

ATTESTATION PAPER.

No.

2265731

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?.....Renaud Arthur.
- 1b. What is your present address?.....231 Bell St., Ottawa.
2. In what Town, Township or Parish, and in what Country were you born?.....Masson, Que.
3. What is the name of your next-of-kin?.....Mr. Camille Gauthier.
4. What is the address of your next-of-kin?.....231 Bell St., Ottawa.
- 4a. What is the relationship of your next-of-kin?.....Father.
5. What is the date of your birth?.....Aug. 16th., 1896.
6. What is your Trade or Calling?.....Conductor.
7. Are you married?.....No.
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?.....No
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
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?.....
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?.....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, R. A. 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.

Date June 27 191 7. R. A. Gauthier (Signature of Recruit)
Ed. Levert (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, R. A. 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.

Date June 27 191 7. R. A. Gauthier (Signature of Recruit)
Ed. Levert (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Ottawa this 27th day of June 191 7.

Don. Backe (Signature of Justice)

Description of Ronald Arthur Gauthier on Enlistment.

Apparent Age 21 years 10 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.
Range of expansion 3 ins.

Complexion Sallow

Eyes Brown

Hair Brown

Religious denominations. { Church of England
Presbyterian
Methodist
Baptist or Congregationalist
Roman Catholic X
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).

Vac. one 1914.

Scars.

Moles.

1 above rt. nipple.

1 below " "

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 June 23rd. 191 7.

Place Ottawa.

*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:—

M. Macleod Capt
Chaidlaw Capt
Medical Officer.
A. D. D. Capt

CERTIFICATE OF OFFICER COMMANDING UNIT.

R. A. 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.

[Signature] (Signature of Officer)
Major
C.C. SIGNAL TRAINING DEPOT, C.E.F.

