REGIMENTAL DOCUMENTS

NAME Bowery Adjutor REGT. NO. 404020 UNIT 2nd Bn 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)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				39619	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					10
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					Medical unfit
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	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	MTB 218A					1
1	MTB 192					2-8
1	Cadcsvoga					2-8
1	SC 30th 132					2-8
2	Carcard					
1	5 2 20					
1	MTB 47					
1	Rizz					

403976

W 2589
100M-11-18

ORIGINAL

.....5th..... M. D..... Depot Battalion ..... 1st. Depot Bn. 2nd. Quebec Rg't. .....Regiment

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT Regtl. No. 4040220

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname ..... Courcy
2. Christian name ..... Adjutor
3. Present address ..... Carrier St, Levis, Canada
4. Military Service Act letter and number ..... Nil
5. Date of birth ..... 2nd August 1883
6. Place of birth ..... Levis, P.Q. Canada
   (town, township or county and country)
7. Married, widower or single ..... Single
8. Religion ..... Roman Catholic
9. Trade or calling ..... Laborer
10. Name of next-of-kin ..... Mdea Cedelia Courcy Guay
11. Relationship of next-of-kin ..... Sister
12. Address of next-of-kin ..... Carrier St, Levis, Canada
13. Whether at present a member of the Active Militia ..... No
14. Particulars of previous military or naval service, if any ..... No
15. Medical Examination under Military Service Act:—

(a) Place ..... Quebec, P.Q. (b) Date ..... 31 January /18 (c) Category A2

DECLARATION OF RECRUIT

I, ... Adjutor Courcy ....., do solemnly declare that the above particulars refer to me, and are true.

Adjutor his Courcy mark (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age ..... 34 yrs. 6 mths.

Height ..... 5 ft. 3½ ins.

Chest measurement — fully expanded ..... 38 ins.

Chest measurement — range of expansion ..... 2½ ins.

Complexion ..... Clear

Eyes ..... Blue

Hair ..... Blond

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

1st DEPOT BATTALION 2nd QUEBEC REGIMENT

..... LT.-COL.

O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

O. C. ..... Depot Btln.

1st. Depot Bn. 2nd. Quebec Rg't.

..... Regt.

Place ..... Quebec, P.Q. Date ..... 31 January 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4040220 (Rank) Private

Name (in full) COURCY Adjutor enlisted in

the 1/2nd.Q.R. C.E.F. (22nd. Battn.FRANCE)

CANADIAN EXPEDITIONARY FORCE at Quebec P.Q. on the 31st.

day of January 1918

HE served in ----------CANADA ENGLAND AND FRANCE----------

and is now discharged from the service by reason of

R.O.1420 (1A) 12-12-18 MEDICALLY UNFIT PART II ORDER NO.105

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

Age 35 yrs.

Height 5ft. 3½in.

Complexion CLEAR

Eyes BLUE

Hair FAIR

Marks or Scars

His mark X Adjutor Courcy

Witness

Signature of Soldier

Date of Discharge 15-4-19

Dispersal Station "E" APR 15 1919 Military District No. 5

J. Darley Lemoine.

Issuing Officer

Lieut.

Rank

O.C. DISCHARGE SECTION DD.5

Appointment

Signed at Quebec P.Q. this 15th. day of April 19 19

in Military District No. 5

File Reference No.

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. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

WAR SERVICE BADGE, CLASS "A"
No. 244400 ISSUED

WAR SERVICE BADGE, CLASS "B"
No. 50545 ISSUED

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

On demobilization the particulars called for on the back of this certificate will not be completed.

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

P.878. Extract D.O. No. 73 Unit:- Q.R.D Date:-

Reg. No.	Rank	Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD5	
4040220	Pte	COURCY A Canada	11. 3. 19	Acted on Ledger Ck.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT DUPLICATE

To be made out in duplicate.

H.Q. 54-21-20-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 1st. Depot Bn. 2nd Quebec R. 't.

(2) Regimental Number H040220

(3) Full Name of Soldier Adjutor Courcy

(4) Place of Birth Levis, Canada

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife Not Applicable

(b) Present Postal Address Not Applicable

(7) Are you a widower ? No

(8) Have you any children ? No

If so, give number of boys and girls Not Applicable

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

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

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

(10) Is your Mother alive ?..... No .....

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

.....

(11) If your Mother is a widow..... Not Applicable .....

Are you her sole support, or not ?..... Not Applicable .....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

..... Not Applicable .....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

..... Mde. Cedelia Couroy Guay ..... (Sister)

..... Carrier St, Levis .....

..... Canada .....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

..... Not Applicable .....

(15) Are you insured ?..... Yes .....

If so, in what Company ?..... Metropolitan Life Insurance xCoy .....

Have you made arrangements for payment of your Insurance premium..... Yes .....

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

..... LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
.....
Officer Commanding.

Date..... 7/7/18 .....

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	404 0220	Pte	Covey	G.

Year	Unit.	Age.	Service.
	22 Can.		

Station and Date.

Disease G S. W. (shrapnel) of Rt. Arm.
Wound practically healed.

G.T.S.

1-. 28-8-18 In France

V. 8-9-18-500 Units

J. Gow Capt. M.R.C.

No. 5 C.G.H. 15.2.19. Scars in anterior cubital fossa, healed. Limitation of movement of fingers. Slight loss of sensation in fingers. D. L. C.

E. C. Pugh Capt. C.A.M.C.

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.		

Forms
I. 1237
14

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
M3/48455	404020	Pte	Conway.	A.

Year	Unit.	Age.	Service.
1918	22 Bn Lan.	35	9/12 4/12

Station and Date.
Sept 13

Disease G.S.W. R arm

Occupation Lumber Jack.

NEXT OF KIN Miss C. Conway Ft Louis Ave

ENLISTED Jan 3/18. at Quebec

ENGLAND Feb 16/18.

FRANCE Aug. 1/18.

WOUNDED Aug. 28/18

HOSPITALS 33 cc 5.
53. B. Gen.
Sept 13/18 4th Can Gen. Hosp.

OPERATIONS

Wounds incised
Brachial artery ligatured
just above right elbow.

RADIOGRAMS

Wounds. clean

SUMMARY OF F.M.C.&.M.H.S.

Partial fracture ulna
Secondary Suture

PRESENT CONDITION He is a well

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
[106] W3081/P1296 50m 7/18sv 5 89 Forms/I. 1237/14.

