, ENGINEERS.

ORIGINAL

ATTESTATION PAPER.

No. 2009183

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	GAUTHIER
1a. What are your Christian names?	Leo
1b. What is your present address?	River Valley, Ontario.
2. In what Town, Township or Parish, and in what Country were you born?	Gracefield, Quebec
3. What is the name of your next-of kin?	Joseph Gauthier
4. What is the address of your next-of-kin?	River Valley, Ontario
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	November 24th 1898
6. What is your Trade or Calling?	Driver
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	Nil
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leo Gauthier, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Leo Gauthier (Signature of Recruit)

Date May 27th 1918. [illegible] Sgt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leo. Gauthier, 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.

Leo Gauthier (Signature of Recruit)

Date May 27th 1918. A. H. Beatty (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 Sudbury this 27th day of May 1918.

A. H. Beatty J.P. (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of GAUTHIER, Leo on Enlistment.

Apparent Age 19 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded 32 ½ ins.
- Range of expansion 35½ ins.

Complexion Fair

Eyes Blue

Hair L. Brown

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

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).

Nil

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" A 2 for the Canadian Over-Seas Expeditionary Force.

Date May 27th 1918.

Place Sudbury.

DECLARED FIT BY MEDICAL BOARD
SUDBURY MOBILIZATION CENTRE

H. M. Torrington
Medical Officer.
PRESIDENT

*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.

Leo Gauthier 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.

Henry Hanson
Lt.-Col. C. E. (Signature of Officer)
O. C. Engineer Depot

Date 27-5-18 191 .

REGIMENTAL DOCUMENTS

Spr. NAME GAUTHIER LEO REGT. NO 2009183 UNIT Can. Inf. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	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)				6341	
	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)					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						

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

2009183 | GAUTHIER | LEO

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

OPEN (ATIA)

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 3456

Form R 122.
10287—65M—28-7-17.

BT.

Rank | Name GAUTHIER Leo. | Reg'l No. 2009183

Unit 75th Dft Engineers | If in perm. Corps, What Unit? | Married or Single Single

Place and Date of Enlistment Sudbury, May 27th 1918 | Place of Birth Gracefield. Que

Name and Address, Next-of-Kin Joseph Gauthier

River Valley Ont. | Relationship Father.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. 13238
File R.L.
Category CAN.OR

A.F.B. 103 CHECKED 18 SEP 1918

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		15-7-18	S/S VALACIA
17-7 18	2nd, CERB	T.O.S. on Arrival from Canada, Seaford		15,7 18	DC-48
					CERF DO 99 *28/9 18
13-9-18	"	SOS to CE Pool.	Spr Seaford	13-9-18	DO98
17-10-18	3rd Bn C.E.	T.O.S. from CERP	Spr Field	29-9-18	pt 4 DO 41 & CERP DO 105-15-10-18
			49 F	14. 4. 19	
31. 3. 19	A Wing CCC	T.O.S. from 3rd Bn C.E.	Bramshott	20. 3. 19	D.O. 13
15.4.19	A. WgCCC	SOS TO CANADA	B'mshott	14.4.19	DO 18.

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.				

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. 2009183 (Rank) Sapper

Name (in full) Gauthier Leo enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Sudbury Ont on the 27th

day of May 1918

HE served in 3rd Battalion C.E. England & France

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

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

Age 20 Years

Height Fair 5ft 4 inch

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars Nil

Leo Gauthier
Signature of Soldier

L. Gauvreau
Issuing Officer

Major
Commanding Dispersal Station "F"
Rank

Date of Discharge

Dispersal Station "F" APR 28 1919

Date April 23 1919

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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

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

Name (in full) ..... enlisted in

the .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... 19 .....

HE served in .....

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	Marks or Scars .....
Height	.....
Complexion	.....
Eyes	.....
Hair	.....

Signature of Soldier .....

Date of Discharge .....

Issuing Officer .....

Rank .....

Date ..... 19 .....

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

M.F.R. 39A.
1913-D.R.-200M-11-18
H.Q. 1772-89-893

Sheet No. 2.

