2238

ORIGINAL

ATTESTATION PAPER.

No 1051490

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... St Denis
1a. What are your Christian names? ..... Raoul Olier
1b. What is your present address? ..... Duck Lake, P.O Sask.
2. In what Town, Township or Parish, and in what Country were you born? ..... Prince Albert, Sask.
3. What is the name of your next-of kin? ..... Odilon St Denis
4. What is the address of your next-of-kin? ..... Duck Lake P.O. Sask.
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... September 23rd/ 1888
6. What is your Trade or Calling? ..... Clerk
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... 1 year in R. N. W. M. P.
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Raoul Olier St Denis, 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.

R. O. St Denis (Signature of Recruit)

Date 22nd/ October, 191 6 J. B. Clark (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Raoul Olier St Denis., 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.

R. O. St Denis (Signature of Recruit)

Date 22nd/ October, 191 6. J. B. Clark (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 Saskatoon, Sask. this 22nd/ day of October, 191 6

J. N. Wrinton (Signature of Justice)

J.P.

M. F. W. 23
750M—8-16
H. Q. 1773-69-341

2238

Description of Raoul Olier St Denis, on Enlistment.

Apparent Age 28 years 2 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 43 ins.

Range of expansion 3½ ins.

Complexion Fair

Eyes Blue

Hair Grey

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 22nd/ October, 1916.

Place Duck Lake Sask.

N. H. Lucheu
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.

Raoul Oliver St Denis 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.

E Baadsdow Lieut.-Col. (Signature of Officer)

O. C. 243rd Overseas Battalion C. E. F.

Date 22nd/ October, 1916.

REGIMENTAL DOCUMENTS

NAME St. DENIS. Raoul Olier REGT. NO. 1051490 UNIT 243 Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
						DEATH
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Category
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				00291	
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					DISCHARGE
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
	DENTAL HISTORY SHEET (M.F.B. 465)					
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)		B.P.C.	7-4-20	Spec-4011 M.H.	Med. Unfit
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M F W 192.					
1	A F W 3997					
1	A G 10434					
1	Ea D e 5009					2
1	M149					29 — 21
1	Disp Cert					23 — 21
1	Cas card					2 — 22
	Med Case sheets					
1	R122					

S

M

H

W. 2589
100M-11-18

Number 1051490 Rank Pte

Surname ST. DENIS

Christian Name Raoul Olier

Units 1st C. M. R. Theatre of War France

Date of Service 7-4-18

Remarks Box 46. Front St. Duck Lake Sask.

Latest Address

Roll No B Page 9864

200m.-2-21.M.

Port, ship, and date of arrival

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

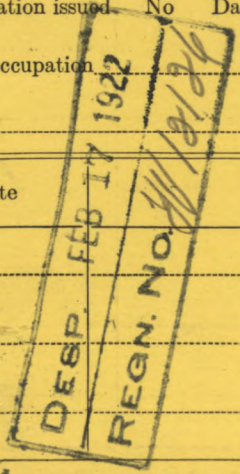
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

Remedial Treatment Gymnasium, 2238
Canadian Hospitals and
Command Depots. 121 D

LEAVE THIS BLANK.

Place: Yeom

Regt.No. 1051490 Rank pte Name St Denis RO

Unit 1 CMR Age 30 (Adm. 23 10 18

Date of (

Division E Hut 54 (Disch 15/11/18 20-11-18

DISABILITY. Date. 9 Aug 1918

Jt w Hand L.

CLASS. Gen. 31-10-18

MACHINES. Wrist Roll.

Hours of Attendance, a.m. 10 00 p.m. 2 30

REMARKS. amp. ring finger left hand - limited flexion of remaining fingers -

R.T.G.1. 20M-30-4-18. P.T.O.

LEAVE THIS BLANK.

2238

PROGRESS, Notes. 30/10/18 Fairly useful hand now Gordon 15/11/18. P.T.2. To see M.O. re Board.

DISPOSITION. ~~P.T.2~~ DI

Harry K. Groff Capt.
Officer i/c Gymnasium.

2238

REGT'L No. 1051490

H. Q. FILE No. 649.

NAME St. Denis Paul Olier

RANK AND COPPS Pte 1st Regt C.M.R. (15-R.) (Sask. Regt.)

FOLLOWS No.

NATURE OF CASUALTY form 24 3rd Bn.

FOLLOWS

CABLE NO.	CABLE DATE	
N. of K.		Odilon St Denis (Father)
67-5		Muck Lake P.O. Sask.
5261	19-8-18	Adm Lord Derby war H. Warrington
		Aug 16th 1918. G S W Le Hand

L. L. 26438. M. & D. 8207.

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

2238 Sask Regt.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.75	Mil Shorncliffe	25-11-17	Sprained Ankle
C 99	" " Monks Norton	23-1-17	" "
C 138	" " Disch.	14-2-18	" "
B 294-1	Lord Derby War Warr	16-8-18	GSW L. hand
B 35-3-3	Mil. Comp. Epsom. ington	22-10-18	GSW L. hand 3rd finger amp
B 425-2	Disc	17-1-19	GSW. 3rd finger Amp. L.

CARD NO. 12

SURNAME. St. Denis

CHRISTIAN NAMES Raoul Olier

REGL. NO. 1051490 RANK Pte.

UNIT 243rd. Bn.

FORMER CORPS. R.N.W.M.P. (1 year)

SOS Dis 28.3.19
M.U. FOLL.
~~DD~~ DD 860 27.3.19
#12 DD

NEXT OF KIN.

NAMES IN FULL St. Denis, Odilon

RELATIONSHIP TO SOLDIER Father

ADDRESS Duck Lake P.O., Sask.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Prince Albert, Sask. DATE Sept. 23rd 1888

PLACE OF ATTESTATION Saskatoon, Sask. DATE Oct. 22nd 1916

O/S 2-6-17 865/16

R16 6-3-19 275/50 Pte.