[P.T.O.

Station and Date.	
	developed and well nourished
	young man age 35
	He has two [illegible] wounds
	one on tip of elbow and second
	in ante cubital fossa.
	There is limitation of
	movement at elbow joint.
	due to contraction
	Circulation normal
	Respiratory System normal
	Treatment.
Sept 17/18	Massage. daily.
Oct 10/18	
	The movement in his arm
	is improving. Think normal
	massage daily
	[illegible] Capt

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ... Adjutor ... 2. Surname ... Bourcy ...

3. Rank ... Private ... 4. Original Unit ... 1st 2nd Bn 5. Reg. No. ... H.040220 ...

6. Address, in full, to which future payments of gratuity are to be forwarded ...
... 49 Carrier St ...
... Levis P.Q. ...

7. Date of enlistment in the C.E.F. ... 31st January 1918. ...

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ... No ...

9. Relationship of such dependent ... No ...

10. Address, in full, of such dependent ... No ...
...

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ... No ...

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
... Not Applicable ...
...

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No ...

14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ... No ...
...
...

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 1/2 Bn 31-1-18 to ...
9-8-18 = 22 Bn 9-8-18 to 7-9-18 = ...
C.R.D. 7-9-18 to 15-3-19 ...

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ... Marine Dept. ...

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ... No ...

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... Not Applicable

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No

20. Have you been issued with a War Service Badge? If so, what class ? A. B.

21. Have you, during the present war, served in the Imperial Forces ? No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... No

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No

(b) If so, was such reversion in consequence of misconduct or inefficiency? No

24. Are you now serving in the C.E.F. ..... No ..... If not, give:—(a) Date of discharge 15 + 4 — 19 (b) Reason for discharge Medically Unfit Under R.O. 1420 1'A/of 12 — 12 — 18.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit ..... No

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 22nd Bn. 9 — 8 — 18 to 7 — 9 — 18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department? No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Conroy

Place of Residence: 49 Carrier St Levis P.Q.

Declared before me at: Quebec P. 6.

This 15th day of April 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

N. Fortescue.

Major.
Commanding Dispersal Station E.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 5

NAME OF SOLDIER Cousey. Adjutor

REGIMENT 22 Batt

RANK Pte.

No. 4040220

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 District	REMARKS
Condition on first Examination	April 8. 1919										14 2.8. 5.7. 8.9 13.14 15.16 19.20 29.30									B [signature]		Can 10.11.21.28.31.32
																						Weares partial upper

M.F.B. 465.
200M.—6-18.
1772-39-950.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

DUPLICATE
~~4040220~~
4040220

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Bourcy Christian name ~~Alf~~ Adjutor

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

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Carrier Street, Levis

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31 day of January 1918, by the undersigned medical board sitting at Drill Hall Quebec

5. Age as stated 34 Years 6 Months. 6. Apparent age 34 Years 6 Months

7. Height 6 Feet 3½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 35½ Ins. / Maximum 38 Ins. } 10. Complexion Clear { Eyes Blue / Hair Blond }

11. Physical development good { Good / ~~Fair~~ / ~~Poor~~ } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last Never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease R.E.D 30 / L E. D. 30

16. Slight defects but not sufficient to cause rejection Hearing good

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17.
(a) Vision R. L.
(b) Hearing. R. L.

K Claus Capt. *President.*

Macdonald *Member.* *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
4-2-18		Re Vaccin M.O.	4-2-18	C Read	M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 31 *day of* January *191*8 *at* Drill Hall Quebec

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st Depot Bn. 2nd Quebec Rgt.	4040220		31-1-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

Signature of Man

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname [redacted] Christian Name [redacted]

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.

