

28818
S

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... **2**
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... **2**
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- Inventory of Kit.....
- Last Pay Certificate.....

a. f. B. 178 — 1
Form of Will - 1.
cas. sub. M. 29. 5. 20. 122
1 Copy / Original

M

DISCHARGE DOCUMENTS

R. O. No.....
 H. Q. No.....

Name, **CHICOYNE JOSEPH**
 Regt, No, **417687**.... Rank, **pte**..
 Corps, **23rd. Br. L. C. T.**..
Killed in Action 14/6-9-16

18333

- Index Card.....
- Casualty Card **1**.....
- Non-effective Card.....
- Part II Order Card..... **1**
- Change of Address Card.....
- Honour & Award Card.....

H

14



ATTESTATION PAPER

97p Regt
No. 411687

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio. 452998
417687

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Joseph Chicoyne
2. In what Town, Township, or Parish, and in what Country were you born? St Didac. Moushilongi Co
3. What is the name of your next-of-kin? Mrs ~~Chicoyne~~ Emilie Chicoyne (Mother)
4. What is the address of your next-of-kin? St Didac. Moushilongi Co Que.
5. What is the date of your birth? April 15 1892
6. What is your trade or calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? 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

Joseph Chicoyne (Signature of Man.)
E. Garunsky (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Chicoyne, do solemnly declare that the above answers made by me to the above questions 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.

Date June 26 1915. Joseph Chicoyne (Signature of Recruit.)
E. Garunsky (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, _____, 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.

Date June 26 1915. Joseph Chicoyne (Signature of Recruit.)
E. Garunsky (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 NIAGARA CAMP this 26 day of JUN 1915.

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

John P. MacKay (Approving Officer.)

DESCRIPTION OF J. Checoyne ON ENLISTMENT.

Apparent Age 28 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.

Height _____ 5 ft. 3 ins.

Chest measurement { Girth when fully expanded _____ 37 1/2 ins.
 Range of expansion _____ 1 1/2 ins.

Complexion _____ Fair light
 Eyes _____ Fair light Brown
 Hair _____ Fair

Religious Denominations { Church of England _____
 Presbyterian _____
 Methodist _____
 Baptist or Congregationalist _____
 Other Protestants _____
(Denomination to be stated.)
 Roman Catholic _____ yes.
 Jewish _____

(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.)

Cut inside of left arm.

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 June 4 191 .

W. H. ...

Place NIAGARA

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

Checoyne Joseph 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.

W. H. ... (Signature of Officer.)
 Lieut.-Col.

Date JUL 28 1915 191 .

Commanding 58th Batt'n, C. E. F.

Perforated sheet for Will from Pay Book of Reg.

No. 417687

Name Joseph Chicoyne.

Unit 73rd Res Batta C O.E.D.

Military Will.

In the event of my death I give the whole of my property & effects to my mother, Mrs Emilie Chicoyne St. Didas, Combe Masquirange, Quebec Canada.

Signature Joseph Chicoyne.

Rank and Regt. Pte 73rd Res Batta

Date 5 June 1916.

Date of Enlistment

14/9/15

MILITIA AND DEFENCE

Date of Assignment

1-11-15

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 411687
 Rank Pte Promoted Reverted Discharge
 Soldier's Name J. Chicoine
 Battalion 41st Battⁿ
 Beneficiary Mrs. Emilie Chicoine
 Relationship Mother
 Address St. Didace, Maskinonge, Co. p. 2.

PARTICULARS OF ASSIGNMENT

Name Mrs Emilie Chicoine
 Address St. Didace Maskinonge Co
 Change of Address
 1
 2
 3
 4

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

Dec 31		511	180	691	
Mar 18 16	78876	20	195	215	

S.A paid Oct 31-17 \$511⁰⁰
 mailed A/P " Nov 30-16 180⁰⁰
 7/3/18 Head of wounds, 14/16-9-16 pension notified 29-10-17
 etc closed Nov 1-16

Pension Granted... 1-2-18
 B.P.C. to Recover \$.....
 Clerk J. P. L. Date 7-2-18

Pay S.A & A.P. to 30-11-17 and close
 auth S.B. File 3146-9-15
 Act 5-3-15

closed

(649-C-5427)

CARD NO. **D**

FOLL.

● Surname.

Chicoyne

CHRISTIAN NAMES

Joseph

REGL. No.

417687

RANK

Pte.

UNIT

41st Batt.

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Chicoyne Mrs. Emile

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

*St. Widadce Maskinonge
Co. Que.*

COUNTRY OF BIRTH

Canada, St. Widadce

DATE

April 15th 1892

PLACE OF ATTESTATION

Niagara Camp.