L. L. 10137. M. & D. 7253.

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

LAX PER

S.S. OLYMPIC 2-6-17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Clerk. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 28 YEARS 2. MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 43 INCHES EXPANSION 3½ INCHES

COMPLEXION Fair EYES Blue HAIR Grey

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Duck Lake, Sask DATE Oct. 22nd 1916

Present address: Duck Lake, P.O., Sask.

Form R. 149.
7106—250m—7/2/17.

Raoul ~~O~~ Olier 2238

Name St Denis Rank Pte. Reg. No. 1051490

Unit ~~15th Res.~~ 1st C.M.R. WSW 91

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-11-17	M.H. Shorncliffe Adm. whilst on Draft for France (1950)		Spr. ankle	C 75		
23-12-17	C.C.H. monks Horton (9082)		do.	C 99		
14-2-18	Dischd.	D 707		C 138		3187
16-8-18	Lord Derby W.H. Warrington			B 294		
22-10-18	McH. Epsom		GSW L. Hand	B 353	H 261	24259
17-1-19	Dischd		3rd Finger amp. L.	B 425		2983
						1125
	Records					
22-1-19	S.R.D. Blanchette					

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

No. 1051490. RANK Pte. NAME St Denis, Raoul, Oher.

T. O. S. 22-10-16. UNIT 24 3rd. Battalion. C. E. F.
(D.O. 178 of 12-12-16.)

M. D. 12.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916.	1916.			
Oct. 22.	Dec. 31. 1917.	L		
	Jan.	L		
	Feb.	M.		
	Mar.	L		
	Apr.	M.	To be Sgt with pay while recruiting. Reverts to Pte.	C.B. 75 of ?-3-17. D.O. 1139/25-4-17.
	May.	M.		

H2

*Name ST. DENIS R.OL Rank Pte. Regtl. No. 1051490

Fyle Depot

Original unit 243rd Present unit 1st CMR M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival St. John, Cassandra, 6-3-19

Next of kin

Address on leave Duck Lake, Sask

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Date and place of enlistment Saskatoon, 22-10-16

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
22-2-19	T.O.S. #12 DD and posted to Casualty Coy from 10-3-19	69/438
	Granted leave from 11-3-19 to 25-3-19 inc.	
	Entitled to wear 2 Blue Chevrons.	

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

(over)

Date.	Remarks	Pt. 2 Order No.
27-3-19	Posted from Casualty Coy. to Discharge Sec.	86-544
28-3-19	Discharged- M.U. Wounds.	86-543

M. F. W. 192
150m.—5-18
1772-39-1243

2238 FORM D M.S 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
St. Denis.	R.O.	1051490.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	Sask. 15-K.			

HOSPITAL — DATE OF ADMISSION

Mil. H. Shoncliffe 25.11.17
Can. Conv. Monks Horton. HOSP. 23-12-17.
2. Lord Derby War. Warrington 16-8-18
Mil Con Epsom HOSP. 22.10.18.
3. HOSP.
4. HOSP.

DIAGNOSIS
1. Sprained ankle
2. GSW. L. Hand Ad R
(3rd Fing Amp. L) Am
3.

DISPOSITION — DATE

Q. 29.11.17	C75. (1)
31-12-17	C.99.
19. 2.18	C138.
18-8-18	B294
25.10.18	B 353.3
21. 1.19	B 425-2

REMARKS
Dis 14. 2. 18.
" 17. 1. 19.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE May 27, 1971

NAME
NOM ST.DENIS, Raoul Oliver

Service No.
Matricule No 1051490 WW1

CPC No.
CCP No

WVA No. 21167
AAC No

Information Received from:
Information reçue de: DVA 93, Saskatoon, Sask, April 19, 1971

Date of Death
Date du Décès April 3, 1971

Place
Endroit University Hospital, Saskatoon, Sask.

Distribution: WSR-DASG
VI - ASS
~~HQX-HBX~~
HO - BC

Pour le chef,
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 (Rev. 2/70) BIL.

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

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins 243rd Overseas Bn C.E.F.

(2) Regimental Number 1051490

(3) Full Name of Soldier Raoul Olier St Denis

(4) Place of Birth Prince Albert Sask Canada

(5) Are you married, or not? No

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address O J St Denis - Duck Lake Sask Canada

(10) Is your Mother alive? Yes

If so, state name and address Mrs O J St Denis - Duck Lake Sask Canada

(11) If your Mother is a widow —

Are you her sole support, or not? —

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

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

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

(15) Are you insured? Yes

If so, in what Company? Modern Woodmen of America

Have you made arrangements for payment of your Insurance premium Yes

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

Date April 27th 1917

Lieut.-Col.
Officer Commanding.
O. C. 243rd Overseas Battalion C. E. F.

22738

Reference copy of original C.E.F. Discharge Certificate issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 1051490 (Rank) Private

(Name in Full) Raoul Olier St Denis enlisted in

24 3rd Battalion

Canadian Overseas Expeditionary Force, on the 22nd of October

1916, and accompanied said unit to France Four & Half months with 1st C.M.R.

was returned to Canada, and discharged from the service at Regina

on the 28th of March 1919, in consequence of being

Medically Unfit "Wounds".

DESCRIPTION ON DISCHARGE

Age 30 years

Height 5 feet 8 inches

Complexion Fair

Eyes Blue

Hair Grey

Trade

xxxx File No. 474-3-12 D.D.

Marks or Scars

G.S.W. Left Hand

Signature of Man R. O. St Denis

Officer in charge Discharge Depot.