C.A.D.C. 5009A

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

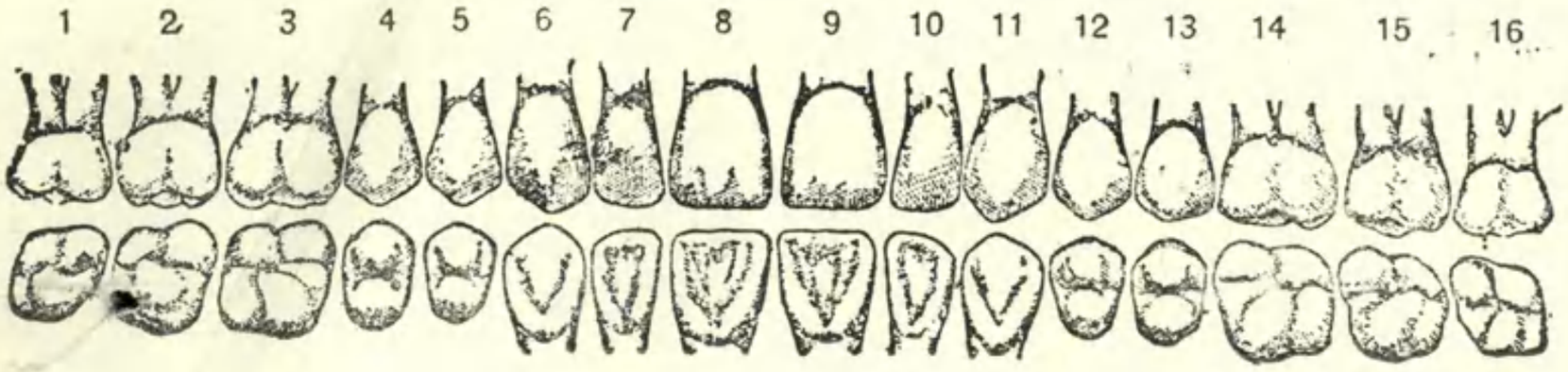
DENTAL CERTIFICATE FOR DEMOBILIZATION

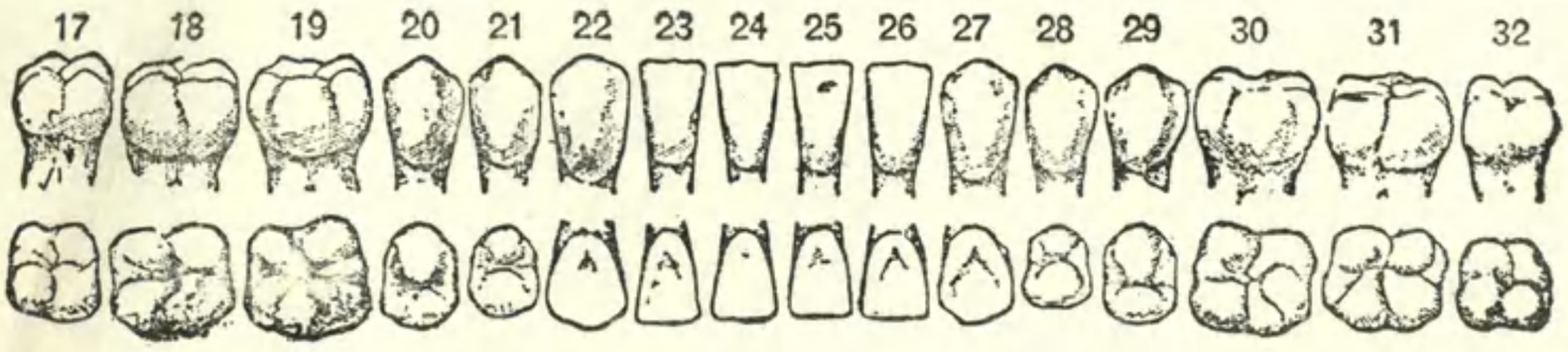
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CAUSEY A

REGIMENT 22nd Bn RANK Pte No. 4040220

Date of Examination in England 13-2-19 | 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

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

Signature of Dental Officer C. Causey Capt.

Dft 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 4040220 Rank Private Name Adjutor Bourcy

C. E. F.

Enlisted (a) 31-1-18 Terms of Service (a) ~~Duration of War~~ Service reckons from (a) 31-1-18

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) Labourer

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	Canada	FEB 18 1918	
		DISEMBARKED	England	4.3.18	✓
5.3.18	O/C 10th Res Bn.	To Son arriving from Canada	Witley	4.3.18	A.O.1 P.II. 57 ✓
9-8-18	O.C. 10th. Res, Bn.	Transf. to 22nd Bn. C. E. F.	B'Sholt-	8-8-18	D. P. 11. O. 187
		Palandeau	Lieut	Ass-Adj. 10th. Can. Res. Battn,	
10.8.18	C. I. B. D.	Arrived & T O. S. 22nd Bn.	France	10.8.18	1732 R20 824/30.8.18.
10.8.18	C. I. B. D.	Left for C.C. Reln. C.	Fld	14.8.18	NR
15.8.18	C. C. Reln. C.	Arrived.	"	15.8.18	NR 1255
	22nd Bn.	Left for Unit	Field		
		Arrived	Field		
28-8-18	33 C Cstn	All arm R.	Adm	33 C Cstn	28.8.18 } H 5332.
28-8-18	Do	Do	To	5 Amb Trn	30.8.18 }
30-8-18	53 Genl	Do	Adm	53 Genl	30.8.18 H.5653.

(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				
7-9-18.	53 Genl.	INVALIDED WOUNDED TO ENGLAND AND POSTED TO QUEBEC REGTL. DEPOT BRAMSHOTT. PER "A. T. St David"	ENGLAND	7-9-18	W3083-5963. P.II.O.93/1918.
		J Whogan	Major for Lt.-Col., A.A.G. Canadian Section. G.H.O. 3rd Echelon B.E.F.		
HR. 14-9-18.	Q R. D.	T.O.S.	Bs. shott	8-9-18	D# 224
					Abandoned Lieut for Major i/c Records OMFC

PART II ORDER NO.105

DISCHARGED FR.H.M. SERVICE WITH EFFECT 15-4-19

under R.O.1420 (1A) 12-12-18 MEDICALLY UNFIT.

J Darley LeMoine Lt.

O. C. Discharge Sect. D. D. 5.

WAR SERVICE BADGE, CLASS "A"
No. 24440 0 ISSUED

WAR SERVICE BADGE, CLASS "B"
No. C50545 ISSUED

Form R 122.
2353—100M—9-12-16.

LTR

Rank | Name COURCY, Adjutor | Reg'l No. 4040320

Unit Dfv 1st Bn 2nd QUE Reg | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Quebec, 31st Jan, 1918. | Place of Birth Levis P.Q. Can.

Name and Address, Next-of-Kin Mde Ceddlia Courcy Guay
Carrier St. Levis Canada | Relationship Sister.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

N/E. R.B. No 20,475
File R.L.
Category M-UCANADA

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

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.
C		Arrived in England		4-3-18	S/S SAXONIA
5.3.18	10 Res	T.O.S.	Pt Wiley	4.3.18	DO #57
9-8-18	"	S.O.S. to 22 Bn o/s	B'shott	8.8.18	DO #82 d/30.8.18, 22nd Bn DO 187
~~21.6.18~~	~~23 Res~~	~~T.O.S. from 10th~~			
5.9.18	QR	Wounded	Field	30-8-18	CL A 311
14.9.18	QRD	T.O.S from 22 Bn	Pt Bshott	8.9.18	DO #93 d/21-9-18 22 Bn DO #224
15.3.19	QR	Invalided to Canada ex 5 C Genl H. Sailing L73. MD5.	Lpool	11.3.19	Ch "B" 472.
19.3.19	QRD	S.O.S to Canada for further Medical Treatment	Ripon	11-3-19	DO 63

B 103 CHECKED 14 AUG. 1918

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.					

D M S. 1300 50M-21- 1 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
COURCY	A	4040220

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Q.22.			

HOS. ITAL — DATE OF ADMISSION

53 Gen.Boulogne. — 30-8-18.

1. Cambridge Aldershott. — HOSP. 8.9.18.
2. 4 C. G. Basingstoke — 14.9.18 — HOSP.
3. 5. Gen. Genrl. Liverpool — HOSP. 6.2.19.
4. — HOSP.

DIAGNOSIS GSW.R.Arm.

1.
2.
3.

DISPOSITION	DATE
CL.5-9-18.A311-5.	
11.9.18 B 316-4.	
18.9.18 B 322 (2)	
18.2.19. B. 450-1.	
15.3.19 B477 I.	

REMARKS

Invalided to Canada 11.3.19

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

*Name Coucy, Adjutor LOCAL CARD Rank Pte Regtl. No. 4040220

Fyle Depot

Original unit 22 Present unit DD5 M. or S. Age 34 Religion R.C. Ref. H.Q.

