42nd. Regt

~~XIXXXXXXXX~~ 240th.O/S.Bn.C.E.F.

Original

QUADRUPLICATE

ATTESTATION PAPER.

No. 1042361/1042 36/

Folio.

SPECIAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Villeneuve.
1a.	What are your Christian names?	Antonio.
1b.	What is your present address?	205 Maisonneuve St.,Hull,Que. Canada
2.	In what Town, Township or Parish, and in what Country were you born?	Hull,Que. Canada
3.	What is the name of your next-of kin?	Mrs. Mary Charrett.
4.	What is the address of your next-of-kin?	205 Maisonneuve St.,Hull,Que. Canada
4a.	What is the relationship of your next-of-kin?	Grandmother.
5.	What is the date of your birth?	Nov. 14th.,1898.
6.	What is your Trade or Calling?	Teamster.
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? If so, state particulars of former Service.	No
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Antonio Villeneuve., 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.

A Villeneuve (Signature of Recruit)

Date Nov. 15th., 1916. Phil Lafaurice (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Antonio Villeneuve., 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.

A Villeneuve (Signature of Recruit)

Date Nov. 15th., 1916. Phil Lafaurice (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Ottawa this 15th day of Nov. 1916.

E.L. Bristol (Signature of Justice)

JUSTICE OF THE PEACE FOR CARLETON COUNTY.

M. F. W. 13
750M—8-16
H. Q. 1772-39-961

Description of ANTONIN VILLENEUVE. on Enlistment.

Apparent Age 18 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height	5 ft. 5½ ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Dark
Religious denominations. Church of England	
Presbyterian	
Methodist	
Baptist or Congregationalist	
Roman Catholic	X
Jewish	
Other denominations (Denomination to be stated.)	

Nil

CERTIFICATE OF MEDICAL EXAMINATION.

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

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 Nov. 13th., 1916. J. E. Kennedy Capt.

Place Ottawa. 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.

Antonio Villeneuve. 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. Smith Lt. Col. (Signature of Officer)
O. C. 240th O. S. Bn. C. E. F.

Date Nov. 13th., 1916

REGIMENTAL DOCUMENTS

NAME VILLENEUVE Antoine REGT. NO. 1042361 UNIT 42 Can Vmts, H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5	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)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Minority Auth MD 3/44-X47 D/ 22-3-18
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
2	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 7 W 71				05113	
1	M 7 W 82.					
1	M 7 W 67.					

W. 2589
100M-11-19
1772-39-1377

No. 1042361 RANK Pte NAME Villeneuve. A.

T. O. S. UNIT Special Service Battalion
" 3 Albany

Transfd from 240th Bn 19-4-17
do 99 of 25-4-17

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1917	1917			
Apr 19	apr 30	"		
	May	"		
	June	"	forfeits 6 dys pay	do 145 of 18-6-17
	July	"		
	Aug	"		
	Sept.	"		
	Oct.	"		
Nov.	no date	"	forfeits 2 dys pay	do 271
	Dec.	"		
1918	1918			
	Jan.	"		
	Feb.	"		
Mar 1	mar 26	"	10 dys det. Discharged 26-3-18.	do 84 of 25-3-18.
			a/c closed by payments.	

M. F. W. 71—500M.—5 18.
1772—39—961.

P.C.

NAME Villeneuve Antonio

REGIMENTAL NO. 1042361 RANK Pte

ENLISTED AT Ottawa Ont PROMOTIONS, &c. AND DATE

DATE 27 March 1919

IF SERVED PREVIOUSLY, STATE UNIT, &c. 16 Months 240 Batn.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Mrs Mary Charrette RELATIONSHIP Grandmother

ADDRESS OF 205 Maisonneuve St Hull Que

ASSIGNMENT OF PAY $ 15 C. 00 TO Mrs Mary Charrette

ADDRESS As Above

SEPARATION ALLOWANCE, ~~ENTITLED OR NOT~~ Claimed

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER 27th March 1919

IN WHOSE FAVOUR Mrs Mary Charrette

205 Maisonneuve St Hull Que

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
T.O.S Attached 27/3/19	90	31-3-19	
T.O.S. B.O.	98	5-4-19	
Punishment			
taken on account			
using insubordinate		3-4-19	
language to his superior			
Officer			
T.O.S	109	19-4-19	
B.O.B.	125	5-5-19	

C

REMARKS:

Surname.... Villeneuve, H.Q. ..... M.D. No. 3 .....

Christian names.. A. ..... T.O.S. Mar. 27. th. 1919...