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps ~~1st DEPOT BN. 1st QUEBEC REG'T.~~ C.E.

Regimental No. 2009183 Rank Pte Name GAUTHIER L.

C. E. F.

Enlisted (*a*) ..... Terms of Service (*a*) C E F Service reckons from (*a*) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7-5-19	O/S	T.O.S. D.D.#4	Montreal	15-4-19	D.O.Pt.II# 127
7-5-19		S.O.S. D.D.#4.	Montreal	23-4-19	D.O.Pt.II# 127 R.O. 1420.

G.H. Fletcher Lieutenant,
a/ Assistant Adjutant,
District Depot No. 4.

(*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				

M.B. 108(a) CANADIAN CORPS CAMP, BRAMSHOTT.

To:- Officer Commanding, 3rd Bth. C.E.

The following is a special EAR report on the undermentioned. Your M.O.'s attention should be called to it, and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty Form

to the LONG [redacted] Board as there IS [redacted] a disability of the EAR.

Name. GAUTHIER L. Number 200 9183 Rank. spr

Unit. 3rd Ball. C.E. Former Occupation. Chauffeur

Original Disease or injury. Conduction deafness - Ch. Otitis Media (dry)

Date of origin. 7 years ago. Place or origin. France

Cause. Lymphoid hypertrophy of Pharynx } Exposure
Chronic Rhinitis

Present disability. Deafness

History of present condition.

Hearing all right up to 2 years ago -

Did the disabling condition have origin before enlistment? No

If so, has it been aggravated by service?

Has the disability been caused or aggravated by Intemperance or Improper Conduct or by unreasonable refusal to accept treatment?

No.

What is the probable duration (in months) of the disability? Progressive

Can the former trade or occupation be resumed? Yes.

NOSE

EAR

	VOICE:	6ftWATCH:	WEBER:	RINNE:	SCHWABACH:	MEATUS:	DRUMHEAD.
Rt:-	20 feet	4'0"		+	18"/20"	Cerumen scale	normal
Lt:-	20 -	2'0"	x	+	12"/20"	scales.	thickened & sclerosed

Chronic Otitis Media (Dry)

Category recommended. A

Date. 26/3/19 19.

Walter Graham Capt
Major CAMC.
Officer i/c Eye & Ear Dept.,
Medical Boards, C.C.C. BRAMSHOTT.

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

5.

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

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

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

1. Christian names Leo. 2. Surname Gauthier.

3. Rank Spr. 4. Original Unit Can. Eng. 5. Reg. No. 200.9183.

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

7. Date of enlistment in the C.E.F. 22/5/18.

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not Applicable

9. Relationship of such dependent "

10. Address, in full, of such dependent "

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? "

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— G.W.B.

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? G.W.B.

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service G.W.B.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served G.W.B.

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.

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

5434. Wt. /30P. 50,000(8). 2/19. S.O., F.Rd.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No.

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

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

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled

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

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

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge GWB

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit GWB

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

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

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

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

Signature of Applicant: Leo Gauthier.

Place of Residence: River Valley Ont.

Declared before me at: C.C.C. Bramshott.

This 21 st. day of March. 1919.

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

A G Riddell
Maj 10 E.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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) GAUTHIER L.

REGIMENT 3RD C.E. RANK SPR. No. 2009183.

Date of Examination in England 20-3-19. | 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.

6F.

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

R Thompson Capt
A.D.D.S. M.D. No. 1

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer R.H. Alger Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Gauthier L. DISTRICT

REGIMENT Can. Eng. RANK Spr. No. 200

M.F.B. 465
200M-1-17
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.