Port, ship, and date of arrival Portland Araguaya 22-3-19

Next of kin Mrs Coucy Guay(s) Carrier St. Levis P.Q.

Address on leave Carrier St. Levis P.Q.

Address on discharge 49 Carrier St. LEVIS.P.Q

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer. Date and place of enlistment 31-1-18 Amber

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
31-3-19	T.O.S. From Overseas 11-3-19. Posted to Hosp Sec 22-3-19	96
	Finlo & Subs till 7-4-19.	
7-4-19.	To Cas. Coy. With effect 7-4-19.	97.

*—Name will be given in full; surname first.

OVER

(over)

Date.	Remarks.	Pt. 2 Order No.
15-4-19.	Discharged from Service, under R.O.1420.Sec.(1)para(a)	
	(of 12-12-18.) Medically Unfit. With effect 15-4-19.	105
	1 Blue.	

M.F.W. 192
150M—6-18.
1772-39-1243.

Number 4040220 Rank Pte

Surname COURCY

Christian Name Adjutor

Units 22nd Bn Can Inf Theatre of War France

Date of Service 10-8-18

Remarks

Latest Address 49 Carrier St,
Lewis, Que

Roll No B Page 19518

200m.-6-21....

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

.....

RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....

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

ne person to be notified of arrival.....

.....

tation in Military District to which a furlough warrant is required.....

..... Railway.....

is your wife on board..... ...Number of children on board.....

nation.....

(Sgd.).....

DESP. MAR 3 1923
REGN. NO. 6/39273

2502.

.9.
269.

FORM D M.S. 1959
4358 50M 3-1-17

UNIT 4th Cav. Gen. C. Law

RANK — NAME — Courtney REG. NO. 4040220 UNIT — 22

Diagnosis. GSW right elbow

Disability. Lack of movement

Massage. Light or Vigorous. Light

Movements, Active; Passive; or Forced. Active + forced

State whether General Massage or what group of Muscles or Joints.

This Brachial artery has been ligatured so massage of muscles of forearm to help circulation

Date.

Signature of M.O. S. Lawson Capt Cav

S. W. Dudine

OVER.

Date Treatment Commenced ..... 19 ....

	Treatm't.	Initial.	Treatm't.	Initial.	Treatm't.	Initial.
1						
2						
3						
4						
5						
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21						
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23						
24						
25						
26						
27						
28						
29						
30						
31						

Form R. 149.

Adjutor

Name COURCY Rank Pte. Reg. No. 4040220

Unit 22 Bn

Next of Kin Canada

Date		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918							
MP 30	8	53 G. H. Bilogne	gsw R. arm.	A	311	Hrys	3750-7
8-9		Cambridge Hy	Aldershot	do	B316		26189
14-9		4. Can. Gen. Hsp.	Basingstoke	do.	B322		26644.
6-2-1919		5 Can Gen Hosp	Kirkdale	do	B450		6486.
11-3		Inval to Canada	SL 73. M. 5.			B4870	8004.

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Form DMS 1401.

No. 4 Canadian Gen. Hospital, Basingstoke. HOSPITAL.

A. & D. CARD

AT

A. & D. No. M 3 T 4845 PL. OF ACTION France

RANK Pte REG. No. 4040220 UNIT 22 Can Bn C SICK OR WOUNDED

NAME Courey A AGE 35 RELIGION RC

PLACE IN HOSPITAL ~~W~~ Ch N

DIAGNOSIS GSW R arm

ADMITTED 13-9-18 FROM CH Aldershot

DISCHARGED TO

TRANSFERRED 5/2/19 5th C.G.H. Liverpool

SERVICE AT HOME 5 mos IN FIELD 4 mos

RESULTS

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

P.T.O.

REMARKS.

REGT'L. No. 4040220.

H. Q. FILE No 649

NAME Courcy Adjutor

RANK AND CORPS Pte. 22nd Bn Forme, 2nd Q Regt. 1st Dpo Bn

FOLLOWS NO.

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
N. of K. Mrs. Cedelia Courcy Guay (sister).		
54-2.		Carrier St., Lewis P.Q
H296.	9-9-18.	Adm. 53 Gen. H. Aug. 30/18. GLW. R. arm.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A311 (2)	53 Gen Boulogne	30-8-18	GSW R Arm
B316 (2)	Cambridge Aldershot	8-9-18	GSW R Arm
B322	4 Can Gen Basingstoke	14-9-18	GSW R Arm
B340 (2)	2nd West Gen Manchester	4-10-18	SW R Hand
B389 (2)	Mil Conv. Hdcote Pk Epsom	3-12-18.	" " " " amp. of 3rd Finger
B451 (1)	5 Can Gen Liverpool	6-2-19	GSW R arm
B472	Invalided Can.	11-3-19	" " "
	M L. 73. M D. 5		

LEDGER NO. _____ SERIAL NO. _____

REG. NO. 4040220 NAME Courey, A.

RANK Pte CORPS D.D. #5 AGE ____ SERVICE _____

	HOSPITALS	DATE OF ADMISSION
1	Ste. Anne de Bellevue Mil. Montreal.	23-3-19
2		
3		

DIAGNOSIS Part. Anky. Rt. Elbow

TRANSFERRED TO Allied Quebec 23-3-19

DISPOSITION _____ CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

P.T.O.

REMARKS:

C.

SURNAME. Courcy.

CHRISTIAN NAMES Adjutor.

REGL. NO. 4040220. RANK Pte

UNIT 2nd Que. Regt. 1st Dpo. Bn.

FORMER CORPS Nil.

5 CARD NO. ✓

SOS-Dis. 15-4-19 FOLL. M.U.
DO. 105 of 15-4-19
5 DD

NEXT OF KIN.

NAMES IN FULL Guay, Mrs. Cedelia Courcy

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Carrier St. Levis, P.Q.

CHANGE OF ADDRESS

Auth. S. 4-3-18.

COUNTRY OF BIRTH Canada. Levis, P.Q. DATE Aug. 2nd 1883.

PLACE OF ATTESTATION Quebec, P.Q. DATE Jan. 31st 1918.

O/S. 21-2-18 - 1092/5.

R/C 22-3-19 285/21 Pte

L. L. 26989 M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT /NCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 4040220 RANK Ste. NAME Courcy Adjutor?

