

Duplicate
2015
2015

TRIPPLICATE
ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No. 2015
Folio. 1

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? Camille D'Amour
 2. In what Town, Township, or Parish, and in what Country were you born? Ottawa
 3. What is the name of your next-of-kin? Isaac D'Amour - father
 4. What is the address of your next-of-kin? 535 1/2 St. Patrick St. Ottawa Ont
 5. What is the date of your birth? March 1st 1892
 6. What is your trade or calling? Transfer
 7. Are you married? No
 8. Are you willing to be vaccinated or re-vaccinated? Yes
 9. Do you now belong to the Active Militia? No
 10. Have you ever served in any Military Force?
If so, state particulars of former Service. No
 11. Do you understand the nature and terms of your engagement? Yes
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes
- C. D'Amour (Signature of Man.)
J. Scott (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Camille D'Amour, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date April 14th 1915 C. D'Amour (Signature of Recruit.)
J. Scott (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Camille D'Amour, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date April 14th 1915 C. D'Amour (Signature of Recruit.)
J. Scott (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Ottawa this 14th day of April 1915

L. Smith (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
G. H. Shaw (Approving Officer.)

DESCRIPTION OF Camille D'Ameur ON ENLISTMENT.

Apparent Age 23 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 5 1/4 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion fair

Eyes Gray

Hair light Brown

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

1 Vaccination scar left arm
1 " " " Right "
Scar centre abdomen

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 6th 1911

Place Ottawa

Leut Col A.M.C.
H.O. Divisional Engineers
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT

C. D'Ameur having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date Apr 16th 1911

P.H. Bogart (Signature of Officer.)

02 2nd Signal Coy
Canada

File #

2015

SIN/NAS

D'Amour

Surname/Nom

Camille

Given names/Prénoms

Spr.

CANADIAN FORCES
FORCES CANADIENNES

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL



Declassed 16-9-58

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

404208

COMPONENT
ÉLÉMENT

CEF



833

183

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

567

PK

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Camille* 2. Surname *D'Amour*

3. Rank *Spr* 4. Original Unit *2nd Sig. Coy.* 5. Reg. No. *2015*

6. Address, in full, to which future payments of gratuity are to be forwarded
Bank of Ottawa Rideau
St. Branch Ottawa Ontario.

7. Date of enlistment in the C.E.F. *April 4 - 1915.*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge

9. Relationship of such dependent *None*

10. Address, in full, of such dependent *not applicable*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

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? *not applicable*

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *not applicable*

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.
Canada 2 months Signaller
Overseas { C.E.F. 6 months
2nd Sig. Coy. 9 1/2 months,
1 year 3rd Sig. Coy. 5th Div. 1 1/2 years
1 year 2nd Sig. Coy. 2 Bn. C.E.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department. *not applicable*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *not applicable*

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

NY

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.

Not applicable

NY

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

Not applicable

21. Have you, during the present war, served in the Imperial Forces?

Not applicable

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.

Not applicable

NY

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

Not applicable

NY

(b) If so, was such reversion in consequence of misconduct or inefficiency?

Not applicable

24. Are you now serving in the C.E.F.?

not applicable

If not, give:—(a) Date of discharge

(b) Reason for discharge.

MAY 9 1919

NY

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.

Not applicable

NY

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

Not applicable

NY

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

Not applicable

(b) If so, are you in receipt of full pay and allowances from that Department?

Not applicable

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:

Camille W. Amour

Place of Residence:

19 Murray St. Ottawa Ontario

Declared before me at:

Bramshole

This

23

March

1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

Walter H. ...

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183</i>	<i>420</i>

Certified Correct.

District Paymaster

Forms
I. 1237
10
8667

327207

000

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 5664	Regimental No.	Rank.	Surname.	Christian Name.	
	2015	Dr.	D'Amore	C.	
Year 1915		Unit.		Age.	Service.
		C. G.		23	9/12.

Station and Date.	Disease
Moore Barracks Shorncliffe Dec 17/15	<u>Bronchitis</u> Patient took ill about one week ago with cough. previous health good family history negative. Chest normal R. mitr aspect 3" 9/10 14 collars patient is improved H.C.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S. P.T.O.

Station
and Date.

Rank

Name D'AMOUR Camille

Reg'l No. 2015

R-122.

Unit C. E. Trg Depot

If in perm. Corps,
What Unit?Married or Single **Single**Place and Date of Enlistment **Ottawa. 14th April. 1915**Place of Birth **Ottawa.**Name and Address, Next-of-Kin **Isaac D'Amour.****535½ St. Patrick St. Ottawa. Ont. Relationship Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

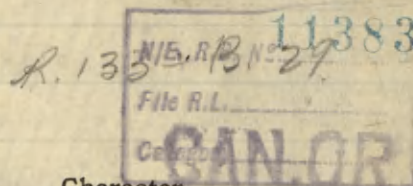
Discharge, Date and Place

Reason

Character

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				
15-12-15	O.B. C.E.T.D.	Adm to Hospital	Moore Barracks St. Cuffe	14 ^{12/15}	Pl II D.O. 31
20-12-15	-Do-	Discharged from Hosp.	Schiff.	19 ^{12/15}	" " " 35
27-12-15	-Do-	Trans: to 2 nd F.C.C.	France	26 ^{12/15}	" " " 40
8-1-16	1 st Lt. Co	Taken on Strength 2 nd Lt. Co.	" "	27 ^{12/15}	" " " 2
29-9-16	---	G.S.W. Side Head. Aux. Mil. Hosp.	Southall.	24-9-16	C.L. 276. B140.
3-10-16	---	Inval + Transf. C.C.A.C. (W)	Folkestone.	25-9-16	P.I. 50. SC W
2-10-16	C.C.A.C.	Taken on Strength	" "	29-9-16	Pl II O 429
24-10-16	Pl D. E.	Lt. C. C. Hpt Woodcroft.	Epsom	20-10-15	Pl II O 159 Pl II Head Side
29-11-16	C.C.A.C.	Rep Ex Epsom	Hastings	28-11-16	Pl II O 523
15-12-16	1st. C.D.E	Discharged. Com. Hosp Woodcroft Pk	Epsom	27-11-16	C.L. B193.

