2nd DEPOT BN. 2nd QUEBEC REG'T.

DUPLICATE

4 M. D. Depot Battalion Regiment

Regtl. No. D 317840

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: PROULX
2. Christian name: Damien
3. Present address: 65 Barre St., Montreal P.Q. Canada.
4. Military Service Act letter and number: 302766 DC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth: October 24th 1894
6. Place of birth (town, township or county and country): Montreal P.Q. Canada.
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Cigar Maker
10. Name of next-of-kin: Mary PROULX
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 65 Barre St. Montreal P.Q. Canada.
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None
15. Medical Examination under Military Service Act :—
    (a) Place Montreal P.Q. Canada. (b) Date 14-8-18 (c) Category A 2

DECLARATION OF RECRUIT

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

Damien Proulx (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 10 mths.

Height 5 ft. 6 ins.

Chest measurement: fully expanded 34 ins.; range of expansion 4 ins.

Complexion: Clear

Eyes: Brown

Hair: Lt. Brown

Distinctive marks, and marks indicating congential peculiarities or previous disease.

E. Rodger Lt.-Col.
O.C. Commanding 2nd Depot Bn. 2nd Quebec Reg't. Depot Btln.

Regt.

Place Montreal P.QCanada. Date August 13th 1918

M. F. W. 133.
500M.—5-18.
1772—39—1158

v.m 11-10-19.

REGIMENTAL DOCUMENTS

NAME FROWLX Damien (M) REGT. NO. 31718 UNIT 2 Grd Res R. H. Q. FILE NO.

(S)

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)			8753		Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					Demob.
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)			~~R.T.~~		
	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)					
2	Misc Records Disp Part R.T.O.					

(H)

42-10
23-10
2-10
3

W. 2583
100M-11-18
272-30-1277

H. Q.

M. D. No. 4 B6

Surname Proulx T. O. S. Aug 13th 1918

Christian names Damien D. O. Pt. II 224 of 13-8-18

Regtl. No. 317840 Rank Pte. S. O. S. 20-9-1919

Unit 42nd Que Regt. 42nd Dpo Bn Reason Demob

Auth. DO 26 10 18/9/18 #608

Next of kin Proulx, Mrs. Mary Relationship Mother

Address c/o 5. Barre St. Montreal, P.Q. Also notify:

48 Inspection St

(aac. 6/8/19.

BORN—Place Canada, Montreal, P.Q. Date Oct 24th 1894.

ATTESTED—Place Montreal, P.Q. Date Aug. 13th 1918.

O/S R/C 14-9-19 407 69 Pte

W. 22—100M-7-18. 1772-39-839

Form R. 149.

Name PROULX Damien Rank Ste Reg. No. 3171840

Unit 10th Res Bn QRD.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-11-18	Adm Con Epsom		Influenza	C377		841
20-11-18	Can Spec Hosp	Witley	do	C441		1586
27.11	Discharged		do	C385		9924
1919						
10.7.19	Can. Spc. Hosp.	Witley	"20"	C26		11977
4 8	Discharged.		do	C6		50145.

Kept Active

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

NAME Proudy D. REGT. No. 3171848

RANK AND UNIT Pte. 16R.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

Que. Regt.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C 377	Mil. Conv. Woodcote P. Epsom	26-11-18	Influenza + 42
C 377	Can. Spec. Witley	26-11-18	Influenza + 42.
C 385	Disch.	27-11-18	" + "
625	Can Spec., Witley	10-7-19	20
625	Discharged	4-8-19	28

R.C.D.

Number 3/17/8402 Rank Pte. B

Surname POULX

Christian Name Damien

Unit 2 R.

Theatre of War England

Date of Service 16/9/18

Remarks

Latest Address 48 Inspector St. Montreal, Que.

Roll No. a Page 1627

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes / No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

*—Name will be given in full; surname first.

Surname	Christian Name or Names	Reg. No.
PROULX.	D.	3171840.

Rank	Unit
Pte.	10. Res. Que.

Cas. List.	
	Woodcote. Pk. Epsom. 20-11-18
23-11-18. C377-2.	Influenza. & V D S.
Do.	C. S. Witley. 20-11-18.
3-12-18 C 385	Disc. — 27-11-18

A.M.D. 2 Dept.

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

D.M.S. 1300. 50M-30-8-18.

