Original.

7 M. D. Depot Battalion Regiment

DEPOT BN. N. B. REGT

Regtl. No. 3258788

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

1. Surname Dominique.
2. Christian name Remi
3. Present address Connors, Mad. Co., NB.
4. Military Service Act letter and number 657200 FC
5. Date of birth Apr 10, 1897
6. Place of birth (town, township or county and country) Connors, Mada. Co., NB.
7. Married, widower or single Single
8. Religion R C
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. Joseph Dominique
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Connors, Mad. Co., NB.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—

(a) Place St. John, NB (b) Date May 17, 1918 (c) Category A2

DECLARATION OF RECRUIT

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

Remi Dominique (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs. 1 mths.	Distinctive marks, and marks indicating congential peculiarities or previous disease.
Height	5 ft. 5½ ins.	
Chest measurement	fully expanded 35 ins.	
	range of expansion 2 ins.	1 vacc. right arm
Complexion	Medium	
Eyes	Blue	
Hair	Brown	

B. Smith Major for

O. C. Depot Btln.

O. C. 1st. Depot Battalion
New Brunswick Regiment

Regt.

Place St. John, NB. Date May 17, 1918.

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

Original

7 M. D. Depot Battalion Regiment

Regd. No. 3258788

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname Dominique
2. Christian name Remi
3. Present address Connors, Mad. Co., NB.
4. Military Service Act, 1917 and number 687200 C
5. Date of birth Apr 10, 1897
6. Place of birth (town, township or county and country) Connors, Mads. Co., NB.
7. Married, widower or single Single
8. Religion R C
9. Trade or calling Farmer
10. Name of next-of-kin Mrs. Joseph Dominique
11. Relationship of next-of-kin Mother
12. Address of next-of-kin Connors, Mad. Co., NB.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act—

(a) Place St. John, NB (b) Date May 17, 1918 (c) Category A2

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	1 yrs	1 mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	5 ft	5 ins.	
Chest measurement	fully expanded	36 ins.	
	range of expansion	ins.	1 vacc. Right arm
Complexion	Medium		
Eyes	Blue		
Hair	Brown		

C. C. Depot Btln.

Regt.

Place St. John, NB. Date May 17, 1918.

M.F. W. 133.

28 Feb 1972

REGIMENTAL DOCUMENTS

NAME DOMINIQUE REMI (Pte) REGT. NO. 3258788 UNIT 44th Dn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2	DENTAL HISTORY SHEET (M.F.B. 465)				19886	Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Disp Cert					
1	R172					

W. 2589
100M-11-18
1772 39-1377

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. .....

THIS IS TO CERTIFY that No. 3258788, (Rank) Private

Name (in full) DOMINIQUE, Remi. enlisted in

the 1st Depot Battn. N.B. Regt.

CANADIAN EXPEDITIONARY FORCE at St John N.B. on the 17th

day of May 1918

HE served in England & France with 44th Can Inf Battn

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

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

Age 22

Height 5-6

Complexion Fair

Eyes Blue

Hair Brown.

Marks or Scars

Scar back of right hand.

R Dominique
Signature of Soldier.

J. H. Kirstead Capt. O.C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #1
Issuing Officer.

Date of Discharge

Dispersal Station "C"
JUN 6 1919
Military District No. 7

Rank

JUN 6 1919

Date ..... 19....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.

M.F.B. 39A.

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

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

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

CLASS A
WAR SERVICE BADGE
NO. 268360 Issued

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Dfc 64

Unit, Regiment or Corps 1st ~~DEPOT~~ BATTALION, N. B. REGIMENT.

