Capt	Audette	John Degaspé
I.D. number No. d'identification	Surname Nom de famille	Given names Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box : 302

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

DOCUMENTS

NAME AUDETTE, JOHN DEGASPE LIEUT. UNIT 3 D.D. H. Q. FILE No. 0 7112

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
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)					Died 28 Apr 46.
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. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					DEMOB.
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					

BOX # 302

M.F.W. 2589
20M-4-46 (9113)
1772-39-1377

CLINIC[illegible] CHART.

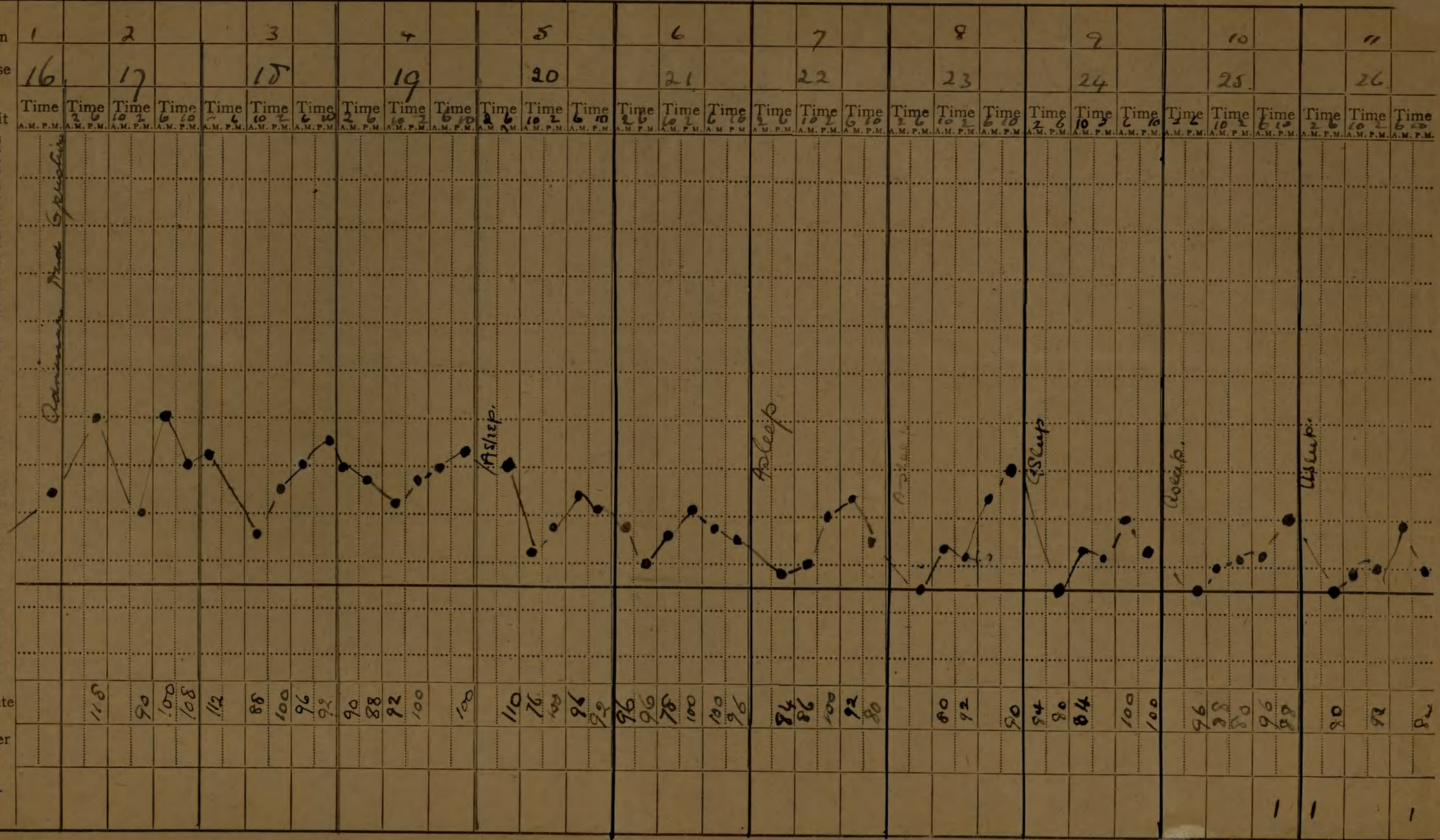
(*To be attached to Case Sheet.*)

[illegible]ps _____ Military Hospital _____ [illegible]my F[illegible] 181.

No. _____ Rank and Name *Lieut Audette* _____ Age _____ Service _____

Disease _____ Date of admission *16-8-17* _____ Date of discharge _____ Result _____

Dates of Observation	1	2	3	4	5	6	7	8	9	10	11
Days of Disease	16	17	18	19	20	21	22	23	24	25	26
Temperature Fahrenheit	Time A.M. P.M.	Time 2 6 A.M. P.M.	Time 10 2 A.M. P.M.	Time 6 10 A.M. P.M.	Time 2 6 A.M. P.M.	Time 10 2 A.M. P.M.	Time 6 10 A.M. P.M.	Time 2 6 A.M. P.M.	Time 10 2 A.M. P.M.	Time 6 10 A.M. P.M.	Time 2 6 A.M. P.M.
Pulse per Minute	118	90 100 108	112	88 100 96 92	90 88 92 100	100	110 76 100	96 92	96 96 78 100	100 96	84 86 100 92 80
Respirations per Minute											
Moti[illegible] per 24 hours											



Signature _____ In charge of case.

Army Form B. 181.

