4.

Canadian (Indian)

ORIGINAL

ATTESTATION PAPER.

Indian Draft.

No. 2497982

Folio. 2497982.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	NEPIN
1a. What are your Christian names?	Michel
1b. What is your present address?	Attawapiskat, James Bay, Ontario
2. In what Town, Township or Parish, and in what Country were you born?	Attawapiskat, James Bay
3. What is the name of your next-of kin?	Sophia Nepin
4. What is the address of your next-of-kin?	Attawapiskat, James Bay
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	June, 1897
6. What is your Trade or Calling?	Hunting
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 Naval or 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?	
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, Michel Nepin, 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.

Michel X Nepin (Signature of Recruit)

Date July, 9th, 1917 191 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Michel Nepin, 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.

Michel X Nepin (Signature of Recruit)

Date July, 9th, 1917 191 (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 Toronto, Canada this 9th day of July, 1917 191 .

(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 Michel Nepin on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded ..... 39 ins.
- Range of expansion ..... 2 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations.
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic R. C.
- 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).

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.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

Date July 9th 1917 191 .

Place Toronto, Canada

R. Morrison Capt M.O.
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.

Michel Nepin 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.

MAJOR (Signature of Officer)

AUG 6 1917 . O.C. FORESTRY DEPOT M.D. No. 2

Date 191 .

D 5-11-18

Regtl

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name NEPIN MICHEL

Regt. No. 249982 Rank Pte.

Corps Can. Forestry Corps (M.D. # 2.)

Died 25-12-17.

(L.B. Lungs)

[02925

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

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report ~~for Invalids~~..... 3

Medical History Sheet..... 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.B. # 122 — 1

A.F.B. # 268A — 1

Misc

Cas cards 2

Can X 2-2-21 AC.

A.F.B. 2,1237-3

Wills — 2

1 ind card

1

26-21

26-21

5-21

1

M.F.W. 62.
50m.—9-16.
H.Q. 1772—39—935.

FORM R. 149.
7106—250m—7/2/17.

Name ~~HAPPIN~~ NEPIN MICHEL

Rank R.C.

Reg. No. 2497982

Unit Forestry Bns. (BDC FC)

Next of Kin Canada.

R.C. 25-N-769

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
10	11	No 16 G.H. Orpington - I.B. Lung.					Telegram
		Seriously Ill.					
24	11	Condition Unchanged.	-do-				1867
8	12	Slight Improvement	-do-				2183
12	12	Dangerously Ill.	-do-				2302
25	12	DIED at 16 G.H.	do.				2768
							M-6566

P T O

P

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
		Sophie Pepin						
		Wawaysikat						
		Sioux Bay						
		Ontario						
			(R.C.)					
		June 1894						
							20	

Nepin, M., Pte. 2497982 C.F.C. B.D. 649-N-3140.

Med. & Dec. (Mother) Mrs. Sophie Nepin,
c/o The Secretary,
Dept. of Indian Affairs,
Ottawa, Ont.

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

Den # 754842

Mem. Cross. (Mother) " " "

47813

Scroll Dep. MAY 1 8 1921 Regn. No. Z43938

England only

Plaque Dep. NOV 3 1921 Regn. No. P 11430 B.

M 40324 FEB 15 1921

75-9

(649-N-3140)

CARD NO.

FOLL.

SURNAME. Nepin,

CHRISTIAN NAMES Michael

REGL. No. 2497982 RANK Pte.

UNIT Rly. Constn. & Forestry Coy. (M.D.2.)

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Nepin, Mrs Sophie

RELATIONSHIP TO SOLDIER mother

ADDRESS ~~Attahwapisket~~, James Bay, Ont.
Attawapiskat,

Auth Letter 25/2/18 S.7.

COUNTRY OF BIRTH Canada, Attahwapiskat DATE June 1897

PLACE OF ATTESTATION Toronto Ont. DATE July 9th. 1917

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Hunting RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 20 YEARS MONTHS

HEIGHT 5 FEET 8½ INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Toronto Ont. DATE July 9th 1917

Present address, Attahwahpisket, James Bay, Ont.

A.D.

Number 2497982 Rank Pte

Surname NEPIN

Christian Name Michel

Units C.F.C. Theatre of War England

Date of Service 15-9-17 I

Remarks Brother

Latest Address Mrs. Sophie Nepin
C/O The Secretary
Dept of Indian Affairs
Ottawa Ont

Roll No A Page 1342

DESP APR 7 1922
REGN. NO. 7729

FORM D M S 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
NEPIN.	M.	2497982.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Can. Forr. depot.			

HOSPITAL: 16. Can. Gen. Orpington.

DATE OF ADMISSION: 10-11-17.

1. ..... HOSP.
2. ..... HOSP.
3. ..... HOSP.
4. ..... HOSP.