20649



2015. D'Amour C.

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				
1. 12. 16	C.C.A.C.	S.O.S. fit to C.E.Y.D.	Hastings	30.11.16	Pt II 0.528
5. 15. 16.	b.b.Y.D.	Y.O.S. from b.b.C.B.	Wimborne	30.11.16	287.
19. 2. 17	---	S.O.S. to 5 th Div. Eng. Willey	---	19.2.17	43
21-2-17	5 th Div En	T.O.S. from C.E.T.D. C.Boro	Witley	19-2-17	10
2 3.18	13 th H. Co.	Y.O.S. on Strength	Leeds	28.2.18	00.3
7. 3. 18	"	S.O.S. to C.E.T.D.	A.F.B. 2 nd Bn.	8.3.18	00.4 + C.E.T.D. 57/8 ³
16. 3. 18	b.E.T.D.	S.O.S. to b.E.R. Pool	A.F.B. 1 st Bn	16.3.18	00649 C.E.R.P. 27/3 ⁴
2. 7. 18	2 nd Bn C.E.	T.O.S. from C.E.R. Pool	Field	Spr. 1.6.18	020.1 469 C.E.R.P. 27/18
			54. G.	29.4.19.	
28-3-19.	A Wing C.E.C.	T.O.S. from 2 nd Bn. C.E.	Binslett	"	21-3-19. Pt. II 0.12.
30.4-19.	---	S.O.S. to Canada.	---	"	29.4.19. 00.20.

16/12/15

LABORATORY MOORE BARRACKS HOSPITAL. SHORCLIFFE.

LABORATORY REQUISITION & REPORT.

Name ~~James~~ D. Amour

Regtl No. 2115

Unit 6C

Ward 15

Diagnosis Bronchitis

Examination required. Urine

Urinalysis

Color

light amber

S.P. Gr.

1020

Reaction

alkaline

Sugar

neg

Albumin

neg

~~Microscopic~~

H.O.

J. B. Bourneman

Pathologist.
Capt. G. A. M.C.

16/12/15

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2015 Rank Spr Surname D'Amour
(Given name in full)
Camille
 Unit or Corps 2 Bkn 6 E Birthplace Ottawa

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good return Weight 160 lbs. Height 5 6 ft. Colour of Eyes Brown
 Nutrition good
 Pulse 70 per min. regular
 Condition of arteries 20 yr
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scars center of abdomen
(pre-war)

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

14-12-15 Bronchitis
24-9-16. (shel. wd. mumps) } recovered

no disability

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at Manusbo (Overseas)

Date 23-3-19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at Ottawa Ont (Canada)

Date 10/5/19

Signed [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[Large Signature]

[OVER]

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

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

350M.—5-16

H. Q. 1772-89-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 2015 Rank Dw Name D'Amour Samille
C. E. F.

Enlisted (a) 14/4/15 Terms of Service (a) D of W Service reckons from (a) 14/4/15

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
29-4-19	TOS	# 3DD sub Depot			HA 139
9-5-19	SOS	# 3DD Dist Depot RO 1420			HA 139

[Signature]
Lieutenant
For O. C. No. 3 District Depot.

(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.

Casualty Form—Active Service.

Regiment or Corps C.C.T.D.

Rank Pte. Surname D'AMOUR ✓ Christian Name Samille

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) 14/4/15 Terms of Service (a) Do War Service reckons from (a) 14/4/15

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer. _____

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked...		
18-3-18	C.C.T.D.S. of C.M.D. from 5th Divisional Engineers.	Seaforth.	18-3-18	Pt. 2	Ord. 57
16-3-18	C.C.T.D.S. of 1 M.D. on pro-ceeding O/S to SE Pool. France.	Seaforth.	16-3-18	Pt. 2	Ord. No. 57
					Lieut. Col. for Adjutant, C.C.T.D.
2/3/18	13 th Fld Coy	On Strength	Seaforth.	25/2/18	Pt. 0-3
					<i>W. Charles</i>

CERTIFIED CORRECT.
 28 MAR 1918
 CAS. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

2015 - D'Amour C.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAR 17 1918	M.L.O.	Arrived France & TOS CE.	Poo	MAR 17 1918	DR P/27
11.4.18.	CERC	Sent to 14 by L.P. No 2, 22/11 for W.O.A.S. Conduct to the prejudice of C.O. & M.D. in that he on 21.3.18. committed the C.O. on occasions without being properly punished by a res.			B 2069 P/38
31.5.18	CERC	Transferred from CER Pool to 2nd Can, Engineer Bn,		31/5/18	P/66
1-6-18	CERC	T O S 2ND. CE. BATTN	Field	11/6/18	A.H.O. d/2-7-18
13-11-18.	do.	Sentenced to forfeit 4 days pay for W.O.A.S. Drunk		4-12-18	B. 2069 P/62 d/31-12-18
	Hub. Camp	Proceeded to England.			N.R.
				MAR 19 1919	P.2 O.No. d/.....

LIEUT.
FOR LT COL.
A.A.G.

S.O.S.M.E. OF C. ON
PROCEEDING TO CANADA FOR
DEMOBILIZATION.