Cas. List.

DIS

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 317840 (Rank) Pte.

Name (in full) Proulx. Damien. enlisted in

the 2nd Depot Battalion 2nd Que. Regt.

CANADIAN EXPEDITIONARY FORCE at Montreal PQ on the 13th

day of August. 1918.

HE served in 23rd Reserve Battalion in England & Canada

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

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

Age 25 years.

Height 5' 6"

Complexion Clear

Eyes Brown

Hair Lt. Brown.

D. Proulx

Signature of Soldier

Marks or Scars

None.

Date of Discharge

SEP 20 1919

Issuing Officer

Major

D. C. Dispersal Station "D"

Rank

HALIFAX, N.S. SEP 1 4 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.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

THIS IS TO CERTIFY that No. (Rank)

Name (in full) enlisted in

the on the

CANADIAN EXPEDITIONARY FORCE at

day of 19

He served in

and is now discharged from the service by reason of

Demobilisation.

Medical Examiner.

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

Marks or Scars	
Age	
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Rank

Date

Signature of Officer authorized to sign

N.B.—A duplicate of this Certificate will be issued only upon application to the Secretary, Militia Council, Ottawa, Canada, accompanied by a statement in writing from the Commanding Officer of the unit in which the soldier served, or from two responsible persons who can testify to the facts.

1.—This discharge certificate must be produced when claiming Military Gratuity, Post Office Privileges, or when applying for employment.

2.—Any person who shall wilfully destroy this certificate, or who shall forge any addition thereto or erasure therein, or who shall make use of it as a genuine certificate, when in fact it is not such, shall be liable to imprisonment for any term not exceeding six months.

3.—The wearing of uniform by persons who have been discharged is prohibited by Militia Order No. 236, 1917.

A.F.B. 384
Forms-D.L.-3000-11-18
28-33-1171

E.C

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, PROULX Damien

D- 3171840.

Regimental number..... Rank Private ..... serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T ..... Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint.....

whose address is.....

to be the executor of this my last will.

General gift I give to My Mother Mrs. Mary PROULX

whose address is 65 Barre St., Montreal P.Q. Canada.

all my property not disposed of above.

Date Dated at Montreal P.Q. Canada. this August 14th 191 8

Signature Damien Proulx

Signature of Soldier.

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

	1ST WITNESS	2ND WITNESS
Witnesses	Signature Georgiana Lemaire	Signature Lafortune
	Address 1048 St Dominique	Address 1048 St Dominique
	Occupation Soldiers Wife	Occupation Soldier

M. F. W. 82
120m-4-18
1772-39-983

Returned undelivered
Nom. Roll 111

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

Army Form B. 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps_____ Regimental Number _____

*Substantative Rank_____ Surname_____ Christian Names_____

*Acting Rank_____

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

To be folded on this line.

Nothing to be written in this margin.

W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

127840 Pte Proulx, D.

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
14.6.19			T.O.S. PART II D.O. No. 18 S.O.S. EMBARKED FOR CANADA. CAPT. i/c RECORDS "S" WING C.C.C. WITLEY.		12.6.19	
			Embarked. Tilbury 6/9/19. W.E. Taylor Capt			
18.9.19		T.O.S. No. 6 D.D. from 6.9.19 and posted		Dist. Sta. B'Hd 14.9.19 D.261		
18.9.19	S.C.L.	S.C.L.	On Discharge		20.9.19	..261

Lieut.
Officer i/c Records No. 6 D.D.

Nothing to be written in this margin.

(7)

(J)

"J" WING, C.C.C. MEDICAL OFFICE Time

"M" Wing, C.C.C.

CANADIAN GENERAL LABORATORY.

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

the particulars below are required for statistical purposes and future reference.
Unless these are furnished, the test will not be carried out.

Name PROULX D. Regt'l No 3191840 Rank Pte.

Unit 1 Wing Hq Coy Date of first Sore Nov 17 if T Pallidimm found

Secondaries if any

Other symptoms Sore throat Treatment if any

Arsenical 3 Mercury 12

Station and date Witley 8.8.19 before enlistment & full Army Course since enlistment

RESULT OF WASSERMAN (ORIGINAL) QUARTERS SYSTEM.

Date Serial No Result

WASSERMANN NEGATIVE

68

Major.
Officer Commanding. Ca. Gen. Laboratory.