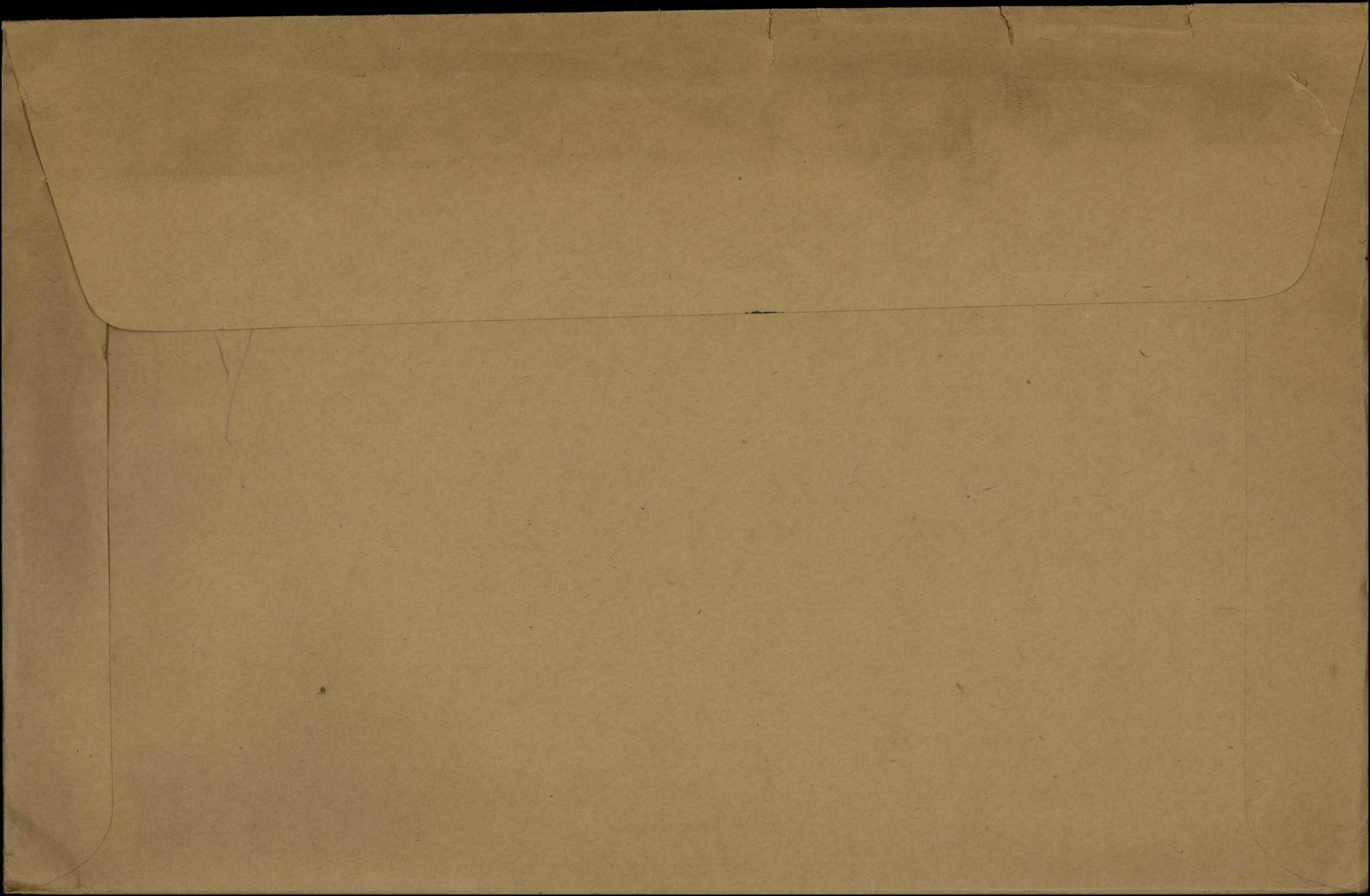
Date July 9 191 7

REGIMENTAL DOCUMENTS

NAME **GAUTHIER ROMUALD ARTHUR** REGT. NO. **226 5731** UNIT _____

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)		R 81703			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				06653	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demot.</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 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 <i>Leut. Ced.</i>					8-6
1 <i>Disp</i>					10-8
1 <i>M 7 M 67</i>					31-8
1 <i>case</i>					1
1 <i>misc</i>					
1 <i>97-1237</i>					
1 <i>97-1237</i>					
1 <i>97-1237</i>					



SURNAME.

*Gauthier.*No 190 99-779
CARD NO.*B6*
SOS. 13.6.19 Donob

CHRISTIAN NAMES

*Romuald Arthur.**DO 168*FOLL. *17.6.19**620*

REGL. NO.

2265731.

RANK

Sapper.

UNIT

Signal Tr. Depot. (14th R.D.)

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Gauthier, Camille.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*231 Bell St. Ottawa,
Ont.*

COUNTRY OF BIRTH

Canada. Masson

DATE

P.Q. Aug. 16th. 1896.

PLACE OF ATTESTATION

Ottawa, Ont.

DATE

*June 27th. 1917.**Q/S. 21-12-17. 521-7
6.**R/C. 13-6-19 347
13 Don.*

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.-11-16. H. Q. 1772-39-339.

Sailed from Halifax per S.S. "Grampian" 21-12-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

yes.
Conductor.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

21 YEARS

10 MONTHS

HEIGHT

5 FEET

9 1/2 INCHES

CHEST MEASUREMENT

33 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Sallow.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Moles 1 above rt. nipple. 1
below rt. nipple.

MEDICAL EXAMINATION.

PLACE

Ottawa, Ont.

DATE

June 23rd. 1917.

Present Address - 231 Bell St.,
Ottawa, Ont.

No 2265731 RANK

Pto.

NAME

Gauthier, R. a.