Walter Shering C.O.A.

7-II orders 2-20
1919
A Wm. Lab.

23/4/19

Embarked, FMS/BALTIC
29th April 1919 Liverpool

CAPTAIN & ADJUTANT,
No. 18 TRANS. ATLANTIC,
CONDUCTING STAFF,
S.E.F.

CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

2015 Sapper

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) D'Amour, Camille enlisted in
Canadian Engineers (Trans. 2nd Field Company C.E.)
the _____

CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont on the 14th
April 15
day of _____ 19 _____

HE served in Canada, England and France

and is now discharged from the service by reason of Demobilization
Medical Unfitness. "DEMOS"

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

<p>Age <u>27 years</u></p> <p>Height <u>5 feet 5 1/2 inches</u></p> <p>Complexion <u>Fair</u></p> <p>Eyes <u>Hazel</u></p> <p>Hair <u>Light Brown</u></p>	<p>Marks or Scars <u>Gunshot wound side of head</u> <u>24-9-15.</u></p>
---	--

Camille D'Amour
Signature of Soldier

May 9th, 1919
Date of Discharge

Ottawa, Ontario

W. Guthrie
Casting Officer
for Director of Records

Rank _____
March 3rd 22
Date _____ 19 _____

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
DISCHARGE CERTIFICATE

THIS IS TO CERTIFY THAT THE
Name of Soldier _____
Rank _____
Number _____
Company _____
Regiment _____
Branch _____
Service No. _____
Date of Discharge _____
Place of Discharge _____
Reason for Discharge _____
Remarks _____

Height _____	Weight _____
Complexion _____	Eyes _____
Hair _____	Build _____
Signature of Soldier _____	Signature of Officer _____
Date _____	Date _____

This certificate is to be issued only to those soldiers who have been discharged from the Canadian Expeditionary Force in accordance with the provisions of the War Measures Act, 1914, and the War Measures Act, 1939, and who are entitled to a discharge certificate under the provisions of the War Measures Act, 1914, and the War Measures Act, 1939.

D. F. ...
Dr. ...



2

1

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *James S'Amour*
 Address *19 Murray St*
Ottawa

By Whom Assigned *S'Amour Carnille*
 Regtl. No. *2015*
 Rank *Sapper*
 Corps *Canada Engineer 05 draft*

Rate *15⁰⁰* *Jan 1-17*

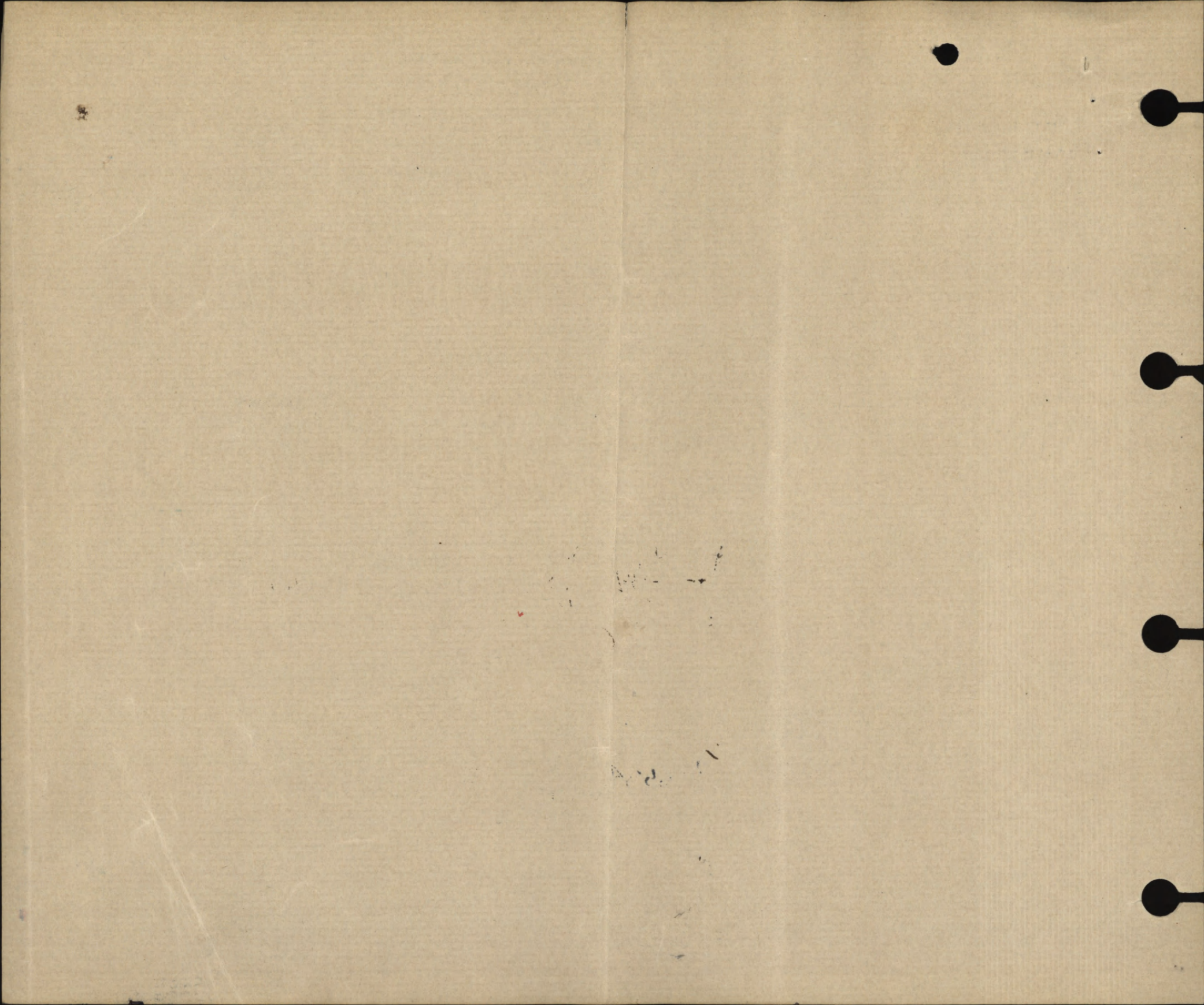
Ont

2m 1/2 to 27 1/2

PAYMENTS

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





Name D'Amour, C. Rank Driver. Reg. No. 2015.

