ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Voye
1a. What are your Christian names? ..... Charles Arthur
1b. What is your present address? ..... NorthDevon N.B.
2. In what Town, Township or Parish, and in what Country were you born? ..... North Devon N.B.
3. What is the name of your next-of kin? ..... Mrs H Agnes Voye (Wife)
4. What is the address of your next-of-kin? ..... North Devon N.B.
4a. What is the relationship of your next-of-kin? ..... Wife
5. What is the date of your birth? ..... December 19th 1878
6. What is your Trade or Calling? ..... Actor
7. Are you married? ..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? ..... Yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? ..... No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? ..... No
14. If so, what was the nature of the disability? .....
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .....
16. If so, what was the reason? .....

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Arthur Voye, 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.

Charles A Voye (Signature of Recruit)

Date 30th June 1915 191 . J Williams (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Arthur Voye, 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.

Charles A Voye (Signature of Recruit)

Date 30th June 1915 191 . J Williams (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 ..... this ..... day of ..... 191 .

..... (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Charles Arthur Voye on Enlistment.

Apparent Age 29 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded ..... 32 ins.
- Range of expansion .... 4 ins.

Complexion Fair

Eyes Brown

Hair Dk Brown

Religious denominations.
- Church of England Yes
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- 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 30th June 1915 191 . .....

Place Fredericton N.B. .....

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.

Charles Arthur Voye having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date 30th June 1915 191 .

REGIMENTAL DOCUMENTS

NAME VOYE Chas. Arthur REGT. NO. 718818 UNIT 104th Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					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)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Cas: Card			06271		
1	[illegible]					
2	M A H 67					
1	pay card					
						4
						23 – 25
						15 – 25
						11 – 25

W. 2539
100M-11-19
1772-39-1377

Reg. No. 71 0018 Name Voye Charles A

Rank Corp Corps 104th Age 32 Service 19/12

Ledger No. 1/767 2/ 3/32 Serial No.

HOSPITALS	DATE	DIAGNOSIS
St James St St John N B	29-4-16	Gonorrheal Rheumatism
Dis to duty	10-5-16	
ad St James St St John N B	10-5-16	2/ Neurasthenia &
Dis not given		Gonorrhoeal Rheumatism
ad Mil St John N.B	24-9-17	3/ Tapeworm
Dis to unit	12-11-17	
adm S.C.R. Lancaster St John N.B	2-2-20	Hemorrhoids
Dis	9 3.20	
adm Mill Frederiction N B S.C.R	29.3 20	Influenza
Dis	14 4.20	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

No. 710018. RANK Pte. NAME Voye, Chas. A

T. O. S. Trans from UNIT 8th Field Ambulance Depot.
"K" Unit M.H.C.C. 20 3/18.
Wo 81 of 23-3-18.

M. D. 7

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1918	1918.			
Mar 20	Mar 31.	no.		
	Apr.	✓		
	June	✓		

NAME Voye. Chas. Arthur

RANK AND CORPS Pte 104th Bn

REGT'L. No. 710018

H. Q. FILE No. 649

CABLE	
No.	Date

NATURE OF CASUALTY

FOLLOWS
No.
FOLLOWS

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

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
85	M. H. D. D. St John	14-12-17	Trans. Armouries M. D. A

No. 710018 RANK Pte NAME Voyce C. A.

T. O. S. Trans. to 140th Bn. 1/7/16
Da 34 9 6/10/16

UNIT 236th Battalion C.E.F.
(The New Brunswick Kilties - Sir Sandford)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 1	Oct. 31	✓		
	Nov.	✓		
	Dec.	✓		
1917	1917			
Jan 1	Jan 9	✓	Trans to No 6 S.S. Co	D.O. 8 9/1/17

No. 710612 RANK Pte NAME Voye, C. A.