T. O. S.

27.6.17

UNIT

4th Divisional Signal Training Dept

D.O. 161 of 27.7.17

M. D. H. 2

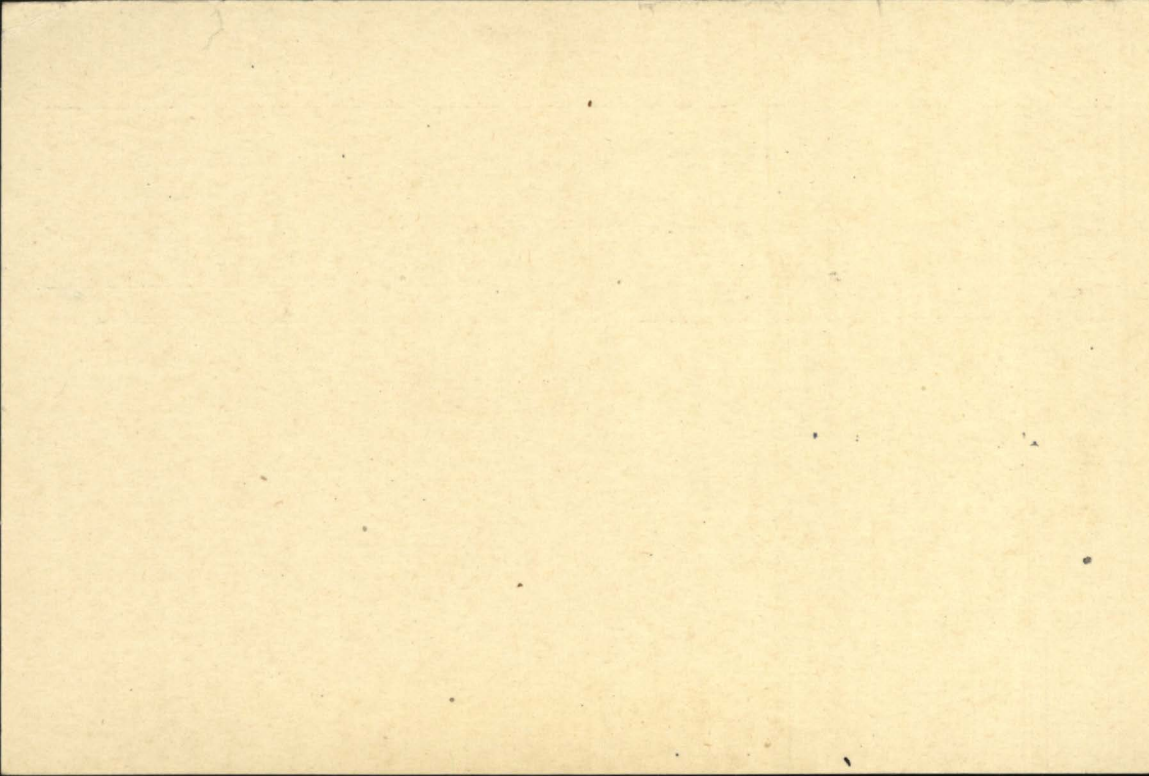
PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM	PAID TO	SIG. OR REC'T
1917 June 27	1917 July 31	✓
Aug.		✓
Sept.		✓
Oct.		✓
Nov.		✓
Dec.		n.



Moiz

Number 2265731

Rank Spr.

Surname GAUTHIER

Christian Name Romuald arthur

Units C E Theatre of War France

Date of Service 30-10-18

Remarks 135 Apt #3
King Edward Ave

Latest Address 2312 Bell St.

Ottawa Ont

Roll No. B Page 16076

200m.-2-21.M.

DESP AUG 25 1922

REGN. NO. 6V3123.

Regt.No. Rank & Name.

Ple - Gauthier 226573/

Diagnosis.

Suppurative

Ward.

111

To: Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen
of urine with special regard to *volume*

Date *27 - 6*

1918.

Capt. Bay
.....
Officer i/c Ward.

LABORATORY REPORT.

Color.

light amber (clear)

Reaction.

Acid

S.G.

1004

Sugar.

Neg.

Albumen.

Neg.

Microscopic.

Special.

Date of examination.

28/6

1918.

J.D. Moore Capt. CMIC
.....
Officer i/c Laboratory.



