

Copy

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

UNIT *22nd Bn.*

*SPK*

Regimental No. *62238.*

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... *Desormiers Jules.*
2. In what Town, Township or Parish, and in what Country were you born? ..... *Joliet Que.*
3. What is the name of your next-of-kin? ..... *Mrs Jules Desormiers*
4. What is the address of your next-of-kin? ..... *1506 Bordeaux Que*
5. What is the date of your birth? ..... *May 2nd 1888*
6. What is your Trade or Calling? ..... *Druggist*
7. Are you married? ..... *Yes.*
8. Are you willing to be vaccinated or re-vaccinated? ..... *Yes.*
9. Do you now belong to the Active Militia? ..... *no*
10. Have you ever served in any Military Force? ..... *The R.C.R. Quebec.*  
If so, state particulars of former Service.
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? }  
*Signed Jules Desormiers* (Signature of Man).  
" *M. Bauset* (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Desormiers Jules.*, 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.

*Signed Jules Desormiers* (Signature of Recruit).  
Date *27 April* 1915. " *Rene D'Artois* (Signature of Witness).

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Desormiers Jules.*, 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.

*Signed Jules Desormiers* (Signature of Recruit).  
Date *April 27.* 1915. " *Rene D'Artois* (Signature of Witness).

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *6* day of *May* 1915.

*Signed G. A. S. Hamlin* (Signature of Justice).

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

*Signed J. M. Gaudet* (Approving Officer).  
*Colonel*

L5249 20-5-15 1,000.

Certified true copy

*[Signature]*

*O.C. 22nd F.C. Batt.*

for Colonel i/c Records, C.E.F.

Description of Jules Desormiers on Enlistment.

Apparent Age 27 years 11 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 ins.

2 Vaccinations left arm

Chest measurement: (Girth when fully expanded 36 1/2 ins.)  
 Range of expansion 4 ins.

Complexion Robust

Eyes blue

Hair brown

Religious denominations:  
 Church of England  
 Presbyterian  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic  
 Jewish

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 1915

Lieut J Tessier Capt  
A.M.C.

Place

\* Insert here "fit" or "unfit,"

Medical Officer.

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:—

Bad teeth crown ready in two or three weeks

May 15/15 Teeth attended to

(Lieut) A. A. Pavey Capt.

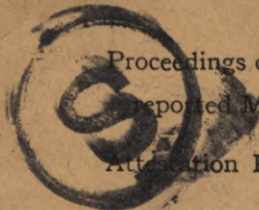
CERTIFICATE OF OFFICER COMMANDING UNIT.

Jules Desormiers 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

Lieut. J. m. - Jaudal (Signature of Officer).  
Colonel.

Date 14 May 1915.

O.C. 22nd F.C. Batt.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate..... 2
- Medical Report for Invalids..... 2
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

22

### DISCHARGE DOCUMENTS

Name Desormiers Jules  
 Regt. No. 62238 Rank Pte  
 Corps 22nd Bath.  
Med. Unfit