Witley, Surrey.

1919.

Canadian General Laboratory 19 AUG 1919 WITLEY

PARTICULARS OF CASE OF WHICH WASSERMANN

TEST IS REQUIRED.

The particulars below are requested for statistical purposes and future reference. Unless these are furnished the Test will not be carried out.

Name Proulx D. Rank Pte Regt'l No 317840

Unit 2/3rd Res Bn Bromshott

Diagnosis (if Syphillis, what stage).....

Date of first sore Oct 1917 Spirillidum found, date and place

.....

Secondaries, if any Sore Throat Date Dec 1917

Other Symptoms..... Date.....

Treatment: Arsenical preparation employed 606

Total dosage..... No. of injections 7

Date of last 10-1-19

Mercurial preparation employed Mercury

Total dosage..... No. of injections 8

Date of last 10-1-19

Other Treatment.....

Previous Wassermann date Nov 18th 1918 Result Positive xxx

Where performed Witley

Station and date Bromshott 20-1-19 Signature Sergeant RAMC

Result of test (original Wassermann) quarter System WASSERMANN NEGATIVE

Date..... Serial No..... Result.....

Remarks.....

.....

Army Form B.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname Pronda *Christian Name* D

TABLE 1.—General Table.

Birthplace { Parish ..... / County .....

Examined { on.....day of.....191 , / at .....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches

Weight .....lbs.

Chest Measurement { Girth when fully Expanded .....inches / Range of Expansion .....inches

Physical Development .....

Vaccination Marks { Arm..... RIGHT | LEFT / Number ..... | .....

When Vaccinated .....

Vision { R E.—V= ..... / L.E.—V= .....

(a) Marks indicating congenital peculiarities or previous disease—

.....

.....

(b) Slight defects but not sufficient to cause rejection—

.....

.....

Approved by .....

Rank .....

Medical Officer.

Enlisted { at..... / on..... day of .....191...

	Corps	Regtl. No.
Joined on enlistment		
Transferred to	10th Res	3178/40

Became non-effective by .....

.....

on..... day of .....191...

(*Signature*).....

(*Rank*) .....

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details and Signature

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

[11,100] W3211/M564 450m 7/16sv W. P. & Co. 59 (E188)

Forms B. 178 40

[P.T.O.

TABLE II.—Only for admissions to Hospital or to the Sick List in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
							Influenza			
Mr C H Epsom	8	11	18	19	11	18	P.U.O.	12	Transfer to Witley for further Treatment	A.H. Gorman
CANADIAN SPECIAL WITLEY, SURREY.	19	11	18	27	11	18	V.D.S.	9	Remnt. Discharged as A&P following 1×914 + 1×Hg Stoppages as per data	J. Chalmers

Temporary M.H.S

A.F. B.178

MEDICAL HISTORY of—

Regional No......

Regimental No. 3171840 *Region*.....

Surname Proulx *Christian Names* D

TABLE I.—General Table.

Birthplace { Parish..... County .....

Examined { on.....day of.....191 , at.....

Declared Age .....years.....days.

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair.....Complexion.....

„ Eyes .....

Chest Measurement { Girth when fully expanded } .....inches. Range of expansion .....inches.

Physical Development .....

Vaccination Marks { Arm, RIGHT | LEFT Number ..... | .....

When Vaccinated .....

Vision { R.E.—V = ... L.E.—V = ... With Glasses { R..... L.....

Identification Marks, such as Tattoo, Moles, Scars, etc :—

.....

.....

Defects or Ailments :—

.....

.....

Examined and found—

Fit for Grade { I. II. III. IV.

(Strike out those which do not apply.)

Signature .....

Chairman of Medical Board.

Re-examined for posting at.....

On.....day of.....191.....

Enlisted { at..... on.....day of.....191.....

	Corps	Regtl. No.
Joined on enlistment		
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks: state if a discharged Soldier

.....

.....

.....

.....

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by .....

on.....day of.....191.....

(*Signature*) .....

(*Rank*) .....

(29056) W375[illegible] 1398. 800m. 7/18. M.R.Co.,Lt[illegible]E 3540.

TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
CANADIAN SPECIAL HOSPITAL. WITLEY, SURREY.	10	7	19	4	8	19	Gonorrhoea	26	APPARENTLY CURED. INJECTIONS AND STOPPAGES AS PER DATES.	[illegible] CAPT. REGISTRAR.

E.C

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

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

Casualty Form—Active Service.

3-171840

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D- Rank Private Name PROULX Damien

Enlisted (a) 13-8-18 Terms of Service (a) ~~C. E. F.~~ Dofw Service reckons from (a) 13-8-18

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

Extended ..... Re-engaged ..... Qualification (b) Cigar Maker

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked HMT SATURNIA.	Montreal	AUG 30 1918	
		Disembarked	Liverpool	17-9-18	
30.9.18		O.C. 10th Can. Res. Bn. T.O.S. on ~~transfer from~~ arriving from Canada	B'Shott	17.9.18	D. O. P. 231
28/11/18	7/10th Res. Bn.	S.O.S. on transfer to 23rd Res. Bn. on discharge from Hospital. ~~25-11-18~~ Tuth. 13.14-2-4/QB/109d/21-10-18	Bshott	25-11-18	D. O. P. II 281
					A R Richards Lieut. A/Adj 10th Res. Bn
28/11/18	23rd CAN. RES. BN.	TAKEN ON STRENGTH	Bshott	28/11/18	DR n. c. [illegible] 32

(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.

1371840 Proulx D

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				
8.3.19	23rd Can Res Bn	S.O.S. on transfer to 2 RD.	Ripon	7.3.19	DT. II-059 W H Chalmers Capt. for O.C. 23rd. Can. Res. Batt'n.
10.3.19	2 RD	TOS and posted to 'D' bay	Ripon	7.3.19	DO 55
~~23-8-19.~~	~~do.~~	~~S.O.S. to 23 Res Bn~~ Above entry cancelled	~~do.~~	~~22-8-19.~~	~~DO 114.~~
12.6.19	2 RD	SOS to S. Yorks L.I. Kitby	Kitby	12.6.19	DO 135 W Lamond Lieut QUEBEC REGT'L DEPOT

47

CANADIAN SPECIAL HOSPITAL, 2403

Witley, Surrey.

To OFFICER COMMANDING

4 Lt Rs

No. 2178540

Rank Pte

Name Poula D.

29-1-19 191

The marginally-noted Soldier has completed his hospital treatment for Syphilis, and may be sent Overseas provided he is otherwise fit.

If possible, he should have a blood test at the end of three, six, and twelve months.

If he remains in the British Isles, he should report once monthly to the nearest Special Hospital for observation.

C.A.M.C.,
Officer i/c Syphilis Department,
Canadian Special Hospital.

30-10988

Gale and Polden, Ltd., Aldershot. 8,666-y.

URGENT.

DEFENCE OF THE REALM

REGULATIONS, No. 400.

The _____

desires enquiries to be made by the Metropolitan Police into the following case, of which particulars are given below by the soldier concerned:-

1. Name, Number, Rank and Unit.

2. Date of last medical inspection before intercourse with the woman.

3. Date of intercourse.

4. Place of intercourse. If place not accurately known, give all possible particulars.

5. Date on which you first became aware that you had contracted the disease.

6. Name of woman alleged to have infected you.

7. Address of woman.

8. General description of woman. Can you identify her ?

9. Was she previously known to you ? If so, state circumstances.

10. Place where you met woman on this particular occasion.

11. Was any money paid to her, if so how much ?

12. Give date of last previous intercourse with any other woman.

13. Give date of any subsequent intercourse with any other woman.

14. Will you give evidence in court against woman if she is prosecuted ?

Signature of Soldier _____

Date _____

I hereby certify that Private D Pauls

was examined by me on 9 November 1918 and was found to be

suffering from Syphilis which was contracted.

previous to his entry into Army Service

His condition is compatible with his statement that he had intercourse with an infected woman at or about the time above stated.

If a bacteriological examination has been made in this case the result should be stated.

Laboratory report Boston War Hospital

13 Nov 1918

Wassermann ++ Positive

Signature of Medical Officer A.H. Glavman Capt

Place of Signature Woodcote Park C.C.H.

Date 16 Nov 1918.

Counter-Signature of A.P.M. _____

Date. _____

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) PROULX, Damien.

