ORIGINAL

2813

2813

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Omer. Dupont
2. In what Town, Township or Parish, and in what Country were you born? St. Antoine Quebec
3. What is the name of your next-of-kin? (KB) Dilea Dupont.
4. What is the address of your next-of-kin? St Ann. Desilets. Man. Canada
5. What is the date of your birth? 30th March. 1871
6. What is your Trade or Calling? Carpenter
7. Are you married? Widower
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Do you now belong to the Active Militia? —
10. Have you ever served in any Military Force? 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? Yes

Omer Dupont (Signature of Man).

W J Deeks (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Omer. Dupont, 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.

Omer Dupont (Signature of Recruit)

Date Sep 16th 1915 W J Deeks (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Omer. Dupont, 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.

Omer Dupont (Signature of Recruit)

Date Sep 16th 1915 W J Deeks (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 Winnipeg this 16th day of Sep 1915

(Signature of Justice)

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

(Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

ORIGINAL

Description of Owen Dupont on Enlistment.

Apparent Age 44 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4½ ins.

Chest measurement:
- Girth when fully expanded 40 ins.
- Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Turning Grey

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

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).

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 17. Sep. 1915 W H Bell

Place Winnipeg Geo Como
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.

Owen Dupont 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.

J W Stawker (Signature of Officer)

Date Sep 16th 1915

2ND. FIELD TROOP
CANADIAN ENGINEERS
HORSE SHOW BUILDING
WINNIPEG

13-5-18.

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No. 649-D.-9248.

Name Dupont, Omer

Regt. No. 2813 Rank Pte.

Corps Can. Engrs.

Medically unfit.

41321

Proceedings of Court of Inquiry or on men reported Missing on Active Service

Attestation Papers 3

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 2

Corps History Sheet

Date and No. of Deposit Receipt for Purchase Money and Amount

Parchment Certificate

Medical Report for Invalids X 4

Medical History Sheet X 2

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power

Company Conduct Sheet 1

Clothing Transfer Certificate 1

Inventory of Kit

Last Pay Certificate

A. F. A. 22-1

A. F. B. 122 2

R. & O. 6064-1

M. F. W. 67-1

Pay card

CA DC 5009-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—30—935.

To be made out in duplicate. HQ. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

(1) Name of Overseas Unit which Soldier joins

(2) Regimental Number 2813

(3) Full Name of Soldier Omer Dupont

(4) Place of birth St Antoine Que

(5) Are you married, or not? /

(6) If married, state,

(a) Full name of your wife /

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls 4 Boys 1 Girl

Also their names and ages

Lawrence 20 yrs Delia 11 yrs

Wilbrod 18 "

Philip 15 "

Harmos 8 "

M. F W. 67
200M.2-16
1772-39-954

(SEE OTHER SIDE)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your mother alive ? No

If so, state name and address

(11) If your mother is a widow

Are you her sole support or not ?

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

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

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

(15) Are you insured ? Yes

If so, in what Company ?

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

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

B Harvey

Officer Commanding.

For O.C. 224TH FORESTERS BN.

Date 7/4/16

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mr H. A. G. Gibbs

Address Beckwith
Man

Rate 25-00

By Whom Assigned Dupont. O

Regtl. No. 2813

Rank Cpl

Corps Can. For. Co.

SPECIAL REMITTANCE

Sched #364. 4.5.17

PAYMENTS

ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917 1915			
Feb.				
March				
April				
May		A 10620	25-	
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. Dr W.H.G. Gibbs

PAYMENTS.

Name of Soldier. Dupont, Omes,
\# 2813. 224th Forestry Bn

L. L. Job 310.—Req. 6574.

$15.00 APR 1 1916 MAY 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		J 30632	15	
June		S 86443	15	
July		S 87987	15	
Aug.		M 14453	15	
Sept.		B 18226	15	
Oct.		R 23503	15	
Nov.		Z 24884	15	
Dec.		A 37337	15	
Jan.	1917	F 37177	15	
Feb.		7 42988	15	15
March		G 44890	15	15
April		I 1271	15	15
May		B 7474	15	
June		V 14691	15	15
July		G 21101	15	
Aug.		N 28651	15	
Sept.		M 38048	15	
Oct.		B 41500	15	
Nov.		W 52909	15	
Dec.		T 53362	15	300
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AWB

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2 Dr. A. H. G. Gibbs

Guardian

PAYMENTS.

Name of Soldier Dupont Omer

Pte.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	H927	20		20
May		H6361	20		20
June		G 3810	20		20
July		S11441	20		20
Aug.		T 12697	20		20
Sept.		~~U 15935~~	~~20~~		12 U-15935 Cancelled.
Oct.		V21486	12		
Nov.		Z24264	12		12
Dec.		H27413	12		12 five children Birth certificate
Jan.	1917	X28670	12		12 produce Judgment & 7-2-17
Feb.		~~X 31672~~	~~12~~		60 RX 31672 Cancelled
March		O.32486	60	—	mailed 10-2-17
April		X 34984	20		20
May		E 963	20		20
June		E 4472	20		20
July		I 7448	20		20
Aug.		U.12295 H ~~10591~~	20		20 H 10591 Cancelled. RE-WRITE
Sept.		M 14278	20		m
Oct.		L 17302	20		T
Nov.		P 19879	20		m
Dec.		M 25946	20/5		Bo
Jan.	1918	R-24286	20/5		F
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom Doctor W. H. G. Gibbs.
Address Selkirk
Man.

Rate 15—

~~APR 1916~~

MAY 1 1916

By Whom Assigned Dupont, Ames.
Regtl. No. 2813
Rank Pte
Corps 224th Forestry Battn.

