

Certified true copy.
ATTESTATION PAPER.

No. 925217.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---------------------------------------------------------------------------------------------------|------------------|
| 1. What is your surname?..... | Baudry. |
| 1a. What are your Christian names?..... | Napoleon. |
| 1b. What is your present address?..... | Weyburn, Sask. |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Montreal Que. |
| 3. What is the name of your next-of-kin?..... | Napoleon Baudry. |
| 4. What is the address of your next-of-kin?..... | Weyburn, Sask. |
| 4a. What is the relationship of your next-of-kin?..... | Father. |
| 5. What is the date of your birth?..... | June 1897. |
| 6. What is your Trade or Calling?..... | Farmer. |
| 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, Napoleon Baudry, 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.

Sgd Napoleon Beaudry.....(Signature of Recruit)

Date Jan. 20th 1916 . W. C. Thompson.....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Napoleon Baudry, 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.

Sgd Napoleon Beaudry.....(Signature of Recruit)

Date Jan. 20th 1916 . W. C. Thompson.....(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 Weyburn, Sask. this 20th day of January 1916 .

Sgd. Douglas MacPherson J.P......(Signature of Justice)

Description of Napoleon Baudry on Enlistment.

Apparent Age 18 years 7 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. 5 3/4 ins.

Chest measurement { Girth when fully expanded 34 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Green.

Hair Black.

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

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 Jan. 20th 1916 . Sgd M. A. Nickle

Place Weyburn, Sask. 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.

Napoleon Baudry

.....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.

Sgd G. W. Hemmans Capt. and A. (Signature of Officer)

Date Jan. 20th 1916 .

30353

~~197847~~

1069086

Beaudry 6a
1999

20

Perforated sheet for Will from Pay Book of Reg.

No. 1069086
Name Pte Napoleon Beaudry
Unit 15 Reserve Batts

Military Will

Signed
Napoleon Beaudry
15 Reserve

In event of my death
I leave my personal
effects to my father
Napoleon Beaudry

Signature Pte Napoleon Beaudry
Rank and Regt Pte 15 Reserve
Date March 28/18

ESTATES BRANCH
NOV 1 1918
MILITIA DEPT

CANADIAN.
17 OCT 1918

Form, P, 598-5000

Further correspondence
please quote this
Number and Date

No. _____

E. _____

H.Q. _____

191

ESTATES

From

Officer i/c Estates, C.E.F.
Westminster House, 7 Millbank, S.W.

To

Paymaster-General,
Headquarters, Ottawa, Canada.

Sir,

I have the honour to enclose the Non-
Effective Account of the deceased soldier
named in the margin.

I have the honour to be,

Sir,

Your obedient Servant.

Lt-Colonel
Officer i/c Estates, C.E.F.

8 MAY 1918
ESTATES, O.M.F.C., LONDON.

M. X.
27/2/20
m.p.

ATTESTATION PAPER.

No. 1069086

CANADIAN OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Beaudry
- 1a. What are your Christian names? Napoleon.
- 1b. What is your present address? Weyburn. Sask.
- 2. In what Town, Township or Parish, and in what Country were you born? Montreal. Que.
- 3. What is the name of your next-of-kin? Napoleon Beaudry.
- 4. What is the address of your next-of-kin? Weyburn. Sask.
- 4a. What is the relationship of your next-of-kin? Father.
- 5. What is the date of your birth? Dec. 1st. 1898.
- 6. What is your Trade or Calling? Labourer.
- 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? 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.

PART TT DAILY ORDERS No. 108
 16th RES. BN.
 18/11/17
 N/E. Change to: Beaudry, N. Beaudry (brother)
Beaudry, N. A. (brother)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Napoleon Beaudry, 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.

Napoleon Beaudry (Signature of Recruit)
 Date Nov. 14th, 1916. Chamuk (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Napoleon Beaudry, 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.

Napoleon Beaudry (Signature of Recruit)
 Date Nov. 14th, 1916. Chamuk (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 Weyburn this 14th day of November 1916.
George Jarrett (Signature of Justice)

Description of Napolean Beaudry 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 8 ft. ins.