	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 Dist.	REMARKS
	1918																						
Condition on first Examination	6	12									Nil										Capt. Oliver	3	Complete

DENTAL HISTORY SET

CANADIAN ARMY DENTAL CORPS

MADE IN CANADA

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

18 SEP 1916

2009183

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 GAUTHIER Christian name Leo

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

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

4. Address (including street and number, if any) } River Valley, Ontario

Signature of Man Leo Gauthier

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of May 1918 by the undersigned medical board sitting at Sudbury, M.B.C. # 19

5. Age as stated 19 Years 6 Months. 6. Apparent age 19 Years 6 Months

7. Height 5 Feet 4 Inches. 8. Weight 120 Pounds.

9. Chest measurement { Minimum 32½ Ins. / Maximum 25½ Ins. 10. Complexion Fair { Eyes Blue / Hair L. Brown

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

13. Number of vaccination marks { Right arm 1 / Left arm 0 14. When vaccinated last Nil

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

Nil

16. Slight defects but not sufficient to cause rejection Nil

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. 80 L. 80

(b) Hearing R. Nor. L. Nor.

Hon. Pennington President.

A. R. Dales Member. A. R. Paterson Member.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
JUN 1 3 1918		R. M. Cairns	M.O.	29/5/18		A. A. Campbell	M.O.
			M.O.	JUN 8	1918		M.O.
			M.O.	JUN 1 3 1918		R. M. Cairns	M.O.

Joined ..... day of ..... 191 .. at .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	C, F Pro l	2009183		27-5-18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Brockville mt	June 15th 1918	Nil	A 2 — H. D. Graham Capt
Braeshott	27/3/19	Defective Hearing Defective Vision	A. J. R. Lebrun Lieut A. J. R. Lebrun Capt

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

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

Surname Gauthier Christian Name Leo

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				

No 28

Number 200 9183 Rank Spr.

Surname GAUTHIER

Christian Name Leo

Units C. E. Theatre of War France

Date of Service 13-9-18

Remarks

Latest Address River Valley Ont.

Roll No. B Page 16077

200m.-2-21.M.

DESP AUG 28 1922
REGN. No. G 13655

H. Q.

M. D. No. 1-4

Surname Gauthier

Christian names Leo

T. O. S. 19

D. O. Pt. II of

Regtl. No. 200918 Rank Spr

S. O. S. 23-4-19 19

Unit Can. Eng. Tr. Dpo. M.D. 3 (75th R.D.)

Reason Demob

Auth. DO 127 7-5-19

4200

Next of kin

Relationship

Address

Also notify:

BORN—Place

Date

ATTESTED—Place

Date

O/S 27.6.18 1300

R/C 21-4-19 309/86 Spr.

W. 22—50M.-3-19. 1772-3 -839.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. Nil * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:-	EFFECTIVE DATE:-
AMOUNT:- Nil	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.

5 x 19
Bal

NAME:- GAUTHIER Leo

NUMBER:- 2004183.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
2CERB Pt II 48	JUL 1 5 '18	Sapper

75 dft CE UNIT AND TRANSFERS

ORIGINAL UNIT:- 2CERB CEIC

DATE ACCOUNT FIRST OPENED:- JUL 1 '18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			L.C.R.D.

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
13.3.	2309	Field.	~~4 66~~				
22.3.	7205	A. King	~~77~~				
			77 66				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
Ledger Bal 211	99			

PARTICULARS OF RENDERING NON-EFFECTIVE:- T/d to base 11/4/19. AK 5249. Brain. Brain. to D4. Lob - Bal 133 33

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
JUN 30 '18	Balance from Canada								3340		
Aug	July & Aug P Pay	68 20		AR 1124 2/CCRB 3/8/18	14 60						
				✓ 1671 ✓ 30/8	53 53						
				✓ 1589 ✓ 26/8	4 87				78 60	30	
		68 20			73 00						
Sept	P.P.	33		1830 2 CERB 12 9 18	2 43				5917	45	Agreed Pass 30/9/18
		33			2 43						
Oct	"	34 10		AK 640 2nd Eng Bn 2-10-18	3 73						
				- 579 3rd " / 25-10-18	3 73				85 81		
					7 46						
Nov.	"	34 10 33		AR 668 3rd C.E. 4.11.18.	3 73						
Dec	"	34 10 67 10		✓ 789 ✓ 16.11.18	1306 1679				13612		
Jan	"	34 10 101 20			16 79				17022		
Feb.				RR 938 3 C.E. 16/12	7 79				16243		
				✓ 1061 " 15/1	3 73				15870		
	"	30 80							18950		
				RR 1134 " 21/1	3 73						
				✓ 1250 " 3/2	3 73						
				✓ 1326 " 17/2	3 73				17831		
	" Mch	34 10		✓ 1421 " 1/3	3 73						135
	Int on Def Pay	2 81							21149		
		67 71		✓ 7307 Le Havre 13/3	466				20683		
				✓ 7205 Bishotts 22/3	73				13383		
					104 10						

COMPILED BY J. S. Langdon

CHECKED BY

/ / / P.T.O.