Place and Date Regina, Sask. 28-3-19. D.C.#12 District Depot.

M. F. W. 39 a.
50m.—8-17.
H. Q. 1779-39-832.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

War Service Badge, Class issued

A. No. 67071

B. No. 45710

No.

Rank

Name

Unit

Address on Discharge

On demobilization the particulars called for on the back of this certificate will not be completed.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Discharge Section

MAR 28 1919

NO. 12 DISTRICT DEPOT

His conduct and character while in the Service have been:

On demobilization the particulars called for on the back of this certificate will not be completed.

Place

Date

Commanding

Campaigns

Medals and Decorations Entitled to wear One (1) Gold Casualty Stripe:- 10-8-18. Also Two (2) Blue Service, Chevrons.---------- ------

C.A.D.C. 5009A

2238

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) ST DENIS. R.O

REGIMENT S. R. D. RANK PTE No. 1051490.

Date of Examination in England 8 - FEB 1919 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

A. D. D. C.
8 - FEB. 1919
HEADQUARTERS
CANADIAN DIVISION
Ripon.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England Yes.
- (c) In France

Signature of Dental Officer R Roy Capt.

Forms I. 1237 / 10

2238

PT = Br 6

R.C

Army Form I. 1237.

MEDICAL CASE SHEET.* 8

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
TL-223	105 1490	Pt	St Denis	Raoun 6 Raoul Oliver

Year	Unit.	Age.	Service.
1917	15th Res Bn Clerk	29	14/12 L

Station and Date. Disease Sprain of Ankle

Canadian Convalescent Hospital, Monks Horton, Kent.

22/12/17 26/11/17 at Rest Camp at Folkestone, Sent to S.M. Hospital – Monks Horton

23/12/17 Still some pain and weakness in right ankle – No swelling or odoema

Convalescence 2 weeks

J G McKie Capt

CANADIAN WAR HOSPITAL, THE BEACH, WALMER.

27.12.17 Reg Diet

28-12-17 Massage ankle.

Crepe bandage 4 in

2-12-18 Meat-Rhie Amer

2 11 18 improved T.I.D.

same constitution E R White ITO

Monks Horton

12/2/18. Ankle does not bother him much now. No swelling or tenderness at present. Recovered. Cat Di

C W Burns

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

(J 3521.) Wt. W 5606—2621. 2,000,000. 7/15. D & S. P.T.O.

Station and Date.	

Form R 122.
2353—100M—9-12-16.

2238

C.R. Rank Name ST DENIS. Raoul Olier. Reg'l No. 1051490.

Unit 243rd Bn. to Sask Regt. If in perm. Corps What Unit? Married or Single Single.

Place and Date of Enlistment Saskatoon. Oct. 22nd, 1916. Place of Birth Prince Albert, Sask.

Name and Address, Next-of-Kin Odilon St Denis. Duck Lake P.O. Sask., Canada. Relationship Father.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 9755
File R.L.
Category O.R. Can.

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.
C		ARRIVED IN ENGLAND 9 6 17 S/S OLYMPIC.			
25.6.17	15th Res	T.o.S. from 243rd	B'Shott	10.6.17	Pt II 170
28.11.17	Sask. R.	Adm. Military Hosp. (Whilst on draft for France)	Sh'cliffe	25.11.17	C.L.C. 75 Sprained Ankle
~~25.11.17~~	~~15th Res~~	~~S.o.S. to 5th Bn. O'Seas.~~	~~Pte B'Shott~~	~~24.11.17~~	~~Pt II 322~~ (Cancelled by Pt II 333d/61217)
29.12.17	SR(15)	Tpd. Cdn Con Hosp	Monks Horton	23.12.17	C.L.C. 99 Spr. Ankle
15.2.18	S.R.D.	T.O.S. from 15 Res Bn	Pte B'Shott	14.2.18	Pt II 46 Pt II 46a/16.2.18 15 Res
15.2.18	do	On Command 2nd CCD	Pte do	14.2.18	" 46 Pt II 39a/15/2/18 2nd CCD
1.4.18	-	Ceases do	Sty	29.3.18	" 91 Pt II 76a/30.3.18 2nd CCD
1.4.18	-	S.O.S. to 15 Res Bn	Pte	29.3.18	" 91 Pt II 89a/30.3.18 15 Res
8.4.18	15 Res	S.O.S. to 1st CMR's O'seas	Pte	7.4.18	" 98 Pt II 30a/12.4.18 1st CMR

A.F.D. 3 DEC 1917

3 CHECKED APR 1918

1051490 St Denis R.O 2238

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.
					YSWHand L
21 8 18	S R [illegible]	Wounded	Ple Freedyte	10 8 18	Serial No Ha 3362 11
21. 8 18	S R D	[illegible] S on adm to hosp	" Bhott	16. 8 18	DD077 of 26.8.18 DO217 1st CMR O.C.
14.2.19	S.R.D	S.O.S on tfr to M.D.W 12 for ret to Canada	" Repon	14.2.19	D035 DDO 39 of 15 2 19 12 MDCW
22/2/19.	12 MDCW	S.O.S. proceeding to Canada.	Rhyl.	22/2/19	DO 45

2238

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps 243rd OVERSEAS BATTALION

Regimental No. 1051490 Rank Private Name St. Denis, Raoul Olier

Enlisted (a) Oct 22/16 Terms of Service (a) C. E. F. Duration Service reckons from (a) Oct 22/1916

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) Military: 1 year in R.N.W.M.P. Civil: Clerk