T. O. S. UNIT Can. Expeditionary Force Details
Trans. fr. No 6 S. S. Coy. 1-12-17 No. 7 S. S. Coy.
D.O. 20 of 20-12-17

M. D. 7

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Dec. 1	Dec. 31	"		
1918 Jan. 1		✓		
Feb. 1	Feb. 4	"	Trans. to. K. Unit,	Feb. Paylist.

No. 181863 RANK Pte NAME Taye Chas A.

710018 apt. paylist

~~T. O. S.~~ trans from UNIT 104th Battalion. C. E. Ft

58th Bn. 4-11-15

(N. O. 12. 15-1-16.

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1915 Nov 4	1916 Jan 31	V		
Feb		"		
mar		"		
Apr		"		
May		"	Mil. Hosp.	N.O. 103 of 1-5-16
June		"	Transfd to Casualties Conv. Home when Battn sailed	N.O. 152 of 28-6-16

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.

---

(1) Name of Overseas Unit which Soldier joins A.M.C. Details C.E.F. St John N.B.

(2) Regimental Number 710018.

(3) Full Name of Soldier Charles Arthur Voyer.

(4) Place of Birth Fredericton

(5) Are you married, or not? Yes.

(6) If married, state,
(a) Full name of your wife Helen Agnes Voyer.

(b) Present Postal Address North Devon. York Co. N.B.

(7) Are you a widower? No.

(8) Have you any children? Four.

If so, give number of boys and girls 1 Boy. 3 Girls

Also their names and ages Jack Alexander 12 Years.
Agnes Josephine 9 "
Annie Margeretta 7 "
Myrtle Albion. 5 Years

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address

(10) Is your Mother alive? No.

If so, state name and address

(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.

N/a

(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.

N/a.

(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?

Have you made arrangements for payment of your Insurance premium

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 6th 1916.

Officer Commanding.

CAPT. I/C
A. M. C. DETAILS C. E. F.

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.

---

(1) Name of Overseas Unit which Soldier joins A.M.C. DETAILS. C.E.F. ST JOHN N.B.

(2) Regimental Number 710018.

(3) Full Name of Soldier CHARLES ARTHUR VOYE.

(4) Place of Birth FREDERICTON N.B.

(5) Are you married, or not ? MARRIED.

(6) If married, state,
(a) Full name of your wife HELEN AGNES VOYE.

(b) Present Postal Address NORTH DEVON YORK CO N.B.

(7) Are you a widower ? NO

(8) Have you any children ? YES.

If so, give number of boys and girls 3GIRLS & ONE BOY.

Also their names and ages JACK ALEXANDER 12 YEARS.
AGNES JOSEPHINE 9 "
ANNIE MARGERITTE. 7 "
MYRTLE ALBION 5 "

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? NO

If so, state name and address ———

(10) Is your Mother alive ? NO

If so, state name and address ———

(11) If your Mother is a widow N/A.

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.

N/A/

(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.

N/A/

"

"

(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 ? N/A

Have you made arrangements for payment of your Insurance premium N/A

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

Officer Commanding.

Date APRIL 6th 1918.

E Osborne CAPTAIN
A. M. C. DETAILS C. E. F.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps No. 6. S.S. Coy. Hospital Station St. James. St. John.

No. 710018 Rank and Name Cpl. Voye. A Age 33. Service

Disease Date of Admission 24-9-1917 Date of Discharge NOV 12 1917 Result Case Book Folio

Dates of Observation	Oct. 25	26	27	28	29	30	31																							
Days of Disease																														
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	.8 .6 .4 .2																													
106°	.8 .6 .4 .2																													
105°	.8 .6 .4 .2																													
104°	.8 .6 .4 .2																													
103°	.8 .6 .4 .2																													
102°	.8 .6 .4 .2																													
101°	.8 .6 .4 .2																													
100°	.8 .6 .4 .2																													
99°	.8 .6 .4 .2																													
98°	.8 .6 .4 .2																													
97°	.8 .6 .4 .2																													
	.8 .6																													
Pulse per Minute	84		80																											
Respirations per Minute	18		18																											
Motions	I	I																												

Military Hospital NOV 12 1917 ORDERLY ROOM ST. JOHN, N. B.