Chest measurement { Girth when fully expanded..... 36 1/2 ins.
 Range of expansion..... 2 1/4 ins.

Complexion..... Light
 Eyes..... Green
 Hair..... Black

Nil.

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

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..... November 14 1916

Place..... Weyburn Sask.

G. W. Wetbace
D. W. Allen
 Medical Officer.
H. C. Eylesham
Weyburn

*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.

Napolean Beaudry..... 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.

C. B. Bennett Lieutenant Colonel
 OC 24th O.S. BATTALION C.E.F. (Signature of Officer)

Date..... Nov 14th 1916.

MEDICAL HISTORY SHEET.

Surname Baudry Christian Name Napoleon

Examined { on 20th day of January 1916
 { at Weyburn
 Birthplace { City or Town Montreal
 { County Quebec

Approved by Manick
 Rank Capt Gaud M.O.

Apparent age 18 yrs 7 mths
 Trade or occupation Farmer
 Height 5 Feet 5 3/4 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 34 inches.
 { Maximum expansion 2 1/2 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development _____
 Small-Pox Marks _____
 Vaccination Marks { Arm Right Left
 { Number _____

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 20th day of January 1916 at Weyburn

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>152nd O.S. Batt</u>	<u>925217</u>		<u>20/1/16.</u>
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 Service, on the man becoming non-effective; the date and cause being stated on next page.
 M. F. B. 313.
 200M-11-15.
 H. Q. 1772 39-4'9.

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..... 152nd Overseas Battalion.
 Weyburn & Estevan, Sask.

(2) Regimental Number 925217.

(3) Full Name of Soldier..... B A U D R Y,
 Napeleon

(4) Place of Birth..... Montreal, Que.

(5) Are you married, or not?

(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.....

(9) Is your Father alive?.....

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

(10) Is your Mother alive?.....

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.

.....
.....

(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?.....

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.

.....
Officer Commanding.

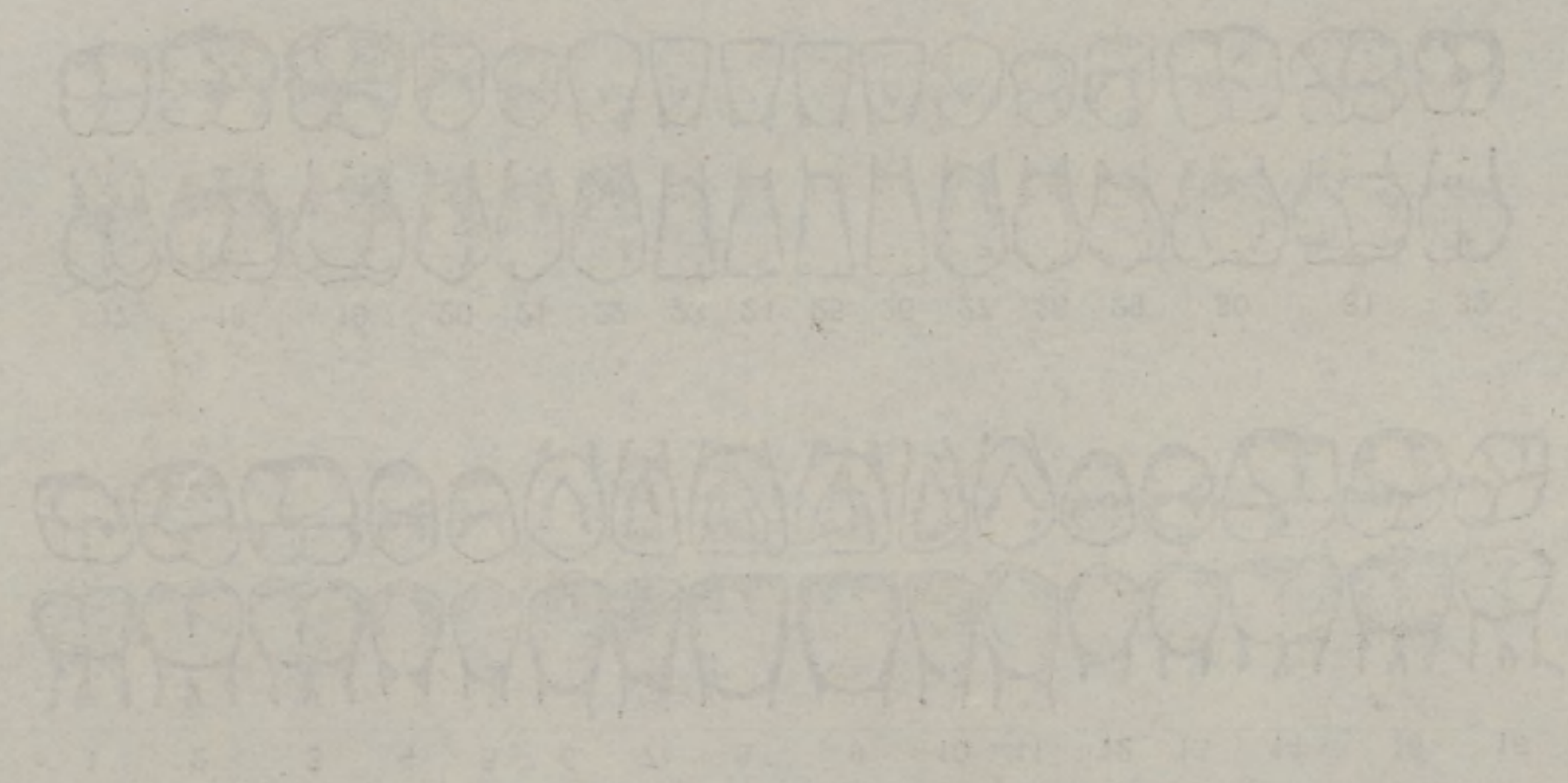
Date.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