13730

R. O. No: .....

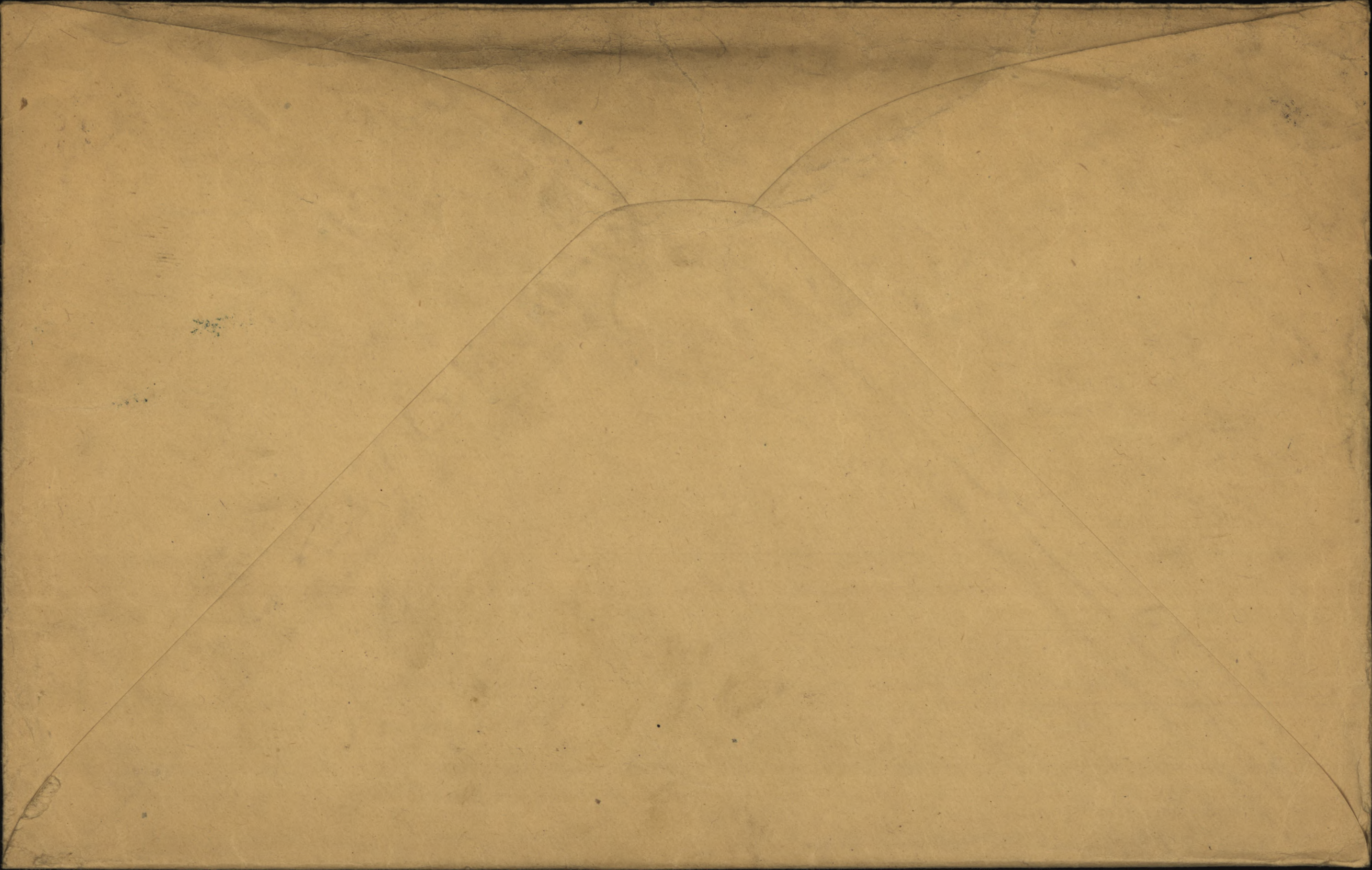
H. Q. No. **I**



22-22  
 22-22  
 22-22  
 1

Handwritten initials and numbers in red ink.

1 pay card  
 of Will  
 R 1222-1



Army Form B. 103. ✓  
CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
7, Millbank S.W.

Casualty Form—Active Service.

Regiment or Corps 22nd (F.C.) Battalion

Regimental No. 62238 Rank Private Name Desormiers Jules

Enlisted (a) 27.4.15 Terms of Service (a) for War. Service reckons from (a) 27.4.15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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

~~H. J. Pigeon~~  
Major  
For O.C. 22nd (F.C.) Bn  
absent on leave.  
7/15

(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, Shoing 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				

Rank \_\_\_\_\_ Name **DESORMIERES Jules** Reg'l No. **62238.**  
 Unit **22nd Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Married**

Place and Date of Enlistment **Montreal. Que. 27th April 1915** Place of Birth **Joliet. Que.** X

Name and Address, Next-of-Kin **Mrs Jules Desormiers. 1506 Bordeaux. Montreal.**

Relationship

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship

Discharge, Date and Place \_\_\_\_\_ Reason **mu.** 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				
		Arrived in England per S.S. Bayona		29.5.15	
5.7.15	O.C. 22nd.	Unfit 1 day Pay. <u>abs fr. Parade</u>	East Landing	5.7.15	Pt. II O. # 206.
28.7.15	do.	Forfeits 1 days Pay. Absent fr. Parade.	do.	28.7.15	Pt. II O # 229.
31.7.15	do.	Transferred to Base Co.	do.	31.7.15	Pt. II O # 232.
27.9.15.	O.C. 23 <sup>rd</sup>	Taken on strength. 23 <sup>rd</sup>	W. Landing	25.9.15.	Pt. II O # 229
<del>6.10.15</del>		Proceeded to Canada			
22.3.16	do.	Medically unfit. Struck off strength	"	17.9.15	R.O. 2829 + Part II 68

*MX*  
*29/9/21 mg*







62238

Base

# MEDICAL HISTORY SHEET.

Surname Desormiers Christian Name Jules

Examined { on 27<sup>th</sup> day of April 1915  
at Montreal P. Q.

Approved by R. Tesier

Birthplace { City or Town Joliette P. Q.  
County \_\_\_\_\_

Rank Capt. Amic M.O.

Apparent age 27 yrs 11 mos.

Trade or occupation Druggist

Height 5 Feet 5 Inches

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 36 1/2 inches.  
Maximum expansion 40 1/2 inches.

Physical development Good

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left  
Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
<u>Aug 13 11</u>		<u>Edwards</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/8/15</u>		<u>Edwards</u> M.O.
		M.O.
		M.O.

Enlisted on 27<sup>th</sup> day of April 1915 at Montreal P. Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>22<sup>nd</sup> (A.C.)</u>	<u>62738</u>		
Transferred to.....	<u>Battalion</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



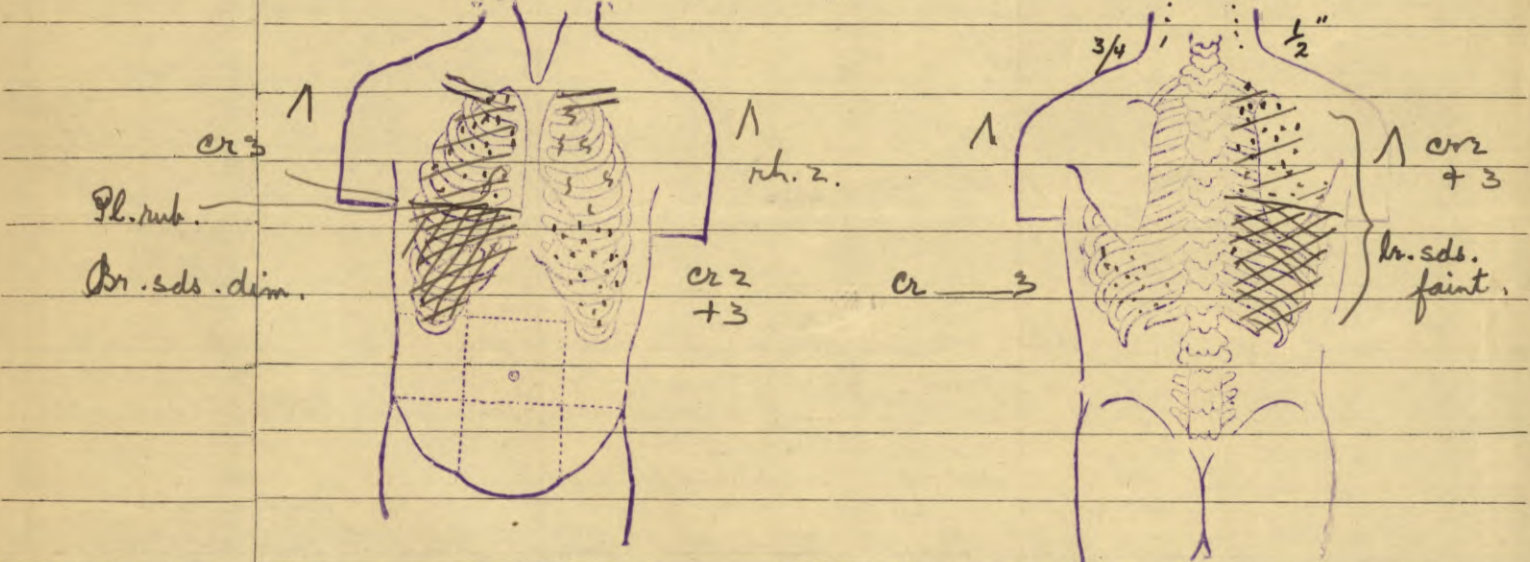
**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Pte	Desormier	
Year	Unit.		Age.	Service.
1915	22 <sup>nd</sup> Batt.		28	$\frac{4}{12}$