T. O. S. 31-1-18 (DO 32 of 1-2-18) UNIT 1st Depot Battalion 2nd Quebec Regt.

M. D. S

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1918 Jan. 31	1918 Feb. 15	No	Transfd O/S. 15-2-18	DO 46 of 15-2-18

Date of Enlistment 31-1-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 10899

Date of Assignment 1st. June 18

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 4040220

Rank Pte Promoted Reverted Discharge

Soldier's Name A. Courcy

Battalion 1st. Depot Bn. 2nd. Que. Reg't.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS.C.C.GUAY,
CARRIER ST.,
LEVIS,QUE. 15 15.00
2 % 4040220 PTE A.COURCY
3 FIFTEEN DOLLARS
4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					Fyle 3781-a-49 N.R. 703
June	G 27694		15	15	
July	S 31139		15	15	
Aug	G 41054		15	15	
Sept	L 42919		15	15	
Oct	N 50839		15	15	
Nov	D 58892		15	15	
DEC	R 66512		15	15	
JAN	M. 71359		15	15	
Feby	P 96872		15	15	✓
Mar	H 89203		15	15	
Apr			~~15~~	~~15~~	
			150	150	

M D 5

A/c Closed 3/3/14
Ret'd per Araguay
Date 22/3/19 M.F.W. 187 28/3/19
Clerk [illegible] MEO 82460

AUDITED

AUTHORITY FOR NEW ACC'T. 2 M 19-apr. 14
G. Raymond 8/6/18

M. F. W. 123.
400M.—4-17—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 Reverted 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.
4'Om. 6-7—1-72-33-1141
L. L. 22220—M. & D. 1931.

M[illegible] 15.

ORIGINAL

MILITARY SERVICE ACT, 1917.

ORIGINAL

~~4040220~~

MEDICAL HISTORY SHEET. 4040220

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1 SEP 1918

1. Surname Courcy Christian name Adjutor

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

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) Cartier St Levis

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of Jan 1917, by the undersigned medical board sitting at Recruit Drill Hall

5. Age as stated 24 Years 6 Months. 6. Apparent age 24 Years 6 Months

7. Height 5 Feet 5½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 35½ Ins. / Maximum 38 Ins. } 10. Complexion Clear { Eyes Blue / Hair Blond }

11. Physical development. Good { Good / Fair / ~~Poor~~ } 12. Smallpox marks —

13. Number of vaccination marks { Right arm — / Left arm — } 14. When vaccinated last Never

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A1 (R & D 30 / R & C D 30)

K Cannon Capt *President.*

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
4-2-18		Pulvermon M.O.	4-2-18	S.A.B. 1	Real M.O.
		M.O.	17/5/18	THB 1	J Lyons M.O.
		M.O.	26/5/18	THB 2	J Lyons M.O.

Joined 31st *day of* Janaury 1918 *at* Quebecm Canada

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	[illegible] Bn. 2nd Quebec R[illegible]	4040220		31-1-18
Transferred to.....	22 Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
No 4 Can Gen Hosp	9-12-18	Limitation of movement right elbow.	Invalid to Canada E[illegible] Lues Cat Caus

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

Signature of Man X

CANADIAN

Surname Louie Christian Name Arthur

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital: Day	Month	Year	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.
		8	9	18	13	9	18	G.S.W. Chrap. R. arm.	6.	Transferred to Basingstoke	
No. 4 Canadian Gen. Hospital, Basingstoke.		13	10	18.	5	2	19	G.S.W. R. arm.	153	wounds healed scars healthy and non adherent. He lacks 5 degrees of full extension of right elbow joint and can flex it to 95 degrees, movements of wrist and shoulder joints normal. right brachial artery has been ligatured just above elbow joint. Respiratory nervous and genito urinary systems and circulatory system except as stated above normal.	[illegible]
								do.		Scars in ante cubital fossa healed. limited movement of fingers. Slight loss of sensation in fingers. I.L.C.	
"ARAGUAYA."		11	3	19	22	3	19	do.		No change.	E.C. Pugh Capt. Camc. [illegible]

MAJOR, R.A.M.C. REGISTRAR, CAMBRIDGE HOSPITAL, ALDERSHOT.

CAMBRIDGE HOSPITAL ALDERSHOT

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

5 FEB 1919 11 MAR 1919

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 (if 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.

1156

Army Form B. 268.

Proceedings on Discharge.

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

No. 4040220 Army Rank Private

Name Courcy Adjutor.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps Quebec Regt. a. 2nd Quebec Regt. a January 31st 1916.

Battalion, Battery, Company, Depôt, &c. B. 22nd Bn. 10th Res.
(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

Place of discharge Canada.

1. *Description at the time of discharge.*

Age years months
Height feet inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade
Intended place of residence (To be given as fully as practicable)

Descriptive marks.

G. S. W. Right arm.

(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 Being no longer physically fit for War Service.
K. R. & O. 392-16-1912.

(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 :—

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

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 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.
A4508 Wt. W17176 M291 500,000 8/16 Sch. 32 Forms B. 268 40

[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

_____
_____
_____
_____
_____

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)_____ *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.

(*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)

(Place)_____

*Signature*_____

(Date)_____

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.)

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

WAR SERVICE BADGE, CLASS "A"
No. 244400 ISSUED

WAR SERVICE BADGE, CLASS B
No. 50545 ISSUED
RS

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 4040220
2. Rank Private
3. Name COURCY Adjutor
4. Unit 22nd. Battn.
5. Date of Discharge 15-4-19 Place Quebec P.Q.
6. Reason for Discharge MEDICALLY UNFIT
7. Authority R.O.1420 (1A) 12-12-18 PART II ORDER NO.105.
8. Proposed Residence after Discharge
49 Carrier St LEVIS P.Q.

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. ? 39.

His mark x A. Courcy
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to B. P. C. on 5.5.19

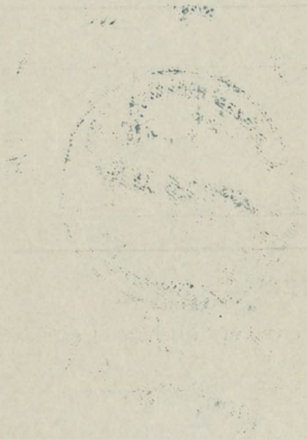
Place Quebec P.Q.