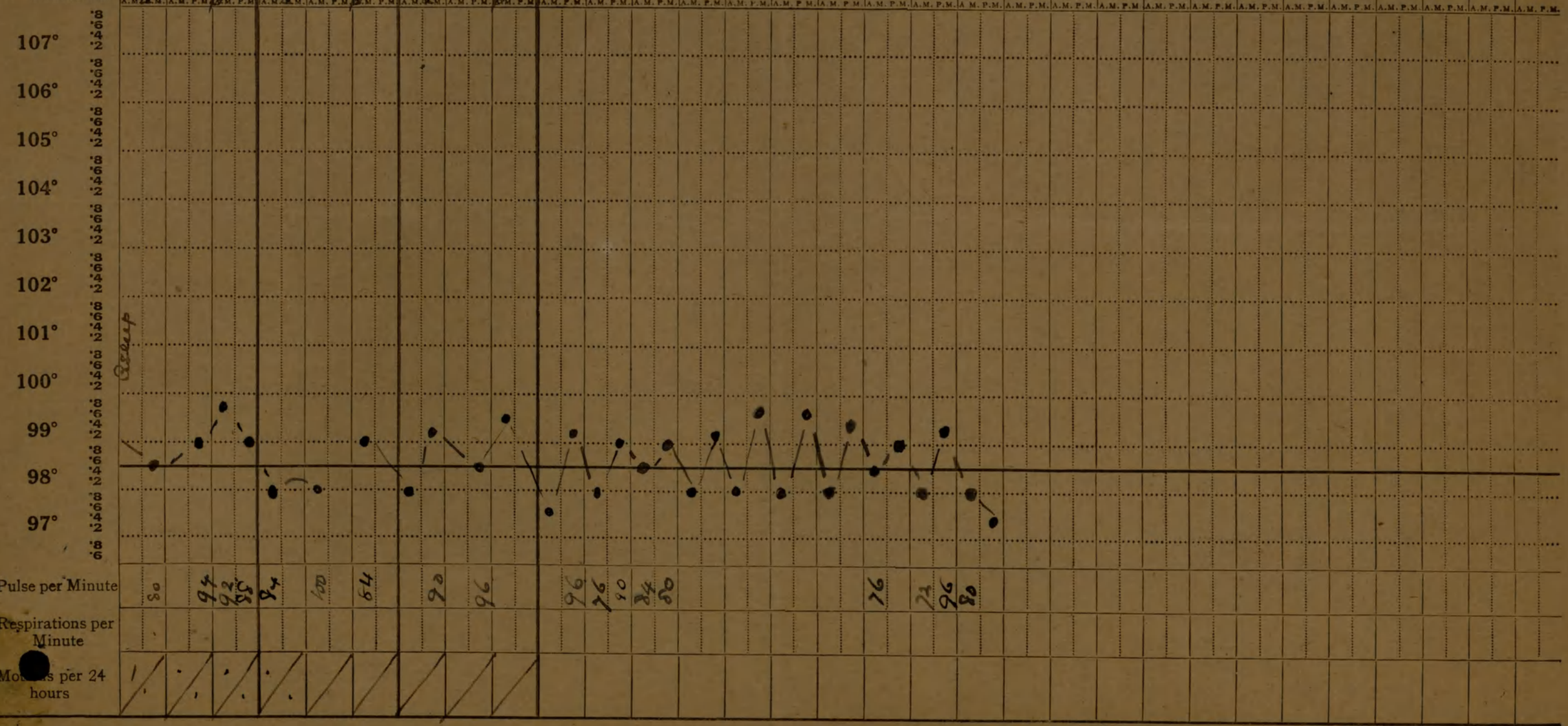
(To be attached to Case Sheet.)

Corps _____ Military Hospital _____

No. _____ Rank and Name Lieut Ouellette. Age _____ Service _____

Disease _____ Date of admission 16.8.17. Date of discharge _____ Result _____

Dates of Observation		12			13			14			Sept																					
Days of Disease		27			28			28.		31	1	2	3	4	5	6	7	8	9	10	11	12	13	14							
Temperature Fahrenheit	2 6 Time A.M.	10 2 Time A.M. P.M.	6 10 Time P.M.	2 6 Time A.M.	10 2 Time A.M. P.M.	6 10 Time P.M.	2 6 Time A.M.	10 2 Time A.M. P.M.	6 10 Time 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.



Signature _____ In charge of case.

Forms
I. 1237
12

3rd London General Hospital, Wandsworth.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Lt	AUDETTE	J de S.
Year 12/9/17	Unit. 21 Can.		Age. 22	Service. 12 mos

Station and Date.

Disease GSW l. knee - fract. tibia & penetration of joint.

Wounded ~~Reported sick~~ on Aug. 15 at Lens while on duty

GSW as above noted. Frac. of anterior face of head of tibia, + opening of inner aspect of joint. Immediate operation - drainage of joint. On entrance bone wound practically healed. There is a superficial fluctuant painful area near old scar.

Sept. 13 Incision + drainage of superficial abscess.

19 Splint left off.

Oct. 10th Wound healed. Still lame - depression (temp.) temp in a.1. 100%. Requires supervision re education i.e. education in walking) + massage. supervision

Pin Board.

L Hardley
Capt.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.	

CANADIAN EXPEDITIONARY FORCE

L.T.3-33.
L.B.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain.

(Name in full) John De Gaspe AUDETTE. M.C.

Enlisted in The 171st Battalion.

CANADIAN EXPEDITIONARY FORCE, on the

day of 191 AND WAS APPOINTED to COMMISSIONED RANK

in The 171st Battalion.

CANADIAN EXPEDITIONARY FORCE on the Fourteenth day

of May 191 6.

He SERVED in CANADA, England and France, with the 171st Battalion., 21st Battalion., Eastern Ontario Regimental Depot., District Depot #5, and Militia Headquarters.

and was STRUCK OFF THE STRENGTH on the Eleventh day

of June 191 9 by reason of General Demobilization.

Dated at Ottawa, this First day

of May 191 xx 1920.

Wounded,-15-8-17.
Awarded the Military Cross, L.G.#30340,-18-10-17.

Major.

for. Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Audette (Audette) Christian Name John de Gaspe

Examined on 17 day of May 1916 at Valcartier Camp

Approved by L. P. Flamentin

Rank Major M.O.

Birthplace: City or Town Ottawa; County P.Q.

Apparent age 21

Trade or occupation Student in Law

Height 5 Feet 7 Inches.

Weight ..... Lbs.

Chest measurement: Minimum 36 inches; Maximum expansion 40 inches.

Physical development good

Small-Pox Marks nil

Vaccination Marks: Arm Right. Left. ✓; Number one

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease nil

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

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

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

Date.	Result.	Anti-Typhoid Inoculations, Etc.
24/2/16	O.K.	L. P. Flamentin M.O.
24/2/16	O.K.	L. P. Flamentin M.O.
		M.O.

Enlisted on 14 day of May 1916 at Quebec, Que.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	171st. C/S BATTALION, C. E. F.			
Transferred to		Lieut		

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.
400M.—1-16.
H. Q. 1772-39-439.

W.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
4 Can Fld Amb		22	1	17	22	1	17	Tracheitis			599-611 HH
6 Can FldAmb		22	1	17	2	2	17	-do-		Discharged to Duty.	611-611 HH
No.6 Can.Fld.Amb.		6	3	17	15	3	17	Laryngitis		Reported from Base. Rejoined Unit. Duplicate Medical History Sheet posted to here. Duplicate Medical History Sheet posted to here.	635-635 DT.
4 Can.F.A.		19	6	17	22	6	17	P.U.O.		Dis. to Duty.	734/734. ID.

(48) Wt. W111[illegible]152 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14

8A.489

Army Form A. 45A

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of ADMS London Area

for the purpose of examining and reporting on the present state of a wound or injury sustained by Lt. J. DeG. AUDETTE 21 Bn

at (Place of injury) Lens on the (Date of injury) 15-8-17

The Board find this officer sustained wounds above date & place.

Stoppage — 4 Fd. 6 CCS 15/8/17, 2 Stationary 16/8/17, 3 Gen Hos 10/9/17.

