ORIGINAL

4th. M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3091025

E. L.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: CURE
2. Christian name: Philippe
3. Present address: Shawinigan Falls. Que.
4. Military Service Act letter and number: 70191 DC
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: May 16th. 1892.
6. Place of birth: Shawinigan Falls. Que.
   (town, township or county and country)
7. Married, widower or single: Married
8. Religion: R. C.
9. Trade or calling: Electrician
10. Name of next-of-kin: ~~Merelise CURE~~ Dora CURE
11. Relationship of next-of-kin: ~~Mother~~ Wife
12. Address of next-of-kin: Shawinigan Falls. Que. SUFFICIENT ADDRESS
13. Whether at present a member of the Active Militia: No
14. Particulars of previous military or naval service, if any: None xxxx
15. Medical Examination under Military Service Act :—

    (a) Place Montreal. Que. (b) Date Aug. 24th. 1918 (c) Category A2

DECLARATION OF RECRUIT

M. D. No. 4

AUG 24 1918

MONTREAL, P. Q.

I, CURE Philippe, do solemnly declare that the above particulars refer to me, and are true.

Philippe Curé (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 ~~Philippe~~ yrs. 3 mths.

Height 5 ft. 8 1/2 ins.

Chest measurement: fully expanded 35 1/2 ins.; range of expansion 2 ins.

Complexion: Med

Eyes: Brown

Hair: D. Brown

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

Eyes R. Good L. Good

Hearing R. OK L. OK

Major

A/O.C. 1st Depot Bn. 1st Quebec Regt.

O. C. First Depot Btln.

First Quebec Regt.

Place Montreal P. Q. Date August 6th. 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158

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.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial .....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2

M.F.W. 39a 1
M.F.W. 71 - 1
M.F.W. 129 - 1
M.F.B. 813a 2
A.F.B. 122 - 1
M.F.B. 465 - 1
M.F.W. 113 - 1

M. F. W. 62.
100m.—6-17.
H.Q. 1772—39 935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CURE PHILIPPE.

Regt. No. 309025 Rank Pte

Corps 1st D.B. 1st D.R.

Gen. Demob.

49142

6 - 21
6 - 21
10 22

2

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3091025 (Rank) Private

Name (in full) CURE, Philippe enlisted in

the 1st Depot Battalion, 1st Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal, Canada on the Sixth

day of August 19 18

HE served in Canada

and is now discharged from the service by reason of Demobilization, Authority R. O., No. 1328 of 18-11-18.

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

Age 26 Years, 7 Months

Height 5 Feet 3½ Inches

Complexion Medium

Eyes Brown

Hair Dark Brown

Marks or Scars Scar, left chest.

Philippe Curé
Signature of Soldier

M. A. Piché
Issuing Officer

Lieut-Colonel.
Rank

O.C., 1st Depot Bn. 1st Que. Regt.
Appointment

Date of Discharge December 12th, 1918.

Signed at Montreal, Canada this Twelfth day of December 1918

in Military District No. 4

File Reference No. 1/1. QR. 10-C-366.

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. 39
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3091025 (Rank) Private Name CURE, Philippe

Unit 1st Depot Bn. 1st Que. Regt.

Address on Discharge Shawinigan Falls, Que.

Character and Conduct Very Good.

Former Occupation Electrician

Special Qualifications of Value in Civil Life Electrician

Medals and Decorations Nil.

Remarks Nil.