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
		Canada Embarked H.M.T. Olympic	Halifax N.S.	May 28 1917	
		Disembarked England	Liverpool	June 9th	H.M.T. Olympic
		Entered Segration Camp	Bramshott	June 11th	J. G. Henderson Lt for Capt and Camp Adjt for C.C. Seg Camp.
25.6.17.	O.C. 15th Can Res Bn	Taken on the Strength of the 15th Can Res Battn. Bramshott 10.6.17.			C.R. 170 dy 25.6.17.
NOV 25 1917	O.C. 15th RESERVE	PROCEEDED OVERSEAS FOR SERVICE WITH 5th BATTALION	BRAMSHOTT	NOV 24 1917	PART II. DAILY ORDERS No. 322. D Campbell Lt a/ ADJUTANT, 15th RESERVE BATTALION.
		Above entry cancelled Pte O 333a/ 6.12.17 of the 15th Res Bn			D52.18
FEB 13 1918	O.C. 15th RES. BN.	STRUCK OFF STRENGTH TO S.R.D.	BRAMSHOTT.	14.2.18	PART II. DAILY ORDERS No. 46. D Campbell Lt a/ ADJUTANT, 15th RESERVE BATTALION.

CERTIFIED CORRECT. 4 DEC 1917

(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.

St Denis 2238

1051490 Pte ~~St. Dennis~~ R.O.

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
15.2.18	4 SRD	T.O.S. att 2nd C.C.D. ✓	B'shott	14.2.18	Pt. II D.O. 46.
					J.W.G. Binns ....Lieut. & Adjutant, for O.C. Sask. Regt'l Depot.
15.2.18	2 CCD	attached to 2 CCD ✓	Bramshott	14.2.18	Pt 2 # 39.
30 MAR 1918	O.C. 2nd CCD	Ceases to be attached to 2nd C.C.D. on return to 15th Res. Bn.	B'Shott	29 MAR 1918	Pt. 2 D.O. No. 76 [signature] for OC. 2nd CCD.
MAR 30 1918	O.C. 15th RES. BN.	TAKEN ON STRENGTH FROM SRD for 2nd CCD ✓	BRAMSHOTT.	MAR 29 1918	Pt II 89
APR 8 1918	O.C. 15th RES. BN.	PROCEEDED OVERSEAS FOR SERVICE WITH 1st Cmr R BATTALION	BRAMSHOTT	7 APR 1918	PART II. DAILY ORDERS No. 98 D Campbell Lt/a ADJUTANT, 15th RESERVE BATTALION.
15.2.18	SRD	7 cmd 2 bldg	do	14.2.18	D.O. 46
1.4.18	do	ceases 7 cmd. 2 bldg & SOS to 15 Res Bn.	do.	29.3.18	— 91
					L G Lund ....LIEUT. FOR LT: COL: I/C RECORDS. C.O.M.F
8.4.18	3 CIBD	Landed & T.O.S. 3rd Cmr R	3 CIBD	8.4.18	NR. 621. DO 30
9.4.18	CCRC	Arrived	CCRC	9.4.18	NR 406
9.5.18	"	Left for	Unit	10.5.18	672
19.5.18	Unit	Reported		12.5.18	B213
10.8.18	47 Gen	G Sw. Hand. & Dn	47 Gen	10.8.18	W531 - G9705

CERTIFIED CORRECT 17 APR 1918 O.C. RECORDS LONDON.

2238

Army Form B, 103—II.
Part II.

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 1st Cm R. Regimental Number 1057490

*Substantative Rank Pte Surname St Denis Christian Names B.

*Acting Rank

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

(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
19-1-19	SRD	16	Granted furlough from Hospital from 17-1-19 to 29-1-19	B'Shott.	17-1-19	
6-2-19	"	28	Posted to Depot Coy from furlough.	Repon	3-2-19	
14-2-19	"	35	SoS to M D No 12	"	14-2-19	

R. E. Appeley
Lieut.
Sask. Regt'l Depot.

14/2/19 Attached C.C.C. Kinmel Park for return to Canada Part II Orders No. 39. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No:

22 FEB 1919

Commanding _____ Wing,
Kinmel Park Camp,

A Bottomley
Lieut.
i/c Records, M.D. 12.

To be folded on this line.

Nothing to be written in this margin.

A1834 W.6425—P1600 500,000 10/18 G.W.P.Co.3973.

(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

Nothing to be written in this margin.

Army Form B. 103. Sheet 2. Regimental Number 1051490.

Casualty Form—Active Service

2238

Regiment or Corps 1st Cmr Battalion

Rank Pte. Surname St. Denis Christian Name R.O.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked ...			
15.8.18.	47 Gen	Wounded to Eng.	AT St David		AFW 3083/5772
		Posted to Sask Regt. Dep.	Bramshott	15.8.18.	Pt II 77d/26/8/18
		R.W. Winter Lieut for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F.			
21.8.18.	S.R.D.	Taken on Strength	B'shott	16.8.18	Pt II O 214
					L. E. Lundy FOR LT: COL: I/C RECORDS. C.O.M.F.

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

(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

[P.T.O.

2238

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		SS→CASSANDRA EMBARKED 22-2-19			
		J J Fallen Capt & Adjt. for O.C. No 13. T.A.C.S.			
	D.D.O. Part II	.O.S. No. 12 DISTRICT DEPOT REGINA			
10.3.19.	69.438	From Clearing Depot	22.2.19.		
27-3-19	Cas Co.	Discharged M.U. Wounds	Regina	28-3-19	Ro 1420 (86-543)

G Murphy Capt.
C.C. Casualty Company, No. 12 District Depot

[signature] Lieut. & A/Adjt.
No. 12 District Depot

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Princs Albert, Sask

NAME AND ADDRESS OF NEXT OF KIN: Odilion St. Denis
Duck Lake, Sask.
Father.