DATE

June 30, 1915.

Q/8. 18-10-15 $\frac{239}{4}$

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

23.

YEARS

MONTHS

HEIGHT

5'

FEET

3.

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

INCHES

COMPLEXION

Fair.

EYES

Light brown.

HAIR

Fair.

DISTINGUISHING MARKS

Cut inside of left arm.

MEDICAL EXAMINATION.

PLACE

Niagara.

DATE

June 26th 1913.

H. Q. FILE No. 649-

REGT'L. NO.

417687

NAME
RANK AND CORPS

Lphicoyne, Joseph

Pte. 5th C.M.R. Gorm 41st Bn.

CABLE

NO.

DATE

NATURE OF CASUALTY

L1838 2-10-16

C.
Killed in action between Sep 14th & 16th 1916. ✓

B2090a ^{Power} 27-9-16

Killed in action 14th to 16th of Sept 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A217. Rep. from Base 14/6-9-16. Billed in action

lip
2

B
V

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
Number... 417687		Rank...	Pte.
Surname...	CHICOYNE		
Christian Name...	Joseph		
Unit...	5th En R	Theatre of War...	France
Date of Service...	7-6-16		D
Remarks...			mother.
Latest Address...	Mrs E. Chicoyne		
	St. Sidack		
Roll No.	Washington Co.		
	P. 2.		

Page 3893

G. 20236 Desp

MAY 14 1920

NAME

REGT. NO.

RANK AND UNIT

NEXT OF KIN

CABLE

NO.

DATE

NATURE OF CASUALTY

Chicoyne, Joseph Pte. 417687,

5th C. M. A.

not Eligible for Star

✓ 10867

Medals & Dec. (mother) Mrs. E. Chicoyne,
St. Didace,
Maskinonge Co.,
P.Q.

P. & S. (mother) As above.

(Serial no. 765469)

Scroll Desp. No. *77552*

JAN 4 1921
AUG 23 1921
Reen. No. *45284*

Mem. Cross. (mother) Plaque Desp. As above.

Desp JUN 12 1920 611507

W

M.

382

No 52998

RANK

Pte.

NAME

Chicoyne Joseph.