DIAGNOSIS

1. T.B. Lung. R
2.
3. Died of Disease 25.12.17. R.

DISPOSITION	DATE		REMARKS
C.L. 12-11-17.		59.	Ser. Ill
27-11-17-C	72	0	Con. unchanged. - 24-11-17.
10. IV. 17	C	83	Slight Improvement. 8. IV. 17
" 13-12-17	C	80	Dang. ill. 12-12-17
28.12.17.	C	96.	

A.M.D. 2 DEPT.
Boh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-3-20.

2497982

Casualty Form—Active Service.

Unit, Regiment or Corps. Forestry Depot

Regimental No. ..... Rank Pte Name Kepin Michel

Enlisted (a) 9-7-17. Terms of Service (a) ~~C.E.F.~~ D.C.C. Service reckons from (a) 9-7-17.

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). Hunter

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 5.9.17 DISEMBARKED LIVERPOOL 15.9.17			
17-9-17	O.C. C.F.C. T.O.S.	Base Depot, C.F.C. Sunningdale 15-9-17 Pt. 11 D.O. 122 W. H. Brunt Capt A/Adjt. C.F.C.			
2-1-18	O.C. C.F.C.	S.O.S. Base Depot C.F.C. having died at No. 16 Can. Gen. Hospital, Orpington (T.B. Lung)	Sunningdale	25-12-17	Pt. II. D.P. No. 2. A R Mayer Capt. for O.C.C.F.C.

(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				

B54

ORIGINAL

MEDICAL HISTORY SHEET

A2

Surname Nepin Christian Name Michel 2497982

Examined on 9th day of July, 1917
at Toronto

Birthplace City or Town Attawa Piskat
County James Bay

Apparent age 20 yrs

Trade or occupation Hunting

Height 5 feet 8½ Inches

Weight 152 lbs.

Chest measurement Minimum 38 inches
Maximum expansion 39 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left 1
Number 1

When Vaccinated last 1905

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection

Approved by DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

Rank R. Wollcott Coffin M.O.
PRESIDENT

Date	Fit or Unfit	Examined for Re-Engagement	
1917	a	M. McDonald	M.O.
			M.O.
		INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT	M.O.
		A Bastien	M.O.
		MAJOR. HOSPITAL REPRESENTATIVE.	M.O.
		No. 16 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON.	M.O.
			M.O.

Date	Result	Vaccinations	
4-8-17		A W Gregory	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
4-8-17		A W Gregory	M.O.
10-8-17		A W Gregory	M.O.
12-8-17		A W Gregory	M.O.

Enlisted on 9th day of July, 1917 191 at Toronto, Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	Indian Draft.	2497982		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.	5 DEC 1917	Pulmonary Tuberculosis	Invalided to Canada. MAJOR C.A.M.C.

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.
300M.—1-17.
H. Q. 1772-39-439.

Surname Nepin Christian Name Michel

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
Wrotham Court	~~Oct 17~~	25.	Oct	17	9	11	17	Pneumonia	16	Subacute case, induced from clinic, ~~Complete~~ ~~Broncho~~ Lungs: Skin running fairly high Suspect T.B although none found in Sputum from one examin^n	
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.	9	11	17	25	12	17.	Tubercle Lung			9th Evening of admission patient had large haemorrhage Lung followed next day by two more. Rt lung - Marked impairment of note above clavicle and supraspinous fossa and upper lobe with tubular breathing and ~~Edes~~ throughout entire upper lobe. Left Lung: Same physical signs except that at apex there are numerous cavernous ~~sales~~ sugg-estive of cavity formation Advise boarding with advanced T. B. (Lt-Col Fitchett) Sputum positive for T.B.	P.H. Keary Capt RAMC

WINDLESHAM COURT MILITARY HOSPITAL
Guy Wildridge Lieut
M.O. I/C

9 11 17 25 12 17 Patient Died of tubercle lung 23:12:17 P.H. Keary Capt RAMC

Forms I. 1237 12

July 28.12.17

ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1/1420	2497982.	Private	Nepin	W.

Year	Unit.	Age.	Service.
1917	Can. Forestry Corps Base Smith Lawn Sunningdale	1	

Station and Date.

9-11-1917.

Disease Tubercle of Lung (Suspect)

Chief Complaint — pain in right upper chest and lower part of left. Haemoptysis. once about three years ago, and three times since coming here, last night. this morning and at noon to-day. At noon to day coughed and spat up about 2/3 of a cupful of bright red blood.

Enlisted July 9th 1917.
To England Aug 1917.
Has been at Sunningdale since
Reported sick about Oct 20th with pains in chest and cough with a good deal of expectoration.
Has been in two Hospitals since.

