30/11 " C34	7 46				108 07		
Dec	S P2	4650		Cap	28 91			25	129 57		
1919				AR 652 16/12 69 H C65	7 46				122 11		
Jan	S P2	4650		Cap				25	14361	N	
		13800			36 37			75			
Feb	S P2	42		Cap				25	160 61		
				AR 695 31/12 69 H C6	7 46				153 15		
				" 771 15/1 " C18	7 46				145 69		
				" 847 29/1 " C53	7 46				138 23	Y	
Mar	S P2	4650		Cap				25	129 73		
				" 934 28/2 8 9 H C116	7 46				152 27		
				" 889 8/2 " C117	10 54 0				46 87		
					132 24						
		8850			135 24			50			
Apr	S P2	45 -		Cap				25 -	66 87		
				AR 975 No 669 H 29/3/19 a 5A	7 46				59 41		
				AR 25 — " — 11/4/19 a 21	7 30				52 11		
				DNAR 617 — " — 14/3/19 40	7 46				44 65		
May	S P. C.	4650		C.A.P.				25 -	66 15		
				AR 60 — " — 30/4/19 153	7 30				58 85		
				AR 127 — " — 8/5/19 68	11 34				47 51		
				AR 142 — " — 13/5/19 77	6 98				40 53		
				AR 1939 — " — 19/2/19 84	48 67				8 14		
		9150			96 51			50 —			
				AR 4550 - N Ning 16/6/19 18	9 73				17 87		
		- -			9 73			-			

Sailing List 84 808 Can 25/6/19