Camille

Unit 2nd Fld Coy. 1st Divisional Engineers.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1915.						
14-12.	Moore Bcks Hosp.	Shorncliffe.	Bronchitis.	200.		
18-12.	Military Hospital	-	-	B.38.		
	<i>In France</i>					
1916.						
Sept. 24	Aux. Seil. Hosp	Southall	J.S.W. Side Head	B/40	1679	29/9/16
Oct 20	Con. Hosp. W' Cole PR	Epsom	D. D.	B/59		
27 11	Discharged		D. D.	B/93		

NAME

D'Amour, Camille

REG'T'L. NO. 2015

RANK AND CORPS

Dr. 2nd Gun Field Co
1st Ban. Div. Engrs.

NO.

88X

CABLE

NO.

DATE

C

NATURE OF CASUALTY

FOLL.

01679

28-9-16

Adm. Auxiliary Mil. Hosp.
Southall Sept: 24th 1916. (G.S.W. Side Road) ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

200	Moore Barr. Shorne	14-12-15	Bronchitis
B38	Yarns to Mill "	18-12-15	" "
B140	Alex. Mill. Southall	24-9-16	Left Side & Head
B159 ^e	Coon. Woodcote Pt. Epsom	20-10-16	" " " "
B193	Discharged	27-11-16	G.S.W. side & head

CANADIAN CONVALESCENT HOSPITAL
AT

G

A. & D.
CARD.

Regt. No. *2015* A. & D. No. *CG*

Rank *bw* Corps

Name *Damon C* Age *24* Religion *RC*

Service at Home *107th*

„ „ Front *91st*

Diagnosis *Gonorrhea*

Admitted *20 OCT 1916*

Discharged *27 NOV 1916*

Place in Hospital *CCAC. for P.I.*

M. H. Rec'd

Transferred

Results

(See Document Card)

REMARKS: 22/10/16 small shrap on lt temple
wds on side discharging 30/10/16 wds
healed dizzy spcl exercise P.T.

J.W. Brien
Capt
CAME

REMARKS:

Transferred Deer 18th

No. 2015

RANK

Spr

NAME

D'amour, C

T. O. S.

UNIT

Div. Sig. Co. Trng. Dept. Canadian Eng.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 March 1 May 15</i>	<i>1915 May 14 May 31</i>	<i>L DS</i>		
<i>June 1</i>	<i>June 8</i>	<i>L</i>	<i>for 3 days pay.</i>	<i>June pay list.</i>



✓
SURNAME.

D'Amour,

CARD NO.
3. area J.

CHRISTIAN NAMES

Camille

FOLL.
S.O.S. Acmal. 9-5-19.

REGL. NO.

~~1089.~~ *2015*

RANK

Sapper,

ant. - D.P. 139 of 3070.

UNIT

~~2nd. Div. Sig. Co.~~

Can. Eng. Tr. Depot

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

D'Amour, Isaac.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

~~535 St. Patrick St.~~

19 Murray St. Ottawa Ont.

also notify Mrs F. Piche. Record Office (Canal Eng Office) (30-8-16)

COUNTRY OF BIRTH

Canada, Ottawa Ont.

DATE

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

Apr. 14th 1915

% 29-6-15, 14

2/c 7-5-19, 320/50.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 1589

RANK *Spr.*NAME *Damour, C.*

T. O. S.

UNIT *2nd. Signal Coy. Divisional Engineers*M. D. *3.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Apr. 6.</i>	<i>1915 Apr. 30.</i>	<i>5</i>		



1914-15 Star ⁴⁰⁴²⁰⁸

PR

725

Number *2015*

Rank *Pr*

Surname *D'A MOIR*

Christian Name *Samille*

Units *6 E.* Theatre of War *France*

Date of Service *26-12-15*

Remarks *33*

Latest Address *14 Murray St
Ottawa*

Roll No.

20cm. 2-21.M.

*B Page 21280
Replacement*

13/12/77

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

DESPT
DES 14 1922
11630

NOV 23 1922

Replaced by hand
23/11/22 R.D.

Surname **D'Amour.** Christian Name or Names **C.** Reg. No. **2015.**
 Rank **Dvr.** Unit **1st. Can. Div. Eng.** Co. **2nd.** Troop Batty.

Hospital **Moore Bks. Shorncliffe.** Date of Admission **14-12-15.**

Transferred *S. Cliffe Military H.* Hosp. *18.12.15.*

Amf Mil H. Southall Hosp. *21.9.16*

Camp Woodcote Park Hosp. *20.10.16*

Hosp.

Diagnosis

(1) **Bronchitis.**
 Later Diagnosis (if changed) *L.S. W. Side of head.*
 (2)
 (3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

Dis. 27.11.16

REMARKS

*C.L. 21-1-16. 200.
 " 29.4.16. B. 38.
 el. 29.9.16 B/140
 24.10.16 B159
 15.12.16 B193*

RR

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1.1.17		EFFECTIVE DATE:-	
AMOUNT:- 15 ⁰⁰		AMOUNT:-	

NAME:- *D'Amour, Camille*

NUMBER:- *2015*

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.