M. F. B. 288.

50M—11-16.

H. S.—1772-39-513.

Signature Eathorne Capt. In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps S.S. Hospital Station St. John. N.B.

No. 710018 Rank and Name Corp. A. Voye. Age 33 Service Medical.

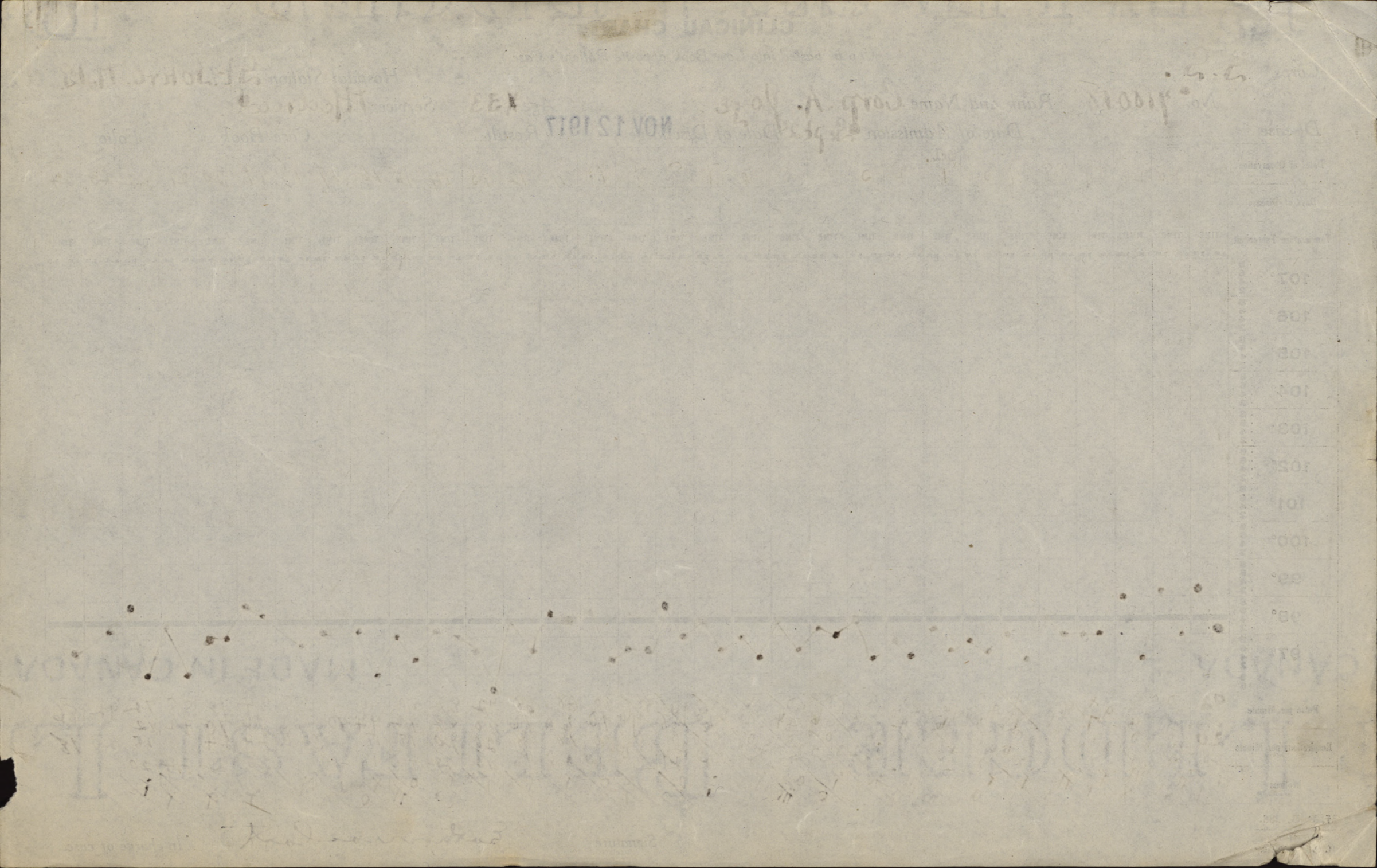
Disease Date of Admission Sept 24 Date of Discharge NOV 12 1917 Result Case Book Folio