Date 15-4-19

Signature [signature] Major.
Commanding Dispersal Station E.
(O. C. Discharging Unit.)

K C Dry 9.22 BD

M.F.B. 218a—50M.- -2-19 1772-39-113.



PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

N

PART I. A.F.B. 179 Canada (Revised 1918). 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 404220 Rank PRIVATE. Surname COUREY. Christian Name ADJUTOR

Unit or Corps—(a) Overseas from United Kingdom 22ND BATTN (b) in United Kingdom 10TH RESERVE

Born at—Town LEVIS. County or Province QUEBEC. Country CANADA

Date of Birth—Day 2 Month AUGUST Year 1883 Age 35 yrs. 4 months.

Joined at QUEBEC. CANADA Date JANUARY 31ST 1918

Former trade or occupation LUMBERJACK.

Permanent Marks or any peculiarity that will serve for future identification :—

A triangular scar on right anti-cubital fossa.
1½" scar over right oleocranon process.

Height—feet 5 inches 3½ Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) A Courey

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) PARTIAL ANKYLOSIS RIGHT ELBOW JOINT

Disabilities Group (*b*) NIL

Disabilities Group (*c*) NIL

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	MACHINE GUN BULLET	ARRAS	AUG 28 1918
(*ii.*) As to Group (*b*) above.	NOT APPLICABLE		
(*iii.*) As to Group (*c*) above.	NOT APPLICABLE		

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

(*i.*) As to Group (*a*) above? no If yes, has Active Service aggravated it? not applicable

(*ii.*) As to Group (*b*) above? not applicable If yes, has Active Service aggravated it? not applicable

(*iii.*) As to Group (*c*) above? not applicable If yes, has Active Service aggravated it? not applicable

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

(*i.*) As to Group (*a*) above? yes

(*ii.*) As to Group (*b*) above? not applicable

(*iii.*) As to Group (*c*) above? not applicable

PART I. (continued).

5. MEDICAL HISTORY.
While with the 22nd Battalion near Arras on August 28th 1918, he was hit by a machine gun bullet over the olecranon process of right ulna which badly comminuted this bone and after injury brachial artery from anti-cubital fossa on flexor surface right arm. He was sent to 33rd C.C.S. and wounds were dressed and then went to 53rd British General Hospital where wounds were excised and explored and brachial artery was found ruptured and was ligatured just above elbow. On September 2nd the wound on flexor surface of arm was sutured and on September 13th he was sent to No 4 Canadian General Hospital where in spite of badly comminuted olecranon process of ulna massage was started immediately.

6. PRESENT CONDITION. He has a triangular scar in the right anti cubital fossa which is healthy and non-adherent. He has a scar 1½ long over right olecranon process which is healthy and non adherent. He lacks 5 degrees of full extension of right elbow joint and can flex the joint to an angle of 95 degrees. Movement of shoulder and wrist joints normal. Circulatory system except as to right brachial artery and Respiratory nervous and genito-urinary systems normal. General condition good.

7. OPERATION. (i.) Was one performed? yes (ii.) If so, state what. excision of wound and ligation of right brachial artery
(iii.) Was one advised and declined? no

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? no
(ii.) If so, describe. not applicable

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) no
(b) Invalid to Canada? yes
(c) Discharge from the Service as permanently unfit? no

Date of Report December 1 1918.
Signed Smarle Lawson Capt. Cam. Officer in medical charge of case.
Station No 4 Can Gen Hospital.

I have satisfied myself of the general accuracy of the above Report, and concur therein.
K C Sharpe Major for (Officer i/c Hospital) S.M.O. Brigade Strike out one of these
Dated at ..... Station, on ..... 191.....
*Delete if inapplicable.

No. 4 CANADIAN GENERAL HOSPITAL REGISTRAR'S OFFICE DEC 8 1918 BASINGSTOKE

PART II.

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

10. Is the disability fully described in Part I. (1)? yes
If not, describe it. not applicable

11. Is the cause of the disability fully described in Part I. (2)? yes
If not, describe it. not applicable

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier — Caused? no — Aggravated? no
(b) Misconduct of the Soldier — Caused? no — Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?
(ii.) If not permanent, what is its probable minimum duration (in months)?

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

17. Can the former trade or occupation be resumed?

not applicable

18. REMARKS:—

19. RECOMMENDATION:—
(a) Fit for duty? (state category) no
(b) Invalid to Canada? yes
(c) Discharge from Service as permanently unfit? no

Date of Board 9-12-18
Signatures of the Board: E P Lewis Capt Cam C President. Roscoe R Graham Capt A M C
Station No 4 Can Gen Hosp.
Approved A Collins Captain, C.A.M.C. for A.D.M.S., Canadians, London Area.
Dated at ..... Station 191

ASSISTANT DIRECTOR OF MEDICAL SERVICES CANADIANS, LONDON AREA JAN 25 1919 13 BERNERS ST. LONDON, W.1

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.)
(b) Service abroad, not general service,	(" B)	(Yes or No.)
(c) Home service (Canada only),	(" C)	(Yes or No.) R.O.1706
(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.)

(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.)

Discharge.

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.

[signature] President.

PLACE Quebec, [signature] } Members

DATE April 9/19.

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 ..... } Members

DATE .....

APPROVED BY H F Chisholm Major Camc for Assistant Director of Medical Services.

DATE 11/4/19

APPROVED BY ..... Director-General of Medical Services.

DATE .....

Conscrit 17-6-1474

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 Quebec. DATE 8-4-19

1. 1 (a) Unit D.D.5. (b) Regimental No. 4040220 (c) Rank Pte.

(d) Surname COURCY (e) Christian name Adjutor

(f) Home address Rue Carrier, Levis.

(g) Next of Kin Cedulie Courcy. (h) Relationship Soeur

(i) Address of Next of Kin Rue Carrier, Levis.

2. Age last birthday 35 ans Date of birth 2 Aout 1884

3. Enlistment, or Appointment (if an Officer) (a) Place Quebec. (b) Date 31 Jan.1918

4. Personal description:

(a) Height 5' 3½" (b) Weight 140 (stripped) (c) Complexion Medium

(d) Colour of hair Noir (e) Colour of eyes Bleus (f) Identification marks, Scars, etc. Cicatrice au plis de flextion du coude droit.