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

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				

CONSOLIDATED ACCOUNT 2

L. L. JOB. 85506 M. & D. 5997.

16-9-15

MILITIA AND DEFENCE

79

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name Dr. W. H. G. Gibbs

Address Selkirk Man.

Relation to Soldier wife, child or mother } Guardian

Name of Soldier ~~Dupont~~ Dupont, Amer.

Regtl. No.

Rank Pte

Corps Can. Eng.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.		O7705	20		20
Nov.		J18943	20		20
Dec.		J18804	20		20
Jan.	1916	Cancelled	20	—	20
Feb.		L20909	20		20
March		K25044	20		20

L. L. JOB. 85506 M. & D. 5997.

Secondary Letter G. 16-9-15

MILITIA AND DEFENCE

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name ~~Mrs.~~ Dr. W. H. G. Gibbs

Address Selkirk. Man.

Relation to Soldier wife, child or mother } Guardian. ~~Mr.~~

Name of Soldier Dupont. Amen.

Regtl. No.

Rank Pte

Corps Cand Engineers

To what Corps belonging when called out }

PAYMENTS

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

Duplicate

for check
0.7705
see following
0.7763

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

5148-0-2

Name Dupont, Omer
Surname Christian Name

Regimental Number 2813 Rank Pte.

Unit Can. Engrs.

Original Unit

District where paid M.D. 10.

Date of Discharge 17-4-18.

P. D. P. Filing Number 8-217-10.

Address (in full) Selkirk, Manitoba.

Rates:—Regimental pay $1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days		FIRST PAYMENT Cheque No. A	Date	Amount 30 days		SECOND PAYMENT Cheque No. B	Date	Amount 30 days		FINAL PAYMENT Cheque No. C	Date	Amount 31 days		Balance Over-payments to be Recovered		Total Amount Paid	
175	10					3382	17-5-18	58	00	3356	17-6-18	59	10	58	00	117	10

Remarks: Advance Payment by Cas. Unit. of $58.00

M. F. W. 127.
50M—6 17.
1772 39-1140.

File No. 5148-D-1

WAR SERVICE GRATUITY.

INV 14-11-19 W-121

Register No. D 1499

Reg. No. 2813

Name DUPONT, O

Address Goodfare Alta

Dec'n No.

Award ..... days at $

S. A. ..... months at $

Less P. D. P. Credited $

Less further debit balance $

Net due Soldier below

Pay Soldier $ 174.90

Dependent Dilia Dupont - Daughter

Address same address

Mrs Constance C. Dupont (wife)

do

RW 104
10 2/20

Pay Dependent $ P.

Days 153 Rate 100 Due 350.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment.

Net 324.90

Iv C. E. Cassells
Cam W H Turner

Clerk G W Whitelaw

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
19 Nov 14	45860	541177	174	90		14 2/20	52051	549126	150	00
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by Trapson
Date 19/11/14

GEN'L AUDITOR
Posting checked by M. T.
Date 30-1-20

R Evans
14 11/19

2813 where? co 104 Grat 3591 2813 CR 94 n

copy

MEDICAL HISTORY SHEET.

Surname Dupont *Christian Name* Omer

Examined { on 17 day of Sept 1915 at Winnipeg

Approved by ~~J. McKinnon~~ Signed W H Reidy.

Rank Capt Chab. M.O.

Birthplace { City or Town St Rutins County Quebec

Apparent age 44 5/12 years

Trade or occupation Carpenter

Height 5 Feet 4 1/2 Inches.

Weight 153 Lbs.

Chest measurement { Minimum 36 inches. Maximum expansion 40 inches.

Physical development good.

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. Number 1

When Vaccinated last 1911

(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.
10/6/16	OK	R R Barker Capt M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
8/3/16	Good	R.R. Barker Capt M.O.
9/5/16	OK	R.R. Barker Capt M.O.
		M.O.

Enlisted on 16 *day of* Sept 1915 *at* Winnipeg

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	C. E.	2813		16. 9. 15
Transferred to..				

STATISTICS
S. B 42
ENTERED.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Sunningdale	25.2.18	Myalgia	B III The Creighton Office

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

14

Surname Dupont Christian Name Omer

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Cheadle		4	8	17	15	8	17	Myalgia	11.	Discharged to duty	W Walton

Army Form A. 22.

Corps Canadian Forestry Corps. No. 104 Company

PARTICULARS of Marriages, Births and Baptisms, to be forwarded to the Officer i/c Records :—
(1) For insertion in the soldier's attestation and (2) for insertion in Army Book 358. ‡

No.* 2813 Pte DUPONT, Omer

** Here insert Regimental Number, Rank, and Names at full length.*

MARRIAGE.

Nationality † of the Soldier ... ... (*specifying whether Bachelor or Widower*)	Canadian Widower
Christian Name, Surname and Nationality † of the Woman ... ... (*specifying whether Spinster or Widow*)	Constance Caroline Edwards. Spinster British
Place of marriage, specifying Parish, County, &c. ...	St Cyprian's Ugbrooke South Devon Eng
Date of marriage	July 11th 1917.
Names of two witnesses present at the ceremony	Mrs. R. C. Berry. Miss Beatrice Edwards.
Signature of the Officiating Minister or Registrar, by whom the marriage was solemnized ...	George E. Searle, Registrar

BIRTHS AND BAPTISMS.

Christian Names	Date and Place of Birth	Date and Place of Baptism and Name of Officiating Minister
Omer	~~30 march 1865~~ ~~St antoine de kicherlieu~~ ~~Que can~~	~~30 march 1865~~ ~~St antoine de kicherlieu~~ ~~Que. can.~~ ~~Priest J. B. Deguing~~

Certified true Extracts.

Station Chudleigh

Date 14 August 1917

R Kirkpatrick Lieut Adjutant.