The - [illegible] 22nd 1841

22nd 1841

22nd 1841

[illegible]

22nd 1841

[illegible]

[illegible]



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

#867

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), 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 Roumald Alfred 2. Surname GAUTHIER
3. Rank Dr 4. Original Unit Inv Sig 5. Reg. No. 2265721
6. Address, in full, to which future payments of gratuity are to be forwarded 221 Bell St Ottawa Ont
7. Date of enlistment in the C.E.F. 24 June 1917
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 not applicable
10. Address, in full, of such dependent not applicable
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
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?
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.
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 Inv Sig. Canada En Depd England 4. D. V. T. France
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

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? *no*

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. *no*

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? *no*

24. Are you now serving in the C.E.F.? *no* If not, give (a) Date of discharge

(b) Reason for discharge. *no*

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. *no*

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. *no*

27. (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*

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: *R. G. Gaunther*

Place of Residence: *231 Bell St. Ottawa Ont.*

Declared before me at: *Chas. L. Lamp Willey Barry*

This *2nd* day of *June* 19*19* *are unanswered 20-24-25-26 and 27*

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.

G. D. Francis
Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>122 days</i>	<i>\$ 280.00</i>
			<i>less WSS</i>	<i>70</i>
				<i>\$ 210.00</i>

Certified Correct

District Paymaster.

600

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class A, No. 146389

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2265731 (Rank) DOT
Name (in full) GAUTHIER Romuald Arthur enlisted in
the Signal Training
CANADIAN EXPEDITIONARY FORCE at Ottawa on the 27th
day of June 19 14.
HE served in Hth Div: Train (France.)
Demobilization.
and is now discharged from the service by reason of Medical Unfitness.

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

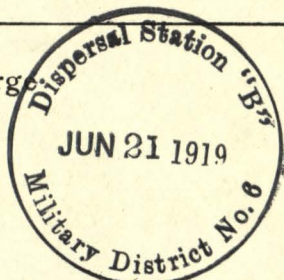
Age 23
Height 5 = 9 1/2"
Complexion Sallow
Eyes Brown
Hair Brown

Marks or Scars 2 Scars 1 above R nipple
1 below R.
1 vacc: 1914

R. I. Gauthier
Signature of Soldier.

Major
Dispersal Station "B"
Issuing Officer.

Date of Discharge



Rank

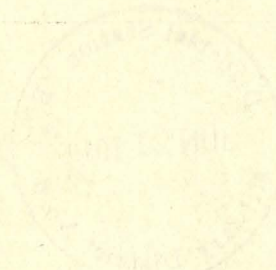
JUN 13 1919

Date 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA.
M.F.B. 39A.

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

[Handwritten signature]



Category A.T.T.
2265-731

MEDICAL HISTORY SHEET

ORIGINAL

Surname *Gauthier* Christian Name *Romuald*

Examined { on *23* day of *June* 191*7*
at *Attene*

Approved by *N. J. Macdonald*
Chaplain

Birthplace { City or Town *Messon*
{ County *Quebec*

Rank *Private* M.O.

Apparent age *21*

Trade or occupation *Conductor* M.O.

Height *5* feet *9 1/2* Inches M.O.

Weight *135* lbs. M.O.

Chest measurement { Minimum *30* inches M.O.

{ Maximum expansion *33 1/2* inches M.O.

Physical development *Good* M.O.

Small-pox Marks *None* M.O.

Vaccination Marks { Arm Right Left *1*
{ Number *One*

Date Result VACCINATIONS

When Vaccinated last *1914* *5/9/17* *W. Shillington* M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease *?* *3.4.18* *W. Shillington* M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection

14-7-17 *W. Shillington* M.O.

21-7-17 *W. Shillington* M.O.

28-7-17 *W. Shillington* M.O.