Present Illness began about three weeks ago with cough and a good deal of expectoration. Also pains in chest. Shortly after admission last night he had a rather severe haemorrhage, another very slight one at 6 a.m. and a third at noon. He coughed up about 2/3 of a cup of blood at noon. There is also some purulent sputum and particles in blood.
Temp 101° Apilla. Pulse 120, Resp 36. on admission

10.11.17. Patient seen at 3.30 p.m. and no attempt at thorough exam of chest was made, showing British

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

(44502) Wt. W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	
	precipitating haemoptysis again. Back not examined. Rt Lung. Note moderately impaired throughout entire front & axilla with fairly numerous medium bubbling râles throughout entire front and axilla particularly in lower half. Lt. Lung – note only a trifle impaired, there are a few medium bubbling râles audible throughout entire front. To be examined more carefully later. Cough is being supressed by morphia. Lt-Col. Waters.
12/12/07	Patient losing ground rapidly dangerously ill to day Respiration rapid shallow. Pulse irregular 136 per min. Rt Lung – Moderate dullness throughout entire front. marked dullness above clavicle tubular breathing above clavicle, prolonged expiration throughout rest of front. Extremely numerous medium moist râles throughout entire front and axillae Secretory type of râles in axillae. Left Lung Moderate impairment of note above clavicle. Slight impairment throughout front and axilla. Bronchial breathing above clavicle B.S. a little harsh elsewhere. Extremely numerous medium moist râles throughout entire front and axillae. Moist râles throughout entire back.

Forms
I. 1237
12

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	2497981	Pte	Nepis	M
	Unit.		Age.	Service.
	C.F.C.		1	1/12

Station and Date.

Disease

16-11-17

No blood expectorated for 2 days
General condt. rather improved and prognosis less grave for immediate future.
Hypocratic clubbing of fingers still somewhat cyanotic.
Thorax - Considerable depression below both clavicles. Expansion fair and about equal.
Rt. Lung - Marked impairment of Percussion note above clavicle and to 2nd rib over which area there is moderate tubular breathing and numerous medium moist râles. Slight dullness and numerous moist râles throughout rest of front. Posteriorly - marked dullness from apex to 1st inspiratory between spine and angle of scapula with tubular breathing and moist râles over this area. Over lower part of lower lobe resonance fairly good. No râles. No tubular breathing.
Left Lung.
Just marked impairment of percussion note above clavicle. Slight dullness in 1st and 2nd interspaces. Above clavicle there are some coarse cavernous râles which suggest they are bubbling in a medium sized cavity. Expiration prolonged. Breath sounds not amphoric. Numerous fine moist râles throughout rest of front and axilla. Note dullness supra-scapular

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.&S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	
	Lower zones râles. Numerous medium moist râles throughout rest of back but with only slight impairment of percussion note. Heart sounds clear. No evidence of T.B peritonitis no nodules in either epididymis. Impression- Extensive bi-lateral pulmonary T.B. particularly at apices, suggestive signs of cavity at left apex. Case is with severe haemoptysis which was not controlled for 3-0 4 days. J. Col. Fotheringham
13.11.17	C3006 T.B. present
7.12.17	C3425 No T.B. in Sputum
Dec 1st.	Patient had a haemorrhage this A.M. about one pint. Bloody sputum all day.
Dec. 3rd.	Expectorating blood and bloody sputum at 5 p.m.
Dec 4th.	Had two small haemorrhages this A.M.
Dec 11	Expectorated about two ounces of bright red blood this morning. This afternoon patient complains of pain under sternum. Has rather marked dyspnoea. with marked cyanosis of face and hands. Marked dullness over both lungs in front and in Axillae. Medium moist râles general throughout front of chest & at apices behind in axillae. R.

Station and Date.

Slight scratchy sounds in apex of axilla. Considerable dullness over supra-clavicular regions of both lungs. Most note bronchial.

Heart — no evidence of pericarditis

Abdomen. No distention no special tenderness.

No stiffness of neck muscles.

Sputum only slightly blood streaked this A.M.

(Lt. Col. Fitch.)

18.12.17. Condition unchanged.

23.12.17. Patient died 10.45 PM.

P. Macnaughton

Forms
I. 1237
12

ONTARIO MILITARY HOSPITAL
ORPINGTON, KENT.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year		Unit.	Age.	Service.

Station and Date.

Disease

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

52

FORM OF WILL

I, Michel Nepin (Name in full)

Regimental Number 2497982 serving in Forestry Draft.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

/	Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Sophie Nepin Attawapiskat James Bay Ont.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 24th day of August A.D. 191 7.

his
Michel + Nepin
mark
Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Samuel Adams

Address of Witness Camp Borden

Occupation of Witness Soldier

Signature of Second Witness Cpl Brownlee

Address of Witness Camp Borden

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

Form R 122.
2353—100M—9-12-16.