† English, Scotch, Irish, &c., &c,, as the case may be.

‡ In Army Book 358 the following entries only are required :—
Full name of woman to whom married, giving nationality, place and date of marriage, and name and date of birth of each child (if any).

The birth of each child should be reported to the Officer i/c Records on this form by Officers Commanding Units without delay, as soon as it occurs. The particulars in regard to baptisms should be forwarded to Officers i/c Records for entry in 4th page of attestation on another copy as soon as they are received from Officer Commanding Units.

(8 80 33) W 12285—2163 30,000 2/15 H W V(P 932/3) Forms
12543—4079 90,000 11/15 A. 22
31

R—122

A.G.R.

Rank a/Cpl Name DUPONT, Omer. Reg'l No. 2813

Unit 224th Bn. If in perm. Corps, What Unit? Married or Single Widower.

Place and Date of Enlistment Winnipeg, 16th September, 1915. Place of Birth St. Austins, Que.

Name and Address, Next-of-Kin ~~Dilca Dupont~~, Mrs. C.C. Dupont
81 Faraq St. Chudleigh. Devon. Auntie. Pt. II 92 4/6/9/17 Dist 3 B.C.
~~St. Ann, Desihere, Man., Canada.~~ Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 1617.
File R.L.
Category Can OR

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	S.S. Missanabie. 28 ~~MAR~~ Apr. 1916		
Now known as Can. Forestry Corps Auth, Pt. II DO. I, 22, 11, 16					
14.12.16	C.F.C.	appt'd. A/Cpl.	London.	11.12.16.	Pt. II. D.O. 20.
7 5 17 Dist. 3 CFC On Strength → 4 Coy London 15 17 Pt2 6					
1.8.17	"	Reverts to Pte. (on receiving technical pay as milleright.)	London.	1.6.17	Pt. 79.
16.8.17	Dist 3.	Married with permission H.T. on Married Strength.	"	11.7.17	Pt. D.O. 97.
6.9.17	Dist 4.	T.O.S. from Dist 3.	Pte South. Lon	1-9-17	—8 { Pt II 109. d/5-9-17 Dist 3 C.F.C. S.O.S.
28.12.17	" "	Adwarded one good Cont Badge	" do	16.9.17	—42.
20.7.18	C.F.C.B.D.	T.O.S. from Dist. 54.	Pte Sidcup.	18.7.18	Pt II D.O. 44. Dist 54. S.O.S. Pt II D.O. 8. d/22/3/19

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.					
8.3.18	C.F.C. B.D.	On Commd C.D.H. Bivouac pending embn to Canada	Pte Edell	8.3.18	P.A.O. 58.	
26.3.18.	✓	Ceases to be on commd & SOS. to Canada for disposal by the A.G.	✓	12.3.18	✓ 73.	

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 281[illegible] Rank Spr Name Dupont Owen

C. E. F.

Enlisted (a) 16/8/15 Terms of Service (a) Overseas Service reckons from (a) 16/8/15

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) Carpenter

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				
		Embarked	Halifax	18/4/16	
		Disembarked	England	28/4/16	
22.11.16.	O.C.224th.	S.O.S.224th.Bn.	London.	22.11.16.	D.O.Pt11.#153 Lt & A/Adj. 224th.Bn.
22.11.16. &	D.of T.	O.T.O.S. Can.For.Corp.	London.	22.11.16.	D.O.Pt11.#1. Lt & Asst/Adj. C.F.C.
14.12.16	D.of T.O.	Appointed a/cpl.	London	11-12-16	D.O. Pt. II no 20
1-8-17.	O.C. Dist 3.	Reverts to Pte. on receiving technical pay as millwright.	London	1-6-17	D.O. Pt. II. no. 79 (Dist 3)
6-9-17	O.C. Dist 54	T.O.S. Dist 54 From Dist 53	Southampton	1-9-17	Pt II D.O. no-8
28-12-17	O.C. Dist 54	Granted Permission to wear One Good Conduct Badge	Southampton	16-9-17	Pt II D.O. no 42 Dist 54
14-9-17	O.C. Dist 54	To draw Technical Pay as millwright at Co 104	Southampton	12-8-17	Pt II D.O. no 15 Dist 54

(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				
31-1-18	OC Dist 54	Ceases to draw Technical Pay as millwright Southampton		31-12-17	Pt II D O No 5 Dist 54
22-2-18	OC Dist 54	S.O.S. Dist 54 at Coy 1040 on posting to Base Depot Southampton		18-2-18	Pt II D O No 8 Dist 54
20.2.18	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale			18.2.18	Pt.11 D.O. 44
9 MAR 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 58				
12 MAR 1918	EMBARKED FOR CANADA FROM LIVERPOOL			Commanding	Lieut.-Col. Canadian Discharge Depôt.
26-3-18	D O 87	To 1st W Bnd.			
10-4-18	D O 105	Dis. D O P C - 2010			

D H Goldstein Capt
O.C. No. 10 CASUALTY UNIT, Winnipeg.

2813. Pte Dupont O.

Married with permission to
Constance Caroline Edwards
his taken on the Married
strength with effect
11-7-17. address of N-K.
Mrs. C.C. Dupont
81 Yorks St.
Ashburton Devon.

Pte. D.O. 92 d/16/8/17
No. 13 Dist C. Forestry Corps

Pte. KTE
Mr. RN.
28/8/17

C.A.D.C.5009-10M.
3494-30-8-17.

2813

Gr. Dupont. O.

C. F. C.

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
10/3/18	Fit.	Failed to report for Exam.		

F. H. Guerin
Capt. C.A.D.C.

13

C.A.D.C.5009-10M.
2494-30-8-17.