Gsw. L. Knee joint tibia & penetration of joint.

Thus CS = joint ff ant. face of head of tibia & opening of fissures aspect of the joint.

Wound is just healed, uses crutches but can bear some wt. on the leg. Very slight movement in knee joint, leg swollen. Requires treatment.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)	✓		
2.—If the case does not come under the category 1:— (a) Was the injury, in the first instance, very severe in character? (b) Are its effects still very severe?	✓		
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)	✓		
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	Severe	not permanent	
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	5 mos		

I concur in the Board of Medical Officers Findings here recorded. Captain, D.A.D.M.S. for D.M.S. Canadians.

Signatures: Arthur Foy Maj Canadian G.H. Medical Officer in charge Regimental Officer

Station London

Date 11/10/17

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

---

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

(W) W 11188/M152 100,000 12/16 J. P. & Co., Ltd. Forms A. 45A 14

Army Form A. 45A

Confidential.

To be used in cases of wounds or injuries received in action.

(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of A.D.M.S. LONDON Area.

for the purpose of examining and reporting on the present state of a wound or injury sustained by Lieutenant J. de G. Audette - 21st. Bn.

at (Place of injury) Lens. on the (Date of injury) 15-8-17.

The Board find this Officer sustained wounds on above date and place.

HOSPITALS.

4th. F.A. 6th. C.C.S. 15/8/17, 2nd.Stat.16/8/17. 3rd. Lond. Gen. 10/9/17.

G.S.W. left knee fract. tibia & penetration of joint. The M.C.S. - Fract. of ant. face of head of tibia & opening of inner aspect of the joint.

The wound is just healed, uses crutches but can bear some wt. on the leg. Very slight movement in knee joint, leg swollen. Requires treatment.

The opinion of the Board upon the questions below is as follows:—

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 639 to 644 of the Royal Warrant for Pay, &c.)	-		
2.—If the case does not come under the category 1:— (*a*) Was the injury, in the first instance, very severe in character? (*b*) Are its effects still very severe?	-		
3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 646.)	-	-	
4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.	Severe not permanent.		
5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?	5 mos.		

I concur in the findings of the Board of Medical Officers here recorded. Captain, D.A.D.M. for D.M.S. Canadians.

Signatures
S.H. McCoy, Major C.A.M.C.
G.H. Wilson, Major C.A.M.C.
F.E. Rogers, Captain, C.A.M.C.

Station London
Date 11-10-17.

[P.T.O.

INSTRUCTIONS to be observed by the Medical Board preparing the Report.

---

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though only "severe" or "slight" in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. **The board will not express any opinion, either to the Officer examined, or in their report, as to whether he is entitled to compensation, or as to the amount of it, nor will it inform the Officer how the wound or injury has been classified.**

4. **If an Officer makes any enquiry as to wound gratuity he should be told by the board that he should make application in writing to the Secretary of the War Office.**

8A 489

CONFIDENTIAL. Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13 Berners St on 11/10/17

by order of D.D.M.S. London Area

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt. J. de G. Audette (Corps) 21 Bn

Age 22 Service 16/12 Disability G.S.W. L. Knee

Date of commencement of leave granted for present disability — 22.8.72

Date on which placed on half-pay for present disability —

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained a wound & is in condition described in A & A H & this date.

The Board recommend he be invalided to Canada

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service — No, 3 mos
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category* — No, 3 mos
3. Fit for Home Service — No, 3 mos
4. Fit for Light Duty at Home
5. Requiring indoor hospital treatment—
   (*a.*) In an Officers' Hospital
   (*b.*) In an Officers' Convalescent Hospital
6. (*a.*) Fit for light duty at a Command Depôt
   (*b.*) Fit for treatment only at a Command Depôt
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation
8. Was the disability contracted in the service? Yes
9. Was it contracted under circumstances over which he had no control? Yes
10. Was it caused by military service? Yes
11. If caused by military service, to what specific military conditions is it attributed? N.E.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions? —

I concur in the findings of the Board of Medical Officers here recorded. J. Stevens Captain, D.A.D.M.S. for D.M.S. Canadians.

Canada — Mr. Justice Audette, Exchequer Court, Ottawa.

Officer's Address: Fd Lond Genl

Signatures: Attendance may cease — President. G. A. Wilson Maj C A M C — Members.

[P.T.O.

INSTRUCTIONS.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. Est. No. 1069.

Address Julie Audette
Care Mrs Julie Audette
Ottawa.

332-8-72

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled,

at Halifax N.S.

on the 25th day Oct 17

by order of A.D.M.S. No 6

for the purpose of examining and reporting upon the state of health of Lt. J. de G. Audette 21st Bn.

President G. H. Jardine Capt. C.A.M.C.

Members G. W. Grant Capt. C.A.M.C.
K. G. Mahabir Capt. C.A.M.C.

The Board having assembled pursuant to order, proceed to examine the above-mentioned officer and find that Lt. J. de G. Audette 21st Bn. ~~the~~ has a G.S.W. Left knee fract. tibia & fractuation of joint. The wd. is healed, he uses crutches most of the time. Slight movement in knee joint, massage would be only treat required, knee is enlarged. The board recommends that this officer be given three months sick leave at his home under proper medical supervision.

The opinion of the Board upon the questions herein is as follows:-

(1) Is the officer fit for service? No, temporarily unfit

(2) If not so fit, how long is the disability likely to continue? ~~Three~~ 2 months

(3) To what extent does it prevent his earning a livelihood? 25%

Signatures G. H. Jardine Capt C.A.M.C.
G. W. Grant Capt - C.A.M.C.
K. G. Mahabir Capt CAMC.

34

M.F.B.-380

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled at Ottawa, Ont., on the 10th Jan 1918, by order of the A.D.M.S., M.D., No. 3., for the purpose of examining and reporting upon the present state of health of Lieut J. de Gaspe Audette, 21st Battalion.

PRESIDENT Lt-Col G. MacCarthy R.M.S.

MEMBERS. Capt. A.F. MacLaren A.M.C.

Capt. J.H. Laidlaw A.M.C.

The board having assembled pursuant to order proceed to examine the above named officer and find that on Dec. 25th 1917, he had symptoms of appendicitis. His mother called in the family doctor, Dr. E.M. Lambert, who diagnosed appendicitis, removed him to Ottawa General hospital, Water St, where he was operated upon the same day. Drainage was used for a few days. He left hospital Jan 2nd 1918 and is at present in his own home under the care of Dr. E.M. Lambert. He did not notify any Medical Officer. His general condition is good there is stilla small sinus in the operative wound area which should be healed in a few days. He is totally disabled till Feb. 15th 1918.

The opinion of the Board upon the questions herein is as follows;-

(1) Is the officer fir for servie? No.

(2) If not so fit, how long is the disability likely to continue? Till Feb. 15th 1918.

(3) To what extent does it prevent his earning a livelihood? Totally at present.

PRESIDENT.....
Lt-Col R.M.S.