REGIMENT O.R.D. RANK Pte. No. 317840

Date of Examination in England 22/8/19. Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

ASSISTANT DIRECTOR OF DENTAL SERVICES SEP 14 1919 M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

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

Signature of Dental Officer F. C. Garvin Capt

Regtl. No. Rank and Name 3171840 Pte D Proals Corps 3 Company

Disease Impetigo Hospital Woodcote Park

Ward 13 - Q/2

To Officer i/c Laboratory.

? relation of Σ. Skin rash + sore throat.

Please carry out an examination of the accompanying specimen of blood

with special regard to Wassermann

Date 9 Nov 1918

A H Newman
O. i/c Ward.

LABORATORY REPORT.

Examination for Wassermann.
POSITIVE. ++

HORTON (COUNTY OF LONDON) PATHOLOGICAL DEPT. WAR HOSPITAL, EPSOM 13 NOV 1918

Date of Examination A.N. 3241 Bacteriologist R S Hele Bourke
O. i/c Laboratory.

W.3212. 50M-4-4-18.

Horton (Co. of London) War Hospital Capt. R.A.M.C.

Form R 122.
2353—100M—9-12-16.

Rank — Name PROULX, Damien. Reg'l No. 3171840

Unit 124th, Dft. Bn 2nd. QUEBEC — If in perm. Corps / What Unit? — Married or Single Single

Place and Date of Enlistment Montreal Que. Aug 13/18 Place of Birth Montreal Quebec

Name and Address, Next-of-Kin Mary Proulx

65 Barre St Montreal Quebec. Relationship mother

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason — Character

N/E. R.B. No 34245
File R.L.
Category CAN.OR

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.
QUEBEC 10		Arrived in England 16.9.18 Saturia			
20.9.18	D. Res	T O S	B'shott	16-9-18	D.O 223
28.11.18	23rd R Bn.	TOS from 10 R. Bn.	"	28.11.18	D.O. 281d/28.11/18 of 10th Res Bn D.O. 332.
24.1.19	23 Res	On Comm 4 Res Bn. Witley		24.1.18	" 24
8.3.19	"	S.O.S to Q.R.D.	Pte Ripon	7.3.19	" 59. & 55, 10 3/19, Q.R.D.
12.6.19	Q.R.D	S.O.S to S. Wing C.C.C.	" Witley	12.6.19	" 135 + 18. 14 6/19 "S"
23.6.19	S. Wing	S.O.S to L. Wing	"	23.6.19	" 25
16.8.19	Q.R.D	SOS + posted to Can Coy	" "	14.8.19	" 191
18.8.19	Q.R.D.	S.O.S to. L. WING C.C.C.	" "	15.8.19	" 192.
30.8.19	M. WING	T.O.S pending R.T.C	" "	29.8.19	" 142.

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.				
		103-B-40.		6.9.19	a/w 16 10/19
29 11/19	M Wing	S.O.S. to Canada	Pte Witley	6.9.19	A.O. 11
					a/o M Wing SOS 6/9/19.

P 820
12474—375M—13-2-18.

FRENSHAM

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.

EFFECTIVE DATE:- 1-2-19

AMOUNT:- 20 00

SEPARATION ALLOWANCE. * ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- PROULX Damien

NUMBER:- 3171840

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

Mrs Mary Proulx
1144 St. Maurice St.,
Montreal, P.Q.
(Mother) A2 M'send. 8/1/19.

Stopped 1/7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1.9.18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- Draft No. 174. 2-2 QueR

DATE ACCOUNT FIRST OPENED:- 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			10 Res Bn

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1 -	- 10		

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
29/4/19	V1197	N Wing	~~4 87~~			L.P.C. to 18/6/19	
15/6/19	V1185	—	~~9 73~~			L.S.B. Cr. 18/6/19	
16/6/19		London	~~35 93~~				
			53 53				

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans. to Canada 2/11/19. Ry. 1/1/19 2690 2981/9. Trans. to Witley. 2/11/19