Regimental No. 3258788 Rank Pte Name DOMINIQUE, Remi,

Enlisted (a) 17-5-18 Terms of Service (a) Dur of war ~~C. E. F.~~ Service reckons from (a) 17-5-18

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

Extended ..... Re-engaged ..... Qualification (b) Farmer

W. S. B. CLASS. A.

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		EMBARKED. DISEMBARKED	HALIFAX LIVERPOOL	1-8-18 16-8-18	H.M.T. NANKIN.
9-8-18	OC 13th Res. Bn	T.O.S. 13th Res. Bn on arrival from Canada.	Bramchott	16-8-18	B.O. 195, Pt 2. D.
5-11-18	OC 13th Res.Bn.	S.O.S. 13th Res Bn on proceeding O/S to 44th Bn.	WITLEY	4-11-18	B.O. 261, Pt 2.
6-11-18	C. I. B. D.	T. O. S. ~~87~~ 44 TH BN ON ARRIVAL	FRANCE	5.11.18	N. R. 812 DO 141. 1918
	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	8-11-18	N. R. 1457
10.11.18	C. C. R. C.	T. O. S.	"	10-11-18	N. R. 1972
	C. C. R. C.	S. O. S. TO UNIT	"		N. R. 2022
16.11.18	UNIT	JOINED UNIT		11.11.18	B. 213

H. R. Milner
Lieut & Adjutant;
13th Canadian Reserve Battalion

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Proceeded to England.	APR 27 1919		

J. G. Curson Capt

for Lt-Col., A. A. G.
Canadian Section G. H. Q. 3rd Echelon. B. E. F.

SOS from OMFC. on proceeding to Canada part II # 27 28/5/19

F. C. Tudrid Lt

E. BRITAIN-Sailing No. 70
Embarked L'POOL 28*5*19
Disembarked QUEBEC 4*6*19
☆ O.O. Collecting Staff.

CANADIAN INFANTRY BRITAIN
No.
Date

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 44th Bn.

Regimental No. 3258788 Rank Pte. Name Dominique, Remi

Enlisted (a) 17/5/18 Terms of Service (a) C. E. F. D.O.S.W. Service reckons from (a) 17/5/18 (Mda)

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) Farmer

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				
12/6/19	Eng.	TAKEN ON STRENGTH District Depot No. 7. PART II. ORDER No. 163 ST. JOHN, N. B.		Lieut. & Asst. Adjt. For O. C. District Depot No. 7. 28/5/19	
12/6/19	Dis. H.B.S.	STRUCK OFF STRENGTH District Depot No. 7. PART II. ORDER No. 163		Lieut. & Asst. Adjt. For O. C. District Depot No. 7. 6/6/19	

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

[P.T.O.

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

Form R 122.
10287—65M—28-7-17.

NEW BRUN. REGT.

MD Rank Name DOMINIQUE REMI Reg'l No. 3258788

Unit Dft 64 NB Regt If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment St John NB May 17-1918 Place of Birth NB

Name and Address, Next-of-Kin Mrs Joseph Dominique

Connors Mad Co NB Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Man Discharge, Date and Place Reason Character

NF 238 I2
F
C. O.R. Can

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
		Arrived in England	5 AUG 1918	HMT	Nankin
19 AUG 1918	13th Res	Taken on strength	Br'shott	16 AUG 1918	Pt II DO 195
6.11.18	—	SOS to 44th Btn Opseas	Pte Willey	4-11-18	44 Bn I41 18.II.18 261

4 3 19 PROC TO ENGLAND FIELD 27 4 19 DO 29

I 5 19 E WCCC TOS FROM 44THBN. BR'SHOTT 28 4 19 DO 21

23 5 19 44Bn E Wing. CCC S O S to Canada 27 5 19 DO27

NB

Canada 28-5-19. 70-C-12

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.				

C.A.D.C. 5009A

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

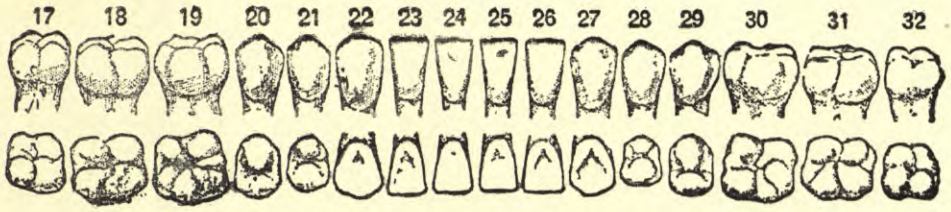
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DOMINIQUE. R

REGIMENT 44 Can Bn RANK Pte. No. 3258788

Date of Examination in England 30-4-19 | Date of Examination in France



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

1-D

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

Assistant Director of M. D. No. 7 JUN 6 1919 Dental Service.