*James D'Amour (Brother)
19 Murray St. Ottawa.*

5336

3

Stoppage 1-4-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Sp.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *1st D.E.*

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
	<i>11.3.17</i>		<i>5th D.E.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>11-3-17</i>	<i>7544</i>	<i>Field</i>	<i>3 73</i>				
<i>24-3-17</i>	<i>7549</i>	<i>H. Wing</i>	<i>72 00</i>				
			<i>76 73</i>				

L.S.B credit 329 28

L.P.B credit 252 55

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
		<i>100</i>	<i>10</i>	

PARTICULARS OF RENDERING NON-EFFECTIVE:- *1-4-19 MR 5336 Bshot - Bshot 26-3-17 MR 103*

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Ad. 31</i>	<i>Bal forward</i>								<i>208 00</i>	<i>760 84</i>	
<i>Apr.</i>	<i>PP</i>	<i>33</i>		<i>925 7-4-18 4 AT.</i>	<i>3 57</i>						
				<i>" 73 19-4-18 16 Misc. Del.</i>	<i>4 46</i>						
				<i>Can. AP</i>				<i>15</i>	<i>217 97</i>	<i>160 84</i>	
<i>May</i>		<i>33</i>	<i>34 10</i>		<i>8 03</i>		<i>15</i>				
				<i>" 11 1-5-18 66R</i>	<i>3 57</i>						
				<i>" 16 17-5-18 "</i>	<i>4 46</i>						
				<i>" 88 29-5-18 2 D.E. "</i>	<i>3 57</i>			<i>15</i>	<i>225 47</i>	<i>160 84</i>	
<i>June</i>	<i>Pay</i>	<i>34 10</i>	<i>35</i>		<i>11 60</i>						
				<i>bas</i>				<i>15</i>			
				<i>93 2nd 6.6 17/6/18</i>	<i>4 46</i>						
				<i>20.58 28/5/18 4 days 7/18 24/18 6 CR Pool.</i>	<i>15 40</i>						
		<i>33</i>			<i>4 46</i>			<i>15</i>	<i>223 68</i>		
<i>July</i>		<i>34 10</i>		<i>AP</i>				<i>15</i>			
				<i>131 2nd D.E. 1/7/18</i>	<i>4 46</i>						
				<i>250 17/7/18</i>	<i>3 57</i>				<i>234 68</i>		
		<i>24 10</i>			<i>8 03</i>			<i>15</i>			
<i>Aug</i>	<i>P.P.</i>	<i>34 10</i>		<i>bas</i>				<i>15</i>			
				<i>330 2nd 6 E 3 8 18</i>	<i>3 57</i>				<i>250 21</i>	<i>173 00</i>	
		<i>34 10</i>			<i>3 57</i>			<i>15</i>			
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>bas</i>				<i>15</i>			
				<i>504 1 6 E 1 9 18</i>	<i>7 14</i>						
				<i>571 2 "</i>	<i>20 9 18</i>				<i>257 50</i>		
		<i>33</i>			<i>10 71</i>			<i>15</i>			
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>bas</i>				<i>15</i>			
				<i>781 2 6 E 4 10 18</i>	<i>3 73</i>						
				<i>961 "</i>	<i>20 1 18</i>				<i>269 14</i>		
		<i>34 10</i>			<i>7 00</i>			<i>15</i>			

39.60 Restr. Pay

COMPILED BY *R. P. ...*

CHECKED BY *Ronald*

NUMBER

2015

RANK

Sgt

NAME

D'AMOUR, G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 ¹⁰ 78									26914		
Nov.	P.P.	33		b.a.p.				15	30624		
				1201 2 b.e. 2 ¹¹ / ₁₈	373						
				1351 " 15 ⁴ / ₁₈	1306						
Dec	"	3410		b.a.p.				15	28945		
				1560 " 13 ¹² / ₁₈	373				28572		
Jan	"	3410		b.a.p.				15	30482		
		10120		For 4 days pay 4.12.18	2052			15	30042		
				P.O. 162 31.12.18 2 b.e.		440		15			
FEB	"	3080		b.a.p.		440					
	"	3410		1644 2 b.e. 20 ¹² / ₁₈	389						
	Int on Def Pay	2587		1800 " 2 ¹ / ₁₉	377						
				1913 " 19 ¹ / ₁₉	373						
				2164 " 2 ² / ₁₉	933						
				2287 " 2 ² / ₁₉	373						
				2341 " 14 ¹ / ₁₉	373						
				2478 " 24 ² / ₁₉	373						
				b.a.p. mar.	3191			15	32928 180		
				7529 A Wing COO 24 ³ / ₁₉	73-						
				2599 2 b.e. 11 ³ / ₁₉	373				25255		
		9077			10864			30			
Apr.				Ar 2187 10/4/19 A.V. bld	973						
				Ar 3727 14/4/19 " "	4867						
				S.O.S. to Canada 29 ¹ / ₁₉ Sailing List 54 CE.							
				Ar 4690 25/4/19 A. bld	973				18442		
					6813						

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Registration)

1. No.	2013
2. Rank	Sgt
3. Name	Mr. ANNANDY, Camille
4. Title	Sgt
5. Date of Discharge	1911
6. Place	Ottawa
7. Reason for Discharge	
8. Proposed Testimony after Discharge	
9. Authority	
10. Confirmation	

I hereby acknowledge that at the underwritten place and date I received my discharge Certificate
M. P. W. [Signature]