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.8.	Bal. from Canada								18 70		
Sept	P Pay	33							51 70		
				aR6437 Frensham 19/9/18	4 87				46 83	15	
Oct	"	33 34 10		aR7449 " 4.10.18	4 87				76 06		
				aR8188 " 21.10.18	43 80				32 26	30	
Nov	"	34 10 33		aR3950 CCH Eps 13.11.18	48 67 4 87				27 39		
				aR2195 23 Res 30.11.18	4 87				55 52	43	
Dec	"	34 10		V19127-11-18 9 days @ 6.09 DO231-10 Res - 28/11/18 (11767)		5 40			84 22	5/8	
1919				aR2368 23 Res. 20/12/18	21 90 -				62 32		
Jan	P. Pay.	24 10		" "	31 64				96 42	73 00	
Feb	"	10 20 30 80		aP Feb.	31 64	5 40		20	107 22		
				aR2478 23 Res 15/1/19.	14 60				92 62		
				aR2709 " 24/1/19	4 87 -				87 75		
				aR2876 " 14/2/19	7 30 -				80 45		
Mch	"	34 10		aP Mch.	26 77			20	94 55	73	
				aR3020 " 27/2/19	7 30 -				87 25		
				aR8809 RRDG. 18/3/19	34 07 12 41 -				74 84		
		64 90			48 48 6			40			
Apl	"	33 -		Can aP.				20	87 84		
				" 897 " 14/4	7 30				80 54		
May	"	34 10		Can aP.				20 -	94 64		
				" 1837 " 29/4	4 87				89 77		
				" 2919 " 14/5	12 19 7 30				82 47		
				" 123 " 14/5.	49				81 98		
		64 10			19 96			40			
June		33		Can aP.				20 -	~~94 98~~		
				" 2127 N Wing 27/5	4 87				90 11		
	Just-dep Pay	2 50		add Pen V74933 London 16.6.19	35 93				~~41 18~~		W
		35 50		aR 2985 QRW 10.6.19	9 73 53 53			20	~~41 18~~ 43 95		

lR
81 98.
33 -
v. 50

DOR
117.48
53.53
73.53
20
43.95

Pte

COMPILED BY
CHECKED BY

NUMBER 3171840 RANK NAME Proulx, D.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brought Forward	35 50			53 50			20	43 95		
		35 50			53 53			20	43		
				Cert 3885 17/1	48 7				39 08		
	July P. P.	34 10		L. A. P.				20	53 18		
		34 10			4 53			20			
Aug	✓	34 10		4456. 4/8. C.S.H.	48 67						
				L.A.P.				20-	67 28		
				916. 7/8 J.W.G	14 60				4 01		
		34 10			63 27			20			

L.D. 6/9/19 S.C. 103

47

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

O.G. 31

S.G. 21-4

D.A.

4

1. No. 3171840

2 Rank. Pte

3. Name. Proulx. D Damien.

4. Unit. 23rd Res. Quebec R.D.

5 Date of Discharge 20.9.19 Place Halifax N.S.

MEDICAL DOCUMENTS FORWARDED TO S. C. R. B. P. C. ON 4-10-19

6 Reason for Discharge DEMOBILIZATION

7. Authority. R.O. 1420

8. Proposed Residence after Discharge 44 St Dominique St Montreal P.Q.

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.?

D. Proulx

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

HALIFAX, N.S. SEP 1 41919

Place

Date

Major

O.C. Dispersal Station "B"

Signature

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or
Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (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 (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). 4 Dup
13. Pay Book (A.B. 64).
14. Post War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 15

Date 3/9/19

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley DATE 21-8-19

1. 1 (a) Unit P.R.D. (b) Regimental No. 317840 (c) Rank Pte.

(d) Surname PROULX (e) Christian name Damien

(f) Home address 225 - Dalhousie St. Montreal, Que

(g) Next of Kin Mrs. Mary Proulx (h) Relationship Mother

(i) Address of Next of Kin 225 - Dalhousie St. Montreal, Que

2. Age last birthday 24 years Date of birth 24th Oct. 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date 13/8/18

4. Personal description: Estimated

(a) Height 5' 6" (b) Weight 132 (stripped) (c) Complexion Fair

(d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Vac. left upper arm.

5. Former trade or occupation Cigar Maker

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	1	8

	Periods	
	From	To
Canada	13/8/18	30/8/18
England	30/8/18	To Date
France or other theatres of War		

7. Original disease, or injury V.D.I.

(a) Date of origin Nov. 1917 (b) Place of origin Canada

(c) Cause Infection

M. F. B. 227.

40DM.—11-18.
1772-39-117.

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

V.D.S.