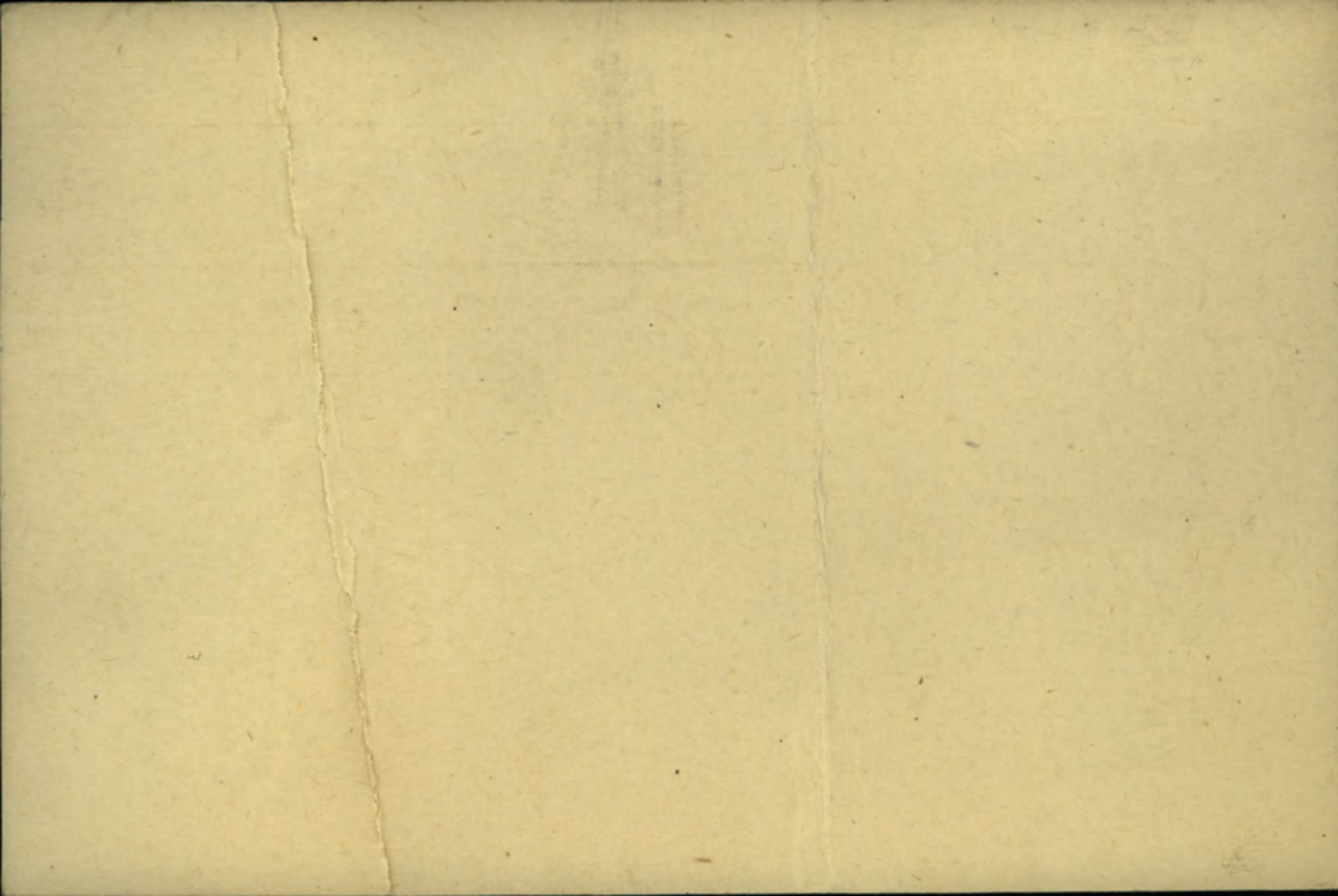
T. O. S. 1-7-15

to 31-29-7-15

UNIT 58th. Bn. (On quota for 47th. Regt)

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 June 4	1915 June 30	L.		
	July.	L.		
	Aug.	L.		
Sept 1	Sept 14	L.	Trans to 41st Bn 14-9-15.	3074-15-9-15



Surname
Chicoyne

Christian Name or Names

J.

Reg. No.

417687

Rank

Pte.

Unit

5 C.M.R.

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action

14/10-9-16

DISPOSITION

Date

GL 2-10-16 A 217/11

REMARKS

A.M.D. 2 DEPT.

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

RP

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

CERTIFIED CORRECT.
 Army Form B. 103.
 Canadian Forces Office,
 Western District,
 7, MILLBURN

Casualty Form—Active Service.

Regiment or Corps 23rd ~~Inf~~ Bn, C.O.F.

Regimental No. 417687 Rank Private Name Chicoyne Joseph

Enlisted (a) 26/6/15 Terms of Service (a) A. of M. Service reckons from (a) 26/6/15.

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) Farmer

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				
		<i>Drafted overseas to the 5th C.M.R.'s effect 6.6.16. Auth Pt. 11 Am. O. 132</i>			<i>[Signature]</i> CAPT. Adjutant 23 rd Canadian Inf. Bn.
<i>4/6/16</i>	O. C. C. B. D.	Landed in France. Taken on strength	5 Cdn MR Bn.	<i>4/6/16</i>	Nom Roll d/ Pt II D. 284
<i>10/6/16</i>	— do. —	Left for Unit		<i>8/6/16</i>	Nom. Roll d/
<i>10/6/16</i>	C. C. Bn.	Arrived Unit for duty		<i>9/6/16</i>	E. 213 d/
22-9-16.	O.C. Unit.	Killed in Action.	Field.	14-16/9/16.	Report d/22-9-16. Can. Sec. K.I. 137/1349 d/25-9-16. DCS. 167 d/26-9-16. Pt. 11.46 d/27-9-16.
					<i>[Signature]</i> Lieutenant for Lt Col. A. A. G.

(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.

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				

D.M.

Rank *Pte.*

Name *CHICOYNE, Joseph.*

Reg'l No. *417687*

Unit *1st En. S. L.M.R.* If in perm. Corps, What Unit?

Married or Single *Single*

Place and Date of Enlistment *Niagara Camp. June 26th 1915.* Place of Birth *St Didace*

Name and Address, Next-of-Kin *Mrs Emile Chicoyne.* *St Didace, Maskilong Co, Maskinonga Co.*

Relationship *Mother.*

Assigned Pay Monthly \$ *15.00*

Payable to *Next of kin.*

Relationship

Separation Allowance \$

Payable to

Entered on N.E. Card Index.