Number 2813 Rank ~~A/Cpl~~ B

Surname DUPONT

Christian Name Omer

Units C.F.C. Theatre of War England

Date of Service 28-4-16

Remarks Good Fare

Latest Address ~~Selkirk~~, Alta

~~Man~~

Roll No. A Page 3477

200m.-2-21.M.

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

D.....

R	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.....

tination.....

(Sgd.).....

2503

CARD NO.

SURNAME. Dupont,

CHRISTIAN NAMES Omer

REGL. No. 2813 RANK Pte.

UNIT 224th Can Forestry Batt.

FORMER CORPS Nil.

m.ll. SOS Wpg 17-4-18, IO. (auth AGC II 105 of 15/4/18) #10 Cas Unit

NEXT OF KIN.

NAMES IN FULL Dupont, N. B Dilza Mrs

RELATIONSHIP TO SOLDIER R.N.S.

ADDRESS Ste. Anne des Chênes, Man,

~~CHANGE OF ADDRESS~~ also notify CC Dupont 81 Floras St Chudleigh Devon

auth 54-21-38-1 22-9-17

COUNTRY OF BIRTH Canada, St Antonin, P.Q. DATE Mar 30th 1871

PLACE OF ATTESTATION Winnipeg, Man. DATE Sept 16th 1915

P/C. 20/8/18 46/7 IO

MARRIED SINGLE WIDOWER Yes.

TRADE OR CALLING Carpenter. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 44 YEARS 5 MONTHS

HEIGHT 5' FEET 4 1/2 INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4 INCHES

COMPLEXION Dark. EYES Brown. HAIR Turning Gray.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Winnipeg, Man, DATE Sept 17th, 1915.

No. 2813. RANK Pte. NAME Dupont Omer.

T. O. S. Trans. from C. E. 26-3-16. (AD 5 of 27-3-16). UNIT 224th Can. Forestry Battalion C. E. F.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916. Mar. 26th	1916. Mar. 31st	"		
Apr 1	Apr 15	"	Proceeded O/S 16-4-16	A.D.O. 24 of 17-4-16
" 16	" 30	"		
May		"		

Date of Enlistment

16-9-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

May 1916

RATE OF SEPARATION ALLOWANCE

~~20~~	$25.00 1 12/17		

O.C. 3257

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2813

Rank Pte. Promoted Reverted Discharge

Soldier's Name Qmcs. Dupont.

Battalion 224 Forestry Battn Can Engrs

Beneficiary Dr. W. H. Gibbs

Relationship Guardian

Address

PARTICULARS OF ASSIGNMENT

Name Doctor W. H. G. Gibbs

Address Selkirk Man.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31		550	300	880		
1918 Jan 31	A 58148	30 00	15 00	45 00	S	See also account in Spec Rem. Ledger
Feb.	E 99557	25	15	40		
Mar	A 128613	~~25~~	~~15~~	40		128613 A Cave
"	Y 94295	25	15	40		

31-3-18 A/c Closed

S.A. 630.00 Ret'd per Olympic

A.P. 345.00 Date 23-3-18 F.X. 27-3-18

Clerk C. F. Huson

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7893.

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. 123
400M.—6-17—1772-39-1141
L. L. 22220—M. & D. 7993.

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

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

No. 2813 Army Rank Pte.

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

Corps C. F. C.

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

Date of discharge

Place of discharge

1. *Description at the time of discharge.*

Age 53 years months
Height 5 feet 4½ inches
Chest measurement { girth when fully expanded ins. / range of expansion ins.
Complexion
Eyes
Hair
Trade Carpenter
Intended place of residence (To be given as fully as practicable) { Seclin / Nord

Descriptive marks.

(10)

(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 Medical Board. Sunningdale. 25. 2. 18.

XI. 3.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character:—

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

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.
(A8689) Wt. W7717/M2626 500,000 9/17 Sch. 39 Forms B. 268 41

[OVER.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. **Campaigns, Medals and Decorations** local casualty.

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me **in accordance with Regulations.**

(Place) _____ _____

(Date) _____ *Commanding* _____ *Battn.* _____ *Regiment.*

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

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ _____ *(Signature of Soldier.)*

(Date) _____ _____ *(Signature of Witness.)*

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ *(Signature of Soldier.)*

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery.

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

*(a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(b) Character Certificate (Army Form B. 2067) if entitled.
(c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

B. P. C.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Winnipeg, Man. DATE April 1st 1918

1. (a) Unit C.E. Can. Forestry (10 C.U.) (b) Regimental No. 2813 (c) Rank Pte.

(d) Surname Dupont (e) Christian name Omer

2. Age last birthday 53 Date of birth 30th March 1865

3. Enlisted at Winnipeg, Man. on 16th September 1915

4. Personal description :—

(a) Height 5ft 3¾ inches (b) Weight 140 (stripped) (c) Complexion edium

(d) Colour of hair grey (e) Colour of eyes brown (f) Identification marks 3 Vaccination marks left arm one on right arm.

5. Address after discharge (for the use of the Board of Pension Commissioners)

West Selkirk P. O. Man.

6. Former trade or occupation Carpenter.

7. (a) Service

	Years	Days

	Periods	
	From	To
C.E.F.	16th Sept. 1915	1st April 1918

(b) Has he been overseas? 2 years in England

RECEIVED. APR 1 1918 A.G.M.S.M.O.-10

8. Present disease or disability (use authorized nomenclature if possible) 1. Myalgia 2. Overage.

(a) Date of origin 1. Jan. 1st 1917 2. Not applicable. (b) Place of origin 1. England. 2. Not applicable

(c) Cause* 1. Service conditions. 2. Not applicable.
*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

1. Has pains and aches in shoulders - back and hips. These are still improving but still persist. Wet damp, and cold weather intensi pains so much so that he is unable at such times to carry on. No objective symptoms. Heart regular - no murmurs. Other systems normal.