Signed at Montreal, Canada this Twelfth day of December 1918

M. A. Peché
Name of Officer

Lieut-Colonel.
Rank

O.C., 1st Depot Bn. 1st Que. Regt.
Appointment

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District: 4

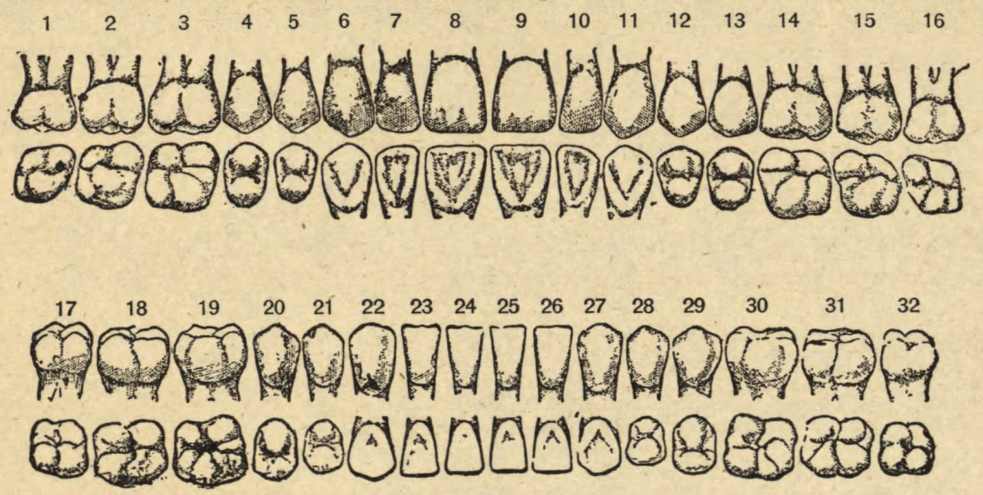
Name of Soldier: Curran, J.

Rank: Lce

Regiment: 1 Inf

No. 309102

M.F.B. 465.
200M—6-18.
1772-30-950.



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
O.K.	Nov 29 1918																				Capt Bird	4	Recommended
Good	Dec 4																				R Simpson		for discharge Nov 29/18 B.W.B

CASE HISTORY SHEET.

Ste. Annes Military Hospital. Ste. Annes de Bellevue Station.

No. 3091025 Rank Pte. Name Cure Phil Age 26

Unit 1/1 Q.R. Completed years of service (Where and how long) 3/12

Date of admission 25/10/18 Date of discharge

Diagnosis Rectal abscess Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Pain in lower abdomen and rectum.

History

Patient states that he has been troubled with his rectum for at least five years. This abscess started a few days before enlisting and when he started to drill and march aggravated this trouble.
Enlisted 23/10/18. Admitted to D.M.C.H. 25/10/18. Refuses operation

Present condition;
General condition good. Abscess is healing slowly. Touched with silver nitrate, which helped healing. Patient states that he is sometimes 3 days without defaecating.

Patient was admitted to this Hospital for Convalsensce.

FAMILY HISTORY Neg.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Silver nitrate applied to parts.
(Especially any specific or special form.)

CONDITION ON DISCHARGE, The abscess is healed. The general condition
(and disposal made of case.) is good. Appetite is good and he sleeps well.

To unit with recommendation for two weeks light duty.

Date

W. Wagner Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

CASE HISTORY SHEET.

D.M.C.H. Hospital. Montreal Station.

No. 3091025 Rank Pte. Name Curé Phil. Age 26

Unit 1/1 C.R. Completed years of service (Where and how long) 3/12

Date of admission 25-10-18 Date of discharge

Diagnosis Rectal abscess Place of origin Canada

CONDITION ON ADMISSION AND PROGRESS OF CASE

Pain in lower abdomen and rectum.
History:
Patient states that he has been troubled with his rectum for at least five years. This abscess started a few days before enlisting and when he started to drill and march aggravated this trouble.
Enlisted 23-10-18. Admitted to D.M.C.H. 25-10-18. Refuses operation
Present condition:
General condition good. Abscess is healing slowly. Touched with silver nitrate, which helped healing. Patient states that he is sometimes 3 days without defaecating.

Recommend transfer to St. Anne's for further treatment.
(Sgd) M.A. Renaud, Lieut.

FAMILY HISTORY Negative
(Tuberculosis, mental or nervous diseases.)

TREATMENT Hot baths and $AgNo_3$
(Especially any specific or special form)

CONDITION ON DISCHARGE
(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

A

Casualty Form—Active Service.

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REG'T

Regimental No. 3091025 Rank Pte Name CURE, Philippe

Enlisted (a) 6-8-18 Terms of Service (a) C. E. F. Service reckons from (a) 6-8-18

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) Electrician

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				
4-12-18	MDH	S.O.S. with effect 12-12-18. Auth Demobilization R.O. No 1328 of 18-11-18	Montreal	12-12-18	Part Two Order No. 343.

D. Douglas Lt. for ADJT.
for O. C. 1st. Depot Bn. 1st Quebec Regiment

(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				

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

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

No. 3091035 Rank Pte Surname Curé
(Given name in full) Philippe
Unit or Corps 1st DEPOT BN. 1st QUEBEC REG'T. Birthplace Shawinigan P.Q.