Discharge, Date and Place *16-9-16.*

Reason *K in A.* Character *b.R. 217-2-10-16.*

Relationship *Checked by F.H. Murray.*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>Nov. 1</i>	<i>20</i>	<i>20</i>	<i>1.00</i>	<i>20</i>	<i>20</i>	<i>10</i>	<i>2 - 10</i>		<i>42 - 64</i>	<i>26</i>		<i>487</i>	<i>15</i>		<i>39 34</i>	<i>266</i>	<i>10⁰⁰ Clothing</i>
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>122</i>		<i>973</i>	<i>15</i>		<i>3446</i>	<i>330</i>	
<i>Jan 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>3410</i>	<i>222</i>		<i>973</i>	<i>15</i>		<i>3203</i>	<i>537</i>	
<i>Feb 1</i>	<i>29</i>	<i>29</i>	<i>1.00</i>	<i>29</i>	<i>29</i>	<i>10</i>	<i>290</i>		<i>3190</i>	<i>329</i>		<i>487</i>	<i>15</i>		<i>2960</i>	<i>767</i>	
<i>March 1</i>	<i>31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>310</i>		<i>2410</i>	<i>404</i>		<i>243</i>	<i>15</i>	<i>312</i>	<i>3158</i>	<i>1019</i>	<i>Q.H. Chg. No. 59</i>
										<i>437</i>		<i>730</i>	<i>15</i>	<i>175</i>			

Settled

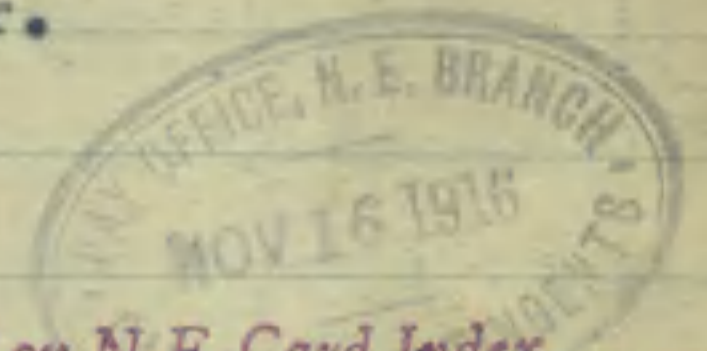
Cash and in effects *R.R.*

Statement of Account rendered FEB 22 1917

Carried forward to Large Ledger sheet

BALANCE TRANSFERRED TO NEW LEDGER.

152 - 1520 11/20 8516.75 - 68516.701



Checked

Emtd

Register No. *Db 659*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *3146 J 15-*

Reg't No. *417687* Name *Joseph Chicoyne*
(Christian Name) (Surname)
Unit *5th Co. M.R.* Rank *Private* Date of enlistment.....
Date of casualty *14-9-16.* B.P.C. File No. *23137*
Was service performed overseas? *yes* ✓

DEPENDENT

Name *Mrs Emilee Chicoyne* Relationship *Wid. Mother*
Address *St Didace*
Maskanonge Co.,
P. Q.

Amount of Special Pension Bonus \$ *Nil* ✓ Abstracted by *G M O'Reilly*

Eligible for Gratuity \$ *18000* ✓
Less amount of Special Pension Bonus paid..... \$ *nil* ✓
Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ *nil* ✓

Balance due \$ *18000* ✓ *DB 18*

Cheque No. *9.1793794* ✓ Date issued *22-7-20* *MEP*

REMARKS :
.....
.....
.....
.....