2. Man is grey haired - looks his age - is round shouldered Arteries slightly thickened and tortuous.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227. ES

75M.-12-17.
1772-39-117.

3

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

1. Pains began about Januarylst 1917 after spending the previous two months in cold damp tents. Has had vague aches and pains ever since. 2. Not applicable.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? 1. On duty 2. Not applicable.

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? 1. 2. Not applicable.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

1. Originated on duty 2. Not applicable.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. 2. No, No, No, No.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. A minimum period of 6 months. 2. Not applicable.

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

None

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No

19. Can the former trade or occupation be resumed? Yes

20. Recommendations Discharge

W. J. Henington Capt.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

Omer Dupont

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes

22. Is the soldier fit for

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

23. It is certified that the soldier

~~(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).

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

as medically unfit.

G. W. Lansdown Capt President

John H. P. Bone Capt
W. J. Heringer Capt } Members.

STATION Winnipeg, Man

DATE April 1st 1918

APPROVED
~~MAR 1 1918~~

APPROVED BY

DATE

C. E. Fraser Major, A.M.C. A.D.M.S. M.D. No. 10
WINNIPEG, MAN.
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

GUARDIAN

CANADIAN EXPEDITIONARY FORCE

(Information for Pay and Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Pay and Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared, free of charge, the Officers of the above-mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. P. DIVISION
MILITIA AND DEFENCE,
OTTAWA, CANADA.

1. Name in full of Soldier (Surname first) — Regt'l No. — Rank — Regt. or Unit
   Dupont. Omer — 2813 — Pte. — Canadian Ex

2. Age of Soldier 54 — Date of Birth Mar 30/65 — Married or Single Widower

3. Date of enlistment of Soldier in C.E.F. — Sept 16 – 1915

4. Is Soldier at present in Canada or Overseas? — Canada
   (If in Canada state where stationed.) — Goodfare Alberta

5. Name in full of wife of Soldier — ✓

6. If wife of Soldier is dead, give date and place of death — Died Mar 15 – 1910 Selkirk. Man

7. Has Soldier re-married since death of above-mentioned wife? — Yes
   Give date of re-marriage. — July 11 – 1917.

8. If wife of Soldier is living, state present address and reason for not applying for Separation Allowance. — Goodfare. Alberta. married when overseas Had separation allowance made out to Dr Rothkeck Guardian of daughter Delia Dupont.

9. Name in full of Guardian — Rothkeck — Age 45

10. Address in full — Selkirk Man

S. A. & A. P.
JAN 12 1920

FILE ..... Section
..... above
is charged to you since
12-1-20
..... Please
attach this letter and take
necessary action.
13-1-20
..... F. R.

M. F. W. 149
20m—11-18.
1772-39-1183.

37

11. By what authority are you acting as Guardian? (If by written authority enclose written appointment.)

Have no written authority at present that was sent to Ottawa at time to get separation allowance sent to me since Soldier has returned his daughter is living with him so I am no more Guardian.

12. Names of all Soldier's **unmarried** children. (If a soldier, give Regimental number, Rank and Unit. Birth Certificates for children must be forwarded with this Declaration.)

	Date of Birth	Age last Birthday	Address
Pte. Lawrence Dupont (476301) 2nd Gary Horse.	Nov 19/95	24	Goodfare Alta
Pte. Wilbrod Dupont (500530) C.E.	Jan 19/98	21	Goodfare Alta
Phillippe Dupont student	Mar 12/1900	19	Otterburne Man
Delia Dupont	June 15/04.	15	Goodfare Alta
Herman Dupont	Nov 19/07	12	Fort Alexander Man
Henry Garnache (stepson)	Mar 24/1890	29	Clandeboye Man

Include step children and foster children.

13. Names of all Soldier's **married** children. (If a soldier, give Regimental number, Rank and Unit.)

Address	Age	Date Married

None

Include step children and foster children.

14. Names of all children of Soldier in your care, and living with you.

None. I was guardian for daughter Delia while her father was overseas since he returned she is back living with them.

15. From what date have the above children been in your care? Sept — 1915.

16. Are any of the above children suffering from mental or physical incapacity? (If so, Medical Certificate must be furnished showing such incapacity.) No.

17. Have you legally adopted any of the above children? No.

18. Are any of the children of Soldier living with, or have any of them been legally adopted by any other person or persons? Explain fully. — one child Herman Dupont living for last 10 years with Leo Schaunus Fort Alexander Man

19. State amount of support monthly from Soldier since enlistment. — 15.00 per Month assigned Pay.

20. State amount of ASSIGNED PAY received by you from Soldier monthly. — $15.00 per month

21. From what date did you receive ASSIGNED PAY? — Sept - 1915

22. Have you made a previous claim for Separation Allowance? Give particulars. — yes

23. Are you now, or have you been at any time in receipt of Separation Allowance from any source? If so, how much per month and on whose account? — yes. $20.00 per month Separation Allowance granted to Delia Dupont

24. Is Separation Allowance being paid on this soldier's account to any other person? — This Soldiers.

25. Was Soldier a member of the Permanent Force at time of attestation in the C. E. F.? If so, give Regimental number, Rank and Unit. — no.

26. Was Soldier at the time of his enlistment a civil employee of the Dominion or a Provincial Government? — no

27. If so, state in what capacity and in what place? — —

28. Is Soldier in receipt of salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month? — no

29. Are you in receipt of Pension? If so state amount and on what account. — no

30. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much per month? — no

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

Signature of Applicant ..... Omer Dupont

Place of Residence ..... Goodfare Alta

Declared before me at ..... Goodfare Alta

this ..... 5th ..... day of ..... December 1919

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

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund; or if the Applicant is in the United States, by the Secretary, or Chairman of the Relief Committee of the Local Red Cross; certifying that, to the best of their knowledge after careful investigation, the above statements are correct.