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

1. GENERAL DESCRIPTION:

Physique good Weight 133 lbs. Height 5 ft. 3½ in. Colour of Eyes brown

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 60 Left 60

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Scar left chest as a child

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition nil

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

Influenza 10-9-18 to 22-10-18 Cured
Enlisted Aug. 24. 1918 as A-W Ty change

J.A. Decarie Capt

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Montreal (Canada)

Date Dec 4, 1918 Signed R B Malcolm Capt M.O.

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

Signature P. Lewis

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

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

[OVER]

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

a/

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Curé Christian name Philippe

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

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

4. Address (including street and number, if any) .....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the ..... day of ..... 1917, by the undersigned medical board sitting at .....

5. Age as stated ..... Years ..... Months. 6. Apparent age ..... Years ..... Months

7. Height ..... Feet ..... Inches. 8. Weight ..... Pounds.

9. Chest measurement { Minimum ..... Ins. / Maximum ..... Ins. } 10. Complexion ..... { Eyes ..... / Hair ..... }

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

13. Number of vaccination marks { Right arm ..... / Left arm ..... } 14. When vaccinated last .....

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

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

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis }

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category [ ]

17.
(a) Vision R. ..... L. .....
(b) Hearing. R. ..... L. .....

..... *President.*

..... *Member.* ..... *Member.*

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

Joined ..... *day of* ..... *191* ..... *at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3091025		
Transferred to.....	1st DEPOT BN. 1st QUEBEC REGT.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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

M. F. B. 313.
300M.—10-17.
1772-39-439.

Signature of Man .....

Christian Name

Surname

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
D.M.C. Hosp.	Montreal	25	10	18				Rectal Abscess		Recom. transfer to St Anne's for further treatment.	Ma Renaud
St Anne de Bellevue Military Hosp.		5	11	18				Rectal Abscess		Here for further treatment & convalescence. Silver Nitrate applied daily. To Unit - with recommendation 2 weeks L.D.	J. Hague

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

A

MOBILIZATION CENTRE AUG 24 1918 MONTREAL, P.Q.

1. Surname CURE Christian name Philippe

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 70191 DC

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

4. Address (including street and number if any) Shawinigan Falls. Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th. day of August 1918. 19....., by the undersigned medical board sitting at Montreal P. Q.

5. Age as stated 26 Years 3 Months. 6. Apparent age 26 Years 3 Month

7. Height 5 Feet 3 1/2 Inches. 8. Weight 133 Pounds.

9. Chest measurement { Minimum 32 1/2 Ins. / Maximum 35 Ins. } 10. Complexion Med { Eyes Brown / Hair D. Brown }

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

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last Child

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis, Asthma.

We find no evidence of past { Rheumatism Tuberculosis, Nervous or Mental disorder. } Epilepsy Syphilis Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**

17. (a) Vision. R. 60 L. 60

(b) Hearing. R. ok L. ok

R.R. Scott Capt. President.

Member. Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
SEP 9	1918	M. O.	SEP 6 1918		M. O.
		M. O.	SEP 9 1918		M. O.
		M. O.			M. O.

If raised in category, record category in a square. The M. O. will initial and date.

Joined 6th. *day of* August 1918. *19* ..... *at* Montreal. Que

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to	1st Depot Bn. 1st Quebec Regiment	3091025		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	4-12-18	Sick	A2 R.B. Lakeden Capt

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

M. F. B. 313.

300M.—4-18.

1772-39-439.

Surname CURE Christian Name Philippe

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
D.M.C.A. Montreal		10	9	18	22	10	18	Pulmonary Abscess Influenza	42	Discharge fit to Draft. E. E. Robins Capt. A.M.C.	

Reg. No. 3091025 Name Cure P.

Rank Pte Corps 1/2 Quebec Age 26 Service 6 3/12

Ledger No. 16 Serial No. 6996 22

HOSPITALS	DATE	DIAGNOSIS
Drummond Mil. Montreal	?	Rectal abscess 6
Trans St Anne de Bellevue	11-5-18	
To unit	2-12-18	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

m

H. Q. .....

M. D. No. 4

Surname Cure

T. O. S. Aug. 6th 1918

Christian names Philippe

D. O. Pt. II 218 of 6-8-18

Regtl. No. 309025 Rank Pte.