CERTIFICATE TO BE SIGNED BY SOLDIER

Signature of Soldier

The discharge of the above named man is hereby confirmed.
Place
Date

Signature
[Signature]

LIST OF DISCHARGE DOCUMENTS

Minutes Form W. 28	Attestation Paper, Tripharis
Minutes Form W. 188	or Particulars of Receipt
Minutes Form W. 178 or A.F.R. 188	Field Conduct Sheet
Minutes Form W. 54 or A.F.R. 107	Casualty Form
Minutes Form W. 41	Last Pay Certificate
	Certificates that missing documents are unobtainable
Minutes Form B. 618 or A.V.R. 112	Medical History Sheet
M.F.R. 237, A.F.R. 173 or A.F.R. 14	Proceedings of Medical Board
Minutes Form B. 100	Dental History Sheet
M.F.W. 122 or D.M. 81, 127	Medical Report
Minutes Form R. 261	Regimental Conduct Sheet
Minutes Form R. 262	Company Conduct Sheet

1. The following documents are to be prepared and submitted to the Medical Board for their consideration:

- 1. Medical History Sheet (M.H.S.) (Form B. 100)
- 2. Dental History Sheet (D.H.S.) (Form B. 101)
- 3. Medical Report (M.R.) (Form M.F.R. 237)
- 4. Proceedings of Medical Board (P.M.B.) (Form M.F.R. 173)
- 5. Last Pay Certificate (L.P.C.) (Form M.F.R. 107)
- 6. Field Conduct Sheet (F.C.S.) (Form W. 178)
- 7. Casualty Form (C.F.) (Form W. 54)
- 8. Attestation Paper (A.P.) (Form W. 28)
- 9. Particulars of Receipt (P.R.) (Form W. 188)
- 10. Certificates that missing documents are unobtainable (C.M.D.)

The following documents are to be prepared and submitted to the Company Commander for his consideration:

- 1. Company Conduct Sheet (C.C.S.) (Form R. 262)
- 2. Regimental Conduct Sheet (R.C.S.) (Form R. 261)

The following documents are to be prepared and submitted to the Adjutant for his consideration:

- 1. Medical Report (M.R.) (Form M.F.R. 237)
- 2. Proceedings of Medical Board (P.M.B.) (Form M.F.R. 173)
- 3. Last Pay Certificate (L.P.C.) (Form M.F.R. 107)
- 4. Field Conduct Sheet (F.C.S.) (Form W. 178)
- 5. Casualty Form (C.F.) (Form W. 54)
- 6. Attestation Paper (A.P.) (Form W. 28)
- 7. Particulars of Receipt (P.R.) (Form W. 188)
- 8. Certificates that missing documents are unobtainable (C.M.D.)

18 APR 1918

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23). or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M))
9. Copy of Discharge Certificate (M.F.W. 39a).
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). *+ 2000*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *1016*

Date..... **19 APR 1919**

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class 'A' No. 231946

DEPT
MILITIA REFERENCE

FEB 24 1922

H.O.
enlisted in

THIS IS TO CERTIFY that No. 2015 (Rank) Driver

Name (in full) J'Amour, Camille
the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 1st
day of April 1915.

HE served in 13th Field Company, 12th Bn. C.E. 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:—

Height 5' 5 1/4
Complexion Fair
Eyes Hazel
Hair Light Brown

Scars centre
Fore-wa
Women

C. J. Amour
Signature of Soldier

Cancelled
deglina
Issuing Officer

Date of Discharge



Rank

Date 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada



Ridley 4329

1.—The discharge certificate

... only in
after discharge, or when
authorized in writing, and
of uniform renders him
usual military discipline,
to the strength of a unit.

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

MEDICAL HISTORY of

Surname D'AMOUR Christian Name Camille

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Ottawa County _____

Examined ... { on 25th day of June 1915,
at Ottawa

Declared Age ... 23 years _____ days.

Trade or Occupation ... Driver

Height ... 5 feet 7 inches.

Weight ... 165 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 4 inches.

Physical Development ... Good

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

When Vaccinated ... Eight years ago.

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) F.M. Mc.Kinnon
(Rank) Major A.M.C.
Medical Officer.

Enlisted ... { at Ottawa
on 17th day of April 1915.

Joined on Enlistment	Corps.	Regtl. No.
		<u>2015.</u>
Transferred to		

Became non-effective by ... _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(Signature) M. H. ...
(Rank) ...

List in the case of Warrant Officers treated in quarters.

is bearing on the cause, nature, or, treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Deal

W. F. Kenney, Capt.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

Corps C. E.

Military Hospital J. B. H.

No. 2015

Rank and Name Dr. D'Amoro C.

Age 23

Service 9/12

Disease Bronchitis.

Date of admission 14/12/15

Date of discharge _____

Result _____

Dates of Observation																													
	Days of Disease																												
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M. A.M.P.M.																												
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

14 15

admi 88/10

80 80 100
20 20 24

Signature 1st Collins Capt

In charge of case.

Handwritten notes or title at the top of the page.

Small handwritten mark or number on the right side.



MEDICAL HISTORY SHEET.

ORIGINAL

Surname D'Amour Christian Name Camille

Examined { on 25 day of June 1915
 at Ottawa
 Birthplace { City or Town Ottawa
 County _____

Approved by Frederick
 Rank Major Amc M.O.

Apparent age 23
 Trade or occupation Driver
 Height 5 Feet 7 Inches
 Weight 165 Lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 36 inches
 Physical development fair
 Small-Pox Marks 2

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		30 SEP 1918 M.O.
		9 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right no Left no
 Number no
 When Vaccinated last 2/2/17

Date	Result	VACCINATIONS.
<u>2/2/17</u>	<u>✓</u>	<u>Ed Buckley Capt</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____ M.O.
 (b) Slight defects but not sufficient to cause rejection _____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>6/15/17</u>	<u>✓</u>	<u>J. S. Buckley Capt</u> M.O.
<u>10/15/17</u>	<u>✓</u>	M.O.
<u>4-3-18</u>	<u>T.A.B.</u>	M.O.