Regtl. No. 104.23.6.1 ..... Rank Pte ..... D.O. Pt. II 98 ... of 27/3/19.

Unit. Can. Gar. Regt. ..... S.O.S. ..... 19 ....

Reason ....

Au'h ....

N. of Kin Charrette Mrs. Mary ... Relations ip Grand mother

Address.. 205 Maisonneuve St. | Also notif : .....

..... Hull P.Q. | .....

..... | .....

..... | .....

BORN--Place Canada Hull P.Q. ate Nov. 14th 1900

ATTESTED--Place Ottawa Ont. Late Mar. 27th 1919.

O/S ..... R/C .....

26 3 4 - 19

NAME Bauercroft William

RANK & No. Pte. 117125 ~~2d Co~~ CMR

CORPS 12th

ENLISTMENT, PLACE Calgary Alta DATE 12th Jan 1915 .S.

FORMER CORPS Nil

COUNTRY OF BIRTH England Yorkshire

NEXT OF KIN Bauercroft Jun (Father)

ADDRESS OF NEXT OF KIN Crosshill Keighley Yorkshire England

DISCHARGE, PLACE DATE

Completion date
Exp Return
Hon date

No. 1042361. RANK Pte. NAME Villeneuve A. V.

T. O. S. 14-11-16. UNIT 240 th Battalion C. E. F.
D.O. 129. 16-11-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov. 14.	Nov. 30	✓		
Dec.		✓		
1917.	1917.			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr. 1.	Apr. 18	✓	transf. to special service coy #3 18-4-17	D.O. 98. 18-4-17

SPECIAL DUPLICATE

MEDICAL HISTORY SHEET

361

Surname Villeneuve *Christian Name* Antoniol

Examined { on 13th. day of Nov. 1916
at Ottawa.

Birthplace { City or Town Hull,
County Que.

Apparent age 18

Trade or occupation Teamster.

Height 5 feet 5 1/4 Inches

Weight 130 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 36 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right — Left —
Number Nil.

When Vaccinated last —

(*a*) Marks indicating congential peculiarities or previous disease

Nil.

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

Nil.

Approved by A. Macdonell Captain. O. C. Recruiting.

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 13th. *day of* Nov. 1916 *at* Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	240th O/s Batt C.E.F.	1042361		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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.

Surname Villanueva Christian Name Antonio

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

M. F. W. 129.

50m.—7 17.
1772—39—1142.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Antonio Surname Villeneuve

Unit of Corps No 3 SSCo (If a soldier) Regtl. No. 104286 L

Born at Hull on, (date) Nov 14. 1900.

Signature (for identification) Pte A Villeneuve

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 150. lbs. Colour of eyes Brown

Height 5 ft. 6 in. Identification Marks Mil.

2. NUTRITION AND DIATHESIS? Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability? Good

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? Good

5. HEART?

Abnormal Sounds? Nil

Abnormal Size? Nil

Pulse Rate? 70 Intermittence or Irregularity? Nil Muscular Tone? Good

6. ARTERIES.—(a) Any hardening or nodulation? Nil

(b) Blood Pressure.

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). Good

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1022. Reaction? Acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part? Good

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. Good

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kingston Signed [illegible] M. O.

Date 21/2/19 Signed W. H. Sloan Capt M. O.

Pte A Villeneuve
Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report should be sent at once to the O. C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

SPECIAL

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 240th Overseas Battalion C.E.F.

Regimental No. 1042361 Rank Pte. Name Villeneuve, Antonie

Enlisted (a) 13/II/16 Terms of Service (a) DURATION OF WAR AND SIX MONTHS. Service reckons from (a) 13/II/16

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

Extended Re-engaged Qualification (b)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19.4.17	240 Bn C.E.F.	TAKEN ON STRENGTH NO. 3 SPECIAL SERVICE CO.			
		Infd to # 3 Car Unit 23.3.18	Auth 3 M.D. 26-240-14.	12.2.14	
					Lieut. & Adjutant No. 3 Special Service Company, C.E.F.
23.3.18	#3 Car. Co.	DISCHARGED & STRUCK OFF STRENGTH	Auth ~~C.E.~~ 3 M.D. 44-V-47	23.3.18	
					Lieut. & Adjutant No. 3 Special Service Company, C.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc , etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

205 Maisonneuve St
Hull P. Q.

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

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

No. 1042361 Rank Pte Surname Villeneuve
(Give name in full)
Antonio

Unit or Corps R.C.H.A. Birthplace Hull P.Q.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 146 lbs. Height 5 ft. 5 in. Colour of Eyes Brown

Nutrition Good

Pulse 76

Condition of arteries Normal

Vision Rt. w/w Left w/20

Hearing (conversational voice) Rt. 16 ft.