Station and Date. *Moore Barracks Can Hosp. Aug 25<sup>th</sup> 1915.*

Disease *Pulmonary Tuberculosis, Pleurisy.*

*This man says he had inflammation of the lungs twice between the age of 12 and 14 yrs. No other sickness till the present. He enlisted at Montreal in April 1915. He developed a cough in May and has never been free from it since. He did not begin to expectorate till about the middle of June but he has been*



*expectorating ever since. At this time he began to get short of breath on marches and to lose strength and weight. Towards the end of June he got pain in the right side of the chest. These symptoms have all been getting gradually worse. He says that in two weeks he has lost six pounds. His family history is negative except for one brother who has suspicious symptoms. This man has paraded sick a few times since coming to England but it was not until about Aug 24<sup>th</sup> 1915 that he had to fall out of parade altogether.*

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

Station  
and Date:

He was admitted to Moore Barracks Hospital  
on Aug. 25<sup>th</sup> 1915.

Examination -

General condition rather poor. Temp.  
elevated and pulse rate increased. Respiration  
slightly increased. Cough troublesome. Expectoration  
free and purulent about two ounces in 24 hrs.  
nutrition not very good.

Chest Exam

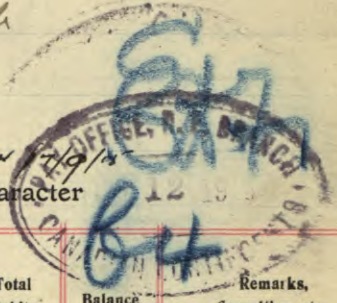
Right side dull, back and front.  
Base flat. Breath sounds diminished over  
the whole of that side. Very very faint in the  
base. Pleuritic friction to be heard about  
the level of the fifth rib in front. Crepitations  
over the whole of the upper part of the right  
chest.

Some crepitations in the left base, and  
a few rhonchi in the upper part of the left  
chest on deep breathing.

W<sup>m</sup> L. Barr  
Capt U.S.A.

Rank ~~Private~~ Pte Name *Desormiers* *July* ✓ Reg' No 62738 ✓  
 Unit *22nd Battalion* If in perm. Corps, What Unit? Married or Single *Married*  
 Place and Date of Enlistment *Montreal P.Q. 27th April 1915* Place of Birth *Joliette P.Q. Canada*  
 Name and Address, Next-of-Kin *Mrs Julia Desormiers 1506 Bordeaux St Montreal P.Q.* Relationship *Wife*  
 Assigned Pay Monthly \$ *15.00* Payable to *Next of Kin* Relationship *Wife*  
 Separation Allowance \$ Payable to

Discharge, Date and Place *17/9/15 Canada* Reason *Transferred to H.Q. Overseas for discharge in Canada* Relationship *Wife* Character *GP. No 12/11 12/9/15*



*Adjusted Pay Sheet*

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>ON</i>		<i>May 21st</i>		<i>Credit Balance is</i>		<i>10</i>		<i>3.30 - 48 hrs det. in P.Q. 176</i>
<i>1/6/15</i>	<i>30/6/15</i>	<i>30</i>	<i>1.</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>			<i>10</i>	<i>15</i>	<i>330</i>	<i>28 30</i>	<i>14 70</i>	<i>1.10 - 1 day for 180. 206</i>
<i>1/7/15</i>	<i>31/7/15</i>	<i>31</i>	<i>1.</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>			<i>17 50</i>	<i>15</i>	<i>110</i>	<i>29 70</i>	<i>19 10</i>	<i>1.10 - 15 days for 180. 229</i>
							<i>Adjustment of exchange</i>							<i>60</i>	
<i>1/8/15</i>	<i>31/8/15</i>	<i>31</i>	<i>1.</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>			<i>7 30</i>	<i>15</i>		<i>22 30</i>	<i>31 50</i>	
<i>1/9/15</i>	<i>17/9/15</i>	<i>17</i>	<i>1.</i>	<i>17</i>	<i>17</i>	<i>10</i>	<i>1 70</i>			<i>9 73</i>	<i>15</i>		<i>24 73</i>	<i>25 47</i>	<i>Stop pay for absence 15/9/15</i>
								<i>25 47</i>	<i>25 47</i>			<i>25 47</i>	<i>25 47</i>		<i>Transferred to H.Q. Overseas for disch. Canada. anti. 12/11 5/9/15</i>

*H.Q. Branch/16 Cr Bal of 25<sup>47</sup>/<sub>100</sub> Account transferred to Accountant & Pay Master General*  
*General Liability Canada Discharges*



27-4-15.