S. O. S. 12th Dec. 1918

Unit 1st Que. Regt, 1st Dep. Bn

Reason Demob.

Auth. G.O. 3413-9-12-5/19.R

Next of kin Curé Mrs Dora

Relationship Wife

Address Shawinigan Falls P.Q.

Also notify: .....

BORN—Place Canada Shawinigan Falls P.Q. Date May 16th 1892

ATTESTED—Place Montreal P.Q. Date Aug 6th 1918

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	Date	
T. O. S. 6-8-18	218	6-8-18	
A.W.L. 6-8-18	219	7-8-18	
Rep'td 23-8-18	238	26-8-18	
A.W.L. 6/8/18 to 23/8/18	239	27-8-18	18 Days P.R.A.
Adm to Hospital	254	11-9-18	10-9-18
A.W.L. 22-10-18	298	25-10-18	
Disc Hospital	298	25-10-18	22-9-18
S.O.S. 12-12-18	343	9-12-18	Demobilization

"A" Coy.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Laure Philippe

REGIMENTAL NO. 3091025 RANK Pte.

ENLISTED AT Montreal PROMOTIONS, &c. AND DATE

DATE 6-8-18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

10-9-18 Influenza
22-10-18.

25-10-18 Rectal
2-12-18 Abscess

This space to be for numbers

Proceedings on Discharge.

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

No. 3091025

Rank Private

Surname CURE,

Christian Name Philippe

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

Corps (Squadron, Battery or Company) ~~1st Depot Bn. 1st Quebec Regt.~~

Date of Discharge December 12th, 1918.

Place of Discharge Montreal, Canada

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years 7 months.

Height 5 feet 3½ inches.

Complexion Medium

Eyes Brown

Hair Dark Brown

Trade Electrician

Intended place of residence (To be given as fully as practicable.) Shawinigan Falls, Que.

Descriptive Marks

Scar on left chest.

2. The above-named man is discharged in consequence of Demonilization, Authority

R. O., No. 1328 of 18-11-18.

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

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

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

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

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

ELECTRICIAN

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

NIL

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

6. Medals and Decorations..... NIL

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

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

(Place) Montreal, Canada ..... M. A. Piché ..... Lt-Col.

(Date) December 12th, 1918. *Commanding* 1st Depot Bn. 1st Que. Regt.

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

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

(Place) Montreal, Quebec Philippe Laure (*Signature of Soldier.*)

(Date) December 12th, 1918. E. Kelly Sgt (*Signature of Witness.*)

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

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

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

Philippe Laure (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)...-years 129 days.

Total.....-years 129 days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, Canada

(*Signature*) M. A. Piché Lt-Col.

(Date) December 12th, 1918. O.C., 1st Depot Bn. 1st Que. Regt.

Reservations referred to at Para. 8.

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

NIL

(Signature) Philippe Lowe

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3091025 Rank Pte. Name CURE, P.

Corps 1st Depot Bn 1st Quebec Regt. who was* S. O. S.

On December 12th 1918, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st December 1918, to 12th December 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	65	90
Advances by Cheques } No. Cash	10	00	Regt'l Pay 12 days at $ 1 c 00	12	00
Advances by Cheques } No.			Field Allow. 12 days at $ c 10	1	20
S.A. for Novemeber	25	00	S. A. for Nov.	25	00
Assigned Pay and Sep'n Allce. No.	22	00	Separation Allowances* (Monthly)	12	00
S.A. Adj.	15	00	S. A. Adj.	15	00
Other charges Uniform	10	00	Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 3983	84	10	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	166	10	Total	166	10

*Give particulars.

A monthly stoppage of $ 10.00 (†) has been (‡) been paid on account of Assigned Pay ~~for the month of~~ December 12th. 1918. and Sep'n Allce. for month of to December 12th 1918. (to) Assignee Mrs. D. Cure.

(Address) Shawinigan Falls, P.Q.

S. A. Adj paid for Sept Oct & Nov.

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

On Transfer of an Officer

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

REMARKS:—

State (1) date of enlistment 6/8/18

(2) if married and if a Separation Allowance Card has been submitted Yes. Yes.

(3) cause of discharge Demobilization authority

(4) authority for transfer

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

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

Date December 13th 1918

Place Montreal, P.Q. Canada.

Paymaster.

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

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

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

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.