Left 16 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)

Nil

Opinion as to general health and physical condition Good as when enlisted

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

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

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

Man has no complaints. Satisfied & the discharge in Category A II

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Kingston, Ont (Canada)

Date April 21/1919 Signed H H Langmore Capt Jame M.O.

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

Signature A Villeneuve

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER Villeneuve Gaston

REGIMENT Ottawa Sub Dist C.G.R. RANK Pte No. 1042561

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

M.F.B. 465.
200M.—6-18.
1772-39-950.

SPECIAL
FORM OF WILL

I, Antonio Villeneuve (Name in full)

Regimental Number 1042361 serving in 240th Overseas Battalion C. E. F.

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

I devise all my real estate unto

Mrs. Charette
205 Massonneuve St
Hull.

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

absolutely, and my personal estate I bequeath to

Mrs Charette
205 Massonneuve St
Hull

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 17 day of feb A.D. 1917

Antonio Villeneuve Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Chas H Marvin

Address of Witness Carrying Place Ont.

Occupation of Witness Farmer.

Signature of Second Witness Bernard Warner

Address of Witness Mennaglow Ont.

Occupation of Witness Farmer.

M. F. W. 82.
200M.-12-16.
1772-39-983.

SPECIAL

To be made out in duplicate.

SPECIAL

Original

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.

---

(1) Name of Overseas Unit which Soldier joins..... 240th Overseas Battalion C. E. F.

(2) Regimental Number..... 1042361

(3) Full Name of Soldier..... Villeneuve, Antoine.

(4) Place of Birth..... Hull, Que. Canada.

(5) Are you married, or not ?..... No

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

(b) Present Postal Address..... Nil

(7) Are you a widower ?..... No

(8) Have you any children ?..... No

If so, give number of boys and girls..... Nil

Also their names and ages..... Nil

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive?..... No

If so, state name and address ..... Nil

(10) Is your Mother alive?..... No

If so, state name and address..... Nil

.....

(11) If your Mother is a widow..... Support of Grand-mother.

Are you her sole support, or not?..... Nil

(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.

..... No

.....

(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.

(Grand-Mother) Mrs. Marie Charrette,

..... 305 Maisonneuve St., Hull, Que. Canada.

.....

(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.

..... Yes

(15) Are you insured?..... No

If so, in what Company?..... Nil

Have you made arrangements for payment of your Insurance premium..... Nil

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

..... L. Smith ... Lt. Col.
O. C. 240th. C. S. *Officer Commanding.*

Date.....

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Villeneuve Christian name Antonio

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

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

4. Address (including street and number if any) 205 Maisonneuve, Hull, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27. day of March 1919, by the undersigned medical board sitting at 255 Wellington St. Ottawa

5. Age as stated 18 Years 4½ Months. 6. Apparent age 18 Years 4. Month

7. Height 5' Feet 6. Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 33 Ins. / Maximum 37. Ins. } 10. Complexion Dark. { Eyes brown / Hair dark }

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

13. Number of vaccination marks { Right arm nil / Left arm nil } 14. When vaccinated last never.

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

nil

16. Slight defects but not sufficient to cause rejection .....

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 A1

17.

(a) Vision. R. 20 L. 20

(b) Hearing. R. 20 L. 20

Signature of Man Antonio Villeneuve

.....President.

Guillaume Lieut Capt Member. A. MacLaren Capt Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 27 day of March 1919 at Ottawa Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to.....				

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

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.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 1042331 Rank Pte Name Villeneuve A

Corps No. 3 SPECIAL SERVICE CO. who was* Discharged

On 26/3/18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/3/18 191..., to 26/3/18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No. 5800	5	00	Regt'l Pay 26 days at $ 1 00 c	26	00
No.			Field Allow 26 days at $ 10 c	2	60
D.O.C. 66 Awarded 10 days det Assigned Pay and Sep'n Allce. Noanr.ion	11	00	Separation Allowances* (Monthly)		
Other charges Regt Charges	6	75	Other Allowances* Clothing	13	00
O.M. Charges Payment on transfer or discharge No.	4	86	Other Credits*		
	13	99			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	41	60	Total	41	60

*Give particulars.

A monthly stoppage of $..... (†) has..... (‡) been paid on account of Assigned Pay for the month of ....191.... and Sep'n Allce. for month of ....191.... (to) Assignee.....

(Address) Not Applicable

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted. Not Applicable

(3) cause of discharge Minority (Canada) authority 44-V-17

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 23/3/18

Place KINGSTON, ONT.