Enlisted on *23* day of *June* 191*7* at *Attene*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>Sig. Transport</i>	<i>2265-731</i>		<i>23.6.17</i>
Transferred to	<i>6 E. Cool</i>			


EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

MEDICAL HISTORY SHEET

Surname *Gauthier* Christian Name *Romuald* *Wither*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		27	6	18	8	7	18	Influenza	12	T 103.4 P 124 R 24 T norm 3rd day no complications Duty	W. C. C. A. Capt. C. A. C.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

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

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

T-10

No. 2265731 Rank Driver Surname GAUTHIER
(Given name in full)
Ronald Arthur
Unit or Corps 4th Div Train Birthplace Masson P.Q.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 157.55 lbs. Height 5 ft. 9 1/2 in. Colour of Eyes Brown
Nutrition Good
Pulse 74 Reg
Condition of arteries Normal
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
None left

Opinion as to general health and physical condition Good

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

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

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

27.6.18 Influenza Recovered

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Italy.....(Overseas)

Date 29/5/19..... Signed W. M. K. / Test..... M.O.

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

Signature X P. A. Gauthier.....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

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

Signature

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

DIVISIONAL TRAIN

Date of Examination in England

RANK

No.

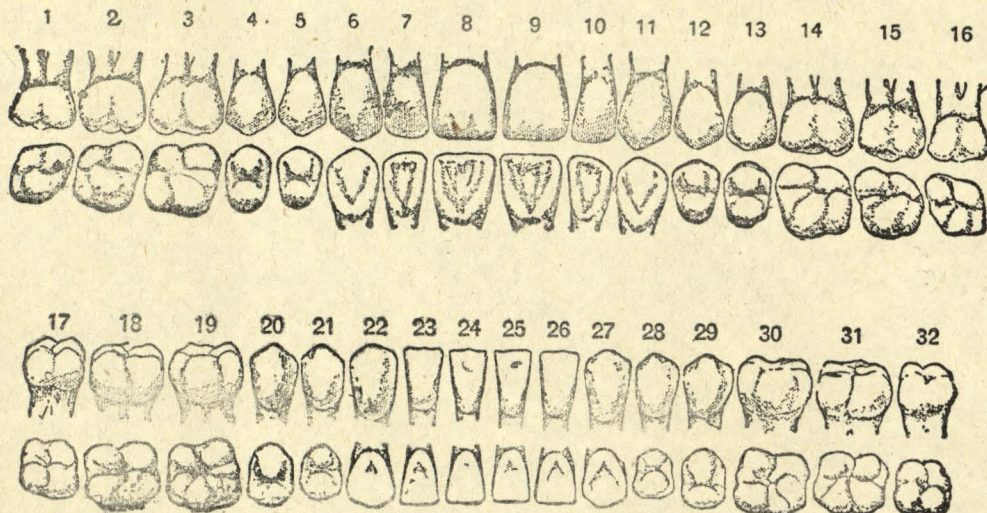
Date of Examination in France

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



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? *no*

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

Signature of Dental Officer

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.

Sig training Depot

Regimental No. *2265731*

Rank *Spr.*

Name

Yacithier, Ronald Arthur

C. E. F.

Enlisted (a).....

Terms of Service (a).....

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				
<i>6-6-19</i>	<i>T. O. S. No. 6 D. D. from</i>	<i>Q.S.</i>			<i>Dispt B. Half DO 188</i>
<i>21-6-19</i>	<i>S. C. San Dis'chang</i>				<i>188</i>
					<i>Lieut.</i>
					<i>Officer 1/2 Records No. 6 D. D.</i>
<i>24-7-19</i>	<i>Can-Exp Res.</i>	<i>S.O.S of the Com Lt Con proceeding to Canada 6-6-19</i>			<i>a-o. 1.</i>
					<i>for Col R.</i>

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

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[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				

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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 2265731 Rank Spr. Name Saunders Ronald Arthur
C. E. F.