RELATIONSHIP OF NEXT OF KIN:

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 1051490 RANK Pte. NAME St. Denis, Ravous Olier

IF IN PERMT. CORPS WHAT UNIT | UNIT 243rd | TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES | TRANSFERRED TO | DATE | AUTHORITY

PLACE OF ATTESTATION Saskatoon, Sask. | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 22nd October 1916. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY MONTHLY $18.00 DATE EFFECTIVE Dec. 1st 1917 HRW

PAYABLE TO Mrs Marie O. St. Denis Duck Lake Sask. Canada. RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

61

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
Balance from Canada														21 05	21 05																21 05				
June 30	33														33																54 05		15		
July 31	34	10													34 10																88 15		30	58 15	
Aug 31	34	10													34 10	334	25/6														48 67	73 58		45	28 58	
Sept 30	33														33	381	30/6																	60		
	13	21	20													477	15/8																			
																500	15/8																			
															748 31/8																					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFD. SER. PAY	SER. ALLCE. ENG.
Oct	Er Bal Fwd	79 81							79 81	60	
	Pte Pay	34 10		aR 819 15/9/17 15th Res	973						
		34 10		aR 878 - 15th Res - 30/9/17	973				9474	78	
	Pte Pay	33		aR 1077 15th Res 31/10/17	730						
Dec	" "	34 10		aR 935 15/10/17 15 Res	973						
				✓ 1134 15/11/17 ✓	973						
				AR Dec				18	116 78		
		67 10			2676			18			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFD. SER. PAY	SER. ALLCE. ENG.
1918 Jan	Bal Fwd								116 78		
	Pte Pay	34 10		A-Q 4005-4234 11/11/17	05						
				Sous A.P. Jan.				18			
				aR 1233 24/12 Monk to North	487						
				✓ 246 11/12 #9 b C St.	243				12553	90	
		34 10			735			18			
Feby	Pte Pay	30 80		A.P.				18			
				aR 1409 14/1 Walmer	243						
				✓ 1716 30/1 Walmer	243						
		30 80		Dup/A 1285 30/11/17 15 Res	487				12860		
					973			18			

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 19/6/19

1051490 Ste St Denis R.O.

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.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance: Credit	Balance: Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DE-R-P	SEP. ALLCE. ENG.			PARTICULARS		CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	ENG.
	Bal Food																	12860																	
Mch.	P&A				34	10			A.P.								18																		
									YR 2010	13/2			M. Hatton	243																					
									AR 2323	23/2			266 D	973																					
									✓ 2572	18/3			✓	3407																					
									✓ 2762	19/3			✓	779																					
					34	10								5402			18	9068	90																

P 820
12474--375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- Dec 1st 1917.	EFFECTIVE DATE:-
AMOUNT:- 18.00	AMOUNT:-

NAME:- ST DENIS Rawdie Olier

NUMBER:- 1051490

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. Marie O. St Denis Mother
Duck Lake, Sask, Canada.

Stoppage 379

B

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 243rd Bn.

DATE ACCOUNT FIRST OPENED:- June 1st 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET S'F'D	UNIT TRANSFERRED TO
			D.R.D.
30 8/4/18	1/4/18	25/4/18	1st C.M.R.
217	1.9.18	21.9.18	S.R.D.
			Canada Section

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
28/19		London	973	4/6		Bal	9726
21/19	5534	R.R.D. 2nd/19	1460				
			2433				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Canada 28/8/19 MR 73860 10/19 Repon 8 Repon 2nd 19

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal Fwd.								9068	90-	
Apr.	P+A	33-		A.P.				18-			
				AR 212. 26/4. 3rd Div. Wing	446						
				" +6 1/4 - 15 Rs	19 47				8175	90	
		33			2/3 9/3			18			
May	P+a.	34 10		a.P.				18-			
				ar 384 9/5 - 3 D. Wing	357						
				" 305. 20/5 1.C.M.R.	357				9071	90	
		34 10			7 14			18			
June	"	33		AP.				18			
				AR 378 6/6 "	446						
				" 39 22/6 "	357				9768	90	
		33			8 03			18			
July	"	34 10		AP.				18			
				AR 195 15/7 "	446						
				" Hor 26/7 "	357				10575	90	
		34 10			8 03			18			
Aug	"	34 10		C AP				18			
				HR 76266 29/8 Lt	973				11312	90	
		34 10			9 73			18			
Sep	P+A.	33		AP				18			
				HR Ens 35638 19/9/18	973				11739	90	
		33			9 73			18			
Oct	"	34 10		AP.				18	13349		
				HR. 41971 12/10/18 "	973						
				AR 6946 22/10 Epsom	487				11889		
				" 3012 4/11/18 "	2433				9456	90-	
		34 10			3893			18-			

NUMBER 105190 RANK Pte. NAME ST. DENIS, Ravens Olier

MONTH 1918	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov 1 ✓	Bal. Ford.								94 56	90 -	
	P P ✓	33 -		ap.				18	67 10 / 161 66		
Dec	✓	34 10		ap.				18	40 87 / 120 79		
				AR 1885 10/12/18 Epsom	4 87				120 79	90	
1919 Jany	✓	34 10		ap				18	136 89	90	at Ages
		101 20			4 87			54			
	SF 17/1/19 to 29/1/19. 12 dys @ 6 6 19/1/19. SRD	8 76									
Feby	✓	30 80		AR. 3613 13/1/19. ✓	4 87						
				✓ 5294 27/12. ✓	9 73						
				✓ 1571 17/1/19 ✓	29 20						
	Acton Deffaey	~~8 76~~ 6 94		Cap	43 80			18	~~123 44~~		
				✓ 5534 2/2/19. Rebone	14 60				12 159		
				AR. 179 77. 25/1/19 Lan.	58 40 / 9 73				~~11 188~~ 77 26		
		46 50			68 13			18			

S.O.S Canada. 22/2/19. SL 12 SRM MD 12

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 19/6/19

2236 25-4-32. 12

(2468) Wt. W. 2290—PP1182 6-13 J.F.W. (E3277)

Army Form W3997.