D. E. Bissonnette

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

100M.—12-17.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Extrait du régistre des Baptêmes, Mariages et Sépultures de la paroisse Notre-Dame de Grâce, Hull, pour l'année mil neuf cent.

Le quinze novembre mil neuf cent nous soussigné curé de cette paroisse avons baptisé Joseph Thomas Rosario Falconio né la veil le fils legitime de Jacques Villeneuve et de Marie-Louise Hebert de cette paroisse, Le parrain a été Eugène Hébert oncle de l 'enfant et la marraine a été Amanda St Denis .Lecture faite.

Eugène Hébert.

Amanda St Denis.

A.Valiquette O.M.I.

Lequel extrait, nous soussigné, Curé de Notre-Dame de Grâce, Hull, certifions être conforme au Régistre Original déposé dans les Archives de la dite Paroisse.

Hull 27 Février 1918.

P. Z. Bernier O.M.I curé

par J.L O.M.I

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1042361 (Rank) Gunner

Name (in full) Antonio Villeneuve enlisted in

the THIRD CANADIAN GARRISON REGIMENT

CANADIAN EXPEDITIONARY FORCE at OTTAWA, ONT on the TWENTY-SEVENTH

day of MARCH 19 19

HE served in CANADA ONLY

and is now discharged from the service by reason of ON DEMOBILIZATION, Authority G. 1-1-93, 1-1-128 dated 26-4-19. R.O. 1894.

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

Age 18 Years 5 Months

Height 5 Feet 6 Inches

Complexion Dark

Eyes Brown

Hair Dark

Marks or Scars

A Villeneuve
Signature of Soldier

J. A. S. Landry
Issuing Officer

Colonel CMF
Rank

Date of Discharge April 30, 1919

O.C. R.C.H.A. Depot
Appointment

Signed at Kingston, Ont. this 1st day of May 19 19

in Military District No. 3

File Reference No.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....

Name of Officer

.....

Rank

.....

Appointment

7 demobilization, particulars called for on back of discharge certificate will not be completed"
O. 16-I-240 dated 28-11-18. 2 M.D.66-I-601. Dated 21-11-18.

AP/

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

DUPLICATE

MEDICAL HISTORY OF AN INVALID

STATION Fort Henry. DATE Mar. 22/18.

1. (a) Unit #3S.S.CO. (b) Regimental No. 104.2361. (c) Rank Pte.

(d) Surname Villeneuve. (e) Christian name Antonia.

2. Age last birthday 17. Date of birth Nov. 14th. 1900.

3. Enlisted at Ottawa. on 13th Nov. 1916.

4. Personal description :—

(a) Height 5' 6". (b) Weight 150. (stripped) (c) Complexion Dark.

(d) Colour of hair Dk. Brown. (e) Colour of eyes Brown. (f) Identification marks Nil.

5. Address after discharge (for the use of the Board of Pension Commissioners)

205 Maissonneneuve St Hull.

6. Former trade or occupation Laborer.

7. (a) Service

	Years	Days	Periods From	Periods To
240th Batt. # 3 S.S. C.			Nov. 1915. Apr. 1917.	Apl 1917. Date.

(b) Has he been overseas ? No.

8. Present disease or disability (use authorized nomenclature if possible)

Underage. (17).

(a) Date of origin N/A. (b) Place of origin N/A.

(c) Cause* N/A.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

SUBJECTIVE - Say he is 17 years of age.

OBJECTIVE - Man appears to be 17 years of age and birth certificate states he was born A.D. 1900. Physically fit.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on or off duty? N/A.

13. Was a Court of Inquiry held? N/A.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? N/A.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? N/A.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? N/A.

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

N/A.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

N/A.

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

20. Recommendations

Category "A" 4.

W. Wood Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned.....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

P. A. Villeneuve

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier fit for

(a) General service,	(Category A)	(Yes or No). Yes "A" 4.
(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).

23. It is certified that the soldier

(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).

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

Fit for Category "A" 4 without disability due to Service.

Capt. A.M.C. *President*

Capt. A.M.C. } Members.

STATION Fort Henry.

DATE Mar. 22/18.

APPROVED BY

DATE MAR 25 1918

Captain A. M. C.
For A. Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

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

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 1042361
2. Rank Gunner
3. Name Villeneuve, Antonio
4. Unit C. Battery R.C.H.A.
5. Date of Discharge 30th April 1919 Place Kingston Ont
6. Reason for Discharge Demobilization
7. Authority P.C. 1894
8. Proposed Residence after Discharge R C H A Kingston

R.C.H.A.