Enlisted on 14 day of April 1915 at Ottawa

Corps.	REG'TL NUMBER.	HABITS.	DATE.
	<u>2015</u>		
Joined on enlistment			
Transferred to... { <u>13 Y.C.C.</u> <u>C.E.T.D.</u> <u>C.E. POOL</u>			<u>19/2/17</u> <u>8/3/18</u>

The Medical History Sheets of all men proceeding overseas must be returned by the Officer commanding their unit to the Record Office when they leave England.
 M. O. Lieut. Col. Stewart Kelly
 In Charge of Records Canadian Contingent

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Epsom</u>	<u>22-11-16</u>	<u>Shrapnel laceration chest</u>	<u>Fit J. M. B. Capt Cause</u>

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

W. Park 20/10/16

0104
20/10/16

CANADIAN

Surname *Di Quain*

Christian Name *Caroline*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Woodborough</i>		<i>14</i>	<i>12</i>	<i>15</i>	<i>18</i>	<i>12</i>	<i>15</i>	<i>Bronchitis</i>	<i>4</i>	<i>Heal</i>	<i>W. H. Dwyer, Capt</i>
<i>Aux. Military Hosp. Southall</i>		<i>24</i>	<i>9</i>	<i>16</i>	<i>16</i>	<i>10</i>	<i>16</i>	<i>g & l side</i>	<i>22</i>		
<i>b.b. Hosp. Epsom</i>		<i>20</i>	<i>10</i>	<i>16</i>	<i>27</i>	<i>NOV</i>	<i>1916</i>			<i>Transferred to b.b.d.t. "F.A"</i>	<i>J. J. [unclear] Capt. 6-4-16</i>

Duplicate Medical History Sheet posted to here:
 Medical Registrar
R. H. [unclear]
 Record Office.

W.I.B. Class A **Casualty Form—Active Service.** *CLASS. A.*

Regiment or Corps *Can Engr Train Depot* *D.A.M.O.R.*
 Regimental No. *2015* Rank *Driver* Name *Damour, Camille*
 Enlisted (a) *Apr 14 1915* Terms of Service (a) *The War* Service reckons from (a) *Apr 14 1915*
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) *Cleanster*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>27/12/15</i>	<i>887D.</i>	<i>TRANSFERRED TO 2nd Field Coy France FROM 1st Field Coy VERIFIED TO 24-12-15</i>	<i>Field</i>	<i>26/12/15</i>	<i>J.J. Stach H.C.E. for O.O. "A" Coy. C.E.T.D. PI 10 40</i>
<i>29-12-15</i>	<i>Can. Base Depot.</i>	<i>Arrived as reinforcement for 2nd Field Coy.</i>	<i>Field.</i>	<i>27-12-15</i>	<i>101/B.D/3/170. Part II Orders No. 2.d/-8-1-16.</i>
<i>4-6-16</i>	<i>O.B.</i>	<i>L. O.F.P. Stes.</i>	<i>150</i>	<i>13-576</i>	<i>B 213-88329 of 11/16</i>
<i>16-7-16</i>	<i>O.B.</i>	<i>Repairs from 2 P.M. Field</i>	<i>Field</i>	<i>19-7-16</i>	<i>B 213-88366.</i>
<i>24-8-16</i>	<i>O.B.</i>	<i>Snd. to 14 days 2 P.M. 1st for I, absent from stable fatigue 2 P.M. to 4 P.M. 2. Absent from evening stables 4 P.M. to 4.20 P.M.</i>	<i>Field</i>	<i>24-8-16</i>	<i>B 213-88349 of 31/16.</i>

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

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				
24/9/16	O.C.	Evac, Wounded	7. Amh.	21/9/16	B. 413. C. S. # 401 of 20 9. 16.
30/9/16	H.S. David	Shell wounds Multiple & transferred to C.C.A.C.	Zakentown	24/9/16	W. 3083 No 1577. P. 500/316.
2/10/16	bbak	Taken on strength C.C.A.C. Pt. II		D.O. No. 429	
20/11/16	ATTACHED	TRANSFERRED FROM C.C.A.C. TO	C.E.T.D.	PART II D.O. No. 5202	528
1/12/16	bbak		Hastings	30/10/16	H. Cleverley Lt. C.C.A.C.
85.12.16	bbak	T.O. Sub C.E.T.D.	Brouhaas	30.10.16	Part II Order No 287
18.2.17	C.E.T.D.	Transferred to 5th Lieut. Engh. Willey	Crawborough	19.2.17	Part II Order No 143. J. J. J. Lieut. C.E. Adjutant, O.E.T.D.
21.2.17	CRE. 53 Canadian	Posted to 13th Field Coy C.E.	Willey	19.2.17	Part II D.O. No 10.
7.3.18	O.C. 13th C.E.	S.O.S. on being posted to C.E.T.D. Seaforth	Seaforth	8.3.18	Part II D.O. No 4. B. J. J. 13th C.E.

Lieut.
For Officer i/c Can. Records,
Canadian Section,
G.H.Q. 3rd Echelon.

Rank *Drv.* Name **D'AMOUR Camille**

Reg'l No. **2015**

Unit **C. E. Trg Depot**

If in perm. Corps,
What Unit?