Clerk *J B LeCourt.*

Audited by
[Signature]
Date *21/7/20* *18000*

M.F.W. 2652
25M-6-20
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

MILITIA AND DEFENCE

14-9-15

195

SEPARATION ALLOWANCE

Name *Mrs. Emilie Chicoine*

Name of Soldier *Chicoine, J*

Address *St. Sidace
Maskinonge Co.
Pg.*

Regtl. No. *417,687*

Rank *Pvt.*

Corps *41st Battalion*

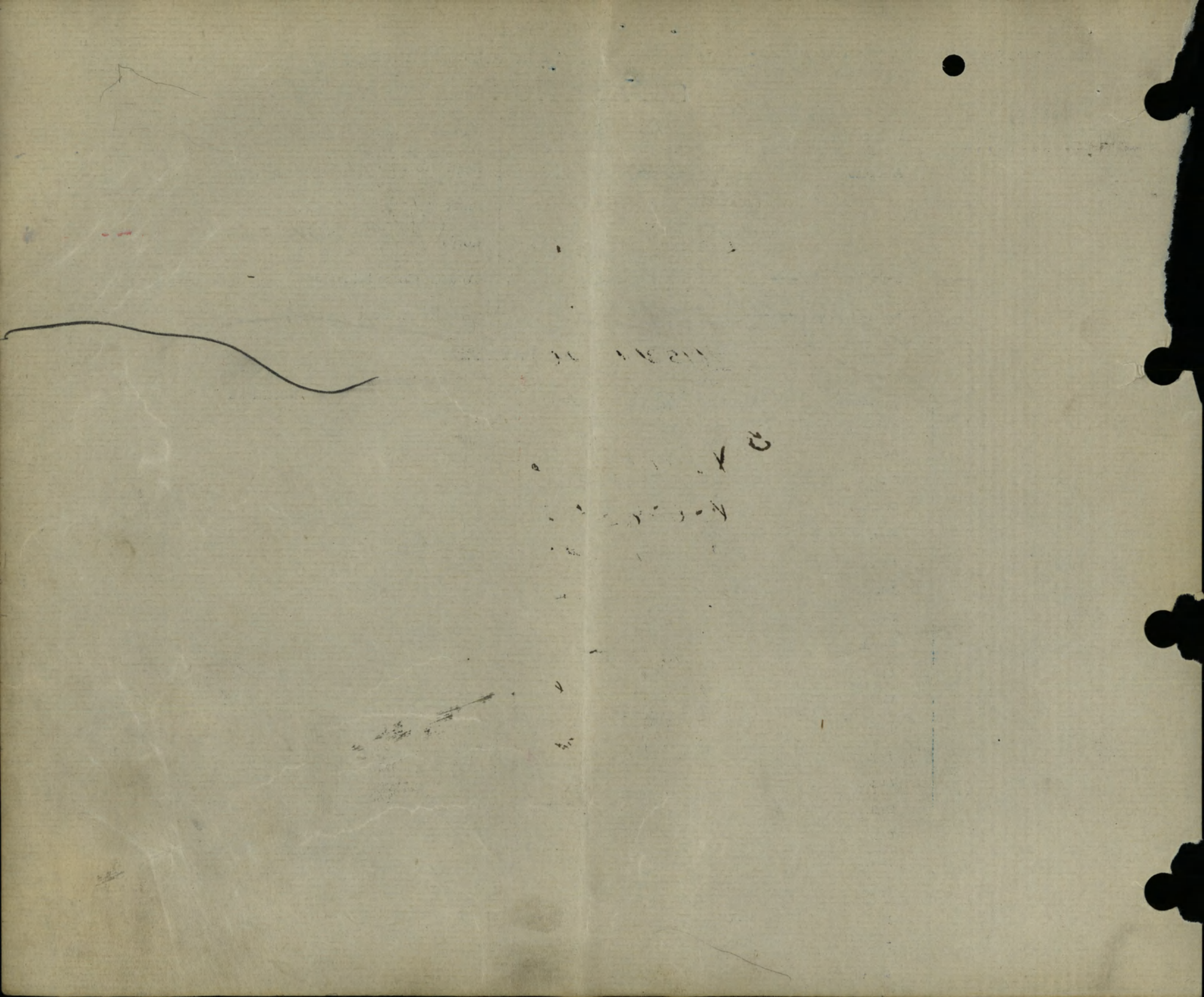
Relation to Soldier }
wife, child or mother } *mother*

To what Corps belonging }
when called out } ✓

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>OK.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<i>L-28140</i>	<i>131</i>	<i>131</i>





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Emily Cheoine

Mother
PAYMENTS.

Name of Soldier

Cheoine J
Pte

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	£ 662	20 -	20
May		L 5382	20	20
June		O 8302	20 -	20
July		T 10314	20	20
Aug.		K 13448	20	20
Sept.		H 15319	20	20
Oct.		W 18520	20	20
Nov.		Y 21628	20	20
Dec.		Z 23243	20	20
Jan.	1917	X 28060	20	20
Feb.		X 31055	20	20
March		X 34361	20	20
April		Y 434	20	20
May		X 3837	20	20
June		Z 6589	20	20
July		Y 10334	20	20
Aug.		G 14659	20	m
Sept.		L 18785	20	X
Oct.		T 22595	20	X
Nov.		X	X	X
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date *29-10-17*
 Killed in Action
 Died of Wounds } Date *4/16-9-16*
 Missing
 C. L. T. *2-10-16* Clerk *J. Waties*
 Date Noted *29-10-17* 191

me

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.				