Enlisted (a) 27.6.17 Terms of Service (a) 66.7 Service reckons from (a) 27.6.17

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) Conductor

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 Canada 19/12/17

Disembarked England 31/12/17

2 JAN 1918 C.E.T.D. TAKEN ON STRENGTH C.E.T.D. Canada Seaford 1 JAN 1918 Part II Order No. 12

21.5.18 CETD S.O.S. to 1st CERB Seaford 21.5.18 D.O. Pt. II #1 of 16.5.18
Only 1st CERB in O. CETD

22.5.18 1st CERB I.O.S. from CETD Seaford 21.5.18 D.O. Pt. II #1 of 21.5.18

30.10.18 1st CERB I.O.S. on proceeding overseas to 6th Pool Seaford 30.10.18 Pt II D.O. 141
Gloucester

1-11-18 CARR I.O.S. of CER Pool CARR 1-11-18 R&R 808 P.D.O.N. 1144/1918
Capt. C.E.

3-11-18 CARR Disp. to do CCRC 3-11-18 R&R 1451
Adjutant 1st C.E.T.D.

do CCRC Aired at do do do 1754

(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				
12-11-18	CERC	S.O.S. to 4 P.B. & J. Unit C.E.		12-11-18	Per R. 2019 D.O. No. 118 d/1918
12-11-18	do	T.O.S. to B do		13/11/18	D.O. 24 a/1918
9/1/19	O.C.	Forfeits 2 Days Pay for falling out on Exercise Parade without permission		4/1/19	A.F.B. 2069 D.O. 2/1919
1-11-18	G.O.C.	Designation changed to.		1-11-18	D.O.C. d/1919
	1st Echelon	1st Bridging Transport Section C.E.		11/3/19	A.F.B. 2069 D.O. 7a/1919
13/3/19	O.C.	Forfeits 2 Days Pay for W.O.A.S. Absent from 8 A.M. Parade 11-3-19.			
		<p>S.O.S. to C.E.R. P 12.5:19</p> <p><i>G. J. Skelton</i> Lt.</p> <p>for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p> <p>S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada June 1919, D.O. No.</p> <p><i>J. E. Buckley</i> Lt.</p> <p>for Officer Commanding</p>			

H.M. OLYN
 S.M.T.N
 E.M.
 EMBED H.E.

LTR

Rank

Name

GAUTHIER, Romuald Arthur

Reg'l No.

2265731

Unit

If in perm. Corps
What Unit?

Married or Single

Single.

Signal T D Ottawa To CETD

Place and Date of Enlistment

Ottawa, June 27th, 1917.

Place of Birth Masson. Quebec.

Name and Address, Next-of-Kin

Mr Camille Gauthier.

231 Bell St, Ottawa.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—11319-17.

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.				
2-1-18	CETD	T.O.S.	Arrived in England	31-12-17	S/S GRAMPIAN
21.5.18	1st. CERB	T.O.S.	From CETD	21.5.18	D O.I.-CETD
31-10-18	~"~	S.O.S. to CERP	%s. Apr. Seaford	30-10-18	pt 2014 CERP 20114-18-11-18
20-12-18	Wom B.T.U	T.O.S. from CERP	" field	13-11-18	DO 234 CERP 20118-13-12-18
31. 1. 19	— " —	Forfeits 2 days pay w.o.H.S. falling out on			
		Exercise parade without perm.	Flt.	4.1.19	D.O.2
31.3.19	— " —	Forfeits 2 days Pay for absent from 2 am parade	Rouen	11.3.19	1007
12.5.19	Leo	Sos to CERP	Haarc	9.5.19	10011
18.6.19	CERP	Sos to CERD	"	13.5.19	DO 26.



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.				
23.7.19	O/C R	SQS. of O.M.F.C. having London sailed to Canada		6.6.19	after order 1 Eng. Per 83-B-52 6-6-19

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 251 ^a	#14 Can. Gen. Eastbourne	28-6-18	Influenza
C 256	Discharged	8-7-18	" "

Name _____

Rank

Reg. No.

Unit

Next of Kin

[illegible]



7 Dry A.A.

HOSPITAL.

**A. & D.
CARD**



AT.....