HAS HE EVER REFUSED DENTAL TREATMENT? —

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) ~~In Canada~~
- (b) ~~In England~~
- (c) In France

CRAMCHOTT CAMP HANTS.

Signature of Dental Officer J. Smalley Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER Dominique R

REGIMENT 1st Depot Bat N.B.R. RANK Pte

No. 325-8788

M. [illegible]465.
200M. [illegible]6-18.
1772-39-950.

INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
	1918																			Exam. by		Op. 3.
	July 28				No previous history.															S. H. Reed	7.	

NAME. Dominique, Remis

RANK. Pte

No. 325-8788

CORPS. N. B. Regt

"C" 1 REC. FILE. M.D. 7

S.O.S. Denob. 6-6-19.

H. Q. FILE.

D.O. 1630 in 6-19.

ENLISTMENT, PLACE. St John N.B. = May 17th 1918 DATE. 1st Dpo Bn. T.D.D.

BIRTH ~~DISCHARGE~~, PLACE. Canada. Connor N.B. DATE. Apr 10th 1897

REASON.

T. O. S. May 16 1918

ADDRESS ON DISCHARGE.

D.O. Part II No 135

DOCUMENTS.

NEXT OF KIN Dominique Mrs Joseph RELATIONSHIP Mother.

ADDRESS Connor Madawaska. Co N.B.

O/S. 3/8/18 1365/5

P/C 4-6-19 342/16 Pte.

L. L. 20496—M. & D. 7908—100m.

CHARGED OUT			RETURNED		CHARGED OUT			RETURNED	
TO	DATE	BY	RECEIVED BY	DATE	TO	DATE	BY	RECEIVED BY	DATE

Mozi

Number 3258788 Rank Pte.

Surname DOMINIQUE

Christian Name Remi

Units 44th Bn Can Inf Theatre of War France

Date of Service 5.11.18.

Remarks

Latest Address Connors -
Madawaska Co.
N.B

Roll No.

200m.-2-21.M. B. Page 16036

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 .....

DF AUG 23 1922
NOGV2489

P 820
12474—375M—15-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1/8/18		EFFECTIVE DATE:-	
AMOUNT:- 20		AMOUNT:-	

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

Mrs Joe Dominique (Mother)
Connors, Mod Co.
N.B.

Stopped 1/6/19

NAME:- Dominique Remi

NUMBER:- 3258788

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C.		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6th Dft 1st Dep Bn N.B.R.

DATE ACCOUNT FIRST OPENED:- 1/8/18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			13th Res.

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
~~2/4~~	~~3314~~	~~Field~~	~~3 49~~				
~~2/5~~	~~1123~~	~~6 W ning~~	~~58 40~~				
			~~61 89~~				
						Ledger Bal Cr	69 22
						L.P.C. Bal Cr	4 33

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Can 31/5/19 & 8223 3/5/19 Bram - Bram MD 4 6/5/19

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/8/18	Bal from Can								17 40		
Aug	Pte's Pay	34 10		Can A.P.				20			
				AR 6 20 8 18 Bowly	4 87				26 63		
Sep	✓	31 10			4 87			20			
		33						20	39 63	2/6 agreed to	
Oct		33		✓				20			
	✓	34 10		AR 1873 12 10 18 13 Res	4 87						
				✓ 1993 28 10 18 ✓	4 87				43 99		
Nov	✓	34 10			9 74			20			
		33		Cap				20			
				AR 988 22.11.18 10 C.I.B.	13 06						
				✓ 1062 3.12.18 ✓	3 73						
Dec	✓	34 10		Cap	16 79			20			
				✓ 1172 12.12.18 10 C.I.B.	3 73						
Jan	✓	34 10		Cap				20	64 67		
		101 20			20 52			60			
				✓ 1187 10.1.19 ✓	3 73						
				✓ 1292 17.1 ✓	3 73						
				✓ 1432 7.2 ✓	3 73						
				✓ 1578 19.2 ✓	3 73						
Feby & Mch	✓	64 90		Cap.				40			
				✓ 1600 6/3 ✓	3 65				64 10		
				✓ 1602 6/3 ✓	18 25				52 75		
		64 90			36 82			40	119 85		
									50 63		
Apl & May	✓	64 10		AR 9 6/4 ✓	3 49						
				✓ 1701 20/3 ✓	3 65						
				✓ 97 17/4 ✓	3 49						
				Apl & May a/c	10 63			40	69 22		
				✓ 2357 22/4 ✓	3 65				65 57		
				✓ 1123 2/5 6 W ning	58 40				7 17		
				✓ 1854 16/5 End	14 60				7 43		
		67 10			87 28			40			