REGIMENTAL DENTAL OFFICER'S NAME: _____

TOOTH	EXAMINATION	TREATMENT	DATE	BY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				



Handwritten notes:
 18-19-20-21-22-23-24-25-26-27-28-29-30-31-32
 21

1. Condition of teeth
 2. Condition of dental work
 3. Condition of dentures (if any)
- Only other entries to be made on this sheet are:
4. On this part of sheet, record of any dental work done.
 5. On this part of sheet, record of any dental work done.
 6. On this part of sheet, record of any dental work done.
 7. On this part of sheet, record of any dental work done.

INSTRUCTIONS

1069086

DUPLICATE
MEDICAL HISTORY SHEET

Surname Laundry Christian Name Rapalones

249th OVERSEAS BATTALION C. E. F.

Examined { on 14th day of November 1916
at Weyburn Sask

Approved by G. J. W. Petrucci
H. E. Eggleston

Birthplace { City or Town Montreal
County Que

Rank Private M.O.

Apparent age 18 yrs 0 months

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
<u>8/9/17</u>	<u>A.U.</u>	<u>MacCarthy</u>	<u>Capt M.O.</u>

Trade or occupation Labourer

Height 5 feet 8 Inches M.O.

Weight 140 lbs. M.O.

Chest measurement { Minimum 34 inches M.O.

{ Maximum expansion 36 1/2 inches M.O.

Physical development Good M.O.

Small-pox Marks M.O.

Vaccination Marks { Arm Right Left

{ Number

Date	Result	VACCINATIONS	
<u>22-4-17</u>		<u>[Signature]</u>	M.O.

When Vaccinated last

(a) Marks indicating congenital peculiarities or M.O.

previous disease M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>9-5-07</u>		<u>HRB</u>	M.O.
<u>5-6-17</u>		<u>HRB</u>	M.O.
<u>14-6-17</u>		<u>HRB</u>	M.O.

(b) Slight defects but not sufficient to cause rejection

Enlisted on 14th day of November 1916 at Weyburn, Sask

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>249th Batts</u>	<u>1069086</u>		<u>14/11/16</u>
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 Service, on the man becoming non-effective; the date and cause being stated on next page.

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Yalcarburis C. N.		13	9	17	18	9	17	Ch. Appendicitis	6	Fin	Ralph B. Coy Capt. Act. Adj. A. M. C. Training Depot, No.