Dates of Observation	24	25	26	27	28	29	30	Oct. 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.																														
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute	92 64	80 76	76 84	94 72	80 74	84 76	80 84	76 80	80 78	72 80	76 80	84 64	80 68	68 76	88 76	80 70	68 60	68 76	72 80	82 82	80 72	80 74	80	80	84 76	98 70	88 92	72 92	92	86	
Respirations per Minute	20 28	20 20	20 20	20 20	20 20	20 20	20 20	20 22	20 22	20 20	22 20	20 20	20 18	20 20	20 24	18 20	20 20	18 18	18 18	20 18	20 22	18 20	18 18	20	20	24 20	24 22	24	18 20	20	18
Motions	I T	III VI	III X	I T	II T	I T	I O	I T	III VI	IV I	I O	I III	I T	I O	O T	T O	T I	T I	I T	I O	II O	III T	O	I	I	I	I	I	I		

M. F. B. 288.

59M—11-16.
H. Q. 1772-39-513.

Signature Catherine Lost In charge of case.



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 55th Batt'n

Regimental No. 710018 Rank Private Name VOYE Charles Arthur

C. E. F.

Enlisted (a) 30/10/15 Terms of Service (a) Dur of War Service reckons from (a) 30/10/15

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) Actor

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				
		Transferred to the St John Military Hospital C.A.M.C.	St John N.B.	1/10/18	E. O. Thomas Major. O.C. ST JOHN MILITARY HOSPITAL
5--5--19	Major.E.O. Thomas	Promoted Provisional Sergeant. 5--5- 19			E. O. Thomas Major. O.C.ST.JOHN.MILITARY HOSPITAL.
1--7--19		Transferred to District Depot. No. 7 Auth 1493			E. O. Thomas Major. O.C. ST. JOHN. MILITARY HOSPITAL.
1-7-19		T.O.S., District Depot No.7, Daily Order No.185.			L. L. W. Stevens Lt.& Asst.Adj. FOR O.C. DISTRICT DEPOT NO.7.

(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				
30/8/19	~~To A.M.~~ To A.D.M.S. Sub. Staff.	ST. JOHN, N. B. STRUCK OFF STRENGTH *District Depot No. 7.* PART II. ORDER No. 242		23/8/19	*Lieut. & Asst. Adjt.* *For O. C. District Depot No. 7.*
	A.M.O. M07	Struck off Strength on discharge as Medically Unfit.	St John NB 5-5-20		FOR S. M. O. M. D. NO. 7

DEPARTMENT OF VETERANS AFFAIRS

War Service Records
JAN 17 1964
Referred to
Charged to

To ● Copy for H.O. fkle

Attention of

Ottawa Ont.

Date Jan16/64

NAME VOYE, Charles Arthur

SERVICE NUMBER 710018 CEF

C.P.C. No. 87680
W.V.A. No. 27681

NAVY
ARMY
R.C.A.F. X

The DEPARTMENT has received information from

Canadian Pension Commission. ~~Six~~Saint John N.B. Jan 14/64 Telegraps C.N.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death January 14/64
Cause of Death
Place of Death Not Stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 710018 (Rank) Sergeant

Name (in full) VOYE, Charles Arthur enlisted in

the 55th Battalion

CANADIAN EXPEDITIONARY FORCE at Fredericton. N.B. on the 30th

day of June 1915

HE served in CANADA

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

R.O. 1420 Para 1, sub-sec a,(2)

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

Age 41 years 4 months

Height 5 feet 7 inches

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars

Scar on right leg.