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. ? 39

A Villeneuve

Signature of Soldier.

10. **CONFIRMATION.**

The discharge of the above named man is hereby confirmed.

Place Kingston Ont

Date May 1st 1919

J. A. S. Leslie

Colonel, R.C.A.

Officer Commanding, R.C.H.A., Depot

Signature (O.C. Discharging Unit.)

M.F.B. 218a—150M-3-19—1772-39-113.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.

2. Rank

3. Name

4. Unit

5. Date of Discharge Place

6. Reason for Discharge

7. Authority

8. Proposed Residence after Discharge

D.C.M.A.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undermoted place and date I received my discharge Certificate M. F. W. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date

Signature

(O.C. Discharging Unit.)

LIST OF DISCH ARGE 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

This space to be for numbers.

Canada Casualty

Proceedings on Discharge.

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

No. 1042361

Rank Private.

Name Villeneuve, Antoine

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 3 Casualty Unit

Date of Discharge March 23rd. 1918

Place of Discharge Fort Henry Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 17 years 4 months.

Height 5 feet 6 inches.

Complexion Dark.

Eyes Brown

Hair Brown

Trade Labourer

Intended place of residence (To be given as fully as practicable.) 295 Maisonneuve St. Paul P.Q.

Descriptive Marks

Nil.

2. The above-named man is discharged in consequence of Minority Authority, S.W.D. 44-V-47 dated 22-3-18

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... Such as may be authorized for service in Canada.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston ..... LIEUT.
A/Adjutant No. 3 Casualty Unit

(Date) 23-3-18 ..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston A Williamson ..... (*Signature of Soldier.*)

(Date) 23-3-18 J Colquhoun ..... (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... A Williamson ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Kingston

(Date) 23-3-18. (*Signature*) ..... LIEUT.
A/Adjutant No. 3 Casualty Unit

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Canada Casualty

Proceedings on Discharge.

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

No. 1042361

Rank Private.

Name Williamson Thomas

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 3 Casualty Unit

Date of Discharge March 26-1918

Place of Discharge Fort Henry Kingston

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 17 years 11 months.
Height 5 feet 6 inches.
Complexion Dark.
Eyes Brown.
Hair Brown.
Trade Labourer.
Intended place of residence (To be given as fully as practicable.) Bell P.O. 205 Maisonneuve St.

Descriptive Marks

Nil.

2. The above-named man is discharged in consequence of Minority Authority 3 MD-444-V-47 dated 22-3-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good

Good

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... Such as may be authorized for service in Canada.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Kingston ..... LIEUT
Adjutant No. 3 Casualty Unit

(Date) 23-3-18 ..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Kingston ..... A Villeneuve ..... (*Signature of Soldier.*)

(Date) 29-3-18 ..... (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... A Villeneuve ..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Kingston

(Date) 23-3-18 ..... (*Signature*) ..... LIEUT.
Adjutant No. 3 Casualty Unit

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

A Wilkinson

J D Colquhoun

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps. Ottawa Sub Det 3rd Wet C.E.R

Regimental No. 1047361 Rank Pte Name Villeneuve Antoine

C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
19-4-19		Transferred to RCHA Depot and struck off strength. Auth 3 M.D. 26-6-154-4/26-4-19. D. O. 116. /26-4-19.	KINGSTON, ONT. 14-4-19.		D. Pamphlet Capt. & Adjt. No. 3 Dn, Canadian Garrison Regt., C. E. F.

Taken on strength D. O. Pt. 11, #109 Dated April 19, 1919.
Struck off strength Daily Order Pt. 11, #125, dated 5-5-19
on demobilization. Authority H.Q. 1-1-93, 1-1-128, dated
26-4-19.

A. Battery MAJOR RCA
O. C. "C" BATTERY, R. C. H. A. CEF

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

CASE HISTORY SHEET.

No. 1042361 Rank Private Name Gabriel Villeneau Age 17

Unit Special Service Completed years of service Where and how long } 15 months

Date of admission Jan 31 Date of discharge Feb 17

Diagnosis Influenza Pneumonia Place of origin Trenton Ont

CONDITION ON ADMISSION AND PROGRESS OF CASE

Influenza pneumonia appeared 5 days after exposure

Discharge quite profuse bronchial.

No complications.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.) Emulsion Guaiacol

Inhalations Pot. Permang Resorcin Zinc Oxid.

CONDITION ON DISCHARGE,

(and disposal made of case.) Duty one week

Date Feb 17/18

D J McLaren Capt

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.