MILITIA AND DEFENCE

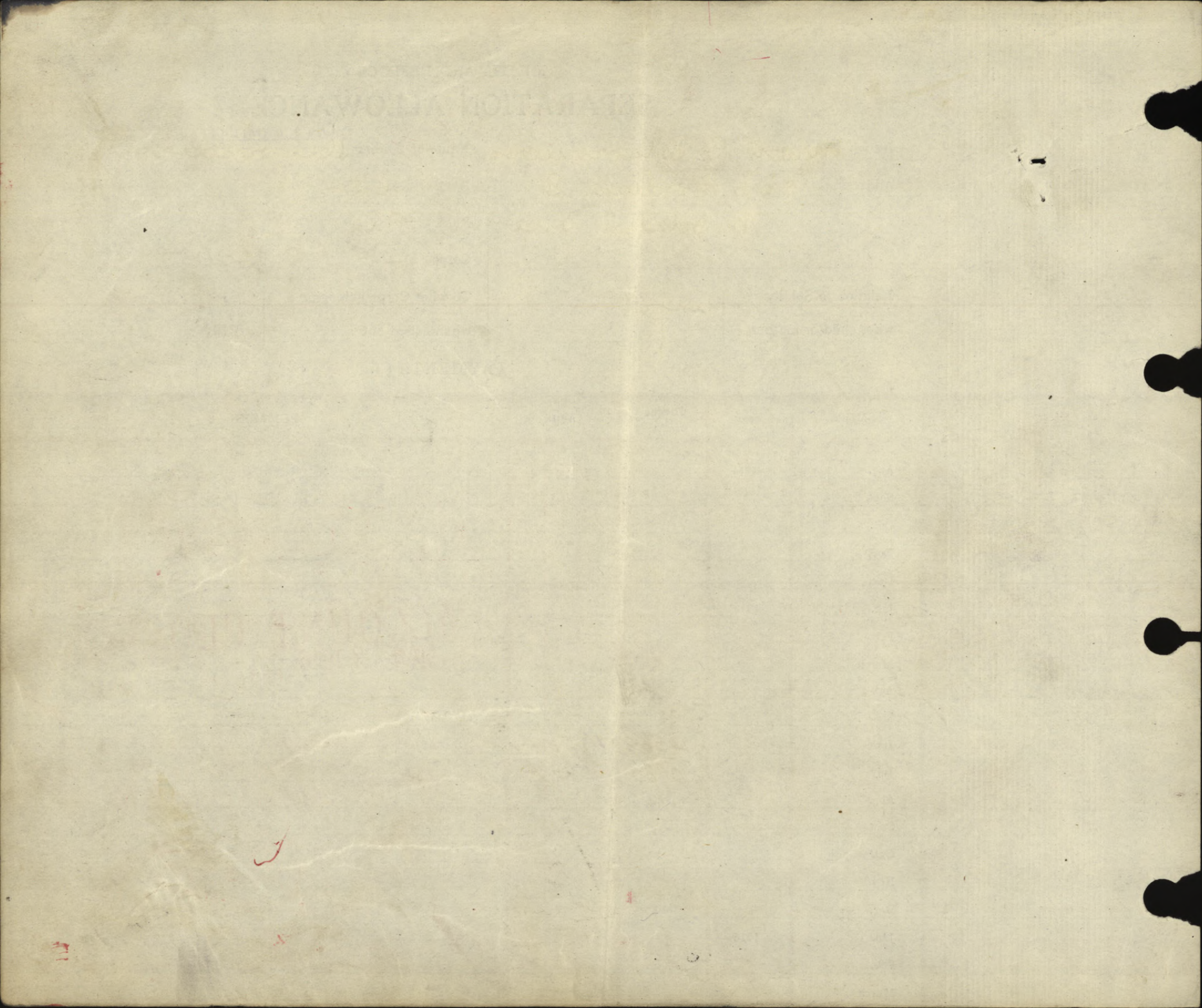
416

## SEPARATION ALLOWANCE

Name *Mrs A. B. Desormiers* Name of Soldier <sup>DESORMIERS.</sup> *Desormiers, J.*  
 Address *1506 Bordaue St.* Regtl. No. *62238.*  
*Montreal, que.* Rank *Pli.*  
 Corps *22<sup>nd</sup> F.C. Bata<sup>n</sup>.*  
 Relation to Soldier } *wife.*  
 wife, child or mother }  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>issue no more cheques Discharged 3m 17<sup>th</sup>/15 recovered in lists for Sept.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<p><b>ACCOUNT CLOSED</b>  <b>MAR 7 1916</b>            DATE.....PER.....</p> <p>Pensions Notified Date <i>2-11-17</i>  <del>Killed in Action</del>  <del>Died of Wounds</del> } Date <i>19-4-17</i>  <del>Missing</del>  <i>C.L. 8-31/10/17</i> Clerk <i>P.O. Collins</i>            Date Noted <i>2-11-17</i></p> <p><i>Acc Closed 4/3/16 Per L.P.C.</i></p>
Feb.				
March				
Apl.				
May		<i>46112</i>	<i>22 - 22</i>	
June		<i>4568</i>	<i>20 - 20</i>	
July		<i>5730</i>	<i>20 - 20</i>	
Aug.		<i>K. 3156</i>	<i>20 20</i>	
Sept.		<i>M. 5420</i>	<i>20 20</i>	
✓ Oct.	✓	<i>15349</i>	<i>20 20</i>	
Nov.			<i>\$122.</i>	
Dec.				
Jan.	✓ 1916			
Feb.			<i>44444</i>	
March				