LTR

Rank

Name NEPIN, Michel

Reg'l No. 2497982

Unit

If in perm. Corps, What Unit?

Married or Single Single.

Camp Borden, For. Dft To Base Depot

Place and Date of Enlistment Toronto. July 9th, 1917

Place of Birth Attawapaskat. James Bay.

Name and Address, Next-of-Kin Sophie Nepin
Attawapiskat, James Bay. Ontario.

Relationship Mother.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No. 1139
File R.L. 25K.769 9/1/18.
Category D.O.C.

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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	15-9-17		S/S Megantic
17.9.17	C.F.C.B.D.	T.O.S. from Canada	Ste Adele	15.9.17	A.M.I.R.R.
10-11-17	C.L.C.H.C.	Adm^d 16 Can Gen Hosp Seriously Ill.	" Orpington	10-11-17	C.L.^d C 59 T.B. Lung.
26-11-17	"	Condition unchanged Seriously Ill.	" "	24-11-17	" C 72 "
8-12-17	"	Slight improvement (Seriously Ill)	" "	8-12-17	" C 83 "
12-12-17	"	Dangerously Ill.	" "	12-12-17	" C 86 "
27-12-17	"	Died of Disease	" "	25-12-17	" C 96 "
2-1-18	C.H.C.B.D.	I.O.L. having died	" Sundale	25-12-17	P.M.T. 2.

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.					

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Register No. ..... A.P. File No. 6619N 3140

Regt'l No. 2497982 Name Michael (Christian Name) Hepin (Surname)

Unit ..... Rank ..... Date of enlistment .....

Date of casualty 25-12-17 B.P.C. File No. .....

Was service performed overseas ? Yes.

DEPENDENT

Name Mrs Sophia Hepin Relationship Mother

Address 90 Revelon Fleres Trading Co
134 McGill St
Montreal Que

Amount of Special Pension Bonus $ ..... Abstracted by .....

Eligible for Gratuity ..... $ 180-

Less amount of Special Pension Bonus paid ..... $ .....

Less Debit Balance of S. A. or A.P. ..... $ .....

Total deductions $ .....

Balance due $ 180-

Cheque No. C 2020 Date issued .....

MILITIA DEPT MAR 30

Clerk B L Gauke 30/5/22

REMARKS : .....

Audited by J Merrill $180.00

Date 30/5/22

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

C.I. 53961—M. & D. 9721

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

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

L. L. Job 23216—M. & D. 8049.

[ASSIGNED PAY.]

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Sophia Iepin

Address Attawapiskat
James Bay Ont

Relation to Soldier wife, child or mother } Rate 15-00

Name of Soldier Iepin Wm.

Regtl. No. 2497982

Rank Pte

Corps Fort Const. Depot No D No 2

To what Corps belonging when called out }

SEP 1 1917

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				

CONSOLIDATED ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Sophia Kepiro

Name of Soldier Kepiro M.

PAYMENTS. 2497982. Pte Can Inst. Depot Det 2

L. L. Job 4503.—Req. 6832.

15.00

SEP 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X40273	15	83
Oct.		46659	15	
Nov.		50582	15	
Dec.		63135	15	
Jan.	1918			60
Feb.				
March				
April				
May				
June				
July				

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.				

P. 559.
MARRIED OR SINGLE S. Ont.
PLACE OF BIRTH Attawapiskat, James Bay
NAME AND ADDRESS OF NEXT OF KIN Sophia Nepin
Attawapiskat. James Bay Ont.
RELATIONSHIP OF NEXT OF KIN Mother
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
Died of Disease 25/12/17	24/12/17	G.R.O. 96 - 27/12/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 2497982 RANK Pte NAME NEPIN. Michel
IF IN PERMT. CORPS / WHAT UNIT UNIT Camp Borden Ont. TRANSFERRED TO DATE AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
PLACE OF ATTESTATION Toronto Canada TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION July 9th/17 TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY $ ~~75~~ DATE EFFECTIVE 1.9.17
PAYABLE TO Sophia Nepin, Attawapiskat, James Bay Ont. RELATIONSHIP Mother 18 SEP 1918
ASSIGNED PAY MONTHLY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~Stopped~~ Stopped EFFECTIVE 1/1/18 ~~1/1/18~~ REASON Discharged to Canada
DISCHARGE DATE AND PLACE ~~Canada~~ Died 25/12/17 ~~18/12/17~~ Canada
REASON AND AUTHORITY Cessation Pay 1/1/18 a/c 5th 12/12/17
Invalided
Chq 96 27/12/17
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 1-1-18.
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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
AUG 31 1917														Balance from Canada	10 -	10 -															10.00				
Sept	30	1.00	33 -													33 -												15		15	28 00				
Bal	-		33 -												10 -	43 -												15 -		15 -	28 -				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Balce	~~28 —~~ 33							28 -		
Oct.	P. Pay	34 10		Can a/c				15	47 10		
		34 10						15			
Nov.	P. Pay	33 -		Can a/c				15			

13/12/17	1317																																		

2497982 Pte. Nepin, M.

15 50 44
30 58 14
~~67 74~~

A3W FORM RENDERED Stop EFFEC. 1/1/18
DISCHARGED TO Can DATE 18/12/17
PAYBOOK VERIFIED 18/12/17
BAL. P.C. REND. 18/12/17
AUTHY Cessation 18.5.12/17
Stopped 1/1/18 a/c
Invalided
Chk H. O. Williams
L.I.C.