Married or Single **Single**

Place and Date of Enlistment **Ottawa. 14th April. 1915**

Place of Birth **Ottawa.**

Name and Address, Next-of-Kin **Isaac D'Amour.**

535 1/2 St. Patrick St. Ottawa. Ont. Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

BALANCE TRANSFERRED TO NEW LEDGER.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1915</i>																	
<i>July 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>11 20</i>	<i>45 30</i>			<i>10</i>			<i>10</i>	<i>35 30</i>	<i>x credit from Canada</i>
								<i>35 30</i>									<i>27th diff in Exchange from 1/7/15 to 31/7/15</i>
								<i>27</i>	<i>✓</i>								
<i>Aug 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>	<i>35 57</i>	<i>69 67</i>			<i>36 50</i>			<i>36 50</i>	<i>33 17</i>	
<i>Sept 1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>			<i>3 31</i>	<i>7 66 17</i>			<i>38 94</i>			<i>38 94</i>	<i>27 23</i>	
<i>Oct 1</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>			<i>3 10</i>	<i>27 23</i>			<i>41 37</i>			<i>41 37</i>	<i>19 96</i>	
<i>Nov 1</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>30</i>			<i>3</i>	<i>19 96</i>			<i>29 20</i>			<i>29 20</i>	<i>23 76</i>	
<i>Dec 1</i>	<i>26</i>	<i>26</i>		<i>26</i>	<i>26</i>			<i>2 60</i>	<i>23 76</i>							<i>52 36</i>	<i>To let D.E. P. 40</i>
<i>1916</i>	<i>Dec 27</i>	<i>Dec 31</i>		<i>5</i>	<i>5</i>			<i>50</i>	<i>52 36</i>			<i>22 96</i>			<i>22 96</i>	<i>34 90</i>	<i>Issue of clothing + Equipment vouchers 161. Bal from 1st 40. 30 53</i>
	<i>Jan 1</i>	<i>Jan 31</i>		<i>31</i>	<i>31</i>			<i>3 10</i>	<i>34 90</i>			<i>5 24</i>		<i>37</i>	<i>5 61</i>	<i>63 39</i>	
	<i>Feb 1</i>	<i>Feb 29</i>		<i>29</i>	<i>29</i>				<i>95 29</i>			<i>9 60</i>			<i>9 60</i>	<i>85 69</i>	
	<i>Mar 1</i>	<i>Mar 31</i>		<i>31</i>	<i>31</i>			<i>3 10</i>	<i>94 10</i>			<i>5 23</i>			<i>5 23</i>	<i>114 56</i>	
								<i>27 50</i>	<i>11 47</i>			<i>199 04</i>		<i>37</i>	<i>199 41</i>	<i>114 56</i>	

Checked *[Signature]*

BALANCE TRANSFERRED TO NEW LEDGER.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

James D'Amour

Name of Soldier *D'Amour Camille*

* L. L. Job 4503. - Req. 633.

PAYMENTS.

2015

Canadian Engineers 05 draft

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰ Jan 1-17</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		<i>U43478</i>	<i>30</i>	<i>30-6</i>
March		<i>348726</i>	<i>15</i>	<i>15-6</i>
April		<i>81144</i>	<i>15</i>	<i>15-8</i>
May		<i>U4444</i>	<i>15</i>	<i>755.2 Cam WPT</i>
June		<i>U7553</i>	<i>15</i>	
July		<i>X14344</i>	<i>15</i>	<i>15-150</i>
Aug.		<i>U21326</i>	<i>15</i>	<i>W.</i>
Sept.		<i>Q28098</i>	<i>15</i>	<i>6</i>
Oct.		<i>P4992</i>	<i>15</i>	<i>5</i>
Nov.		<i>C40879</i>	<i>15</i>	
Dec.		<i>Q53556</i>	<i>15</i>	
Jan.	1918	<i>R56578</i>	<i>15</i>	<i>180</i>
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

D

440 *Jan 1/17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *2015*
 Rank *Sapper* Promoted Reverted Discharge
 Soldier's Name *Camilla D'Amour*
 Battalion *Can. Engrs O.S. Draft*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *James D'Amour*
 Address *19 Murray St, Ottawa ont*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>4212 c 8</i>
<i>Dec 31</i>			<i>180</i>	<i>180</i>	<i>L</i>
<i>Jan.</i>	<i>Q 66680</i>		<i>15</i>	<i>15</i>	<i>F</i>
<i>Feb</i>	<i>E 92129</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>Mar</i>	<i>a 121274</i>		<i>15</i>	<i>15</i>	
<i>April</i>	<i>B 3734</i>		<i>15</i>	<i>15</i>	<i>Z</i>
<i>May</i>	<i>o 12303</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>June</i>	<i>I 23514</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>July</i>	<i>Q 28141</i>		<i>15</i>	<i>15</i>	<i>L</i>
<i>Aug</i>	<i>I 37320</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept</i>	<i>L 46842</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct</i>	<i>M 54768</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov</i>	<i>I 57209</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec</i>	<i>T 62157</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan</i>	<i>m 74936</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb</i>	<i>P 80144</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar</i>	<i>J 82249</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr</i>	<i>K 4443</i>		<i>15</i>	<i>15</i>	
<i>MAY</i>	<i>J 5451</i>		<i>15</i>	<i>15</i>	
			<i>435</i>	<i>435</i>	

M.F.W. 128
4004-6-17-1772-33-141
L. L. 22220-M. & D. 1933.

Alc Closed
 Ret'd per *Prattis*
 Date *7-5-19* M.F.W. 187 *12-5-19*
 Clk *Paul M. M. 99572*
AUDIT
MJ 3



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

2

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-6-17-1772-38-1141
 L. L. 22520-M. & D. 7888.