M.D.12

2B

Regtl. No. 1051490 Rank Pte

S Group 28

Name St Dennis R. O.
(Christian Names in full) (Surname)

Unit SRD Regt. or Corps 243rd Batt.

CATEGORY B. [illegible] Father

REASON FOR RETURN DUCK LAKE.

Medical Board held at 19

.....

INTENDED PLACE OF RESIDENCE .....

.....

Farmer. No. 1.

Service in France 6/12.

COVER

FOR

DISCHARGE DOCUMENTS.

CAMPAIGNS, MEDALS & DECORATIONS .....

.....

OCCUPATION .....

Casualty Form AFB 103
Medical Board Proceedings
Medical History Sheet
Attestation Paper
Field Conduct Sheet
Regimental Conduct Sheet
Company Conduct Sheet
D.O.S. 2
Dental Certificate
LAST PAY CERTIFICATE

SS CASSANDRA
EMBARKED 22-2-19

Proceedings on discharge .....
" of Medical Board .....
Medical History Sheet .....
Last Pay Certificate .....
Casualty Form .....
Attestation Paper .....
Field Conduct Sheet .....
Company " " .....
Regt'l " " .....
D.O.S. 2 .....
Dental Certificate .....

General Medical Board
REGINA, SASK.

2238

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

A. D. M. S.
MAR 28 1919
M. D. 12

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.

Military District No. 19
MAR 27 1919
Regina, Sask.

STATION Regina Sask. DATE March 26 1919

1. 1 (a) Unit 12 DD. (b) Regimental No. 1051490 (c) Rank Pte

(d) Surname St. DENNIS (e) Christian name Raoul Olier.

(f) Home address Duck Lake Sask.

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

(i) Address of Next of Kin Duck Lake Sask.

2. Age last birthday 30. Date of birth Sept. 23rd. 1888.

3. Enlistment, or ~~Appointment (if an Officer)~~ (a) Place Duck Lake Sask. (b) Date Oct: 22nd 1916

4. Personal description:

(a) Height 5.8" (b) Weight 146 (stripped) (c) Complexion Medium.

(d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Ring Finger. Lt. Hand. (Amp)

5. Former trade or occupation Clerk + Farmer

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
	2.	151

	Periods From	Periods To
	March 2nd 1919	present Time
Canada	Oct. 22nd 1916	May 28th 1917
England	Aug 15th 1918	Feb 22nd 1919
France or other theatres of War	June 9th 1917	April 8th 1918
	April 8th 1918	Aug 15th 1918

7. Original disease, or injury G. S. W. Left hand.

(a) Date of origin 9. VIII. '18 (b) Place of origin Amiens, France.

(c) Cause Shrapnel whilst on active service.

M. F. B. 227.
400M.—11-18.
1778-30-117.

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.)

Total loss of ring finger of left hand.
Digital limitations of motion left hand.
Reduced strength totally and digitally of left hand.

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.)

Obj.

Right Hand – normal.

Left Hand – flexion –

			Digits				
			Thumb	1st	2nd	3rd	4th
Phalanges	Distal	active	Normal	Normal	142½°	0	117°
		passive			115°	0	95°
	Medial	active			75°	0	105°
		passive			65°	0	82°
	Proximal	active			105°	0	112°
		passive			95°	0	100°
(% Power present)	Grip		100%	110%	40%	0	20%

Left Hand – extension – Normal. % Grip of hand present is 54%.
Phalanges of third finger are absent. On the dorsum of the hand is a mildly painful spot over centre of 3rd. metacarpal. The only scar present is a rather extensive amputation stump scar of the missing finger. All other anatomical systems are normal.

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

Special Senses..N.. Respiratory System..N.. Integumentary System..N..

Disturbances of Mentality..N.. Digestive System..N.. Muscular System..N..

Osseous and Joint Systems..N.. Any other general condition..N..

*Note (man has developed 10% more than normal grip in the index finger left hand, hence the 110%)

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

Evacuated C.C.S. & 47 Genl Hospl Rouen to Lord Derby War Hospl & M.C.H. Epsom & Dipot.
Total hospital terms 5 months.
In France for 5½ months.

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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).)

9. VIII. 18. G.S.W. L. eyebrow – no disability or scarring.

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

Not applicable.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(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.)

Not applicable.

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

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? Permanent.

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

1 month active and passive (machines) massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Farmer – Yes partially. Clerk – Yes.

(If not, briefly state why)

17. Recommendations

Discharge

[signature]

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 Raoul Olier St. Dennis 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 Nil

R. E. St Denis, Rank.

Signature of invalid examined.

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OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)
(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.) E

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

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

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

Yes.

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. L. Bracelaph *President.*

PLACE Regina. S.

John J. Whyte Capt. } Members

DATE 26. III. 19.

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

A. C. Scott Major
for *Assistant Director of Medical Services.*

DATE 26 - 3 - 19

APPROVED BY

Director-General of Medical Services.

DATE.....

PART I. 111 2238 A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 106420 Rank PTE Surname ST DENIS Christian Name BADUL

Unit or Corps—(a) Overseas from United Kingdom 1ST C. M.R. (b) in United Kingdom 13TH RES.

Born at—Town PRINCE ALBERT County or Province SASKATCHEWAN Country CANADA

Date of Birth—Day 23RD Month SEPTEMBER Year 1888 Age 30 yrs. 2 months.