C A Voye Sgt
Signature of Soldier

E. Thomas
Issuing Officer

Major. C. A. M. C.
Rank

for S. M. O., M.D. No. 7.
Appointment

Date of Discharge May 5th. 1920.

Signed at St. John. N.B. this 27th day of April 1920

in Military District No. Seven

File Reference No. 7 M.D. 4-V-54.

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.
250m —6-18.
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

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

.....

Name of Officer

.....

Rank

.....

Appointment

41560 THE MORTIMER SYSTEMS
OTTAWA, CANADA

22/4/15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Helen A Voye

Address St Mary's York Co NB.

Relation to Soldier wife, child or mother: Wife

Name of Soldier Voye Chas A

Regtl. No. 71008

Rank Pte.

Corps B Coy 55th Battn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				Return of $25 overpaid requested 4/12/15
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915				
Feb.					
March					
Apl.					
May					
June		0 829	46 -	46	
July		K2395	20 -	20	
Aug.		M4427	20	20	
Sept.		03702	20 -	20	
Oct.		18905	20 —	20	
Nov.		720644	20	20	(M15423 cancelled Deserted 22/10/15 [illegible] 15/11/15)
Dec.		~~M15423~~	~~20~~	20	
Jan.	1916				
Feb.					
March					

Destroy

22/4/15

L. L. Job 88773—M. & D. 6195.

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Helen A. Voye

Address Lt. Mary's 2.
York. Co.
N. B.

Relation to Soldier wife, child or mother } wife

Name of Soldier Voye, Chas. A.

Regtl. No.

Rank Pte 236th 1/7/16 Bml 4/11/16

Corps ~~B. Coy 5-5th Battn~~ ~~Transferred to Coy 7th Battn.~~

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			This Soldier was discharged (on 15/11/15) and reinstated (593-3-29)
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June	0	829	46 —	Acc 12081 Bd Credit Slip Issue
July	K.	2395	20 —	files 18612-Cy-3 F.S 10-12-20
Aug.	M.	4427	20 —	Agent
Sept.	O	3702	20 —	Edmunds
Oct.	M.	8905	20 —	
Nov.	H.	20644	20 —	
Dec.	~~K.~~	~~15423~~	~~20 —~~	(K15423 cancelled)
Jan.	1916	J22084	40 —	40— Mailed specially 23/1/16
Feb.		K23343	20 —	20
March		N28128	20	20

CONSOLIDATED 4 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Wife.

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Helen A. Voye

Name of Soldier Voye Chas. A.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	J4177	20		20
May		X1059	20		20
June		W6566	20		20
July		P12056	20		20
Aug.		U 14238	20	-	20
Sept.		P17794	20		20
Oct.		P 21074	20		20
Nov.		Z 23655	20		20
Dec.		Y27109	20		20
Jan.	1917	X 30603	20		20
Feb.		X ~~33608~~ 03593	~~20~~ 20	546	20 X. 33608. Cancelled A.H. Rewrite
March		Y 36809	20		20
April		V2920	20		20
May		X6621	20		20
June		X 9604	20		20
July		X 12637	20		M
Aug.		K 16472	20		M
Sept.		O 19022	20		B
Oct.		C 22999	20		T
Nov.		J 25030	20		T
Dec.		D29503	20		S
Jan.	1918				B
Feb.			646		
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier----------

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

(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

MEDICAL HISTORY OF AN INVALID

MILITARY DISTRICT NO. 7
ST. JOHN, N. B.
NOV 16 1917
M.D. NO. 7 4-7-446

STATION St John NB DATE Nov 15 1917

1. (a) Unit 6 S.S. Co (b) Regimental No. 710018 (c) Rank Pte.
(d) Surname Voye (e) Christian name Charles Arthur

DEPT. MILITIA & DEFENCE
DEC 1 1917
H.Q. CANADA

2. Age last birthday 38 Date of birth 19 Dec 1878
3. Enlisted at Halifax on 27 Dec 1914

4. Personal description :—
(a) Height 5" 4" (b) Weight 110 (stripped) (c) Complexion Medium
(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Scar right leg