.....

FOR ALL RANKS.
PROCEEDINGS OF A MEDICAL BOARD.
(Short Form)

Place Ottawa Date March 4th 1918.

Number — Rank Lieut Name John de Gaspe Audette

Corps 21 Bn Age 23 Religion R.C.

(1) Disability a) Limitation of movement of Left Knee.
Movement range only 45°.
b) Convalescency from a febrile condition. Dec 25. 17.

(2) Incurred -
(Cancel one) (Overseas ~~(Canada.~~

(3) Category B 111

(4) Recommendations -

(a) Treatment (specify nature of) Rest & Diet.
If possible in a dry warm climate

(b) Return to duty

(a) General

(b) Special (specify nature of)

(c) Special The officer complains of rheumatic pains in knee which interfere with massage treatment recommended by last medical board. It is recommended he be granted six weeks leave in Canada.

A C Abbott Capt Comdg. President.
L. L. Stauffer Capt.) Members.
J A Macdonald Capt)

Place Ottawa Date 4.3.18

Approved J H Goodwill Surgn for A.D.M.S. M.D. 3, or Camp

Place Ottawa Date 4.3.18

(CANCEL WHERE NOT APPLICABLE. IF NECESSARY, MAKE SPECIAL RECOMMENDATION UNDER (c).

APPROVED
MAR 4 1918
for D.G.M.S.

B. P. C. FOLIO
FALSE DOCKET
3

M.F.W.180.
20m.-1-18.(M).
H.Q.1772-39-1213.

B

To be made out in duplicate.

I.C. 5[illegible]-21-20-53

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 ..... Draft?

(2) Regimental Number .....

(3) Full Name of Soldier ..... Audette, John de Gaspe

(4) Place of Birth ..... Ottawa Ont.

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

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

(b) Present Postal Address ..... -

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

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

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

Also their names and ages .....

66

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Hon Mr Justice Audette
4, Exchequer Court, Ottawa

(10) Is your Mother alive? yes

If so, state name and address Mrs L A Audette
161 Daly Avenue, Ottawa

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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? 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.

Valcartier Camp.
Date 17 August 1916

Officer Commanding.
O. I/C 171st. O/S BATTALION, C.E.F.

PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH OF THE CANADIAN EXPEDITIONARY FORCE

1. RANK — Captain
2. NAME — Audette, John De Gaspe
3. UNIT — 3rd District Depot
4. DATE STRUCK OFF STRENGTH — 11th June 1919 — PLACE — Kingston Ont
5. REASON

6. AUTHORITY — R.O. 2034 - AQ 176.
7. PROPOSED RESIDENCE — Ottawa. Ont.

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

M. F. W. 2591.
2m.—2-19.
1772-39-1380.

RCP 13-7-20

M.F.B.-380

FOR OFFICERS ONLY.

PROCEEDINGS OF A MEDICAL BOARD assembled at Ottawa, Ont., on the 10th Jan 1918, by order of the A.D.M.S., M.D., No. 3., for the purpose of examining and reporting upon the present state of health of Lieut J. de Gaspe Audette, 21st Battalion.

RESIDENT Lt-Col G. MacCarthy R.M.S.

MEMBERS. Capt. A.F. MacLaren A.M.C.

Capt. J.H. Laidlaw A.M.C.

The board having assembled pursuant to order proceed to examine the above named officer and find that on Dec. 25th 1917, he had symptoms of appendicitis. His mother called in the family doctor, Dr. E.M. Lambert, who diagnosed appendicitis, removed him to Ottawa General hospital, Water St, where he was operated upon the same day. Drainage was used for a few days. He left hospital Jan 2nd 1918 and is at present in his own home under the care of Dr. E.M. Lambert. He did not notify any Medical Officer. His general condition is good there is stilla small sinus in the operative wound area which should be healed in a few days. He is totally disabled till Feb. 15th 1918.

The opinion of the Board upon the questions herein is as follows;-

(1) Is the officer fir for servie? No.

(2) If not so fit, how long is the disability likely to continue? Till Feb. 15th 1918.

(3) To what extent does it prevent his earning a livelihood? Totally at present.

APPROVED
V. Blackwell Maj
JAN 19 1918
for D.G.M.S.

PRESIDENT G. MacCarthy Lt-Col R.M.S.

A. F. McLaren Capt

J. H. Laidlaw Capt

M. F. W. 41
100M-1-18.
1772-39-889.

A.54

Name Capt. Lieut. Hudette. J. de G.

Regimental No.	✓	Name and address of next-of-kin	✓
Unit	✓		✓
Date of enlistment	✓		✓
Place of "	✓		✓
Married (yes or no)	No.	Date and place discharged	
Amount of pay assigned monthly $	Nil.	Reason for discharge	
To whom payable	Nil-	Character on discharge	

1918	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																	St. 22-6-18. No. 69.
											1448		25.00				
July.	~~1~~	~~31~~	~~31~~	~~2.00~~	~~62.00~~	~~31~~	~~60~~	~~18.60~~			1222		35.00			60.00	L.P.C. N.C. 60.00 Adv. Awaiting.
									L.P.C.						60.00		
Aug.	23-6-18	31-8-18	70	3.00	210.00	70	75	52.50	114.00	381.50	1654		153.80		167.70	381.50	
											1800		103.30				
Sept.	1	30	30	3.00	90.00	30	75	22.50	51.00	163.50	1740		50.00		10.20	163.50	L. of Absent. 2nd to 7th. —
									4.75		1876		50.00				
Oct.	1	31	31	3.00	93.00	31.	1.25	38.00	52.70	181.45	1942		100.00			181.45	4.75 Diff field all.
											1994		31.45				
											2034		25.00				
Nov.	1	30	30	3.00	90.00	30	1.25	30.00	51.00	171.00	2152		125.00			171.00	
											2205		21.00				
									1.70	1.70	2328		25.00				
Dec.	1	31	31	3.00	93.00	31	1.00	31.00	51.00	175.25	2260		50.00			176.95	1.70 Underpaid. Subs.
									0.25		2398		100.95				
											2406		1.70				
					576.00			167.00	331.40	1074.40 →			896.50		337.40	1134.40	
															Tr.	60.00	
																1074.40 →	

Account in The New Ledger.

Name.....

M. F. W. 41
100M-1-18.
1772-39-339.

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

CONFIDENTIAL.

Army Form A. 45.

PROCEEDINGS OF A MEDICAL BOARD

assembled at 13, Berners Street, W.1. on 11-10-17.

by order of A.D.M.S., Canadians, London Area.

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lieutenant J. De G. AUDETTE. (Corps) 21st. Bn.

Age 22 Service 16/12. Disability G.S.W. LEFT KNEE.

Date of commencement of leave granted for present disability

Date on which placed on half-pay for present disability

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

he sustained a wound and is in the condition described in A.F. A.45a. this date.

The Board recommend he be invalided to Canada.