A. & D. No. *2892* PL. OF ACTION.....RANK *Pte* REG. No. *2265731* UNIT *C.E.T.D.* SICK OR WOUNDEDNAME *Gauthier P.A.* AGE *22* RELIGION *P.b.*PLACE IN HOSPITAL *F2*DIAGNOSIS *Influenza*ADMITTED *27 JUN 1918* FROM *A.*DISCHARGED *8 JUL 1918* TO *C.E.T.D.*

TRANSFERRED

SERVICE AT HOME *12/1 2* IN FIELD.....

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GAUTHIER.

R.A.

2265731.

RANK

UNIT

Co.

TROOP

BATTY.

Spr.

C.E. 1st C.E.R.B.

HOSPITAL

14. C.G.H. Eastbourne.

DATE OF ADMISSION

28-6-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS Influenza. *pw.*

1.

2.

3.

DISPOSITION

DATE

C.L. 4-7-18. C251.

REMARKS

Disch:- 8-7-18

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

33

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 2265731

(3) Full Name of Soldier Gauthier

(4) Place of Birth Masson

(5) Are you married, or not? no

(6) If married, state,
(a) Full name of your wife nil

(b) Present Postal Address nil

(7) Are you a widower? no

(8) Have you any children? nil

If so, give number of boys and girls nil

Also their names and ages nil

(9) Is your Father alive? yes

If so, state name and address M. Camille Gauthier 231 Bell St Ottawa Ont

(10) Is your Mother alive? yes

If so, state name and address Blere Gauthier 231 Bell St Ottawa

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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.

(15) Are you insured? yes

If so, in what Company? Great West Life Co

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.

Date July 9/17

Al. Bauctain
SIGNAL TRAINING DEPOT, C.E.P.
Officer Commanding.

NUMBER 2265-731 RANK

Spr.

NAME

NAME GAUTHIER R A

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									21 80		
Nov	Pay	33		AR 986 6 m y b. 5.11.18	373						
				v 1102 10 C.E. 30/11	1306						
Dec	- -	34 10 67 10		Capt. Mort & Dec				40			
				AR 1203 10 P.C. 15/12/18	373						
				v 1307 " " 16/12	373				24 65		
Jan	- -	34 10 101 60		CAPT.	24 25			20	35 75		
Feb.				ARB. 1407 10 P.C. 1/1	373				3502		
				S.O.S. 3 1/11/19 H Reatoun B.Y.M.T.F. 2 days pay 4.1.19		220					
	- -	30 80		CAPT.				20	45 82		
				ARB. 1509 10 P.C. 16/1	373						
				v 1622 " " 29/1	333						
				v 1662 " " 15/2	373						
	- -	34 10		CAPT.				20			
				ARB. 1758 10 " " 20/2	373				39 40		
				v 1889 10 " " 15/3	365				35 75		
				v 1997 10 " " 9/3	1825				17 50		
				v 2031 10 " " 14/3	365				13 85		
				S.O.S. 31-3-19 + Bridging bed C.E. inf 2 days pay 11/3/19 (Sheet 46)	49 60	220 440		40	9 45		
April	- -	33 00		CAPT.				20	22 45		
				400 H.S. 46 24 4/9	698				15 47		
May		34 10		CAPT.				20	29 57		
		67 10		4760 J. 666 14 7/9	4867			40	19 10		
				5402. CCC Endowed 29-5-19	24 33				43 43		
					24 33						
				SOS. 6-6-19 S List F3.							

4867

29 57

Feb. 19, 10

RELATIONSHIP OF DEPENDANT

Father

AUTHORITY

RANK

RANK *Captain*

NAME _____

GAUTHIER, Romuald Arthur.

IF IN PERMT. CORPS
WHAT UNIT

UN

TRANSFERRED TO

DATE _____

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE _____

AUTHORITY

PLACE OF ATTESTATION

Ottawa. Ont.