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

M. F. W. 51.
150M. 10-15.
H.Q. 1772-9-20.

Casualty Form—Active Service.

152nd OVERSEAS BATTALION

Unit, Regiment or Corps

Regimental No. 925217 Rank _____ Name Baudry Napoleon
C. E. F.

Enlisted (a) 20/1/16 Terms of Service (a) 6.6.7. Service reckons from (a) 20/1/16

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				

7. 7. 16	152 Bn	Discharged being under age	Camp Hughes	17/7/16 14/7/16	P 2 D.O. # 181
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W. Ritchie
for D.O.P.R.

(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				

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 *249th O/S Battalion C.E.F.*

Regimental No. *1069086* Rank *Private* Name *Beandry Napoloen.*

Enlisted (a) *14/11/16* Terms of Service (a) *DISPATCH OF WAR* Service reckons from (a) *14/11/16*

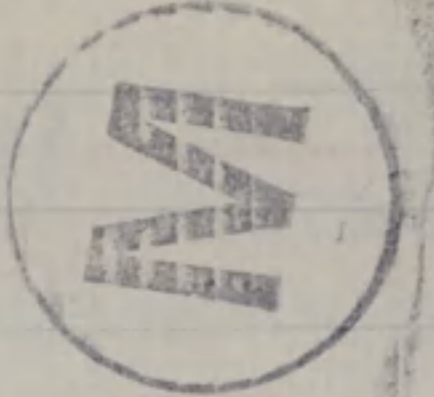
Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) *(Labourer)*

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
<i>EMBARKED Halifax</i>		<i>Canada</i>	<i>FEB 18 1918</i>	<i>H. M. S. Sasound</i>
<i>DISSEMBARKED Liverpool</i>		<i>England</i>	<i>4/3/18</i>	
<i>Taken on the Strength of the 15th Can Bn</i>		<i>BRAMSHOTT</i>	<i>MAR 4 1918</i>	<i>PART II DAILY ORDERS No. 65</i>
<i>D.C. 15th RES. BN.</i>	<i>STRUCK OFF STRENGTH TO 28th Dec.</i>	<i>BRAMSHOTT</i>	<i>MAY 10 1918</i>	<i>PART II DAILY ORDERS No. 131... Deampull Lt ADJUTANT, 15th RESERVE BATTALION</i>
<i>11/5/18 Can. Base Depot</i>	<i>Arrived in France for 28. Can. Bn.</i>		<i>11/5/18</i>	<i>MR Ph 54 d 6/18</i>
<i>22/5/18</i>	<i>Left for Unit</i>	<i>Field</i>	<i>22/5/18</i>	<i>" 1234.</i>
<i>22/5/18 CERON.</i>	<i>Joined Unit</i>		<i>22/5/18</i>	<i>" A 722</i>
<i>5/7/18</i>	<i>before for unit</i>		<i>5/7/18</i>	<i>" D 1169</i>
<i>13/7/18</i>	<i>arrived unit</i>		<i>6/7/18</i>	<i>B 213.</i>
<i>28/8/18</i>	<i>Killed in Action</i>		<i>26/8/18</i>	<i>Letter to 17/11/18. Ph 100 d 29/8</i>

Whogau Major for Lt-Col. A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.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.]



GC • Rank Name BEAUDRY. Napoleon. Reg'l No. I069086
 Unit Dft 240th Bn. If in perm. Corps, }
What Unit? } Married or Single Single.

Place and Date of Enlistment Weyburn. 14th. Nov. 1916. Place of Birth Montreal. P.Q.

Name and Address, Next-of-Kin ~~Weyburn. Sask.~~
M^{rs} N.
Napoleon Beaudry Relationship ~~Father.~~
Mother

*15th Regt P.I. 105th 18-4-15
Tokio North Dakota, USA*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Discharge, Date and Place Reason

Relationship

Relationship

N/E. R.B. No.	6642
File R.L.	25-12-5713.
Category	K.A.

Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
6-13-18 24-3-18	15 235	Arrived in England	4-3-18	S/S SAXONIA	
11-5-18	"	S.O.S. 15 28 ¹⁰ 17/18 00w	Pt B'shatt	10-6-18	P.I. 131 + 28 ¹⁰ P.I. 540/16-5-18
3 9 18	28 ¹⁰ P.I.	Killed in Action	Pte Field	26.8.18	P.I. 100

Date of Enlistment *14 Nov 16*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

3963

1st June 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
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R

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____ Name _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Address _____
 Soldier's Name _____
 Battalion *249th Bn*
 Beneficiary _____
 Relationship _____
 Address _____

Change of Address
 1 MRS. N. BEAUDRY,
 TOKIO, NO. DOKOTA,
 2 U.S.A. 15 15.00
 3 % 1069086 PTE N. BEAUDRY
 FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>June 2</i>	<i>7491</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>July 3</i>	<i>18514</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>AUG 3</i>	<i>30505</i>		<i>15</i>	<i>15</i>	<i>c</i>
<i>SEP 3</i>	<i>43634</i>		<i>15</i>	<i>15</i>	<i>c</i>

File 1148-N-3 NR 244

Killed in Action Aug 26th 1918
CK 298. 2 list Folio 3 dated 11/9/18
Acct. Closed 30/9/18. MKO. 13906 - 18-9-18

\$15 Overpaid for Sept. recovered per Estates Br. letter 18-6-19 cur. 25-6-19

M. F. W. 128.
 40M. 6-7-172-83-1141
 L. L. 2220-M. & D. 1903.

AUTHORITY } *270 15-4-18*
 FOR
 NEW ACC'T. } *De Brown 28-5-18*

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

TREATMENT HOSPITAL TREATMENT

Beaudry

n.

1069086

RANK

UNIT

Co.

TROOP

BATTY.

HOSPITAL

Sask 28

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

R.F.B. Killed in Action 26.8.18 R

DISPOSITION

DATE

6.9.18 A 311

A.M.D. 3 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 1069086. RANK *Pte.*

NAME *Beaudry. W.*

T. O. S. 14-11-16. UNIT *249th Battalion.*
(D.O. 33 of 20-11-16)

M. D. *12.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916. Nov. 14.</i>	<i>1916. Nov. 30.</i>	<i>N.</i>		
	<i>Dec.</i>	<i>H.</i>		
<i>1917. Jan.</i>	<i>1917.</i>	<i>V.</i>		
	<i>Feb.</i>	<i>V.</i>		
	<i>Mar.</i>	<i>V.</i>		
	<i>Apr.</i>	<i>V.</i>		
	<i>May</i>	<i>V.</i>		
	<i>June</i>	<i>V.</i>		
	<i>July</i>	<i>V.</i>		
	<i>Aug.</i>	<i>V.</i>		
	<i>Sept.</i>	<i>V.</i>		
	<i>Oct.</i>	<i>V.</i>		
	<i>Nov.</i>	<i>V.</i>		
	<i>Dec.</i>	<i>V.</i>		

(over)

1918 1918
Jan
Feb

16 & had detn for first day's pay. D.O. 12 12-1-18.