Signature of Clergyman .....

Signature of Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund .....

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18. Are any of the children of soldier living with, or have any of them been legally adopted by any other person or persons? Explain fully.

19. State amount of support monthly from Soldier to applicant.

20. State amount of ASSIGNED PAY received by you from Soldier monthly.

21. From what date did you receive ASSIGNED PAY?

22. Have you made a previous claim for Separation Allowance? Give particulars.

23. Are you now, or have you been at any time in receipt of Separation Allowance from any source? If so, how much per month and in whose account?

24. Is Separation Allowance being paid on this soldier's account to any other person?

25. Was Soldier a member of the Permanent Force at time of attestation in the C. E. F.? If so, give Regimental number, Rank and Unit.

26. Was Soldier at the time of his enlistment a civil employee of the Dominion or a Provincial Government?

27. If so, state in what capacity and in what place?

28. Is Soldier in receipt of salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month?

29. Are you in receipt of Pension? If so state amount and on what account.

30. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much per month?

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 Canada Evidence Act.

Signature of Applicant .....

Place of Residence .....

Declared before me at .....

this ..... day of 191

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

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund; or if the Applicant is in the United States, by the Secretary, or Chairman of the Relief Committee of the Local Red Cross, certifying that, to the best of their knowledge after careful investigation, the above statements are correct.

Signature of Clergyman .....

Signature of Secretary, or Chairman of the Relief Committee of the above Patriotic Fund or Red Cross Society, of the Local Canadian Patriotic Fund.

PART I. A.F.B. 179 Canada (Revised).

Reserved for M.H.C.

Regt. No. 2813 Rank Pte. Surname Dupont Christian Name Omer

Unit or Corps—(a) Overseas from United Kingdom Can. Eng's (b) In United Kingdom Can. For. Corps. 16th Sept 1915

Born at—Town St Antoine County or Province Quebec Country Canada

Date of Birth—Day 30th Month March Year 1865 Age 52 yrs. 11 months.

Joined at Winnipeg, Man. Date 16th Sept. 1915

Former Trade or Occupation Carpenter

Permanent marks or peculiarities that will serve for future identification:—

Nil

Height—feet 5 inches 4½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) Omer Dupont

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted.*)
(*Follow the official nomenclature as far as possible.*)

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

Disabilities Group (*a*). PAINS in BACK and HIPS SHOULDERS

Disabilities Group (*b*). not applicable

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i*) As to Group (*a*) above.	MYALGIA	Canada	previous to enlistment
(*ii*) As to Group (*b*) above.	not applicable		
(*iii*) As to Group (*c*) above.			

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

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

(*i*) As to Group (*a*) above? no If yes, has Active Service aggravated it? no

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

(*iii*) As to Group (*c*) above? If yes, has Active Service aggravated it?

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

(*i*) As to Group (*a*) above? no

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

(*iii*) As to Group (*c*) above?

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PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i*) While on duty? (*ii*) While off duty?

(*iii*) Was a Court of Inquiry held? (*iv*) Where? (*v*) When?

(*vi*) Opinion of the Court?

not applicable

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.*)

Enlisted in Sept 1915. He had periodic attacks myalgic pain previous. He acted as mile weight with C.F.C. but since fall 1917 he has been unable to carry on because of rheumatism and myalgia and weakness.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Age apparently is 55. There is moderate degree of arteriosclerosis. Heart is not enlarged but sounds are weak. Lungs are negative. He complains of sore back and pains in shoulder and hips. Age. Debility myalgia

8. OPERATION. (*i*) Was one performed? no

(*ii*) If so, state what.

(*iii*) Was one advised and declined?

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

9. (*i*) Is there loss or decay of teeth attributable to Active Service? no

(*ii*) If so, describe.

10. DO YOU RECOMMEND:—

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalid to Canada?

(*d*) Discharge from the Service as permanently unfit?

B III not likely to be raised in category within six months

Date of Report Feb 21 191 8 Signed L.H. Roberts Capt Can

Station C.F.C. Base Depot Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

R.R. Barker Capt Camc

Dated at London Station, on Feb 25 191 8 {~~Officer i/c Hospital~~ / S.M.O. Brigade} Strike out one of these.

* Delete if inapplicable.

PART II.

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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I (1)? Yes
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I (2)? Yes
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier { Caused? No / Aggravated? No } (b) Misconduct of the Soldier { Caused? No / Aggravated? No }

14. THE ENTIRE DISABILITY. Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.*)

15. THE PENSIONABLE DISABILITY—(*see Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (*Estimate at none, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, or all*).

Not applicable

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

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

18. Remarks. General condition poor. Age 55 and looks older. Well marked arterio-sclerosis. Heart sounds normal, also lungs. Complains of dizziness and headache. For last 15 months he has been suffering from pains (myalgia) in the back and legs. Was in Hospital for 2 weeks with myalgia last April and again in September. Has done no work since the end of Dec 1917 owing to myalgia and debility. Other systems normal.

19. Recommendation:—(*a*) Fit for duty?
(*b*) Fit for base duty? B III not likely to be raised in category within six months.
(*c*) Invalid to Canada?
(*d*) Discharge from Service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board 25.2.18

Station Lemmingdale

Signatures of the Board { P. A. McDiarmid Major President. / T. M. Creighton Capt. C.A.M.C. }

Approved [signature]

Dated at ..... Major, C.A.M.C. Station

for A.D.M.S., Canadians, London Area.