Name *Desormier Pte J.*

649-D-649  
25

Regimental No. *62238*

Name and address of next-of-kin

Unit *22nd Battalion*

Date of enlistment

*1506 Bordeaux St.*

Place of

*Montreal Que*

Married (yes or no)

Date and place discharged *Quebec D.D.*

Amount of pay assigned monthly \$ *15.00 Sept. 30/15.*

Reason for discharge *Medically unfit.*

To whom payable *S/a mil (S/a Get/15).*

Character on discharge  
*P.C. is notified that this man is pd up to 31-12-15*  
*17-9-15 C.P.P.*      *29-2-16.*

*Scandinavian*

L. 11, Job 82314, M. & D. 57:6-25-6-15-5000.

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount						No.
	<i>17-9-15</i>														
<i>18-9-15</i>	<i>27-9-15</i>	<i>10</i>	<i>100</i>	<i>10 00</i>	<i>10</i>	<i>10</i>	<i>1 00</i>			<i>36 47</i>			<i>36 47</i>	<i>L.P.C. D. &amp; Que Pd.</i>	
<i>28-9-15</i>	<i>27-10-15</i>	<i>30</i>	<i>100</i>	<i>30 00</i>	<i>2</i>	<i>10</i>	<i>20</i>	<i>Subs</i>		<i>21 00</i>	<i>51 20</i>		<i>51 20</i>	<i>D.D. Que Pd Med. Board</i>	
<i>28/10/15</i>	<i>31/12/15</i>	<i>65</i>	<i>1.00</i>	<i>65 00</i>	<i>28</i>	<i>10</i>	<i>2 80</i>			<i>74 30</i>	<i>1267</i>	<i>20/1/16</i>	<i>54 30</i>	<i>Adv. by P.M. 4th Div. Refunded by H.Q. 24/1/16 cheque no. 1818.</i>	
<i>1/16</i>	<i>29/16</i>	<i>60</i>	<i>1.00</i>	<i>60 00</i>	<i>60</i>	<i>10</i>	<i>6 00</i>			<i>72 65</i>	<i>138 65</i>	<i>2089</i>	<i>63/16</i>	<i>138 65</i>	<i>Subs from Nov. 1 to Feb 29/16</i>

*Spa. adjustments \$ - \$4000  
Lt demands order to pay to 3/10/15  
See over.*

**Pensioned**  
from 1-1-16 P.C. 73/727 Sept. 15

Name Desormier, Pte J.

Regimental No. 62288

Name and address of next-of-kin

Unit 22nd Bata

Date of enlistment

Place of " "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

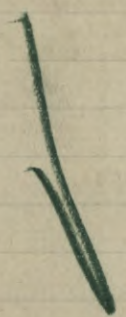
Character on discharge

Scandinavian 17/9/15

649-D-649

Date		PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days			Rate	Amount					
	17/9/15						2547							
18/9/15	29/9/16	165	1 <sup>00</sup>	165	165	.10	1650					3647		F.P.C. St. Quebec
20/10/15	29/10/16				132	.60	7920	1867	10/16	7430				
								2089	6/16	13865				
1/11/15	29/11/16						80			6555				* Sep. allow due wife
							36617					36617		

*Previously included.*



*M.S.*  
*8-7-20*

Register No. *10022*

WAR SERVICE GRATUITY

A.P. File No. *43-5-6-940*

TO  
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. *62238* Name *Jules Desormiers*  
(Christian Name) (Surname)  
Unit *22 Bn.* Rank *Pte* Date of enlistment.....  
Date of casualty *19/4/17* B.P.C. File No. *146*  
Was service performed overseas? *yes*

DEPENDENT

Name *Mrs Marie Rose A. Desormiers* Relationship *Widow*  
Address *306-3rd Ave*  
*Maisonnette*  
*Montreal Que.*

Amount of Special Pension Bonus \$ *80* Abstracted by *M. Wilson*

Eligible for Gratuity ..... \$ *180.00*  
Less amount of Special Pension Bonus paid..... \$ *80.00*  
Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ *80.00*  
Balance due \$ *100.00*

Cheque No. *9-1897730* ✓ Date issued *JUL 30 1920*

REMARKS :  
.....  
.....  
.....  
.....

Clerk *J. G. McMillen*

Audited by  
*[Signature]*  
Date *4/9/20* \$ *100.00*

*D.S. 24*

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-89-1473

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

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

L. L. 53901—M. & D. 9721

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

M. F. W. 127  
 300M-1-19  
 1772-89-1140

Remarks:

Name **BESORMIER, J** Rank **Pte.** Regt. No. **62238** Unit **A**  
 Battn. **22nd.** Camp or O.S. **0** File M.H.C.C. \_\_\_\_\_ H.Q. File \_\_\_\_\_  
 Pension awarded **448.<sup>00</sup>** Date of first payment \_\_\_\_\_  
 Discharged to Class \_\_\_\_\_ Conduct on discharge \_\_\_\_\_  
 Next of kin **Wife, 1506 Bordeaux St., Montreal, P.Q.**  
 Address on discharge \_\_\_\_\_

DATE	CLASS	REMARKS	PART 2 ORDER
22-3-17	2	L.I.M.S.	#82
19-4-17		DIED of Tuberculosis	#145



Surname

Christian Name

Reg. No.

Desormiers

J.ule

62238.

Rank

Unit

Co.

Troop

Batty.

Pte. 22nd. Battalion.