Negative Wasserman.

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

Cam. Gen. Lab. report Wtty 19/5/19

Neg. Wasserman.

sgd.

C. J. Garafalo Capt.

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

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

Special Senses No — Respiratory System No — Integumentary System No

Disturbances of Mentality No — Digestive System No — Muscular System No

Osseous and Joint Systems No — Any other general condition No

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

Had sore throat 1917. Treated in Hpl. since enlisting has received treatments from 19/11/18 - 24/11/18. Had full course treatment.

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

Influenza 30/10/18 - 6/11/18. recovered.

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

None

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

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

No

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Re-examined in 6 months.

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

Full course prior enlisting and at C. S. Hpl Witley.

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

that on arrival in Canada he be dealt with in accordance to P.C.O 47 J 20-1-19.

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

17. Recommendations

N/a

G. W. Horne Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of nothing

W.O.H.B.

D. Crowley Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

yes we concur

19. Is the invalid fit for

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

20. It is certified that the invalid

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

requires that to be dealt with on arrival in Canada under P.C.T. 47 of 20/1/19

(*b*) ~~Does not require treatment.~~
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

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

R.T.C. Aqtel 4083 of 11/11/18

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

W. F. Grayden Capt. *President.*

PLACE Witley W. H. T. Baillie Capt

DATE 21/8/19 } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

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

President

PLACE..... } Members

DATE.....

APPROVED BY

Assistant Director of Medical Services.

DATE.....

APPROVED BY

Director-General of Medical Services.

DATE.....

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 21 AUG 1919 WITLEY SECTION.

Army Form I. 1237.

I. 1237
'12

MEDICAL CASE SHEET.*

a/2

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3/71848	Pte.	Proulx	D.
Year NOV 1918	Unit. 10 Can Res		Age. 24	Service. 3/12

Station and Date.

Disease Influenza (cont.) Went to 2nd scottish gen. hosp. after illness of 3 days and was admitted with diagnosis of influenza. Was discharged after 7 days. Did not while there have any hypopyresca. Has history of syphilis and an eruption (vesicular), irregularly distributed. Have blood examination.

16 Nov 18. Return of laboratory examination shows Wassermann positive ++
Transfer to Whitley

A. H. Newman
Capt. C.A.M.C.
No 1 Division

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

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

1. Surname PROULX Christian name Damien

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 302766 DC

3. Consecutive number on schedule of men reporting for service (if he appears on it) None

4. Address (including street and number if any) 65 Barre St., Montreal P.Q.Canada.

3171840

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the 14th day of August 19 18, by the undersigned medical board sitting at Peel St.Bks.Montreal P.Q.Canada.

5. Age as stated 23 Years 10 Months. 6. Apparent age Years Month

7. Height 5 Feet 6 Inches. 8. Weight 109 Pounds.

9. Chest measurement Minimum 30 Ins. Maximum 37 Ins. 10. Complexion Clear Eyes Brown Hair Lt.Brown

11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks

13. Number of vaccination marks Right arm / Left arm 14. When vaccinated last Cried

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

16. Slight defects but not sufficient to cause rejection History of Lues

The man denies having had (Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma.) We find no evidence of past (Rheumatism. Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma)

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17. (a) Vision. R. 20 L. 20 (b) Hearing. R. Ok L.

Williams Major President.

R C Lewis Capt Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
14/8/18		Ernest Chabot M. O.	14/8/18		Ernest Chabot M. O.
		M. O.	19/8/18		Ernest Chabot M. O.
		M. O.	27/8/18		Ernest Chabot M. O.

Joined 14th day of August 1918 at Montreal P.Q.Canada.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to	2nd DEPOT BN.	D- 3171840	2nd QUEBEC REG'T.	14-8-18

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Whitley	21/8/19	U D S.	A. wop Bauller Capt