The Board will classify the officer under one of the following categories, the probable period of unfitness for the higher categories being stated.

1. Fit for General Service	No - 3 mos.
2. Fit for service in a Garrison or Labour Battalion abroad. *No officer likely to be fit for general service within six months should be classed in this category*	-
3. Fit for Home Service	No - 3 mos.
4. Fit for Light Duty at Home	No - 3 mos.
5. Requiring indoor hospital treatment—	
(*a.*) In an Officers' Hospital	-
(*b.*) In an Officers' Convalescent Hospital	-
6. (*a.*) Fit for light duty at a Command Depôt	-
(*b.*) Fit for treatment only at a Command Depôt	-
7. In very special cases such as tuberculosis leave not exceeding six months may be recommended by Medical Boards for special treatment, the Board giving detailed reasons for any such recommendation	-
8. Was the disability contracted in the service?	Yes.
9. Was it contracted under circumstances over which he had no control?	Yes.
10. Was it caused by military service?	Yes.
11. If caused by military service, to what specific military conditions is it attributed?	H.E.
12. If the disability was not caused by military service, was it aggravated thereby, and if so, by what specific military conditions?	-

I concur in the findings of the Board of Medical Officers recorded. E.L. Lehmann Captain, D.A.D.M.S. for D.M.S. Canadians.

Can. Address.

Officer's Address 3rd. Lond. General. C/o Mr. Justice Audette Exchequer Court, Ottawa

Signatures S.H. McCoy, Maj. CAMC. President.
C.H. Wilson Maj. CAMC. } Members.
T.E. Rogers Capt. CAMC. }

[P.T.O.

INSTRUCTIONS.

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1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

(2541.) Wt. W16848/G9255. 500,000. 3/17. P.P.Ltd. Est. No. 1069.

R. 149.

Name AUDETTE John deGaspe *Rank* Lieut. *Reg. No.* 9 A 2116

Unit 21st Bn.

Next of Kin Canada

over

Permission given Mrs J. Law (Sister) 8 Wilton Rd Bexhill on Sea. ~~c/o Bank of Montreal Waterloo Lw~~

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-1-17	4 Can. Fld. Amb.		Tracheitis	599		
22-1-17	6. C.F Amb. C.R.S.		—	611		
2-2-17	Discld duty		—	611		
6.3.17	6. C F Amb. adm & t'fd to	42	C.C.S. Lamnoy			
12.3.17	Rejoined Unit		—	635		
19.6.17	4 Can Fld Amb adm & tfrd to 1 & 4 Amb.		PUO	734		
22-6-17	Disch to duty			784		
17-8-17	2 Stat Hos. Abbeville		Gsw Knee	755	m 5910	18/9/17
	Dangerously Ill may be wounded				& 9056 & 9057	
1/9/17	Rem Dang Ill List			768	m 5999	
	Died 2/9/17					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12.9.17	To Lon Gen Hos.	S.S.W. Reg		778		
16.10.17	Discharged			8/14		

Name. Audette, John de Gaspe. Military Cross.

Rank. Lieut. Date. 18-10-17.
See Also 7-3-18.

Unit. Can. Infy. Auth. L.G. # 30340.
See Also L.G. # 30561

Returned to Can. Hosp. Ship Aragnaya 17-10-17.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Law Student. RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Home add. 16, Daly Ave Ottawa.

3"H" CARD NO.

SURNAME. Audette, M. C. L.G. # 30340 & 30561.

Sos Dis Bruch. 11.6.19

CHRISTIAN NAMES John de Gaspe

FOLL. P.O. 7034 of 19-6-19.

REGL. NO. [redacted] RANK Prov. Lieut (Supernumerary)

UNIT 171st. Batt.

FORMER CORPS 8th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Audette, Louis A. K.C.

RELATIONSHIP TO SOLDIER Father.

ADDRESS 161 Daly Ave, Ottawa

COUNTRY OF BIRTH Canada,

DATE Oct. 27th, 1894.

PLACE OF ATTESTATION

DATE

O O/S 22-8-16. 527. 2

R/C 17/10/17

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
599(1)	4 Can. Fd. Amb.	22-1-17	Tracheitis
611.	6 " " " C.R.S.	22-1-17	"
611	Disc to Duty.	2-2-17	"
635(2)	6 C.F.A. Adm. + trans	6-3-17	Laryngitis
	to O.R.S. + 2. Cas Clg Stn.		
635(2)	Rep from Base Rep. Unit	12-3-17	" "
734.	4 Can. Fd. amb.		
	Trans to No 1 Can. Fd. Amb.	19-6-17.	P.U.O.
734.	Disc to Duty.	22-6-17	" " "
755.	#2 Stat: Abbeville	17-8-17.	G.S.W. Knee Dang wd
768-1	#2 Stat Abbeville	1-9-17.	G.S.W. Knee Dang Ill.
778(2)	3rd London Gen	12-9-17	" " " L. Leg.
	Wandsworth Common Sec.	E & L.	
814.	[illegible] Leicester	16-10-17	G.S.W. L. Leg

REGT'L No

NAME Audette John de Gaspé

H. Q. FILE No. 649-

RANK AND CORPS Lieut. 21st Bn. Can. Inf.

FOLLOWS No. 171st Bn.

CASE No.	DATE	NATURE OF CASUALTY	FOLLOWS
M.5910 1-1	18-8-17	C. Dang. ill may be visited # 2 Stat Hosp. Abbeville Aug. 17th 1917 (G.S.W. knee.)	
M.5937.	27-8-17.	#2 Stat. Hosp. Abbeville G.S.W. knee full inquiries have been made. 205 m.	
M 5872	28-8-17	wsm. Still dang. ill.	
M.5999. 1-1	2-9-17.	Removed from dang ill list Stat. Hosp., Abbeville Sept 1st/17.	
D 356.	23-10-17	Sailed from Liverpool for Canada per Hosp. Ship Araquaya on 17 Oct 17 Invalided.	

L. L. Job 90581—M. & D. 6314.

M. F. W. 42—50M—1-16.
H. Q. 1772-39-893.

Number ..... Rank LIEUT

Surname AUDETTE

Christian Names JOHN DE. GASPE

Unit ..... Theatre of War FRANCE

Date of Service 23.8.16 26.10.16 17.10.17

Remarks .....

Latest Address 161 Daly Ave
Ottawa Ontario
Can.

Roll No.

B

Page 4046

Date	Remarks.	Pt. 2 Order No.
17.3.19	Will proceed to Ottawa on duty	HQ 80
3.3.19	Granted Subs while employed at Disp Sta "G"	HQ 115
SOS 11.6.19	On Demob Ro 2034	HQ 176

M.F.W. 192.
233-D.P.-200M-3-19.
1772-39-1243.

*Name AUDETTE John de Gaspé Rank Capt Regtl. No.