MEDICAL BOARD held at

Date

Serial No.

Shorncliffe.

27.8.15.

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board Pleurisy, Pulmonary Tuberculosis.

Disposition Recommended

Six months Sanitarium in Canada.  
D.M.S. Return to Canada, disposal to be considered by Military Authorities there.

(2)

(3)

(4)

(5)

GASUALTY BOARD held at

Date.....

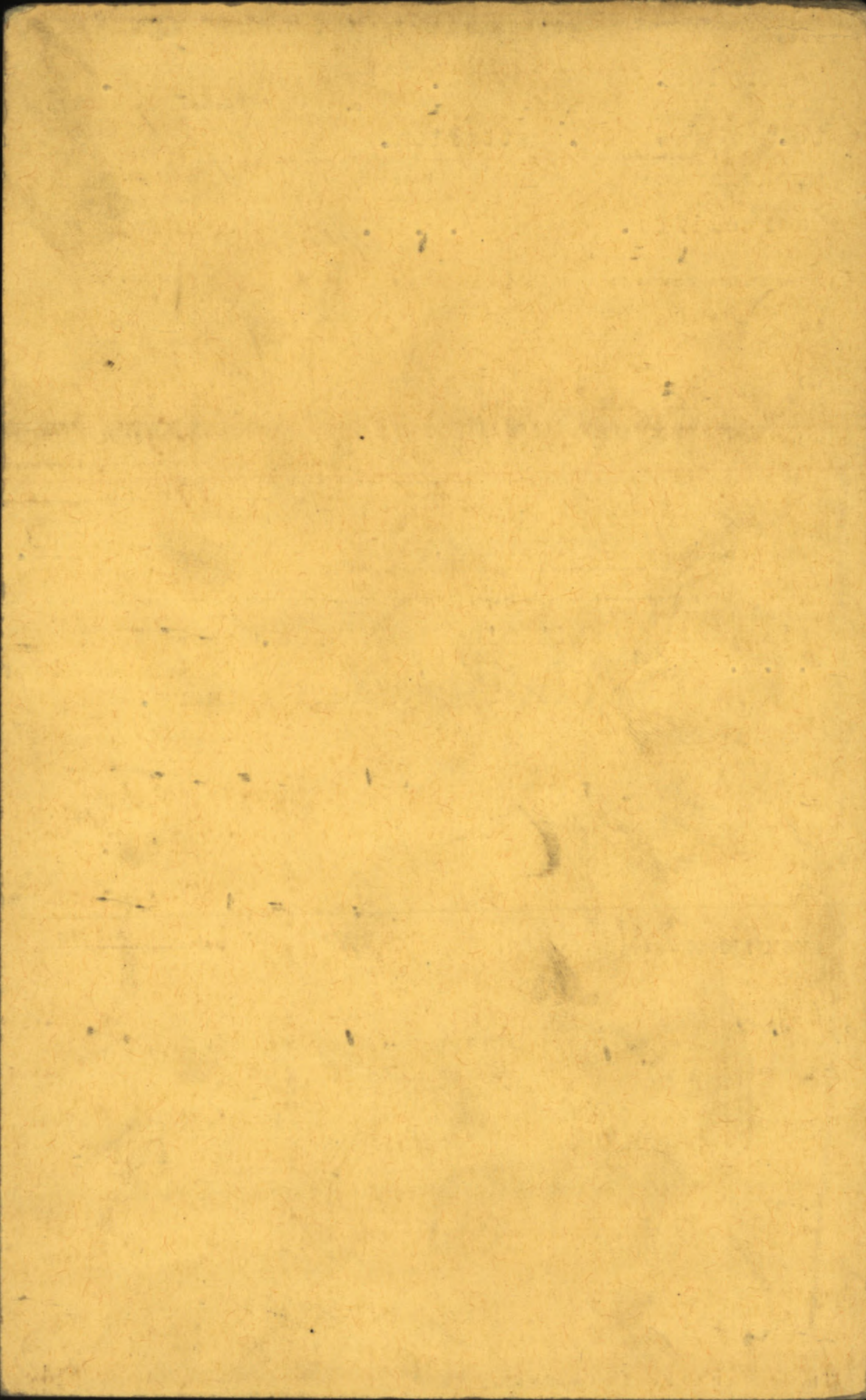
Disposition

Remarks

No Cas. entry.

A.M.D. 2 Dept.







Reg. No. 62238 Name Desormier, J.

Rank Dr Corps 22 Cav Age \_\_\_\_\_ Service \_\_\_\_\_

Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

HOSPITALS

DATE

DIAGNOSIS

6

Laurentia San Ste Agathe  
A. W. S.

5. 10. 15  
20. 10. 15

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

No 62238 RANK Pte.

NAME

Resormers J

T. O. S. 27-4-15-

UNIT

22<sup>nd</sup>

Battalion Trench Canadian

May payroll

M. D. 1

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 May 1	1915 May 31 June	C N.	47 hrs det	58 176 June payroll

UNIT SAILED  
MAY 20 1915



No. 62238 RANK *Pl*NAME *Desormier, J.*

T. O. S.

UNIT *Casualties.*M. D. *H. Q.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915. Oct. 27.</i>	<i>1915. Dec. 31.</i>	<i>n.</i>	<i>from 22nd Bw.</i>	
<i>1916. Jan. 1.</i>	<i>Feb. 29.</i>	<i>n.</i>		



No. 62238.

RANK Pte. (22 Bn.)

NAME Desormiers J.

T. O. S.

UNIT Discharge Report (Quebec.)