P. 559.
MARRIED OR SINGLE S.

PLACE OF BIRTH Attawapiskat, James Bay Ont.

NAME AND ADDRESS OF NEXT OF KIN Sophia Nepin
Attawapiskat. James Bay Ont.

RELATIONSHIP OF NEXT OF KIN Mother

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
Died of Disease 25/12/17	25/12/17	22.6.96 27/12/17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 2497982 RANK Pte NAME NEPIN. Michel

IF IN PERMT. CORPS WHAT UNIT Comp Bodwin Fo

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto Canada

DATE OF ATTESTATION July 9th/17

ASSIGNED PAY MONTHLY $ ~~75~~ DATE EFFECTIVE 1.9.17

PAYABLE TO Sophia Nepin, Attawapiskat, James Bay Ont. RELATIONSHIP Mother 18 SEP 1918

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) ~~Canada~~ Stopped Died 27/12/17 EFFECTIVE 1/1/18 ~~1/1/18 pay~~ REASON Died

DISCHARGE DATE AND PLACE ~~1/1/18~~ 27/12/17 Canada REASON AND AUTHORITY ~~Expiration~~ 22.6.96 27/12/17 Invalided

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 1-1-18.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

TRANSFERRED TO ... DATE ... AUTHORITY

TRANSFERRED TO ... DATE ... AUTHORITY

TRANSFERRED TO ... DATE ... AUTHORITY

TRANSFERRED TO ... DATE ... AUTHORITY

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
AUG 31 1917														Balance from Canada																		10.00			
Sept 30	1	1st	33	-										10 -	10 -													15		15	28	00			
Bal	-		33	-										10 -	43 -													15 -		15 -	28 -				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
Sept	Balce	~~25~~ 33							28 -		
Oct.	P. Pay	34.10.		Can C.P.				15	47 10		
Nov.	P. Pay	~~34.10~~ 33 -		Can C.P.				15			
				FR. 159 18-10-17. 127 Cy Otc.	9 73.						
				✓ 3944 25-9-17 Bd "	9 73						
					19 46						
Dec.	P Pay	1980		Can C.P.				15	50 44		
✓	✓	7 70 60 50							58 14		
	Died 25/12/17	22.6.96 27/12/17			19 46				30		
26/ 12/31	P. Pay	6 60							~~64~~ 74		

A3M FORM RENDERED Stopped EFFEC. 1/1/18
DISCHARGED TO Can DATE 27/12/17
PAYBOOK VERIFIED 18/1/18
G.R. BAL. T.E.P.C. REND. 18/1/18
AUTH'Y Organization I.S.A.I. 1/18

Died 27/12/17
Invalided
Charles A. Williams
2.Lt.

2497982 Pte Napier J.K. Assigned Pay $15.00

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
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS							DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLCE. ENG.																
Jan				6 60										19 44			58 14																	
				6 60		a.R. 137. Ont Mil Hosp							13/12/17	48 67			16 07																	
				12 120										68 13			63 16																	
April	90 1260 = 29 11 8.		Cash in effects		92 20												108 27																	
					92 20																													
June						a/c Pay 7 63 & 6 Blk Hse Bal Trans to Ottawa								108 27																					
													108 27																					

ASS'N FOR RETURN Stop EFFEC. 1/7/18
DISCHARGE DTO Died DATE 25/12/17
PAY BOOK VERIFIED previously
Jan. 31-12-17 108 27 L.P.C. REN'D 2/5/18
AUTHY. CRA 96 27/12/17.

Checked H.D. Williams
LPC
Form P-59 Rendered 2/5/18

Local

This space to be left blank for the Chelsea Number.

Army Form B. 268A.

TERRITORIAL FORCE.

Proceedings on Discharge during the period of Embodiment.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the 4th page.)

No. 2497982 Rank Private

Name Lepin Michael

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

Corps of Territorial Force Forestry

Battalion, Battery, Company, Depôt, &c. Forestry

Date of discharge

INVALIDED TO CANADA FOR

Place of discharge FURTHER MEDICAL TREATMENT

1. *Description at the time of Discharge.*

Age ____ years ____ months

Height ____ feet ____ inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion

Eyes

Hair

Trade

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

Descriptive marks.