No. 925217

RANK

Pte

NAME

Beaudry Napoleon

T. O. S. 14-1-16
(D.O. 21 of 21-1-16)

UNIT *152nd Battalion*

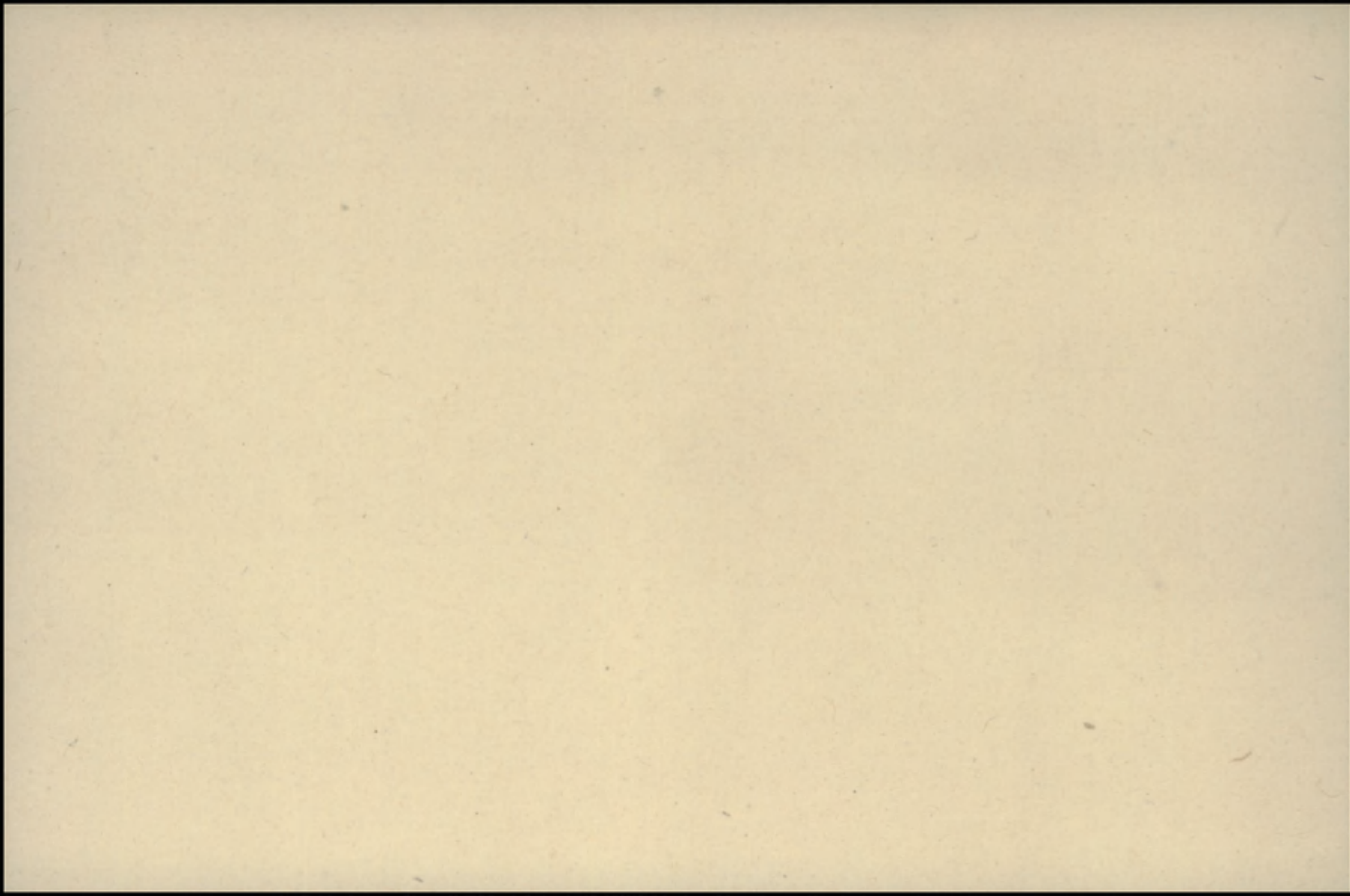
M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Jan. 14</i>	<i>1916</i> <i>Jan. 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		
	<i>June</i>	<i>✓</i>		
<i>July 1</i>	<i>July 14</i>	<i>✓</i>	<i>Dischgd 14-7-16 under age</i>	<i>No. O. 181 of 7-16</i>

UNIT SAILED

OCT 3 1916

acc closed by payment



REGT'L. No. 1069086

H. Q. FILE NO 649

NAME Beaudry, Napoleon

RANK AND CORPS Pte 28th Bn

FOLLOWS NO. 279th Bn
FOLLOWS USA

CABLE

NATURE OF CASUALTY

No. DATE

WPA Beaudry, Mrs. M (Mother) Tokio, N. Dakota
5300⁶⁻⁴ 9-9-18 Kin A, Aug 26th / 18 ✓

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Q311-1.

Rep. from Base. Kin h.

26-8-18

D^{269/18}

SURNAME.

Beaudry

CARD NO.

CHRISTIAN NAMES

Napoleon

FOLL.

REGL. NO.

1069086

RANK

Pte.

UNIT

249th (Draft)

Bn.