Joined at DUCK LAKE SASK. CANADA Date 22ND OCTOBER 1918

Former trade or occupation CLERK

Permanent Marks or any peculiarity that will serve for future identification :—

ONE VACCINATION SCAR LEFT ARM
RING FINGER - LEFT HAND - AMPUTATED

Height—feet 5 inches 8 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) R. O. St Denis

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

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

Disabilities Group (*a*)	AMPUTATION RING FINGER LEFT HAND
Disabilities Group (*b*)	N.A.
Disabilities Group (*c*)	NA

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	G. S. W.	FRANCE	AUGUST 9 1918
(*ii.*) As to Group (*b*) above.	N/A		
(*iii.*) As to Group (*c*) above.	N/A		

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 ? NA

(*ii.*) As to Group (*b*) above ? NA If yes, has Active Service aggravated it ? NA

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

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 ? NA

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

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PART I. (continued).

5. MEDICAL HISTORY. was nine months in France.
Notes - Filed Medical Card - 9.8.18 Bomb wound Left Hand. No. 47 General Hospital 10.8.18. Third finger left hand blown off. Amputated through metacarpal joint. Lovat Derby War Hospital 16.8.18 - 21.10.18. Amputation finger left hand. M.C.H. Epsom 21.10.18 to date. Wound healed. Grip poor.

6. PRESENT CONDITION.
Subjective Symptoms Weakness of grip left hand.
Objective Signs - Amputation of ring finger left hand at metacarpo-phalangeal joint. Stump well healed, but tender. Grip of hand is only about one half as strong as that of right.
Other symptoms normal. Urinalysis negative.

7. OPERATION. (i.) Was one performed? yes (ii.) If so, state what. Amputation ring finger left.
(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.

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes
(ii.) If so, describe. Several teeth missing.

9. DO YOU RECOMMEND:—
(a) Fit for duty? (state category) B 11/11
(b) Invalid to Canada? no
(c) Discharge from the Service as permanently unfit? no

Date of Report 11/12/18 191
Station Epsom
Signed H. Thompson Capt.
Officer in medical charge of case.

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

Officer i/c Hospital / ~~S.M.O. Brigade~~ Strike out one of these

Dated at Mch Epsom Station, on 11/12/18 191

*Delete if inapplicable.

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PART II.

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

10. Is the diasbility fully described in Part I. (1)? If not, describe it. YES

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it. YES

12. From the medical information now adduced, was the disability caused or aggravated by :— (a) Negligence of the Soldier { Caused? / Aggravated? } NO (b) Misconduct of the Soldier { Caused? / Aggravated? } NO

13. 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, 5%, 10%, 15%, 20%, etc.*) FIVE PERCENT

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*) What part of the entire disability estimated next above (13) is due to causes arising during Active Service? (*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) ALL

15. Permanency of the Disability due to Service estimated next above in (14).
(*i.*) Is it permanent? YES
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? N.A.

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

17. Can the former trade or occupation be resumed? YES

18. REMARKS :—

Authority A.G. Telegram 9083

11.11.18

19. RECOMMENDATION :—
(a) Fit for duty? (*state category*) B 11
(b) Invalid to Canada? NO
(c) Discharge from Service as permanently unfit? NO

Date of Board 11.12.18

Signatures of the Board: A. Cameron Smith, President. Major. F. L. Thompson Capt.

Station EPSOM.

Approved [signature] A.D.M.S.

Dated at Epsom Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIAN LONDON AREA. DEC 24 1918 13 BERNERS ST. LONDON, W.1

PART III. 2238

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..... R. O. St. Denis .....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

R. O. St. Denis
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

2238

Forms I. 1237 / 12

France

Army Form I. 1237.

MEDICAL CASE SHEET.*

Div III

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1051490	Pte	St. Denis	R. O.

Year	Unit.	Age.	Service.
	1 CMR	30	

Station and Date.	Disease Glw. Lt. Hand (Amp. 3rd finger)
22-10-18 M.C. Hosp Epsom	Wound well healed, Flexion of little finger about 1/2 normal, Grip weak Complains of pain in Back, No objective signs.
	R G & F 7
	H Thompson Capt. Camc
18/11/18	Wound healed no disability Fit for D.E.
	J Mackenzie Capt. C.A.M.C.
~~25/9/18~~ TAB ~~(ABCD)~~	
11.1.19	TAB 2
11/12/18	~~B~~ B II By S.M.B.
	H Thompson
	Capt. Camc.

* 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.	

1DB 111 2238 T689718 ORIGINAL 105-3

MEDICAL HISTORY SHEET

Surname St Denis Christian Name Raoul Oliver

Examined on 22 day of Octbr 1916 at Duck Lake

Birthplace City or Town Prince Albert County Saskatchewan

Apparent age 28

Trade or occupation Clerk

Height 5 feet 8 Inches

Weight 167 lbs.

Chest measurement Minimum 39½ inches Maximum expansion 3½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left 1 Number 1

When Vaccinated last 1902

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by A. H. Smith Lt. D. Lyeman Rank Capt. M.O. C. 243rd Overseas Battalion C. E. F.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
		17 DEC. 1917	M.O.
9-3-18	A	3rd Lt. D. H. Boucher Capt	M.O.
		18 AUG 1918	M.O.
18/11/18		Lt. [illegible] Capt. A.C. 69th C.E.F.	M.O.
11/12/18	B	Lt. H. Thompson Capt. Same	M.O.
			M.O.

Date	Result	Vaccinations	
2/2/17	—	P.D. Lyeman	M.O.
9/2/18	IAB	[illegible] Capt. [illegible]	M.O.
	TAB		M.O.
	2. VI. 18		

Date	Result	Anti-Typhoid Inoculations, Etc.	
2/2/17		P.D. Lyeman	M.O.
9/2/17		P.D. Lyeman	M.O.
16/2/17		P.D. Lyeman	M.O.