Original unit 1st Bn Present unit 21st Bn M or S. Age 24 Religion RC Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Halifax HMHS Araguaya 23/10/17

Next of kin (F) Hon Mr Justice Audette Exchequer Court Ottawa Ont.

Address on leave

Address on discharge as above

Transportation issued Yes No Date Character on discharge

Previous occupation Student at Law Date and place of enlistment 16/2/16 Quebec

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
18.4.18	Posted to Hos Sect	HQ 1
20.6.18	" " Cas Coy	HQ 65
22.6.18	SOS & trans to #5 D.D	HQ 111
TOS 3.3.19	Trans to Ad Staff Disp Area Stn "H" from #5 D.D	HQ 80

*—Name will be given in full; surname first. (Ank 332-8-72 Ro1795)

[OVER]

Audette. J. de. G.

Lieut. 21st. Bn.

No. 4. Can. Fld. Amb. 22-1-17.

No. 6. Can. Fld. Amb. O.R.S. 22-1-17.
to. O.R.S. No. 42. Cas. Clg. Sta. 6-3-17.

No. 4 Can.Field Ambulance tr.to:-
No. 1 Can.Field Ambulance 19-6-17.

No. 2 Sta.Hospital Abbeville 17-8-17.
H.S.to 3rd.London General Hospital.12-9-17.

Tracheitis.

Laryngitis.

P.U.O.

G.S.W.Knee.. Dan.g ill.. R
Removed from Dang.ill list:-1-9-17

Dis. to duty:-. 2-2-17.

Rejoined unit:-. 12-3-17.
Disch.to Duty:-22-6-17.
Discharged:-16-10-17.

C.L. 14-2-17. 599.

28-2-17. 611.
28-3-17. 635-2.
25-7-17 734.
18-8-17 755.
3-9-17 768
14-9-17 778-2.
26-10-17 814-3.

D. M. S. 1347.

Surname	Christian Name	Reg. No.
AUDETTE	J. de G.	

Rank	Unit
Lieut.	21st. Batt.

MEDICAL BOARD held at	Date	Serial No.
(1) London Area	11-10-17.	

Other Medical Boards at	Date	Serial No.
(2)		
(3)		
(4)		
(5)		

Condition found by Board

G.S.W.lt.Knee.

Disposition Recommended

(1) Unfit any service 3 months.

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at Date.....

Disposition

To Canada per H.S."Araguaya" V.L'pool.17-10-17

Remarks

Indicate by a P.T.O. if continued on other side.

DATE	CLASS	REMARKS	Part 2 Order
3-3-19		Posted Ad.Stf.Disp.Area "H" on Trans. from #5	D.D. 3 80a
11-6-19	S.O.S.	De ob.R.O.2034b	174a

Name AUDETTE J.D. Rank Lieut. Regt. No. Unit 3/53.

Battn. 21st. Camp or O. S. File M. H. C. C. H. Q. File 332-8-72

Next of kin

Discharged to Class D. of D. Conduct

Pension awarded Date of first payment

Address on discharge

Diagnosis Date boarded

DATE	CLASS	REMARKS	Part 2 Order
27-10-17		Attached for treatment	9
1-12-17		T.O.S. for P&A	Nominal Roll
18-4-18		Trans to D.D. 3. Hosp.Sect.	108.
20-6-18		Casualty Comp.	65. 3
22-6-18		Trans. to 5 D.D.	110. 5
22-6-18		To be O.C. Cas. Co. from Laval.	69.
3-3-19		Trans. to #3 D.D.	5 77a.

L. L. Job 24571 M.H.C. F. 29. 75-7 17.—50M.

30340 18-10-17

Capt John De Gaspé Audette

Date of T.O.S. in the 171st Batt.

Please

Lieut Audette J. D. G.
171st can M. D. 5

T. O S. 14-5-16 (Gazette of 15-5-16)

.....

.....

.....

10 and was STRUCK OFF THE STRENGTH on the..... day

11 of..... 19..... by reason of.....

12 Dated at Ottawa, this..... day

13 of..... 19.....

14

150 A.G.R.

Surname AUDETTE (MB) Christian Names John de Gaspe

Rank Lieut. Name and Address of Next-of-Kin Father.

Louis Arthur Audette,
Exchequer Court, Ottawa.

Promotion

Unit 171st Bn. 21st Bn. 1-12-16. do 1-3-17 do 1-7-17

Place of birth Ottawa, Ont., Canada. Canada

Married (Yes or No)

Appointments

SAILED 23-8-16 H C 593-6 I

Date of leaving Canada Date and Cause of Resignation

Report Date	Report From whom received	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
	G.O.C.		Gen List		D.O. 4663
2-9-16	C.T.D.	Taken on strength & posted to ~~C.M.S.~~		30-8-16	D.O. 4635. A.F.B. 103 7-NOV.1916
31-10-16.	do.	Proceeded to 21st Bn.		26-10-16	Appen. to D.O. 5650.
7-11-16	21st Bn	Taken on strength.		27-10-16	Pt II ord 73.
14-2-17	D.C.P.	Adm. No 4 Can. Fld. Amb.		22-1-17	C.L. 599. Tracheitis.
28-2-17		Adm. No 6. Can. Fld Amb.		22-1-17	C.L. 611. do
28-2-17		Discharged to duty		2-2-17	C.L. 611. do
28-3-17.	C.R.O.	adm. 6. Can Field & trans'd to	Reg'd unit C.R.S.C.C. Station	12-3-17. 6-2-17	C.L. 635. Laryngitis
25-7-17	C.R.O	Adm No 4 Can Fld Amb & trans to	Discharged No 1 Can Fld Amb.	22-6-17 19-6-17	C.L. 734 P.U.O
18-8-17	C.R.O	Adm. No 2 Stat Hosp. Abbeville	Dangerously Ill.	17-8-17	C.L. 755. G.S.W. Knee
2-9-17	C.R.O	No 2 Stat Hosp. Abbeville, Removed from	Dangerously Ill List	1-9-17	C.L. 768 "
13-9-17	C.R.O.	Adm. 3rd Lond. Gen. Hosp.	Discharged Wandsworth Common.	16-10-17 12-9-17	C.L. 814. C.L. 778. G.S.W. L.
12-10-17	C.O.R.D.	T.O.S. on evacuation from overseas		12-9-17	P.C. II Ord. 214.

A.F.B. 168 19 OCT 1917

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
D[illegible]	From whom received				
	Hqrs.				
26-10-17	O.M.F.C.	S.O.S.,O.M.F.C.in,B.I.on being invalided to Canada on recom.of M.B.		17-10-17	R.O. 2743.
18.10.17	W.O.	Awarded Military Cross			Lon Gaz 30340

4934

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 21st Bn CEF.