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

310

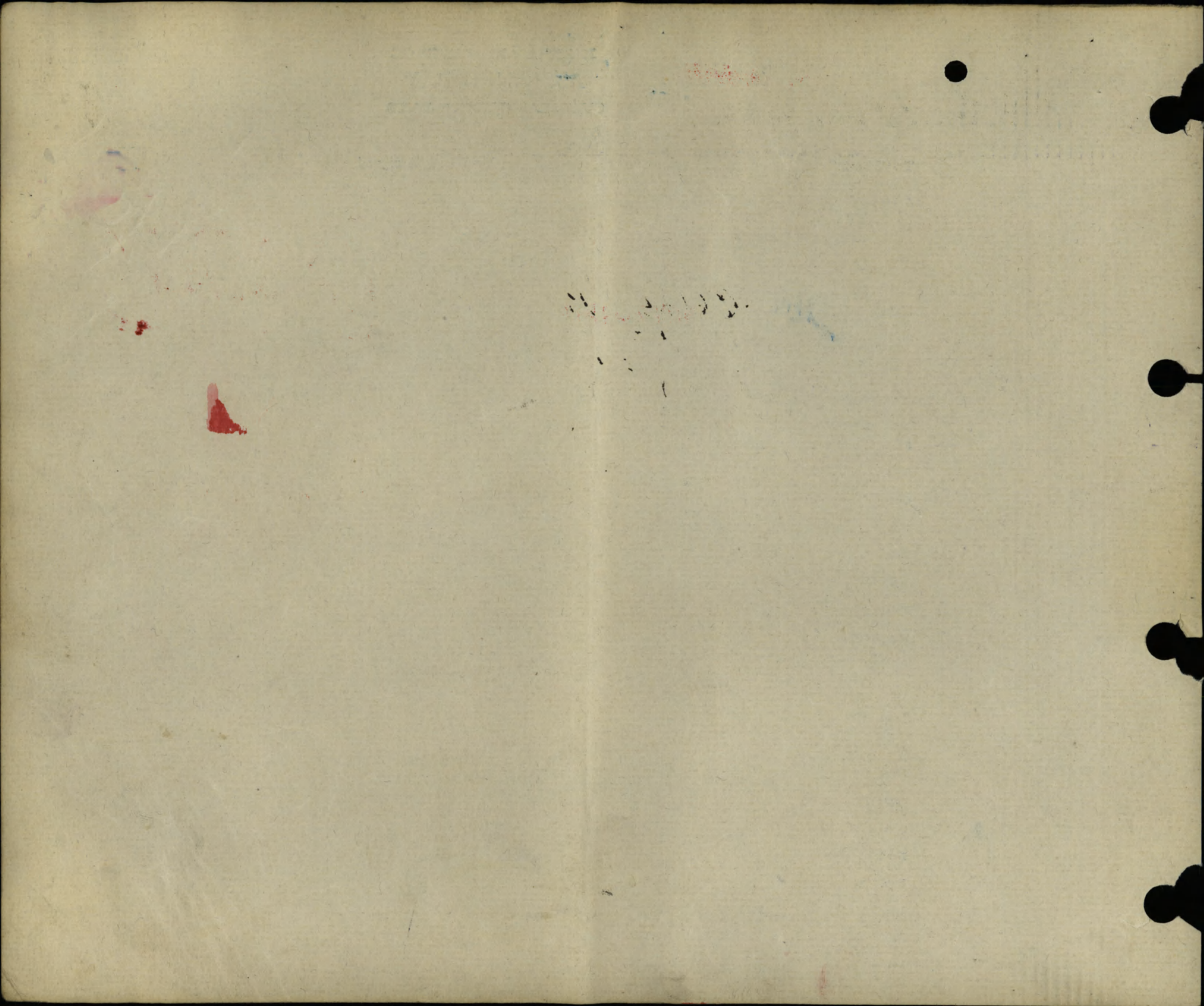
To Whom *Mr. Emilie Chicoyne,* By Whom Assigned *Chicoyne, J.*
Address *St. Sidace,* Regtl. No. *417687*
Maskinonge Co, Rank *Pte.*
Que. Corps *41st Bn. C. Co.*
Rate *\$15.00*

NOV 1 1915

PAYMENTS

Casualties
REMARKS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>"Killed in Action"</i> <i>3 M. Oct. 6/16</i> <i>Stop Nov. 1/16</i> <i>Noted Nov. 9/16</i></p> <p><i>Killed in action between Sept. 14 & 16/16</i> <i>C. L. 07/2/10/16. J.H.G.</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				<p>Pensions Notified Date..... <i>29/10/17</i></p> <p>Killed in Action } Died of Wounds } Date..... <i>14/6-9-16</i></p> <p>Missing } C. L. (17) 2-10-16... Clerk..... <i>J.H. Goldsmith</i></p> <p>Date Noted..... <i>29/10/17</i> 1917</p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	<i>28127</i>	<i>30</i>	
Feb.		<i>1916 209797</i>	<i>15</i>	
March		<i>K14364</i>	<i>15</i>	
		<i>016509</i>	<i>15</i>	