(This 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

(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.

Initials of Commanding Officer.

(1745)—W8480—1144—11/14—C & Co. (S.W.) Sch. 11* Forms B. 268A. 1

[OVER.

5. Classification for service, or proficiency pay ... ... Class_____

6. Campaigns, Medals and Decorations

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

(Place)_____ _____ Major.

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

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

No. 16 Canadian General (Ontario) Hospital Representative.

For G. I. Canadians

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

I hereby acknowledge that I have received all my PAY and ALLOWANCES, 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, on account of dissability, 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.

12. Chelsea decision.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. Where 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. 268A.
2. Agreement to serve outside the United Kingdom.
   Army Form E. 624.
3. Declaration on re-engagement.
   Army Form E. 611.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Court of Enquiry on an injury (if any).
   Army Form A. 2.
7. Company or Field Conduct Sheet.
   Army Form B. 121 [or Army Form B. 122].
8. Copies of conviction by civil power (if any).
9. Medical History Sheet.
   Army Form B. 178.
10. Medical Report on invalid (if any).
    Army Form B. 179.
11. Attestation of Fraudulently Enlisted men for corps in which they have not been held to serve (if any).
12. Descriptive Return.
    Army Form D. 400 where required—see Section 11 on second page.
13. Active Service Casualty Form.
    Army Form B. 103.
14. Employment Sheet.
    Army Form A 2066.

INSTRUCTIONS as to the preparation, despatch and custody of Discharge Documents of Territorial Force N.C.Os. and men.

1. When a soldier of the Territorial Force is to be discharged during the period of embodiment, the attestation and the documents enclosed therein will be obtained from the Territorial Force Record Office and placed inside this form. Should any of the documents referred to in the margin be missing, an explanation of the deficiency, signed by the commanding Officer or Officer in charge Territorial Force Records, must be substituted for the missing documents. The Officer Commanding will also enclose any documents required to complete the list of discharge documents enumerated in the margin. The whole will then be placed in this form in the sequence there given.

2. When soldiers of the Territorial Force are discharged as medically unfit or with claims to pension, Army Form B. 268A will be sent, after confirmation of the discharge, with all the documents retained therein, to the Secretary, Royal Hospital, Chelsea.

3. In all other cases the discharge documents will be sent directly the discharge is carried out to the Officer in charge Territorial Force Records concerned.

4. Postage need not be paid and receipts are not required in the case of documents sent to Chelsea.

5. 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.

6 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. 72.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 2497982 RANK Pte. NAME (IN FULL) Iregin. Michel. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes. DATE EFFECTIVE 9.7.17

TO WHOM PAID Mrs. Sophia Iregin. RELATIONSHIP Mother.

ADDRESS c/o Revillon Freres. Trading Company. Ltd. 134 McGill St. Montreal. Que.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Toronto — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1.9.17

PAYABLE TO Mrs. Sophia Iregin. RELATIONSHIP Mother

ADDRESS Attawapiskat. James. Bay. Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

Died 25.12.17. C.T.C. 96. 27.12.17.

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS 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					115	00			115	00																													S.A. from 9.7.17 to 25.12.17 Authy P.C. B. ruling 13.5.22 File 649 N-3140
																							115	00	✓						115	00					
																																						ck 42565 dr. 21/5/24

200M-3-19.—L. L. 58788-... & D. 9985.
M. F. W. 2.96.
1772-39-1390.

Form—R. 190 7003-2M-5/2/17.

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital—

(*a*) See that all entries are properly and fully made, and signed.

(*b*) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

2. Action by Officer Commanding Unit—

(*a*) On admission of man to Hospital, forward M.H.S to such Hospital at once.

(*b*) On transfer to another Unit—to Officer Commanding such Unit.

(*c*) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

IMPORTANT.

DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

1. Action by Officer i/c Hospital.

(a) See that entries are properly and fully made, and signed.

(b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit, to Officer Commanding such Unit.

2. Action by Officer Commanding Unit.

(a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.

(b) On transfer to another Unit, to Officer Commanding such Unit.

(c) On proceeding Overseas or return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Sept 11-17.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

B 8 3 M 4 18 A

PARTICULARS OF SEPARATION ALLOWANCE

No. 2497982.

Rank Pte. Promoted Reverted Discharge

Soldier's Name M. Nepin.

Battalion Fort Const. Depot M.D no. 2.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Sophia Nepin

Address Attawapiskat James Bay Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31st			60-	60-	67X. 75cc to 31-1-18 } 15-1-18
Jan/18	J 67770		15	15	Acct closed 31-1-18 } L Ball.
			75	75	

Pensions Notified Date 15-1-18

~~Killed in Action~~
Died ~~of Wounds~~ } Date 25-12-17
~~Missing~~

L44(2) 28-12-17 Clerk L Ball

Noted 15-1-1918

$15.00 overpayment for Jan 1918 received by Military Estates Branch per letter on file 13605-M.1.