M. D. 5.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1915. Sept. 18.	1915. Oct. 27.	✓		





✓ ✓ ✓ ✓ ✓  
Desormiers, J., Pte. 6223E 22nd Bn. 649-D-649

Med. & Dec. (Widow) Mrs. Marie R. A. Desormiers.  
300-2nd Avenue.  
Maisonneuve, Montreal. que.

P. & S. (Widow) Address as above.

*Rec# 806965*  
Mem. Cross. (Widow) Address as above.

Scroll Desp. FEB 10 1922 Reqn. No. 253749

Plaque Desp. FEB 15 1922 Reqn. No. 289704 56648

England only.  
Eligible for B.W.M.  
m.d.

*L.*

L 51980 5/10/21

~~51980~~

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 62238 A. & D. No. 3901  
Rank Pk  
Name Desormiers Jules  
Corps 22 B<sup>n</sup> A. 9/12  
Religion R.C. Age 28  
M. H. Rec'd M. H. Requested 25.8.15 M. H. Ret'd  
Disease  
Admitted 25.8.15  
Discharged 17-9-15  
Place in Hospital 18  
Transferred  
Results

REMARKS:

~~12~~  
NAME

Desormiers Jules

Over

RANK & No.

Pte.

62238

CORPS

22nd.

Battalion

ENLISTMENT, PLACE

Montreal

DATE

May 6/15 M.

FORMER CORPS

R. C. R.

COUNTRY OF BIRTH

Canada Joliette, P. Q.

NEXT OF KIN

Desormiers Mrs Jules

ADDRESS OF NEXT OF KIN

1506 Boulevard Montreal  
P. Q.

DISCHARGE, PLACE

DATE

Canada

Sailed from Halifax Per. S. S.

"Saxonia 20-5-15, M. F. W. 22. 50 m. -1-15. <sup>89/6.</sup>

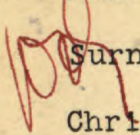
REMARKS:

Sailed Liverpool for Quebec. S.S. Scandinavian 17-9-15. Pleurisy & Phthisis

com.

Number 62238 Rank PL6:

D649



Surname DESORMIERS

Christian Name Jules

Units 22nd. Can. Coy. Theatre of War ENG.

Date of Service 29. 5. 16.

Remarks (W) Mrs. Marie R. A. Desormiers

Latest Address ~~not stated~~  
300. 2nd. Avenue,

Roll No. a Page 3960

200m.-2-21.M. Maisonneuve,  
Montreal, Que.

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

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

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

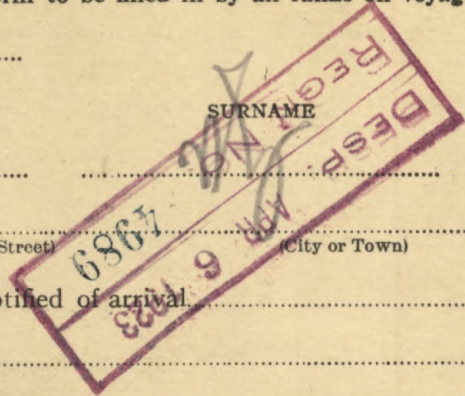
.....  
one person to be notified of arrival.....  
.....

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

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

.....  
stination.....

.....  
(Sgd.).....





*San*

DEPT MILITIA & DEFENCE

Proceedings on Discharge.

APR - 1916

H.Q.

649-D-649

CANADA

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

No. *62238*

Army Rank *Private*

*2*

Name *Jules Desormiers*

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

Corps *22<sup>nd</sup> (F.C.) Battalion C.E.F.*

Battalion, Battery, Company, Depot, &c.

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

Date of discharge *29-2-16*

DISCHARGE DEPOT  
SEP 29 1916  
*HH*

Place of discharge *Montreal P.Q.*

1. Description at the time of discharge

Age *28* years \_\_\_\_\_ months \_\_\_\_\_  
Height *5* feet *5* inches  
Chest measurement { girth when fully expanded *32 1/2* ins.  
range of expansion *4* ins.  
Complexion *fair*  
Eyes *Blue*  
Hair *Brown*  
Trade *Druggist*

Descriptive marks.

*2 Vacc. left arm.*

*Died 19-4-17*  
*Scandinavian*

Intended place of residence (To be given as fully as practicable)

(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 *Pulmonary Tuberculosis, Pleurisy. (Medical Board H.22-11-49)*

(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.)

3. Military character:— *Good*

Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

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.

*for absent on leave.*

Army Form B. 2088 has been issued to\*

*Noted 7/4/16 M.M.*

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

Four horizontal lines for listing 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) Last Sandling Camp

(Date) 9-9-15

Italy Major  
for O. Commanding 22<sup>nd</sup> Battn. (F.C.) Regiment.  
about on leave.

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

herby 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) DISCHARGE DEPOT  
SEP 29 1915

[Signature] (Signature of Soldier.)  
[Signature] (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

(Place) DISCHARGE DEPOT  
SEP 29 1915  
QUEBEC

[Signature] (date)  
Signature \_\_\_\_\_ Major R. O. A.  
O. C. Discharge Depot

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.)

---

A handwritten signature in dark ink, consisting of a cursive 'a' followed by several wavy lines.

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, despatch, 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.