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

6. Former trade or occupation Theatrical

7. (a) Service

	Years	Days
55th		
104th		
S S Co		

Periods From	Periods To
27 Dec 1914	Oct 1915
Oct 1915	March 1917
March 1917	Present

(b) Has he been Overseas? no

8. Present disease or disability (use authorized nomenclature if possible). Anaemia
(a) Date of origin Sept 1917 (b) Place of origin St John NB
(c) Cause* Taenia Solium
*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).
Soldier is anaemic and thin. Heart action is rapid & skin is cold. Complaints of pain in chest and back. Appetite is poor and does not sleep well

[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.
150M.-6-17.
1772-39-117.

✓ 6-25-8-55

4

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

Had a tape worm for some time while acting as M.O. Parks Convalescent Home
Went to Military Hosp St Johns for treatment

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

40%

12. Did the disability arise on or off duty? On Duty

13. Was a Court of Inquiry held? no

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

Yes not No applicable

(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? no

(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? Three months

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

Was treated for tape worm in Military Hospital St Johns from Sept 24th to Nov 12th

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

19. Can the former trade or occupation be resumed? not now

20. Recommendations [redacted] Three months furlough at his own home to report for advice and medicine to M.O. Mtt Fredericton

A E Lozier Loyer

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 Chas Arthur Voyer 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

Chas A. Voyer

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

23. It is certified that the soldier

(a) Does require treatment.
(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).

Recommended that 710018 Pte Chas. A Voyer be allowed to proceed to his home in Fredericton for three months to report while there to M.O. Military Hospital Fredericton for advice and Medicine Category D3

A. Macaulay Capt. President.
F. Dunlop Capt.
Jam Tulyn
} Members.

STATION St. John N.B.

DATE Nov 15th 1917

APPROVED BY

DATE 26/11/17

APPROVED
DEC 8 1917
Gowoodlaw
A.G.M.S.

ASSISTANT DIRECTOR
ST. JOHN, N. B.
No. .....
NOV 26 1917
M. D. NO. 7.
OF MEDICAL SERVICES

A C Post
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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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.

Date of Enlistment

22. 4. 15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

20	$ 25.00		

1-12-17
P.C.3257

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 710018

Rank Pte Promoted Reverted Discharge

Soldier's Name Chas. A. Voye.

Battalion 236th Battn

Beneficiary Mrs Helen A. Voye

Relationship wife

Address St. Mary's York Co. N.B

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31 '17	—	646 -	x x	646 -	Paymaster M.D. #7 paying from 31-1-18
Jan 18	70250 J	30		30	To. WHS. 25 2/18.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22520—M. & D. 1933.

Staff

Sgt

AUDITOR | PAYMASTER

M. OR S. M.D. No 7

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

REGT. No. 718018 RANK ~~Pte~~ NAME (IN FULL) VOYE CHARLES A (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Mrs. Ch. A. Voye RELATIONSHIP Wife

ADDRESS North Devon N.B.

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE

TO WHOM PAID Mrs Ch A Voye RELATIONSHIP Wife

ADDRESS North Devon NB

PARTICULARS	EFFECTIVE DATE	AUTHORITY
From Sgt Effect	5-5-19	Ldo 125
Subs. indef	1-7-19	D.O. 186 & T.D.S.
Grade "C" pay 1.85 p.d.	1st/19	
Provisional Qf 23/8/19		D.O. 242
5c		
P.C. - 1.85		
Subs. - .80		
2.65		