TRANSFERRED TO

DATE _____

AUTHORITY

DATE OF ATTESTATION

27/6/17

TRANSFERRED TO

DATE _____

AUTHORITY

ASSIGNED PAY MONTHS

LY \$ 20.00

DATE EFFECTIVE

Lang. 1st / 18

1-12-17

PAYABLE TO

M^{rs} C. Gauthier, 231 Beckett, Ottawa, Ont

RELATIONSHIP

Other

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

[illegible]

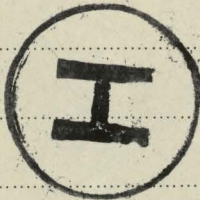
War Service Badge
Class A, No. 146389

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupation Group 21.
Dispersal Area B

1. No.	<u>2265731</u>		
2. Rank.	<u>Driver.</u>		
3. Name.	<u>GAUTHIER.</u>		<u>Romuald Arthur.</u>
4. Unit.	<u>4th Div. Train.</u>		
5. Date of Discharge	<u>JUN 21 1919</u>	Place	<u>Halifax.</u>
6. Reason for Discharge	<u>DEMORILISATION.</u>		
			
7. Authority.	<u>R.O. 1420</u>		
8. Proposed Residence after Discharge	<u>231 Bell St</u> <u>Ottawa.</u>		
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.? <u>R. G. Gauthier</u> Signature of Soldier.		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Date <u>HALIFAX, N.S. JUN 13 1919</u> <u>[Signature]</u> Signature (O. C. Discharging Unit.)		

ak.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (O.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351): *CDup*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2695).
15. Sundry Documents.

Group *B*

Checked by No. *15*

Date *4 JUN 1919*

MEDICAL CASE SHEET.*

F¹¹ 78

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
2892	2265431	Spr	Gauthier.	R.G.
Year	Unit.	Age.	Service.	
27.6.18	C.E.T.D.	22	12/12.	
Station and Date.	Disease			
On Adm.	Influenza			
	T 103.4 P 120 R 24 Onset 26.6.18			
	Sudden chills, pains, cough.			
	Prev Health good.			
	Throat = Congested no patches			
	Heart normal.			
	Lungs no dullness no rales.			
28.6.18	T 101 P 84 R 20 Feeling fairly well.			
	Pains not severe, Cough moderate			
8.7.18	Urine - neg -			
	Batter =			
	Duty			
	WACy Capt C.B.M.C.			
	DISCHARGED			
	8 - JUL 1918			
	To			
	Category A			

Station
and Date.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

G

1667 Rec. 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 2265731
 Rank Sps Promoted Reverted Discharge
 Soldier's Name R. A. Gauthier
 Battalion Signal Training Depot, Overseas Left.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

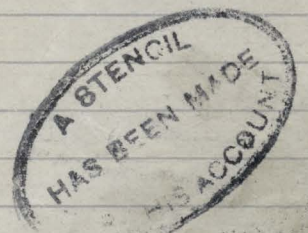
Name Mrs. C. Gauthier
 Address #231 Bell St.
 Change of Address Ottawa Ont.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918					06748 R. 20
Jan	R 69425		40	40	
Feb	7 99360		20	20	
Mar	A 139137		20	20	S
Apr	1 16313		20	20	
May	S 15528		20	20	
June	M 25893		20	20	H
July	M 33293		20	20	
Aug	M 41424		20	20	
Sept	T 44257		20	20	
Oct	W 52243		20	20	
Nov	H 60719		20	20	
Dec	X 61215		20	20	
1919					
Jan	T 71709		20	20	B
Feb	Y 75703		20	20	B
MAR	L 88169		20	20	
Apr	Q 2308		20	20	
May	W 8179		20	20	
Jun	M 11256		20	20	B
			380		

M. F. W. 128.
 4000. 6-7-17238-1141
 L. L. 2230-M. & D. 1931.

AUDITED

30. 6. 19
 Olympic Ind. C.
 126/19
 19/19



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

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PARTICULARS OF ASSIGNMENT

4

M. F. W. 128.
40M. 6-17-1772-39-1141
L. L. 22320-M. & D. 7993.