Late Pte Desormier -  
22 nd Bant -

14

WILL

Je legue à mon épouse  
Amanda Belonger tout  
ce qui m'appartient de  
à mon décès et tous  
les droits que je jamais  
evoir

Jules Desormier  
East Soudbury  
10 Juillet 1915

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Published by the American Political Science Association  
1913

Medical Report on an Invalid.Station Moore Barracks Canadian HospitalDate Aug. 25<sup>th</sup> 1915

1. Unit 22<sup>nd</sup> Batta  
 2. Regimental No. 62238  
 3. Rank Pte  
 4. Name Desormier, Jules  
 5. Age last birthday 28  
 6. Enlisted { on April 27<sup>th</sup> 1915  
                   { at Montreal.  
 7. Former Trade { Book-keeper.  
                   or Occupation {

## 8. Disability.

Pleurisy,  
Pulmonary Tuberculosis.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Not known.10. Place of origin of disability. Not known.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. This man says he ~~enlisted~~ had inflammation of the lungs twice between the age of 12 and 14 years. No other sickness since till the present. He enlisted at Montreal in April 1915. He developed a cough in May and has never been free from it since. He did not begin to expectorate till about the middle of June but has been expectorating ever since. At this time he began to get short of breath on the marches and to lose strength and weight. Towards the end of June he got pain in the right side of the chest. These symptoms have all been getting gradually worse. He says that in two weeks he has lost six pounds.

His family history is negative except for one brother who has suspicious symptoms.

This man has paraded sick a few times since coming to England but it was not until about Aug. 24<sup>th</sup> 1915 that he had to fall out of parade altogether. He was admitted to Moore Barracks Hospital Aug 25<sup>th</sup> 1915.

12. (a) Give your opinion as to the causation of the disability.

Active Service

- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Exposure incident to active service in a person predisposed by previous lung trouble.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

General condition rather poor. Temperature and pulse elevated. Respirations slightly increased. Cough troublesome. Expectoration free and purulent about 3 ii in 24 hrs. Nutrition not very good.

Chest Examination: Right side dull, back and front, Base flat. Breath sounds diminished over the whole of that side. Very very faint in the base. Pleuritic friction rub to be heard about the level of the fifth rib in front. Crepitations over the whole of the upper part of the right chest.

Some crepitations in the left base, and a few rhonchi in the upper part of the left chest on deep breathing

Roentgenologic Report from Moore Barracks  
Description later any etc. Date that report was found to contain Bac Tubercula

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

no

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

no

16. Was an operation performed? If so, what?

no

17. If not, was an operation advised and declined?

no

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

not applicable

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as unfit.

W. L. Lobbann Lt. Col. Capt. came  
Officer in medical charge of case.

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

except†

MOORE BARRACKS,

CANADIAN HOSPITAL,

Station

SHORNCLIFFE.

Wallace A. Swift

.....LIEUT. COLONEL, C.A.M.C.

Date

26 AUG 1915

Officer in charge of Hospital.

SHORNCLIFFE.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

1 Yes  
2 No  
3 No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

4. *Yusur infection*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

22. Is the disability permanent?

*Yes*

23. If not permanent, what is its probable minimum duration?

*not applicable*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*not applicable*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Yes (Discharge Sanitarium) in Canada*

(b) Change to England?

I concur, but recommend that this patient be invalidated to Canada, with his discharge documents for subsequent disposal by the Militia Authorities.

*OW*

AUG 31 1915

Captain, C.A.M.C.  
for D.M.S.  
Canadian Contingents

Signatures:—

Station *Shorncliffe*

Date *Aug 27/15*

Approved.

Station *Shorncliffe*

Date *Aug 28/15*

*W. Moore M.D. Comd.* President.

*R. G. Blanchard Lt Col* Members.

*H. W. Woodley Capt R.A.M.C.*

*W. D. Darby Capt*  
Administrative Medical Officer.

*A. J. D. Adams*

(On leaving Corps or Station where invalided.)

Transfer { Date \_\_\_\_\_  
 or Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
 Embark- { Date \_\_\_\_\_ } Vessel \_\_\_\_\_  
 ation { Port \_\_\_\_\_ } Officer in }  
 medical charge } \_\_\_\_\_

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or } \_\_\_\_\_  
 Station } Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
 Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN  
 INVALID.

Station \_\_\_\_\_  
 Corps \_\_\_\_\_  
 Regimental No. \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Name \_\_\_\_\_  
 Disability \_\_\_\_\_  
 Date \_\_\_\_\_  
 Hospital or Station }  
 transferred to for }  
 final disposal }  
 Date of final }  
 disposal }  
 How finally }  
 disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.

(xs) (88579) Wt. 1836 475M 5-15 W B & L

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
20m.—5-15.  
H. Q. 1772-59-819.

To Whom *Mrs Amanda B. Desormiers*  
Address *1506 Bordeaux St.*  
*Montreal. Que.*

By Whom Assigned *Desormiers J.*Regtl. No. *62238*Rank *Pte.*Corps *22<sup>nd</sup> mi Ft. C. Battalion "A" Coy.*Rate ~~\$ 00~~  
*15*

JUN 1 1915

*Cancelled 3 m 16 1915* PAYMENTS *1915.*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>23089</i>	<i>15 -</i>	
July		<i>24384</i>	<i>30 -</i>	<i>May cheque included.</i>
Aug.		<i>05682</i>	<i>15 -</i>	
Sept.		<i>26137</i>	<i>15 -</i>	<i>75. 2/11/16</i>
Oct.		<i>R7986</i>	<i>15 00</i>	<i>Cancelled.</i>
Nov.				
Dec.				
Jan.	1916			<i>Pension granted from March 1/16 1916</i>
Feb.				
March				

Pension Notified Date... *2/11/17*  
~~Letter on~~  
 Died of Wounds } Date... *19-4-17*  
 Missing }  
 C. L. *(S) 2/10/17* Clerk... *J. H. Goldsmith*  
 Date Noted... *2/11/17* 1917

*C.P. to 30/9/15 - \$75.00 J.H. Goldsmith 2/11/17*

*May cheque included.*

*75. 2/11/16*  
*Cancelled.*

*Pension granted from March 1/16 1916*

*126104  
O.L.*

*m.c.*