5 MAR 1918

A.D.M.S. CANADIANS, LONDON AREA 191 LONDON

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Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

Enlisted in Sept 1915 [illegible] attacks myalgic pain previous. He states [illegible] weight with C.P.R. but since fall 1917 he has been [illegible]

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

President.

Signatures of the Board

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Ble 13 11/19
26

OTTAWA, CANADA.

D 1499

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by ~~P.C. 285~~, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

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

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

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 2813 2. Rank Private 3. Original C.E.F. Unit C E

4. Christian Names Omer 5. Surname Dupont

6. Address, in full, to which future payments of gratuity are to be forwarded

Goodfare Alberta

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	2813	Private	C E F
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
			CANADIAN SERVICE.			
(A) 1st Enl.	Sept 16th 1915	~~Apr 17th 1918~~ 11/4/18	Private	~~C. E.~~ 10 C.U.	Winnipeg	Medically unfit
2nd Enl.						
3rd Enl.						
4th Enl.						
			IMPERIAL SERVICE.			
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

15 11/19.

27

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? No (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency Not reverted to lower rank

9. 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: Yes with engineers in England from Apr. 1916 to Apr. 1918

10. 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? Yes

11. Have you been issued with a War Service Badge? If so, give number and class No

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit No

13. 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, from where paid, and on what dates Yes Recd 3 payments of $8 dollars each paid from Military Dist No 10 in Apr May & June 1918

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

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service No

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? No
(b) If so, are you in receipt of full pay and allowances from that Department? No

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

18. Relationship of such dependent Daughter

19. Present address, in full, of such dependent Goodfare Alberta

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name No

REMARKS

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 by virtue of the Canada Evidence Act.

Signature of applicant: Omer Dupont

Place of Residence: Goodfare Alberta

Declared before me at: Hythe

This 14th day of October 1919.

~~Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace,~~ Commissioner for the Adminstration of Oaths. George Sheldon Rodell

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
14.4.18	58.00	
14.5.18	58.00	
14.6.18	59.10	
	175.10	

REMARKS S. A of P.D.P paid direct to Soldier

Certified correct. W Gatshewt

Assistant Director Pay Services, Mil. Dist. No. 10

Date OCT 23 1919

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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 by virtue of the Canada Evidence Act.

Signature of applicant: _____

Place of Residence: _____

Declared before me at: _____

This _____ day of _____ 19__

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

NOTICE—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Director Pay Service, or the Patriotic Fund. Guardian form must be completed by the present employer.

Space below this line to be used only by the Assistant Director Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.

Certified correct

Assistant Director Pay Services, Mil. Dist. No. ___

Date _____

Married or Single Widower.

Place of Birth St. Antoine Que.

Name and Address of Next of Kin Delia Dupont. St Ann Deschene, Man.

Relationship of Next of Kin

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appt a/Corporal	11.12.16	D.O.20 14.12.16
Reverts to Pte	1-6-17	DO 49 Dist 31/5/17
Awarded 1 Good Conduct		DO 42. 25/12/14
Ceases to draw pay as Lt Colonel	31.12.14	DO 5 31.1.15

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 2813 Rank Pte. Name Dupont, Omer

If in Perm. Corps What Unit — Unit 224th Forestry Batt

Transferred to — Date — Authority

Permanent Force Allowances

Transferred to — Date — Authority

Place of Attestation Ottawa

Transferred to — Date — Authority

Date of Attestation March 16/15.

Transferred to — Date — Authority

Assigned Pay Monthly $ 15. Date Effective May 1916.

Payable to Dr W H G Gibb, Selkirk, Man. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1-4-18 Reason Dis to Canada

Discharge Date and Place 8-3-18 Canada Reason and Authority A.G. 3a 1807a 7/3/18

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Technical Pay

PAY OFFICE, - - BRANCH, SEP 11 1918, CANADIAN EXPEDITIONARY FORCE

2813 Pte Dupont O.

1. L.P.C. issued, date. 8-3-18
2. Authority. A.G. 3a 1807a 7/3/18
3. Discharged to. Canada
4. Pay Book verified. 8-3-18
5. Balance shown on L.P.C. 298.90
6. Balance shown in Ledger Sheet $415.70
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & particulars of entries.	Amount Debit	Amount Credit
B31433	2/4/18	Accs Dept C.F. C.Lond	£3-0 14 60	
20	4/3/18	" Pensions	20-0 97 33	
B31526	7/3/18	" Cash	1-0 4 87	
		Net Difference $116.80	116 80	

8. Assigned Pay cancelled A.3.M. Forms rendered. Stopped 1/4/18
or
9 Separation Allce and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment.

Certified correct. J. Leyland
Officer i/c Group.

Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.	Remarks
10	10													10			10 00					As at 15.4.16.
	16 50																26 50					
	34 10													15 00		15 00	45 60					
	33 00			92	10.6.16.						2 43			15 00		27 16	51 44					
				136	14.6.16.						9 73											
	34 10	18330	6/16	279						487	19 47			15 00		39 34	46 20					
	34 10	345		435						730	9 73			15		32 03	48 27					
	33	513	31 8/16							973				15		24 43	56 54					
	34 10	594	2/10							1703				15		32 03	58 61					
	33	675	27/10							1703				15		32 03	59 58					
	34 10	756	26/11							1703				15		32 03	61 65					
5 20	39 30	834	21/12							19 47				15		34 44	66 48					Appt a/Cpl: Mce 1st 16 Do 20. 14th
	33 15 30									92 46	41 36			135		268 82						
	33 60	982	2/2							19 47				15		34 47	65 61					
16 20	368 90									111 93	41 ~~63~~ 36			150		303 29	65 61					

Married or Single Widower

Place of Birth St. Antoine Que.

Name and Address of Next of Kin Delia Dupont.
St Ann Deschene, Man.