ASSIGNED PAY

Sheet No. 2. *Mrs Emilie Chicoyne*

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

Chicoyne J 311
J. C. Co.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 ⁰⁰	
April	1916	<i>A 1250</i>	15	<div style="border: 2px solid red; padding: 10px; display: inline-block;">Casualties</div> <i>Account closed.</i> <i>Spec. Reg. 10-11-16</i> <i>Nov. cheque for Oct. adj.</i> <i>apc. closed Nov. 1/16</i> <i>J.H.</i> <i>180⁰⁰ EBX W. 17/17</i> <i>CFX to 3/1/17 180⁰⁰ J. Holdsworth 29/10/17</i>
May		<i>O 3754</i>	15	
June		<i>P 7190</i>	15	
July		<i>E 6635</i>	15	
Aug. ✓		<i>H 10413</i>	15	
Sept.		<i>L 75723</i>	15	
Oct.		<i>X 20199</i>	15	
Nov.		<i>X 21242</i>	15	
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

12/31/17

MILITIA AND DEFENCE
ASSIGNED PAY
 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.				

D.M.

Rank Pte.

Name CHICOYNE, Joseph.

Reg'l No. 417687

Unit 41st Bn.

If in perm. Corps, }
What Unit?

Married or Single Single.

Place and Date of Enlistment Niagara Camp. June 26th 1915. Place of Birth St Didace

Name and Address, Next-of-Kin Mrs Emile Chicoyne.

Maskinonge Co Que.

St Didace, Maskinonge Co, Maskinonga Co.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Ref. C-1766

Discharge, Date and Place

Reason

Character

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.				
		<i>Arrived in England</i>			<i>28 OCT 1915</i>
			<i>per R. D. Saxonia</i>		
<i>26.4.16</i>	<i>O/c 23rd</i>	<i>Taken on Strength.</i>	<i>W. Sandling</i>	<i>20.4.16</i>	<i>PT D.O. 96.</i>
<i>6.6.16</i>	<i>"</i>	<i>Trans. to 5th CMR Bn</i>	<i>O' seas</i>	<i>6.6.16</i>	<i>" 132</i>
<i>19-6-16</i>	<i>5th CMR.</i>	<i>J.O.S. in Yr. fr. 2325 Bn.</i>	<i>Lieut</i>	<i>7-6-16</i>	<i>PT D.O. 24</i>
<i>2.10.16.</i>	<i>5. Aug.</i>	<i>Killed in Action.</i>	<i>Field.</i>	<i>14/16.9.16.</i>	<i>C.L.A. 217. ✓</i>
<i>27.9.16.</i>	<i>"</i>	<i>Killed in Action</i>	<i>Field.</i>	<i>14/16.9.16.</i>	<i>Pr. U. O. 46.</i>

2513103 Blocked 14/10/16 d.s

411687

97

~~411687~~
ORIGINAL

MEDICAL HISTORY SHEET. ~~452998~~

Surname Leivoynne Christian Name Joseph

Examined { on 29 day of June 1915
at Magafu Camp
Birthplace { City or Town St. Helene
County Maskelon

Approved by [Signature]
Rank _____ M.O. _____

Apparent age 23
Trade or occupation Farmer
Height 5 Feet 3 Inches
Weight 140 Lbs.
Chest measurement { Minimum 36 inches
Maximum expansion 1 1/2 inches
Physical development Fair
Small-Pox Marks _____

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

Vaccination Marks { Arm Right Left _____
Number 3

Date	Result	VACCINATIONS.
<u>15/7/15</u>		<u>[Signature]</u>
		M.O.
		M.O.

When Vaccinated last _____
(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection
Scut inside of left arm

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/7/15</u>		<u>[Signature]</u>
<u>12/7/15</u>		<u>[Signature]</u>
<u>16/7/15</u>		<u>[Signature]</u>
		M.O.
		M.O.
		M.O.

Enlisted on 1st day of June 1915 at Barlebury

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>58th Batt</u>	<u>411687</u>		
Transferred to..	<u>41st Batt</u> <u>5th C M R</u> <u>Co B</u>			

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.

417687

Joseph Chicoyne

23 Res Battn C O E F

Military Will.

In the event of my
death I give the whole
of my property & effects
to my mother, Mrs
Emilie Chicoyne

St Didas, Comte

Maskinonge; Quebec

Canada

Joseph Chicoyne.

Pte 23 Res Batt

5 Juin 1916.

Extracted from Pay-book, Page 20.