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

PLACE OF ATTESTATION TRANSFERRED TO DDT from Stg M.H. DATE 1-7-19 AUTHORITY D.O. 185

DATE OF ATTESTATION 27/12/14 (2595) TRANSFERRED TO A.D.M.S. Sub. staff DATE 23-8-19 AUTHORITY D.O. 242

ASSIGNED PAY $ 1.25 DATE EFFECTIVE

PAYABLE TO Mrs Ch A Voye RELATIONSHIP Wife

ADDRESS North Devon NB

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE St. John N.B. DATE 5-5-20 REASON Demob. AUTHORITY D.O. 113 IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS 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																																					
May					62	10			62	10																							62	10		Ldo. from Stg M.H. 23.8.19
Apr	30	1.10	33	00	24	00	30	00	87	00	17/1	12/4	29/12	29/4			50	00	50	00			45	00							145	00			4	10	Subs.
May	31	1.10	34	10	24	80																															Pramy Sgt Effect 5-5-19 Ldo 125
					10	80	30	00	99	70	42/1	14/5	55/1	31/5			30	00	28	80			45	00							103	80					5-5-20
June	30	1.85	55	50	24	00																															Lodgd pay Apr & May
					21	35	30	-	130	85	6/3	13/6	10/2	2/6			27	00	58	85			45	00							130	85					K-254-21-25-185
					1	70			1	70																									70 Lady Pay Pram 5-5-19
July																																	1	70			Drawn pay Dist Dept Vpd D.O. 185
	31	1.85	57	35	24	80	30	00	112	15	94/2	15/7/19	104/3	23/7/19			30	00	38	85			45	00							113	85	—	—	—	—	OR&BRCK 18.2.20 to 4-5-4/22-7-19.
Aug	22	"	40	70	17	60	30	00	88	30	114/4	28/7/19	129/3	27/8/19			35	00	32	15			45	00							112	15	23	85			OSD.A.D.Mtg.CRS.411327.A.R123-3.d/20-8-19.
	9	50	13	50	7	20			20	70																							3	15			
Sept	30	1.85	55	50	24	15	30	00	112	65	37/1	11/9	38/1	16/9			30		37	65			45								112	65					underexpended 3.25 26/2 19/9
Oct	31	1.85	57	35	24	80	30	00	113	15	43/1	18/10	48/3	27/10			30		37	15			45								112	15					46/1 20/10/19
Nov	30	1.85	55	50	24	00	30	00	109	50	55/1	13/11	59/1	26/11			30		34	50			45								109	50					57/1 19/11/19
Dec	31		57	35	24	25 80	30	-	112	40	63/1	10/12	66/1	20/12			30	-	37	15			45	-							112	15				25	65/1 17/12/19
Jan	31		57	35	24	80	30	-	112	15	3/1	12/1/20	7/1	8/1/20			30	-	37	40			45	-							112	40					41.1 19-1-20
Feb.	29		53	65	—	80	30	-	84	45													45	-							45	-			39	45	To hosp 2-2-20 subs ceases D.O. 33 1/1/1 16-2-20
Mar.	31	1.85	57	35	17	60	30	-	104	95													45	-							45	-			99	40	15/1/1 15-3-20
April	30	1.85	55	50	12	80	30	-	98	30	2/1	15/4	3/1	27/4			97	-	101	55			45	-	5	00	3	40			250	95	53	25			From hosp 9-3-20 Subs 10-3-20 Do 81 To hosp 29-3-20 O/cont Subs 28.2 31-3-20 D.O. 89 & CR3-1 d/27-4-20 CR2-1 d/14-4-20 D.O. 97 From hosp 14-4 Subs 15-4 to disch. CR63-1 d/10-12-19 Sk 555695-14 " 1-1 d/2-1-20 555728-9
					W.S.S. Dept. Total																		W.S.S. Dept.								Total		Soldier Dept.				
92 days - Mar					210	00	90	00	300	00													140	-	60	00					200	-	70	-	30	-	
																							70	-	30	-					100	-	Nil				
					210	-	90	-	300	-													210	-	90	-					300	-					S.O.S. 5-5-20
May	5	1.85	9	25	35 4	00 00			5	00																							Nil				Ldo. allowed S.A. 1-5-20 = Subs 1 to 5-5-20

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1300.