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

M. F. B. 313.
300M —4-18.
1772-39-439.

Signature of Man Damien Proulx

Surname PROULX Christian Name Damon

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.
2nd Scot. Gen. H. Edinburgh		30	10	18	6	11	18	21 Influenza	7	Had pyrexia, headache & pains all over made a satisfactory recovery.	J.M. Rankine Maj
Military Conv. Hosp. EPSOM.		8	11	18	19	11	18	Influenza (con)	11	Was admitted to 2nd Scottish General Hosp. after an illness of three days and was diagnosed as Influenza. Has history of Syphilis and an eruption (Vesicular). Irregularity disturbed. Wasserman examination shows positive 16-11-18. Transfer to Canadian Special Hospital, Witley for TT.	J. W. Smith Capt. CAMC Registrar
CANADIAN SPECIAL HOSPITAL WITLEY, SURREY.		19	11	18	27	11	18	V.D.S.	9	Recurrent Syphilis, Discharged as D.P. following 1 x 914 + 1 x Hg	W. Blakelock Maj RAMC
										Stoppages as for date	

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 317184 RANK Pte NAME (IN FULL) Proulx Damien (BLOCK LETTERS SURNAME FIRST)

Minnedosa 14-9-19

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID Jas $20.00 | RELATIONSHIP 1-10-19

ADDRESS James A.P.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Mo	6-9-19	Leo 261

ORIGINAL UNIT C.E.F. 10 Au Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-10-19

PAYABLE TO Mrs Mary Proulx | RELATIONSHIP Wife | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 41 St. George ~~St Montreal~~ | Bank of Montreal, St. James St, Montreal

3/1/19 Montreal P.Q.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Valcartier DATE 20-9-19 REASON Demob AUTHORITY Leo 261 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Aug/10																																		
BALANCE FROM PREVIOUS ACCOUNT 31-8-19					18	61																												
								35 00																											
20-4-19	20	1 10	22	00				70 00								487	50	101	14			20 00				14	60		145	61				
								145	61																									
WAR SERVICE GRATUITY W.S.G. S. M.D.																WAR SERVICE GRATUITY W.S.G. S. M.D.																		
																																Dft Def		
122 days		2 80	1 20		4 00											70 00														210	-	170	-	Last Payment Part
																10 00	50 00	10 00												140	-	60	-	carried fr. Sept. 1st 1919
																10 00	30 00													10	-	30	-	12.11.19 # 177097 1-2
																70 -	30 00													Nil				17/12/19 # 177697 3/4.
		2 80 00	1 20 00		4 00 00											80 00	1 10 00	10 00				4 00 00								Nil				

Certified that all payments due on this acct. have been paid.

[signature] (RANK)

For Senior Officer Pay Services, M. D. 6

OCT 21 1919

200M-3-19.—L. L. 38785—... & D. 9985.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment 14-8-18

1 Feb. 1919

MILITIA AND DEFENCE

Separation and Assigned Pay Branch P 10417

OVERSEAS CONTINGENTS

Date of Assignment

1 Feb. 1919

RATE OF SEPARATION ALLOWANCE

30.00			

RATE OF ASSIGNMENT

20.00			

Leave

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 2nd Dpt. Bn.

Beneficiary Mrs. Mary Proulx

Relationship Mother

Address 144 St. Maurice St. Montreal, Que.

PARTICULARS OF ASSIGNMENT

Name

Address 48 Inspection St 25/4/19

Change of Address

1 MRS.MARY PROULX,

2 ~~144 ST.MAURICE ST~~,, MONTREAL,P.Q. 20 30 50.00

3 % 3171840 PTE DAMIEN PROULX FIFTY DOLLARS

4

14823-D-9

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total	
Feb	P 663.	30	20	50	✓ OK 27/2/19 Rw
Mar	A 8843	30	20	50	✓
Apl	B 270	30	20	50	✓
May	K 8072	30	20	50	✓
June	L 10832	30	20	50	✓
July	9 11957	30	20	50	✓
Aug	R 13501	30	20	50	✓
Sept	a 18266	30	20	50	
		240	160	400	

REMARKS N.R.S.B.1

acctge 12687 Soldiers Savings fld 5 3/19

OR 7807 M.R.O. 7307 72 Alteration mnd. 25/4/19 Auth

Letter on file above

We Closed 30-9-19

Rec'd per Munnelly & Co

Date 14.6.19 M.F.W.187 Mtl # 6

Clerk Radley

MRO 12303

AUDITED.

AUTHORITY FOR NEW ACC'T. P.A.B. Rel 13-2-19 H. Duncan 28-2-19

M. F. W. 128.
400M. 6-17—1772-39-3141.
L. L. 22330—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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.
40m. 6-17—1772-39-1141
L. L. 22320—M. & D. 7993.