M. F. W. 128.
400m.—6-17—1772 39-1141
L. L. 22329—M. & D. 7933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128.
400M.—5-17—1772 39-1141
L. L. 22920—M. & D. 7993.

PART I. 20 Form (D.M.S. 1312). A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

Regt. No. 249782 Rank Pte Surname NEPIN Christian Name MICHAEL

Unit or Corps—(a) Overseas from United Kingdom C.F. (b) In United Kingdom Can. Forestry Corps

Born at—Town Ottawa Rural County or Province Ontario Country Canada.

Date of Birth—Day 26 Month May Year 1897 Age 20 yrs. 6 months.

Joined at Toronto Date July 9th 1917.

Former Trade or Occupation Hunter and trapper

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

Height—feet 5 inches 8 1/2 Colour of eyes Brown his mark

Signature of Soldier (*for identification purposes*) Michael Nepin

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*): COUGH, HAEMOPTYSIS, DYSPNOEA, WEAKNESS.

Disabilities Group (*b*):

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.	PULMONARY T.B	ENGLAND	OCT 1917.
(*ii.*) As to Group (*b*) above.			
(*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?

(*ii.*) As to Group (*b*) above? 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? yes.

(*ii.*) As to Group (*b*) above?

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

PART I. *(continued)*.

5. If a cause of disability was an injury received on Active Service, was it received — Not Applicable

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

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

(*vi.*) Opinion of the Court? —

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).*

Patient states that he enlisted at Toronto July 9th 1917. Came to Can. Sept. 1917. Went to Sunningdale camp. Reported sick with pains in chest Oct 25th. Diagnosed Pneumonia. Was sent to No 16 Can Gen Hospt. 9/11/17 as T. B suspect. On admission & on the evening of 9th. he had a large haemorrhage followed by two more the following day.

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

Patient still very weak and confined to bed. Temp 99-102° Rt. Lung — Marked impairment & note over upper lobe with tubular breathing and coarse râles pretty general throughout whole lung. Left. Lung — Impairment of note over upper lobe. About apex there are many coarse cavernous râles very suggestive of cavity formation. Râles general over upper lobe. Advises boarding to Canada as advanced T. B with cavity at left apex. Heart clear. Nervous, Alimentary and G.U. system normal. Sputum positive for T. B.

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

(*ii.*) If so, state what. —

(*iii.*) Was one advised and declined? no

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? no

(*b*) Fit for base duty? no

(*c*) Invalid to Canada? Yes

(*d*) Discharge from the Service as permanently unfit? no

Date of Report Nov 26 1917 Signed P. H. Secretan Capt. A.M.C.

Officer in medical charge of case.

Station No 16 Can. Gen. Hosp. Orpington

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

Duncan Stevenson COL. C.A.M.C. { Officer i/c Hospital / S.M.O. Brigade } Strike out one of these.

O.C. ONTARIO MILITARY HOSPITAL

Dated at ONTARIO MILITARY HOSPITAL ORPINGTON, KENT, Station, on 5 DEC 1917 191

* 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)?
If not, indicate it. yes

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

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 of 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.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

MAJOR.
HOSPITAL REPRESENTATIVE.
No. 18 CANADIAN GENERAL (ONTARIO) HOSPITAL, ORPINGTON.

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission: F

Date of Board 15 DEC 1917

Station ONTARIO MILITARY HOSPITAL, ORPINGTON, KENT.

Signatures of the Board. [illegible] ..... *President.*
Assistant Adjt. Capt. C.A.M.C.
[illegible] Capt. C.A.M.C.

Approved [signature]
A.D.M.S.
A.D.M.S. CANADIANS, LONDON AREA, LONDON.

Dated at ..... Captain C.A.M.C., for A.D.M.S. Canadians, London Area. Station 8 DEC 1917 191

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 :—

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

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

NO. 2497982

NAME Repin. Michael.

H. Q. FILE No. 649

RANK AND CORPS Pte. Can. Forest. Corps. from Ruby Ford Hr. Co.

FOLLOWS Hr. Co.

NO. M.D. #2

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
A.F.B. 2090d	London 6.6.917.	Died of Disease #16. Can. Gen. Hosp. Orpington (T.B. Lungs).

L. L. 31493. M. & D. 8476.

M. F. W. 42 -100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

NAME Nepin Michel

REGT'L No. 2497982

H. Q. FILE No. 649.

RANK AND CORPS Pte Can Forest corps form Rusly

FOLLOWS No. 4 For Co

FOLLOWS M.U. 2.