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	S.O.S. to Canada			28/5/19 $270 M W7							

3258788

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

1. Surname Domingue Christian name Rene

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

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

4. Address (including street and number, if any) Connors Mad Co NB

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17 day of May 1917, by the undersigned medical board sitting at St John NB

5. Age as stated 21 Years 1 Months. 6. Apparent age ✓ Years Months

7. Height 5 Feet 5½ ✓ Inches. 8. Weight 131 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 35 Ins. } 10. Complexion Medium { Eyes Blue / Hair Brown }

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

13. Number of vaccination marks { Right arm 1 / Left arm — } 14. When vaccinated last 1910.

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

16. Slight defects but not sufficient to cause rejection

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

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2

17. (a) Vision R. D30. L. D30.

(b) Hearing. R. normal L.

President.

Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
9/3/18		WA Reaich Capt M.O.	19/3/18	WA Reaich Capt	M.O.
		M.O.	4/7/18	WA Reaich Capt	M.O.
		M.O.	6/7/18	WA Reaich Capt	M.O.

Joined 17th day of May 1918 at St John NB

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3258788		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Sussex NB	13/2/18		A 2 WA Reaich Capt
Bramshott	7-5-19	Slr weakness under fingers	Left A Jmlgnells Capt

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

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

Signature of Man Rene Domingue

By Military authority

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

Date of Enlistment 17th May, 1918.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch D-9997

OVERSEAS CONTINGENTS

Date of Assignment 1st Aug. 1918.

9L8 D 25 S.K.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20 00			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 1st Depot Batt. N. B. Reg't. D Jt. 64

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. JOE DOMINIQUE,
CONNORS,
MAD. CO., N.B. 20 20.00
% 3258788 PTE REMI DOMINIQUE
2 TWENTY DOLLARS
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Aug.	Y 39531		20	20	
Sept	N 45190		20	20	N
Oct	O 54231		20	20	J
Nov	K 56788		20	20	J
Dec.	T 65749		20	20	
1919 Jan	O 72374		20	20	J
Feb	S 78731		20	20	C
Mar	J 86306		20	20	C
Apr	M 2830		20	20	J
May	J 8206		20	20	
June	H 9040		20	20	
			220	220	

REMARKS 4798 R.-3

A/c Closed 30-6-19
Ret'd per Empress of Britain
Date 5/6/19 M.F.W. 187 13/6/19
W. Whitley
ha 126 119

AUDITED. [illegible] 6/19

M. F. W. 128.
400M. 6-7—1772-39-1141
L. L. 22320—M. & D. 7993.

AUTHORITY FOR NEW ACC'T. M.D. 7-B-2
M. Clancy 29-8-18.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
4'0M. 6-7—1-72-39-1141
L. L. 22920—M. & D. 1933.

M.D. No. 7

P.O. Connors, Madawaska Co., N.B.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 3258788 RANK Pte NAME (IN FULL) DOMINIQUE, Remia (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Nil | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 1 Depot Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 17-5-18 | TRANSFERRED TO | DATE | AUTHORITY 2595

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE

PAYABLE TO Mrs J. Dominique | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Connors, Mad. Co. N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE St John | DATE 6-6-19 | REASON Demob | AUTHORITY 163 | IF ENTITLED TO POST DISCHARGE PAY

MONTH 1919	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							7	33	7	33																											"Empress of Britain" 5/6/19
May																																					Cr Bal. Rec 31-5-19
																																					Clothing 1st W.S.G.
June	12	1.10	13	20	35	00																															June H.P.
					70	00			118	20	Midds'		C.S.		C.L. 190147		14	60	4	87	5	00	81	06					20	00			125	53			
					W.S.G.																		W.S.G.										Soldier				
12½ days			280	00					280	00													70	00							70	00	210	00			1st Pay W.S.G. as above
																													6	60			6	60	203	40	over C. Pta on Discharge
																							63	40							63	40	140	-			Ch. 1053959 Nil 87 - 2/7/19
																							70	-							70	-	70	-			Ch. 1254918 Ch. 111. 6/8/19
																							70	-							70	-					Ch. 1263806 Ch. 132 6/9/19
																																	Non Effective				
Jo			280	-					280	-													273	40					6	60			280	-			

WAR SERVICE GRATUITY.