NUMBER 2009183 RANK NAME Gauthier . L.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brot Forward					133 83		
				1944 C66 . 8419	9 73				124 10		
					9 73						
				Lds. 1441.9							
				Dist 49 Cr.							

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

(6)

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 ~~27~~ 13/1/19

1. 1 (a) Unit 3rd Batt C.E. (b) Regimental No. 2009183 (c) Rank Spr

(d) Surname Gauthier (e) Christian name Leo

(f) Home address River Valley - Ont.

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

(i) Address of Next of Kin River Valley - Ont.

2. Age last birthday 20 Date of birth 14 Nov 1898

3. Enlistment, or Appointment (if an Officer) (a) Place Sudbury (b) Date 27/4/18

4. Personal description:

(a) Height 5' 4" (b) Weight 121 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. None

5. Former trade or occupation Chauffeur

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
	—	331

	Periods	
	From	To
Canada	27 Apl 1918	27/6/18
England	27/6/18	13/9/18
France or other theatres of War	13/9/18	18/3/18

7. Original disease, or injury

(I) CHRONIC OTITIS MEDIA (R.R.V.)

(II) ASTIGMATISM BOTH

(a) Date of origin (I) 2 years ago (II) Childhood (b) Place of origin (I) Canada - (II) Canada

(c) Cause (I) Lymphoid hypertrophy of pharynx, Chronic sinusitis and Exposure.

(II) Congenital.

M. F. B. 227.

400M.—11-18.
1772-39-117.

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.)

(i) Defective Hearing
(ii) Defective Vision.

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.)

(i) Special ear report 26/3/19
Rt 20' 4'0" + 18/20 Cerumen seals normal.
Voice: watch; Weber: Renne; Schwabach: Meatus Drumhead
Lt. 20 2'0" X + 12/20 seals Thickened & sclerosed.
Chronic Otitis Media (dry) Conduction deafness Cat. A. Condition progressive Walter Graham Capt.

(ii) Special Eye Report 24/3/19.
R.V 6/18 with glasses 6/9.
L.V 6/18 6/9.

Condition present prior enlistment, not aggravated and permanent.
Sgd. J. Mac Millan
Major.

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

Special Senses ho Respiratory System ho Integumentary System ho

Disturbances of Mentality ho Digestive System ho Muscular System ho

Osseous and Joint Systems ho Any other general condition ho

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

(i) Hearing all right up to 2 years ago when he noticed discharge and deafness. Discharge from ear frequently now.

(ii) Vision always poor.

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*).)

Smallpox when 3 years old. Typhoid fever when 16 years of age.

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

None

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

(I) No (II) No

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

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? (I) Six months (II) Permanent

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

Special eye & ear report attached

Sgd by Major McMillan (eye) Capt Graham (ear)

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)

(I) & (II) N/a

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

(If not, briefly state why)

17. Recommendations

N/a

C. J. W. Home Lt.

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 Leo Gauthier 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

F.R. Lt.

Leo Gauthier 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 Cat 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.)

R.T.C. Authority A.A. 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.

L. A. Richmond Major *President.*

PLACE Bramshott

DATE March 27th 1919

J. R. Le Touzel Capt Camp } 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

James C. Fyshe Maj
for *Assistant Director of Medical Services.*

DATE 27.3.19

APPROVED BY

Director-General of Medical Services.

DATE.....

Occupational Group No. 4

P.A. F 4

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Badge Class "A" No. 270592

1. No. 2009183

2 Rank. Sgr.

3. Name. Gauthier Leo

4. Unit. 3rd Batt'n C.E.

5 Date of Discharge 23-4-19 Place Montreal

6 Reason for Discharge Demobilization

7. Authority. R.O. 1420 D.D.#4 D.O. Pt. II/125

8. Proposed Residence after Discharge River Valley Ont.

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. 239

Montreal

April 23 1919.