16-2-17 25-2-18 2nd

Enlisted on 22nd day of Octbr 1916 at Duck Lake Sask.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	243 Batt	105-1490		Oct 22/16
	18th Canadian Res. Battn			JUN 10 1917
Transferred to	5th Bn			24.11.17.
	18th Canadian Res. Battn			MAR 29 1918
	1st Can. R.			7 APR 1918

CANADIAN [illegible]

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
M.C.H. Epsom.	11.12.18.	95 N.R. 7 mos. auripulation L. Hand.	Bii A. Kenyon Smith Major
Regina S.	26. III. 19	227 [illegible]	[illegible] Capt.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

J.M.O.

2238

Surname St Denis Christian Name Raoul Oliver

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	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
MILITARY HOSPITAL, SHORNCLIFFE, Ward		26	11	17	22	12	17	Sp Ankle	26	transferred to Monks Horton	C W Thomas Capt Camb
L-223 Canadian Convalescent Hospital, Monks Horton, Kent.		22	12	17	12	2	18	Sprained Ankle.	52	Recovered. No disability — Cat D1. Discharge Transfer to H C	C W Burns Capt
THE LORD DERBY WAR HOSPITAL WARRINGTON Dentist Military Hospital, PRESTON BROOK		16	8	18	21	10	18	Amp finger L Hand	67.	J.S.M.	J O Wilson. Mtr
M.C.H. Epsom		21	10	18	~~25 NOV 1918~~ 17	1	19	Do	~~36~~ 89	Wound healed no disability Fit for D1. Mackenzie Capt C.A.M.C.	

Complains of weakness of grip left hand.
The ring finger of left hand is amputated at metacarpo-phalangesl joint. Stump well healed but tender. Grip of hand is only about one half as strong as right. Other systems normal. Urinalysis negative.
Boarded B. II 11/12/18. [signature]
Capt. C.A.M.C.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **S** 10413

Date of Assignment

Dec 1-17

RATE OF SEPARATION ALLOWANCE

Steward

RATE OF ASSIGNMENT

18.				

(Mother)

PARTICULARS OF SEPARATION ALLOWANCE

No. (150490) 1051490

Rank Pte Promoted Reverted Discharge

Soldier's Name R. O. St. Denis

Battalion 243 Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Marie O. St. Denis

Address Duck Lake Sask.

Change of Address

1

2

3

4

015888-R-14

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Jan	466582		36	36	R	mailed 2/1/18
Feby	A 65730		18	18	✓	
Mch	J 95145		18	18	✓	
Apl	H 9518		18	18	✓	
May	G 14339		18	18	✓	
June	K 27362		18	18	✓	
July	L 76917		18	18	✓	
Aug	M 38721		18	18	✓	
Sept	J 36914		18	18	✓	OK 13 3/9 RWP
Oct	D 43907		18	18	✓	
Nov.	7 52056		18	18	✓	
Dec.	Q 67675		18	18	✓	
Jan'19	J 73564		18	18	✓	
FEB	O 77315		18	18		
MAR	B 83181		18	18	✓	
			288	288	✓	

2 M. 18-12-17.

A/c Closed 31-3-19.

Ret'd per Cassandras

Date 5 3/19. M.F.W.187 rcvd. 10 3/19.

Closed .....

M.D. #12

M.R.O. St. 60995 Destroy rcvd. 11 3/19 Kgn.

CANADIAN
ASSIGNED PAY AUDITED
O.K. J.M. Rose.
AUDIT CLERK
DATE 19/6/19.....

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
4'Om. 6-17—1772-39-1141.
L. L. 22320—M. & D. 7903.

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.
400M. 6-7—1572-39-1141
L. L. 22320—M. & D. 7993.

file, S—563. S/S Cassandra 5/3/19

AUDITOR WED | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. 1051490 | RANK pte | NAME (IN FULL) ST DENIS, R.O.

NEXT OF KIN | RELATIONSHIP

ADDRESS Duck Lake P.O. Sask.

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE 1/4/19

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Struck Can C	10/3	DO 69

ORIGINAL UNIT C.E.F. 243rd Bn. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO No. 12 DISTRICT DEPOT | DATE | AUTHORITY

DATE OF ATTESTATION 22-10-16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 18.00 | DATE EFFECTIVE 1/4/19

PAYABLE TO Mrs M O St Denis M | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Duck Lake Sask.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE REGINA, SASK. | DATE MAR 28 1919 | REASON On Demob | AUTHORITY DO 86 | IF ENTITLED TO POST DISCHARGE PAY No

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	Cr Bal P.A. $	Cr Bal P.A. C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 28/2/19					97	36	~~57 26~~		97	36																									97	36	
																	S/S Cassandra		4	87																	
																	do		5																			
																	Chq		50				18	mk							77	87			19	39	
15	28/3	28	1/10	30	80	35		~~39~~	~~77 19~~	77	85						26	24/3	25		142	19									167	19	70					
				30	80	14	86		175	06									84	87	142	19	18								245	06	70					

Pd Cheque 11/3-21/3 inc DO 69 Feb 1920
Ch. 35 = 70.00 [illegible]

F. Campbell CAPT.
For A/ST. DIR. FOR OF PAY SERVICES
MILITARY DISTRICT No. 12

WAR SERVICE GRATUITY.

WAR SERVICE GRATUITY M.D. 12

	W.S.G.		W.S.G.		Soldier.	
153	350	350	70	70	280	12 DD.
			70	140	210	19569 APR 28 1919
			70	210	140	202000 29/5/19
			70	280	70	621205 JUN 28 1919
			70	350	-0-	623519 JUL 28 1919
	350	350	350	350		

I certify that all payments due on this account have been completed,
A Nicholl Capt.
Paymaster for Acting Deputy Minister
Military District No. 12.

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