5. Former trade or occupation -Journalier-

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	Periods To
Canada 1-2 Que.Rgt.	Jan 1918	Fev 1918
England 1-2th Rgt.	Fev 1918	Aout 1918
France or other theatres of War 22nd Rgt.	Aout 1918	Aout 28 1918

England. Aout 1918 Mars 1919. D.D.5 mars 1919 a date.

7. Original disease, or injury BLESSURE DU COUDRE DROIT-(Ankylose partiel)

(a) Date of origin 28 Aout 1918 (b) Place of origin France (Arras)

(c) Cause Blessure par balles (G.S.W.)

M. F. B. 227.
400M.—11-18.
1772-39-117.

6

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.)

A Nil B.Limitation de mouvements pour l'extension et surtout la flexion du coude droit.C.Nil D.Occupation restreinte.

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:- Cicatrice trangulaire de 2" irreguliere non adherente situe au pli de flextion du coude droit.Cicatrice lineaire de 1 pouce de long non adherente a l'olecrane droit. Regeneration parfaite de ces deux cicatrices.Les mouvements d'extension du coude droit sont limites a 1750 degres;-les mouvements de flextion du meme coude limites a un angle de 95o de-95Tous les mouvements de l'epaule sont bien conserves.Tous les mouvements de-l'epaule du poignet et de la main sont normaux,mais la Grippe palmaire est diminuee de 20% pour la force (Comparaison avec celle du cote gauche.

SUBJ:- Sensation de paresthesie legere a l'extremite des doigts de la main droite. Dit qu'il ne peut plus faire son travail d'auparavant.

(*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.....Cardio-Vascular System.....Genito-Urinary System.....
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....Respiratory System.....Integumentary System.....

Disturbances of Mentality.....Digestive System.....Muscular System.....

Osseous and Joint Systems.....Voir 9.....Any other general condition.....

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

A ete blesse le 28 du mois d'Aout 1918 a ete envoye au 53ieme CCS.pour se premiers pansements,et puis transferé au 53ieme British General Hospital", ou il a subi une operation exploratrice L'artere brachiale trouvee rupture a ete legaturee - A ete transfere au "Canadian General Hospital le 12 Sept 1918 ou il a ete traite par le massage juaqu'au mois de Janvier 1918. Un mois de convalescence dans un Hospital a Liverpool.

17-C-1774

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.

CENTRAL REGISTRY APR 11 1919

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

Voir 9

11.—(*a*) Did the disabling condition have its origin before enlistment? Non

(*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.)

NA

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment?.....Non.....
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.

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

"British General Hospital 1 Sept 1918 au 13 Sept/18
Conodion Gen.Hopital 14 Sept 1918 au 28 Jan/19
Liverpool Hosp. 29 Jan 1919 au 12 mars 1919.

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)

Je ne crois pas.

16. Can the former trade or occupation be resumed?.....Je ne crois pas.....
(If not, briefly state why)

17. Recommendations.....
Soit decharge de l'Armee.

R Brooks 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.....A Courcy.....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.....

A Courcy.....Rank.
Signature of invalid examined.

FORM P. 559
8245-180M.-7/3/17

MARRIED OR SINGLE: Single
PLACE OF BIRTH: Lévis, Que
NAME OF NEXT OF KIN: Mrs Cedelia C. Guay RELATIONSHIP: Sister
ADDRESS: Carrier St
Lévis, Que
NAME OF NEXT OF KIN: RELATIONSHIP:
ADDRESS:

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

DATE ADMITTED	ADMISSIONS DATE DISCH'D	V. OR A.	TO HOSPITAL, &c. NAME OF HOSPITAL

REG'L NO. 4040220 RANK Private NAME Courcy Adjutor
PLACE OF ATTESTATION Québec. 31-1-18 DATE OF ATTESTATION ORIGINAL UNIT 2nd Québec Reg
PRESENT UNIT 10th Can Res Bn

ASSIGNED PAY

(1)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP
(2)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP
(3)
PER MONTH $ DATE EFFECTIVE AUTHY.
PAYABLE TO
RELATIONSHIP
(4)
PER MONTH $ DATE EFFECTIVE AUTHY
PAYABLE TO
RELATIONSHIP

(1)
STOPPED EFFECTIVE
CAUSE Dist of Can 1.1.19 Bur. 11/12 22/9/95 Disposal -
DATE A3M FORMS REND.
(2)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.
(3)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.
(4)
STOPPED EFFECTIVE
CAUSE
DATE A3M FORMS REND.

PARTICULARS OF TRANSFERS

TO UNIT	EFFECTIVE DATE	AUTHORITY

DISCHARGE DATE AND PLACE
REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE
PAYABLE TO REASON
RELATIONSHIP AUTHORITY
AUTHORITY FOR ISSUE REMARKS
SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)
PAYABLE TO REASON
RELATIONSHIP AUTHORITY
AUTHORITY FOR ISSUE REMARKS
NEW PAYBOOK ISSUED NEW PAYBOOK ISSUED

PERIOD FROM	PERIOD TO	PAY AND FIELD ALLOWANCE No. OF DAYS	RATE	$ c.	WORKING PAY No. OF DAYS	RATE	$ c.	SEPARATION ALLOWANCE $ c.	ASSIGNED PAY CREDITS $ c.	ANY OTHER CREDITS $ c.	TOTAL CREDITS $ c.	SEPARATION ALLOWANCE $ c.	CASH PAYMENTS DURING THE MONTH 1 $ c.	2 $ c.	3 $ c.	4 $ c.	ASSIGNED PAY $ c.	OTHER CHARGES $ c.	TOTAL DEBITS $ c.	BALANCE CARRIED FORWARD CREDIT $ c.	DEBIT $ c.	NUMBER OF ACQUITTANCE ROLLS 1	2	NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED, ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
15-2-18		Balance from Canada									10 60									10 60					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.
March				Canada					10 60		
	pp 16/2 31/3	48 40							59 00		
				AR 1221 10 Res 11/3/18	2 43				56 57		
				AR 1313 do 18/3/18	4 87				51 70	22 50	
		48 40			7 30						

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES. PROMOTIONS, &C., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ C.	No. OF DAYS	RATE	$ C.	$ C.	$ C.	$ C.	$ C.	$ C.	1 $ C.	2 $ C.	3 $ C.	4 $ C.	$ C.	$ C.	$ C.	CREDIT $ C.	DEBIT $ C.	1	2		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.