Regimental No. ..... Rank Capt C. E. F. Name AUDETTE John de Gaspé

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18.4.18		Posted to Stores Sect.			HQ 1
20.6.18		Posted to Cas Coy			HQ 65
22.6.18		S.O.S. & trans. to #5 D.D.			HQ 111
3.3.19		T.O.S. & trans. to Ad Staff Disp Area Stn #4 from #5 D.D. (Auth 332-8-72 Ro 1795)			HQ 80
17.3.19		Will proceed to Ottawa on duty			HQ 80
3.3.19		Granted Subs while employed at Disp Stn G			HQ Ro 115
11.6.19		S.O.S. on demob. Ro 2034			HQ 176

Lieutenant
For O. C. No. 3 Dist.

(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.

Lieut J. DE G. Audette

Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army For. B. 213, Army Form A. 3 or other official documents
	21st BATTALION	To Bomb Course Div Sch	Fwd	5/11/16	B213 17/11
	"	To duty	"	13/11	B213 17/11
	4 C.F.A.	Tracheritis adm	4 C.F.A.	22/1	a36 27/1. D.C.S. 264. 9/2/17
	6 C.F.A.	Do. adm	6 C.F.A.	22/1	a36 28/1.
	Do.	Do. Transferred to	C.R.S.	22/1	D.C.S. 264. 9/2/17.
	Do	Do. Discharged to	DUTY.	2-2-17	a36 3/2 D.C.S. 269. 23-2-17.
	2nd Can. Div.	To Hospital	In the Field	6-3-17	Nom Roll. of Officers D.C.S. 278 1/3
	6 C.F.A.	Laryngitis adm	6 C.F.A.	6-3-17	a36 11/3.
	Do.	Do. Transferred to	Officers Rest (42 CCS)	6-3-17	D.C.S. 280 d/23-3-17.
	21st Battalion	At duty from hospital	In the Field	12-3-17	B213 16/3. D.C.S. 280 d/23-3-17
11/3/17.	42. C.C.S.	Laryngitis. adm	42 C.C.S.	6-3-17.	a36. 8 C.S. 281. 26/3/17.
28/6	2 Can Div.	To hospital	Field	19/6	N.R. of Off.
2/7.	Do	At duty from hospital	Unit	22/6	Do. D.C.S. 316 d/20-7
	IV C.F.A.	P.U.O. adm	IV C.F.A.	19/6	a36 30/6.
	Do.	Transferred to	1 C.F.A.	19/6	D.C.S. 316 d/20-7-17.
14/7	21st Bn	Admitted Fld Amb.	Field	10-7-17	B-213. D.C.S. 320 d/31-7-17.
	IV C.F.A.	Tonsilitis adm	4 C.F.A.	10/7	a36 15/7
	Do	Transferred to	1 C.F.A.	10/7	D.C.S. 323 d/12-8-17
	1 C.F.A.	Do. adm	1 C.F.A.	10/7	a36 22/7 D.C.S. 323 [illegible]-8-17.
	Do.	Do. Discharged to	DUTY	22/7	a36 29/7. [illegible] C.S. 324 d/17-[illegible]-17.

Wounded 15/8

Army Form B. 103.

Casualty Form—Active Service.

(MC)

CERTIFIED CORRECT
7 - NOV. 1916
CANADIAN RECORD OFFICE

Regiment or Corps 171st Bn C.E.F. Regimental Number

Rank Lieut. Surname Audette Christian Name ~~J. de G.~~ John Gaspé

Religion Age on Enlistment years months.

Enlisted (a) 24 may 16 Terms of Service (a) Service reckons from (a) 23/8/16

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)

or Corps Trade and Rate

Signature of Officer i/c Records.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	Halifax	21-8-16	S.S. Olympic
		Disembarked...	Liverpool	30-8-16	
		amended to fix first D.O. 4665			
		Posted to C.M.School	Sherncliffe	30-8-16	D.O.CTD.No. 4635 d/2-9-16
		Proceeded overseas to 21st Bn	France	26-10-16	D.O. Pt II-83 d/31-10-16.
					Captd. Capt. & Adjutant. Canadian Military School
	C.B.D.	Taken on as Reinforcement.	C.B.D.	27/10/16.	W.O. Letter 121/B481. a.a.g. Can Sec HQ 5/4/13.
	21st BATTALION	Joined Unit	21st BATTALION	31/10	Pt II. Orders. 73. 7/11/16. B-213 3/11.

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps 21st CANADIAN BATTALION.

Rank Lieut. Surname Audette Christian Name John de Gaspé

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) 23.5.16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked...			
First Army H.Q.	Wounded —		Field	15-8-17	Sid 1079 D.C.S. 325, 21/8
2 Staty	G.S.W. leg L.	Adm. 2 Staty		16/8	W 3034
6 CCS.	Do.	To 21 a.s.		16/8	a36 16/8.
2 Staty.	Invalided & detached to Eastern Ont. Regt. Depot, per HS "Prin.Elizabeth".		Seaford,	11/9	W.3083 - 3895. Pt.2. O. 89 d/5-10-17.

Mohogan

Major for Lt.-Col., A.A.G.

Casualty 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) Signaller, Shoeing-Smith, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
12.10.17	EORD	T.O.S EORD on admission to 3rd Lon Gen Hospl	Seaford	12.9.17	P11 DO. 214. 12.10.17
					LG. 30340 of 18/10/17
26.10.17		Awarded the Military Cross	~~Seaford~~	~~18.10.17~~	~~Lon Gaz 30340 26.10.17~~
29.10.17	EORD	S.O.S EORD on being invalided to Canada	Seaford	17.10.17	P11 DO. 231. 29.10.17.
					H. Chamberlain
			Lt & Adjt		Adjutant Eastern Ontario Regimental Depot Seaford
		From DD 5 to Disp Area "H."			HQ 80
11.6.19		DOS H 388 with pt Disch			HQ 174

M. F. W. 41
1 0M—7-16
1772-39 889.

Name Audette John Do & Gaspe Lieut

Regimental No. 332-8-7 v

Unit 21st Bn.

Date of enlistment

Place of "

Married (yes or no) nil

Amount of pay assigned monthly $ nil.

To whom payable put. Exp

Name and address of next-of-kin (c/o Mr. Justice Audette) 161 Daly ave (Exchequer court) Ottawa. Ont

to O.M.F. to L.E.F. 17 10/17 M.O. 296

Date and place discharged Invalided Further medical Treatment.

Reason for discharge

Character on discharge

Aragueay 17 10/17 AR 25 10/17 Public Expense a/c L.P.C. clear 31 10/17 C.P.

L. L. Job 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																L.P.C. 732
26 10/17	31 10/17	6						*300								*Diff. bilin Sub. & Mess
1 11/17	30 11/17	30	2.00	60 00	30	60	1800	4500	12600	3825	30 11/17	117 00	✓	°900	12600	°Messing on boat.