Leo Gauthier

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal

Date April 23 1919

Signature J. Gauvreau

(O. C. Discharging Unit.)

Major

Commanding Dispersal Station "F"

M.F.B. 218a—300M.-11-18—1772-39-113.

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 (A.A.D.C. 50/3a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 20)
   (Enclosed in a special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 30a).
10. Dispersal Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.Q.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....B.....
Checked by No.....
.....
Date.....10 APR 1919

M S B Class A

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.

Unit, Regiment or Corps 75th Bn. Canadian Engineers

Regimental No. 2009183 Rank ..... Name GAUTHIER, Leo.
C. E. F.

Enlisted (a) May 27th. /18 Terms of Service (a) Duration of War Service reckons from (a) May 27th. 1918

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) Civil - Driver.

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				
		~~Transferred Overseas 27-6-18. D. O. 82~~			R H Reed Captain & Adjutant
		27-6-18 EMBARKED MONTREAL	R D Blandford Adjutant, H. M. T.	Lieut. VALACIA.	
		Disembarked	England	15/7/18	
17/7/18	2 CERB.	T O S of 2 CERB. from Canada	Seaford	15/7/18	Part II Order 48
13.9.18	2 CERB	S O S of 2 CERB to C E Pool France	Seaford	13.9.18	Pt II Order 48

CERTIFIED CORRECT. 21 SEP 1918 CAN. RECORDS, LONDON.

Above ..... Lieut. C.E.
for Lieut. Colonel, C.E.
Commanding 2nd Canadian Engineers Reserve Bn.

(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.

2009183 Gauthier L

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
14-9-18	CERF	T. on S. on arrival	in France	14-9-18	R&R 758 P. D.O. No. 99.
17-9-18	CCRC	Joined from Base	CERF.	17-9-18	R&R 1463
28.9.18	CCRC	S.O.S. to 3rd Bn CE.		28.9.18	R&R 1430 P/105.
				29.9.18	P.B.O. No. 40.
5/10/18	3 Cbn CE	T O S 3-BN C E JOINED DO		29/9/18	B213.
	CE Camp.	PROCEEDED TO ENGLAND		18/3/19	NR
					Lieut. for Lt Col. A.A.G.
12-4-19		S.O.S. O.M.F.C. proceeding Canada			
		E. C. Duncan			
					Lieut
		for O.C. CCC			Bramshott
		W. P. Sullt			
		ADJUTANT H.M.T.			

OLYMPIC
THAMPTON
15.4.19

G871/B.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 2009183 | RANK Spr. | NAME (IN FULL) GAUTHIER LEO

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
TOS	15.4.19	DO 127 Pt 6 B Supp #2

ORIGINAL UNIT C.E.F. CERD | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 27/5/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS: W S G River Valley Ont

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE 23.4.19 | REASON Demob. | AUTHORITY DO 127 Pt 6 B Supp #2 | IF ENTITLED TO POST DISCHARGE PAY

MILITARY DIST. NO. 4 — MAY 22 1919 — DEMOBILIZATION — PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							124	10	124	10																										124	10	"Olympic"
1.4.19					35	00									CK																						Cr Bal Eng 206 124 10
29.4.19	29	1.10	31	90	70	00			136	90	Boat	Train			2236		4	87	5	00	251	13					6	60					267	60	6	66			Cr Clothing 33 [illegible] 9 70 3 [illegible] 4 62
																																						Pd Dope from 24/4/19 to 29/4/19 Disp 6 62
			Other Charges	W	S	G	S	A	Total		War Service Gratuity																Other Charges		W	S	G	S	A	Total	Balance Soldier	Dependant		
					210				210																			70					70	140			
7.5.19																												66	63	40			70	70			3 [illegible] 88
23.6.19																														70			70				9 [illegible] 16
																																	210				

100M-1-19.—L. L. 53962—M. & D. 9723.
M. F. W. 2596.
1772-39-1390.