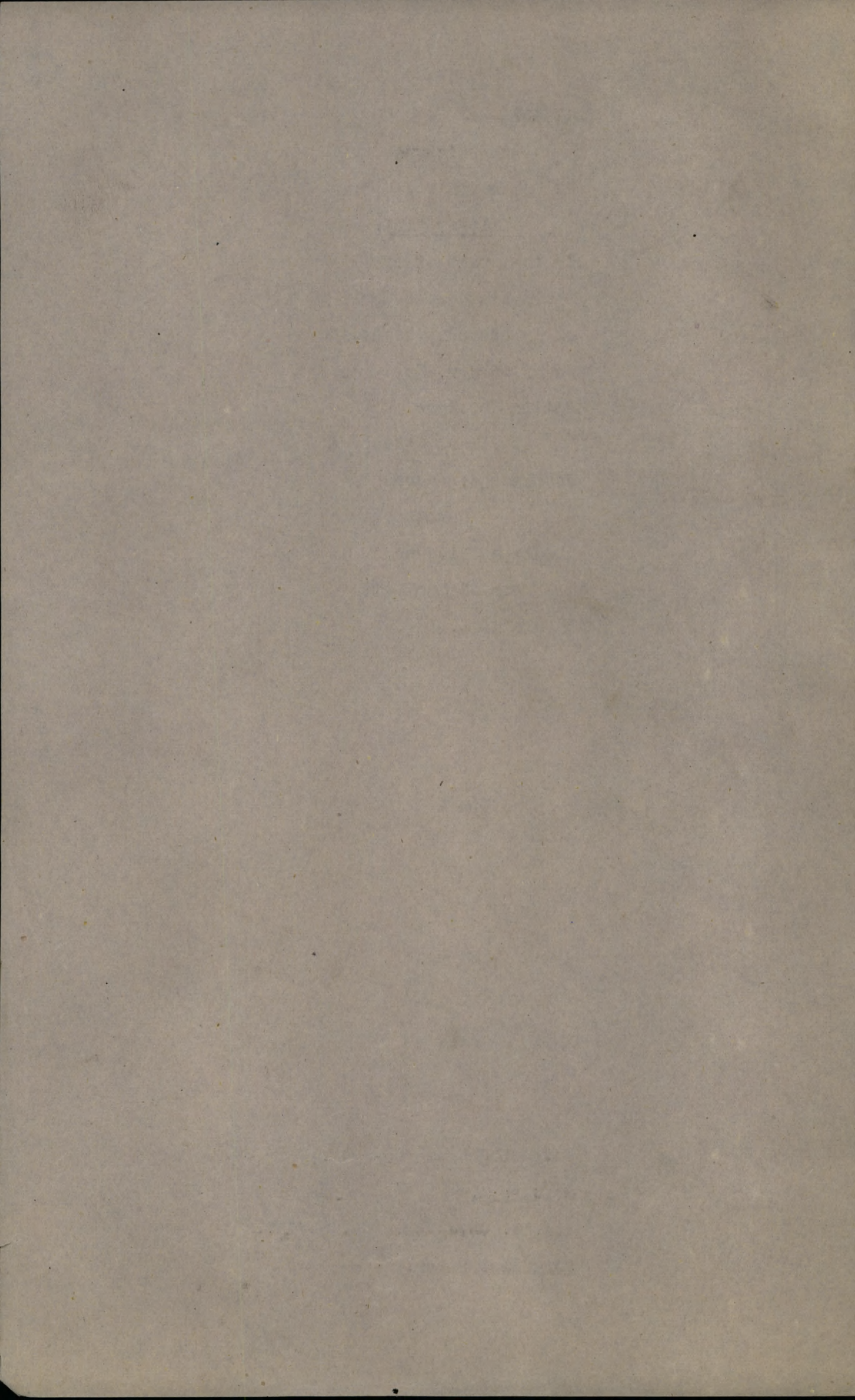
Holograph.

Pte. J. Chicoyne. No. 417687.

~~23rd Res. Battn.~~

5 H Camps.

FILE IN ENVELOPE



Perforated sheet for Will from Pay
Book of Reg. No. 417687
Name Joseph Chicoyne
Unit 23 Res. Battn C O E F.

MILITARY WILL

In the event of my
death I give the whole
of my property & effects
to my mother, Mrs
Emilie Chicoyne
St. Didas Comte.
Maskinongi, Quebec
Canada.

Signature Joseph Chicoyne.
Rank and Regt. Pte 23 Res Batt
Date 5 Juin 1916.

Certified a true copy

H. H. Hurling

Lieut

Palmer Branch