200M-3-19.—L. L. 58788-..., & D. 9985.
M. F. W. 2.96.
1773-39-1390

12-10-39

D.A. ~~D~~ C

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge
Class "A" No. ~~[illegible]~~

Occupational Group No. 1

1. No. 3258788

2 Rank. PTE

3. Name. DOMINIQUE Remi

4. Unit. 44th Bn

D D. NO. 71

5 Date of Discharge JUN 6 1919 Place ~~Moncton~~ N. B. St John.

6 Reason for Discharge DEMOBILISATION

7. Authority. R. O. 1420 (C)

8. Proposed Residence after Discharge Connors Madawaski Co. N. B.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39 & Class 'A'
W. S. No. 268360

R. Dominique
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Dispersal Station "C" JUN 6 1919 Military District No. 7

J. V. Kenstead Capt C. C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7

Signature
(O. C. Discharging Unit.)

Medical Documents Forwarded to ~~S. C. R.~~ or B. P. C. ON 21-6-19

M.F.B. 218a—300M.-11-18—1772-39-113.

ok

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. Dental Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). + Dupl.
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 17

Date 26 MAY 1919

THIS FORM WILL BE USED FOR ALL RANKS W H

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Bramshott DATE 1-5-19

1. 1 (a) Unit 44th Btn (b) Regimental No. 3258788 (c) Rank Pte

(d) Surname DOMINIQUE (e) Christian name REMIE

(f) Home address Connors, Mada Co,N B

(g) Next of Kin Mr J Dominique (h) Relationship Father

(i) Address of Next of Kin Connors, Mada Co,N B

2. Age last birthday 22 Date of birth April 10 1897

3. Enlistment, or Appointment (if an Officer) (a) Place St John N B (b) Date May 16 1918

4. Personal description: Estimated

(a) Height 5'6" (b) Weight 135 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar back R hand.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		345

	Periods	
	From	To
Canada	May 16 1918	Aug 4 1918
England	Aug 5 1918	Nov 4 1918
France or other theatres of War	Nov 5 1918	April 27m1919

7. Original disease, or injury Laceration index finger R hand.

(a) Date of origin 18 years ago. (b) Place of origin New Brunswick

(c) Cause Felon

M. F. B. 227.

400M.—11-18.
1772-30-117.

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

Partial loss of function index finger L hand. Loss 1½ phalanges, L index.

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

Index finger L hand. Has lost distal 1½ phalanges. Deformed nail present on stumps. No bone in stumps of middle ~~phalanx~~ phalanx.

Says it gets cold in cold weather.

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

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

Special Senses: no — Respiratory System: no — Integumentary System: no

Disturbances of Mentality: no — Digestive System: no — Muscular System: no

Osseous and Joint Systems: no — Any other general condition: no

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

Felon 18 years ago in index finger L hand, result as above.

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

None

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

Scar as in 9a

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

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

No

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

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

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

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

None in army.

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

No

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

17. Recommendations

Nil

sd/ W G Jamieson Capt.CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing

P J O'D

R Dominique Pte - - Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

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

Auth A G 9083 of 11-11-18

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

sd/ L A Richmond Maj.CAMC *President.*

PLACE Bramshott

DATE 2-5-19

sd/ P J O'Dwyer Capt.CAMC } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

.....*President*

PLACE.....

DATE.....

} Members

APPROVED BY

sd/ James C Fyshe Maj.CAMC

for *Assistant Director of Medical Services.*

DATE 2-5-19

APPROVED BY

Director-General of Medical Services.

DATE.....

CERTIFIED A TRUE COPY

H J Williamson
Capt CAMC