CABLE NO.	DATE	NATURE OF CASUALTY
2-3 M63411	12-11-17	Seriously ill, Ont Mil Hosp Orpington Nov. 10th 1917 tuberculosis
28-9 M6422	27-11-17	Condition unchanged Ont Military Hosp Orpington Nov 24th 1917
M.6489 62	9-12-17	Slightly improved Ont Mill. Hosp. Orpington Dec. 8th 1917
4-3 M.6508	14-12-17	Dang. ill Ont. Mil. Hosp. Orpington Dec. 12th 1917.
M6566	27-12-17	Prev rept dangerously ill now Died, Ontario Mil Hosp Orpington Dec 25th 1917

L. L. 26138. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C. 59.	#16 Can. Gen. Hospt. Kingston Kent	10-11-17	Seriously Ill - F. B. Lung C.F.C.
C 72.	Condition unchanged.	24-11-17.	" " " " "
C.83	#16 Can Gen Orpington	8-12-17	alt imp. ser. ill " " "
C.86	" " "	12-12-17	dang. ill L B " "
C 96	Dis. of Diseases "	25-12-17	Perf. Dang Ill

Corps Can. Forestry Corp

No. 2499982 R

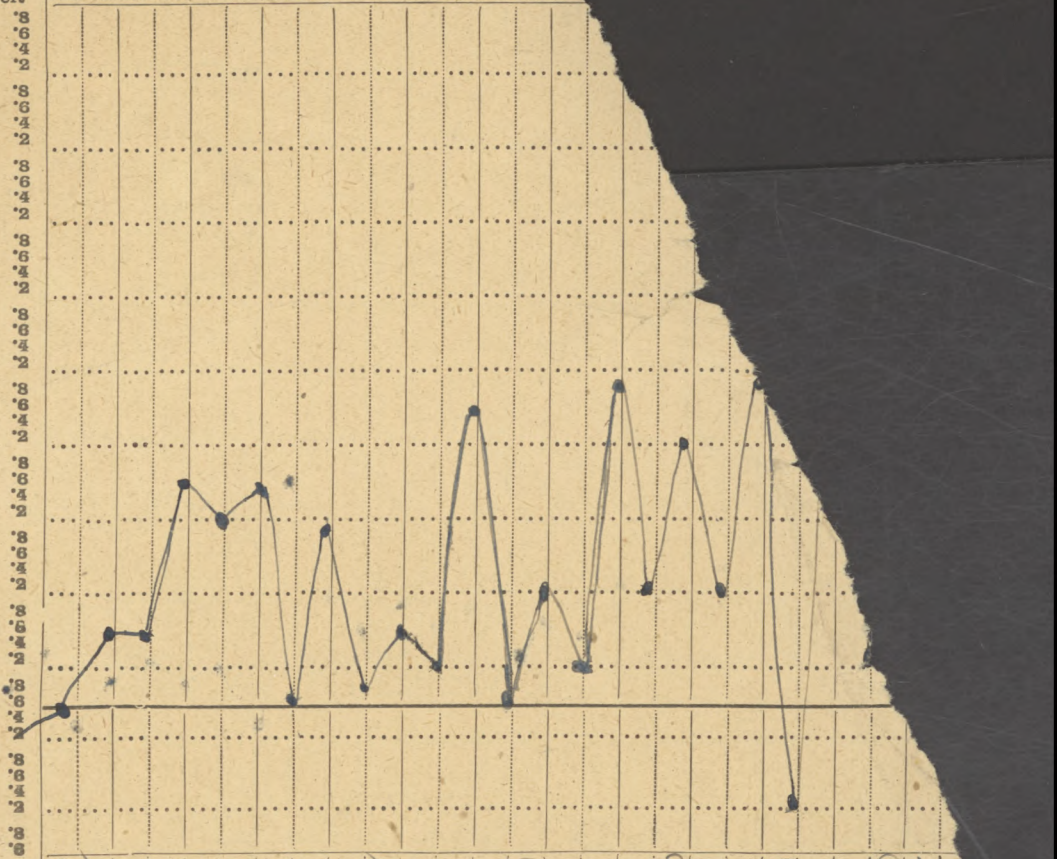
Disease T. B. Da

Dates of Observation	10	11	12	13	14	15	16
Days of Disease							

Temperature, Fahrenheit

Time A.M.	P.M.	A.M.	P.M.	A.M.	P.M	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°



Pulse per Minute	96	88	80	112	96	121	104	96	128	128	104	96	100	96	100	92	100	96	104	100	120	104	100	92	100
Respirations per Minute	24	24	24	36	40	41	36	54	40	36	40	40	28	28	32	48	32	40	32	36	40	40	40	36	40
Motions per 24 Hours																									

Wt. W8722/M2313—2,000,000—6/17—H. & Sp. (10493)—A.F.B. 181/5 (E. 735)

Army Form B. 181.

y Hospital_____

vice_____

Result_____

In charge of case.