FORMER CORPS

nil.

old no. 925217.

NEXT OF KIN.

CHANGE OF ADDRESS

NAME

Beaudry, Mrs. M.

RELATION

Mother

ADDRESS

Torkio, North Dakota, U.S.A.

and 24-21-38-1-2/2/18.

COUNTRY OF BIRTH

Canada Montreal

P.O. DATE

Dec. 1st. 1898.

PLACE OF ATTESTATION

Keyburn, Sask.

DATE

Nov. 14th 1916.

Re-attested in 249th Bn

L. L. 6915. M. & D. 6994.

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

From Halifax per S. Megastie & Layoune 7/2/18.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

18 YEARS

- MONTHS

HEIGHT

5 FEET

8. INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

2. INCHES

COMPLEXION

Light

EYES

Green

HAIR

Black

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Keyburn, Sask.

DATE

Nov. 14th 1916

Present address

Keyburn, Sask

amb

90A

Number

1069086

Rank

Plt

Surname

BEAUDRY

Christian Name

Napoleon

Units

28th In. Com. Sq.

Theatre of War

France

Date of Service

10-5-18

Remarks

(M) Mrs. Jas. Gallod,

Latest Address

Tokio, North Dakota
USA

Roll No.

Page 19432

200m. -6-21.

DESP. JAN 5 1923
REGN. AGC
12316

BEAUDRY, Pte. N. [✓] #1069086, 28th BN. [✓] 91

649-B-29838 ~~Dec. 9th 1919.~~

Not elig. for 1914-15 Star

MEDAL..... Mother, Mrs. Jas. Kallod, ~~Esq.~~,
Tokio, North Dakota,
U .S.A.

2m

00092

PLAQUE.....Mother, address as above

Scroll Desp. 8.11.20 Reqn. No. 413

Plaque Desp. FEB 24 1922 Reqn. No. P 30485

C. OF S......Mother, as above.

Desp 11 ³/₂₀ C 2744

OK

Bank

M

ASSIGNED PAY: **ENGLAND OR CANADA.** SEPARATION ALLOWANCE: **ENGLAND OR CANADA.** NAME: **BEAUDRY Napoleon**
 EFFECTIVE DATE: **1-6-18** EFFECTIVE DATE: NUMBER: **1069086**
 AMOUNT: **15⁰⁰** AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

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. AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT
Wm Y. Beaudry Mother
Tokio 170. Sakata, USA
 Pte

UNIT AND TRANSFERS
 ORIGINAL UNIT: **249 Bn.**
 DATE ACCOUNT FIRST OPENED: **1/3/18**

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.
 AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO
1/6/18 **SRA.**
1/9/18 **20/8/19** **78th Bn**
NEF

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
		Statement of Act. Rend.		6/1/19		Ledger Bal	8612
		L.P.G. Ledger	8612				

DAILY RATES OF PAY AND ALLOWANCES
 AUTHORITY PAY F.A. P.F.A. SUBSCE ALL'CE
 1 10

PARTICULARS OF RENDERING NON-EFFECTIVE: **Kno A. 26/8/18 CLA 311 4/9/18.**

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March	Ralee. Ford								34 03	15	
Apr.	23	33		A26035 13/4/18							
				AR 15 15/4/18	34 07						
				A-Q 170. 10/4/18	9/1				32 02		
					35 61						
May	✓	34 10		AR 453 15/5/18	15 09						
				- 490 18/5/18	4 46						
				AR 128 10/5/18	1 88				44 69		
					21 48						
June	✓	33		✓ 741 10/6/18 2 nd Det Wing	2 57			15			
				C.A.P.							
				a3069 14/6 "	39						
				AR 870 20/6 "	4 46						
					8 42			15	54 27	45	
July	✓	34 10		AR				15			
				AR 383 7/7 28/8	3 57						
				" 393 24/7 "	4 46				65 34	45	
					8 03			15			
Aug	✓	34 10		AR				15	84 44	45	
								15			
Oct	When Paid Pay to 31.7.18		15						85 19		
Dec	When Paid Pay from 1/8.18-31/8.18		93						86 12		

NON EFFECTIVE ACT.