Relationship of Next of Kin

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ Effective (Date)

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Appt'd Corporal	11.12.16	D.O.20 14.12.16
Reverts to Pte	1-6-17	D.O.49 Dec 31/16/17
Unstabled & good conduct		D.O.42. 25/12/17
Ceases to draw pay as Sgt Major	31.12.17	D.O.5 31.1.18

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 2813 Rank Pte. ~~Cpl~~ Name Dupont, Omer

If in Perm't. Corps What Unit 32nd Unit Forestry Batt

Permanent Force Allowances

Place of Attestation Ottawa

Date of Attestation March 16/15.

Transferred to | Date | Authority

Assigned Pay Monthly $15. Date Effective May 1916.

Payable to Dr W H G. Gibb, Melfort, Man. Relationship

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) Stopped Effective 1-4-18 Reason Dis to Canada

Discharge Date and Place 8-3-18 Canada Reason and Authority A.G.3a 1807a 9/3/18

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Technical Pay 585

PAY OFFICE — BRANDON — SEP 11 1918 — CANADIAN EXPEDITIONARY FORCE

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.	Remarks
														10	10																10 00					As at 15.4.16.
April 16-30	15	1 00	15	00	15	10	1 50								16 50																26 50					
May	31	1 00	31	00	31	10	3 10								34 10													15 00		15 00	45 60					
June	30	1 00	30	00	30	10	3 00								33 00			92	10.6.16. 136. 14.6.16.						2 43 9 73			15 00		27 16	51 44					
July	31		31		31		3 10								34 10	1533	0/16	279						4 87	19 47			15 00		39 34	46 20					
Aug	31		31		31		3 10								34 10	345		435						7 30	9 73			15		32 03	48 27					
Sept	30		30		30		3								33	53	31/16							9 43				15		24 43	56 54					
Oct	31		31		31		3 10								34 10	598	21/10							17 03				15		32 03	58 61					
Nov	30		30		30		3								33	675	27/10							17 03				15		32 03	59 58					
Dec	31		31		31		3 10								34 10	756	36/11							17 03				15		32 03	61 65					
1916 1917	F. a		26	00																																
Jan	31	1 10	34	10										5 20	39 30	834	21/12							19 47				15		34 47	66 48					Appt a/Cpl. Mem 11 Pte do 20.14.2
															33 50									9 46	41 36			185		268 82						
Feb	28	1 10	33	60											33 60	982	2/2							19 47				15		34 47	65 61					
			353	70										16 20	368 90									111 93	41 ~~62~~ 36			150		303 29	65 61					

Pay as Millwright- 3.00 per diem.

2813. a/Cpl Dupont Omer. a/Pay 15.00 Can

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917			353	70										15 20	368 90									111 93	41 ~~62~~ 36			150		303 29	65 61				
Mch	31	1.10	34	20											34 20	1050	24/2	1132	24/3					19 44	19 44			15		53 94	48 84				
Apl	30		36											58 70	94 70													15		15	128 57				30.96 25/4/17 to draw T.P. as millwright from Nov 30/16 Dec 31 = 32 days @ 3.00 = 96.00 less A.P. 37.00 = 58.00
May	31		37	20											37 20			3544	24/4					Remittance 26/4.	38 93.		2500	15		3723 7893.	86 84				
June	30		36												36 -													15		15	107 84				
July	31		34	20										149 40	186 60													15		15	279 44				149.40 Pay as millwright 1-1-17 to 24-3-17 = 2.00 a day 83 days less A.P. as Cpl = 149.40 6.00 A.P. on Cpl's pay. Remarks to Pte on receiving back pay 7/1/18 DO 79 1/8/17 to draw pay as millwright 5/1/17 DO 79 Aug 2 1/8/17 115.90 61 days @ 2.00 less A.P. on Pte
Aug	31	3.00	93	-										115 90	208 90	3655	25/6							38 94				15	6 10	49 51	408 83				
																3695	24/5							19 44											
Sept	30	3.00	90	00											90 00	3824	25/7							19 44				15	15 20	49 64	449 16				Because he draw pay as millwright - DO 15 Dist 4 on account of lightness [illegible] 4/9/17 - 1/8/17 = 8 days @ 1.90 = 15.20 4/9/17
			420	20										339 20	1059 50									200 25	100 ~~03~~ 99 76		2500	255	21 20	610 34	449 16				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept	Book Bal	~~449 16~~							449 16	16 25	
Oct	31 days Millwright Pay	93 00		AR 4036 31/8/17	48 64			15	448 49	~~8 45~~	
		93 00			48 64			15			
Nov	Millwright's Pay	90 00		L.A. Pay				15			
Dec	Millwright's Pay	93 00		AR 54 25-10-17 10% bay	48 64					16 25 ~~8 45~~	
				" 17 27-9-17 5% Dist	48 64						
				Dec L.A. Pay				15 30	53% 15		
1918		183 00			97 34						
Jan	Millwright's Pay	93 00		Jan AP				15			
				Cte 320% 27-11-17 10% bay	48 64						
				Cte 319 14-12-17 10% bay	97 33						
		93 00			146 00			15	466 15	109 25	
Feby	C Pay	30 80		Jan a Pay				15			
				Over pd as millwright from 31-12-17 to 31-1-18 = 32 days @ 1.90 per diem		60 80			421 15		
		30 80				60 80		15			
Mch	C. Pay 1-8	8 80		C.A.P.				15			
	Int on Def Pay 31/1/18	75							415 70		
				C.R. 4 3/18. # 4063	97 33						
				AR B1433. 28/3/18 DD	14 60						
				" B1826. 9 3/18 "	4 87						
		9 55			116 80			15	299 90		
June				By Bal. to bar	299 90						
					299 90				0		