EFFECTIVE DATE:- 1-9-18 Stopped

AMOUNT:- #15. 1.1.19.

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs. Cedelie Courcy Gray,
Carrier St., Lewis P.Q.
A2M 29-4-18 - Eff 1-6-18 (Sister)

NAME:- COURCY Adjutor

NUMBER:- X0X0220

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Dep Bn.

DATE ACCOUNT FIRST OPENED:- 16.2.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2 QRD
$2. 30.8.18.	1.9.18.	20.9.18.	22nd Bn
			Can Section

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
~~5/12/18~~	9935	~~Bstoke~~ 2 Chqd.	~~9 73~~				
31/12/18		L.C. & bal. 156.13					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Distobar 1.1.19 auth Bas. 11/12 22 9/95 Disposal

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal. Fwd.								51 70	22 50	
Apr	P.P.	33 -		AR 41-10 Res. 12.4.18	4 87				79 83	37 50	
		33			4 87						
May				AR 249 ✓ 13/5/18	4 87				74 96		
				✓ 351 ✓ 23/5/18	29 20				45 76		
	PP	34 10							79 86	52 50	
		34 10			34 07						
JUN				Can AP.				15	64 86		
	PP	33		AR 485 10th Res Bn 13/6/18	4 87				59 98		
									92 98		
				✓ 614 ✓ 26/6/18	4 87				88 12		
		33			9 74			15			
July	PP	34 10		✓ 766 ✓ 15/7/18	4 87				83 25		
									117 35		
				Can AP				15	102 35		
				AR 894 ✓ 26/7/18	4 87				98 48		
		34 10		AR 132 ✓ 24/4/18	4 87			15	93 61		
					14 61						
Aug	PP	34 10		Can AP				15	112 71		
				AR 1000. 10th Res Bn. 10/8/18.	4 87						
				DN AR 179. 5th C.D. Bde. 22/8/18	3 57				104 27	52 50	
		34 10			8 44			15			
SEP	do	33.		AP.				15	122 27		
				AR 6128 #4 Can Gen Hosp 17/9	4 87				117 40	52 50	
		33			4 87			15			
OCT	do.	34 10		AP Can				15	136 50		
				AR 6911 Basingstoke 7.10.18.	4 87				131 63		
		34 10			4 87			15			OVER.

NUMBER 4040220 RANK NAME COURCEY, A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									131 63	52 50	
NOV.	Ples pay	33 -		A/C Canc				15 -	149 63		
				AR 8504 HOH. Gen Hosp 7.11.18.	4 87				144 76		
				9935 do. 5.12.18.	9 73				135 03		
Dec.	do.	34 10		A/C. Canc				15 -	154 13		
	Ind subsist pay	2 -							156 13		
				AR 10903 HOH. Gen Hosp 19.12.18 endorsed on D.S.C.	48 67				107 46		
1919	S.J. 19/12 to 29/12/18 10 days 4. Genl Hosp. HOG endorsed on D.S.C. 4/m. do.	7 30							114 76		
Feb.	DO 314 QRD. 30.12.18	76 40			63 27			30 -			
				AR 11457 HOH. Can Gen 22.12.18 endorsed D.S.C.	24 33				90 43		
Feb.	S.J. 20.12.18 to 2.1.19 4 days extra to	2 92							93 35		
	DO 314. DO 10 QRD. 13.1.19. P.S.C. rend 30/1/19	~~4 19 8~~		AR 12653 HOH Can Gen. 15.1.19	4 87				88 48		
				AR 8379 HOH " 7.2.19 endorsed. P.S.C. rend. 5.2.19	4 87				83 61		
					34 07						

LPC

LPC

AUDITOR	PAYMASTER

C 180

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

M. OR S. Single

REGT. No. 4040220 RANK Pte. NAME (IN FULL) Courcy. Adsutor.

NEXT OF KIN Mrs. C. Courcy. RELATIONSHIP Sister

ADDRESS 49 Rue. Carrier Levis.

IS SEPARATION ALLOWANCE PAID? Nil DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS Nil Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY
✓		✓

ORIGINAL UNIT C.E.F. 1st Quebec IF IN P.F. WHAT UNIT? ✓ (BLOCK LETTERS, SURNAME FIRST)

PLACE OF ATTESTATION Quebec TRANSFERRED TO Engl. DATE 14-5-18 AUTHORITY

DATE OF ATTESTATION 31-1-18 TRANSFERRED TO 22nd Btn. DATE 7-8-18 AUTHORITY

ASSIGNED PAY, $ 15.00 DATE EFFECTIVE 1-6-18

PAYABLE TO Mrs. C. Courcy RELATIONSHIP Sister

ADDRESS 49 Rue. Carrier. Levis.

ANY CHANGE IN ASSIGNEE OR ADDRESS ✓ ✓ ✓

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE Nil EFFECTIVE

DISCHARGED PLACE Quebec DATE 15.4.19 REASON M.U. AUTHORITY D.O.105 IF ENTITLED TO POST DISCHARGE PAY Yes.

T.O.S. 11-3-19. TJO 90

MONTH	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					156 13	156 13													156.13	"ARAGUAYA"
JAN. 1 to MAR. 31	90	1.10	99	156 13 11.20 8 03 2 19		246 55	10903 19/12 9481 28/2 8379 7/2	14451 22/12 P. 22/3	12653 15/1 P. 22/3	48.64 4 84 4 84	24 33 5	4 84 50	45				184 61		88 94 ~~89 04~~	Subs. All. TJO 90 8.03 S.F. Allce. per LPC. 2.19 " " " "
APL.	15	1.10	16 50	35 - ~~89 04~~ 88 94		~~140 54~~ 140 44	251	252	113 10	.35	105 44	10.00					140 44 10.00	— 10.00	— L	

	W.S.G.	S.A.	TOTAL	- War Service Gratuity -	W.S.G.	S.A.	TOTAL PD	Soldier	Dependent	
122 Days Minimum	280 -		280 -		70 -		70 -	210 -		L 16-4-19 - 52540
						10.00				
					60 -		140 -			L 16-5-19 - 54354
					70 -		210 -	70 -		L 16-6-19 - 56656
					70 -		280 -	- -		L 14-7-19 - 59303
	280 -		280 -		280 -		280 -			L

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	