L.P.C. to Paymaster M.D. No. 3 Nov. 30th 1917 cheque to officer.

file 1/11

M. F. W 41
1 0M—7-16
1772-39 889

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
14/7/16	Anti Typh. Inoc. Result K. L.P. Gauthier MO.
24/7/16	Do Do L.P. Gauthier MO.
London 11/10/17	Gas & Throat Invalided to Hospital Hospital Toronto

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

7/9/17

ORIGINAL. Original

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

8A489

MEDICAL HISTORY of

Surname Audette *Christian Name* John de Gaspe

MEDICAL RECORDS DEC -8 1917 H.Q. CANADA

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Ottawa County P.Q.

Examined ... ... on 17 day of August 1916 at Valcartier Camp

14 SEP 1917

Declared Age ... ... 21 years days.

Trade or Occupation ... student at law

Height ... ... 5 feet, 7 inches.

Weight ... ... lbs.

Chest Measurement: Girth when fully Expanded. 40 inches. Range of Expansion 4 inches.

Physical Development ... good

Vaccination Marks: Arm ... Right Left

Number one

When Vaccinated ... 1914

Vision ... ... R.E.—V= L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a) nil

(b) Slight defects but not sufficient to cause rejection ... ... (b) nil

Approved by (*Signature*) L. P. Gauthier

(*Rank*) Major *Medical Officer.*

Enlisted ... ... at Quebec, Que. on 14 day of May 1916.

	Corps.	Regtl. No.
Joined on Enlistment ...	17/st C.S. Battn.	Lieut.
Transferred to	21st Battn.	

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

The Morgan Reeve Co., Ltd., Printers, 20/22, Goldsmith St., Kingsway, W.C. (25289) Wt.W13871/604. 300m. 4/15. Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
4 Can Fld Amb	22	1	17	22	1	17m	Tracheitis			599-611 HH
6 Can Fld Amb	22	1	17	2	2	17	-do-		Discharged to Duty.	611-611 HH
No.6 Can.Fld. Amb.	6	3	17	15	3	17	Laryngitis		Reported from Base. Rejoined Unit.	635-635
4, Can.F.A.	19	6	17	22	6	17	P:U:O:		Dis. to Duty.	734/734.
3rd London General Hospital.	12.	9	17.				G.S.W. L. knee joint with comp fracture of Tibia.		wounded in France 15/8/17. Op. at time for drainage of joint.	W. Wingley Capt RAMC

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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 officer'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 officer 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 at the foot of 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 & Sons.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Ottawa, Ont.

Date Nov. 29th 1917.

1. (*a*) Unit 21st Battalion.
   (*b*) Rank Lieutenant.
   (*c*) Surname Audette. (*d*) Christian name John de Gaspe.
2. Age last birthday 23 Date of birth Oct. 27th 1914.
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Feb. 1916.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (*a*) Height 5'7" (*b*) Weight 160
   (*c*) Complexion Fair. (*d*) Colour of hair Brown.
   (*e*) Colour of eyes Brown. (*f*) Scars or tattoo marks Scars left knee.
5. (*a*) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 161 Daly Ave, Ottawa, Ont.
   (*b*) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation Law Student.
7. Service

	Years	Days

	Periods	
	From	To
21st Battalion.		

8. Disease or disability (use authorized nomenclature) Limitation of movement of left knee.
   (*a*) Date of origin Aug. 15th 1917. (*b*) Place of origin France.
   (*c*) Cause Shell wound left knee.
9. Present condition. (Important, to be a full description of the present condition or conditions.)

Subjective symptoms- Left knee joint weak and movements limited- no pain-walks with a limp. Can walk one mile with two canes.
Findings- Large operation and wound scar well healed inner side of left knee. Two drainage scars above knee. Left knee 1" larger than right. Left thigh and left calf one inch smaller than right

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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.]

extension is limited very little by about five degrees. Flexion is possible to the extent of 25 degrees only. Has had massage for only two weeks.

79

M. F. B.380.
50M.—6 17.
1772—39—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

11. To what extent, state in percentages, is incapacity 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.

30%

12. Did the disability arise on or off duty? Yes.

13. Was a Court of Inquiry held?

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

Yes ***** No *****

(If the answer is in the affirmative, state in percentages, to what extent the pensioner 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? Permanent reducing.

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

Hospital in England, Convalescent Home treatment, Ottawa.

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

Yes.

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

20. Recommendations. That this officer be given further massage treatment, till Jan 1st 1918.

J H Claxton
Medical Officer by whom the case is brought forward.
Capt. A.M.C.

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

I, the undersigned J.D.G. Audette 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

J de G Audette
Signature of Officer examined. Lieut

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 Officer 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 Officer

~~(*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 Officer be ~~discharged~~. (When not for discharge add special recommendation.) Given convalescent Home treatment in the matter of massage till ~~Jan~~ Jan 1st 1918.

G. McCaul — *President.* Lt-Col R.M.S.
A. F. McLean — Capt. A.M.C.
J H Claxton — Capt. A.M.C. } *Members.*

Station Ottawa, Ont.
Date Nov. 29th 1917.

APPROVED BY

Date DEC 11 1917

E B Ryan
D/A.D.M.S. Mil. District
For A.D.M.S. Mil. District
Assistant Director of Medical Services.

APPROVED BY

Date 22 12 17

F. Snadams Capt
For *Director General of Medical Services.*

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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 officer'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 officer 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 at the foot of 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 & Sons.

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

FORM TO BE USED FOR OFFICERS

MEDICAL HISTORY OF AN INVALID

Station Ottawa

Date Aug 13/18

1. (a) Unit 21 Batt.
   (b) Rank Lieut.
   (c) Surname Anderson (d) Christian name John de Sayes
2. Age last birthday 23 Date of birth Oct. 27, 1894
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Feb 1916
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training)
4. Personal description:
   (a) Height 5' 7½" (b) Weight 166 with clothes.
   (c) Complexion fair (d) Colour of hair brown
   (e) Colour of eyes brown (f) Scars or tattoo marks Scar noticeable left knee
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 161 Dog ave., Ottawa Ont.
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent
6. Former trade or occupation Lawyer
7. (a) Service

	Years	Days

	Periods	
	From	To
21 Batt.	Feb 1916	date

(b) Has he been Overseas? Yes. in France Oct. 27/16 to Sept. 12, 1917

8. Disease or disability (use authorized nomenclature if possible) Lumbago moderate left knee
   (a) Date of origin August 15/17 (b) Place of origin France
   (c) Cause* Shell splinter - wound left knee.
   *(Here include original disease or injury.)
9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)
   Sub. symptoms. Pain in left knee when walk in damp weather; and after walking 4 miles knee was stiff and painful next day.
   Findings. Heart & lungs & systems negative. Muscular development is poor. Left leg can be flexed to angle of 45 degrees at knee & not beyond. Extension lacks 5 degrees of being complete. Left thigh is 3/4 inch less than right - and left calf is 1/4 inch less than right. Measurements of knees are the same.

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 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. 380.

50M.—9-17.
1772—39—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

5" long
Large fleshy scar inner side left knee together with scar of wound - 3 no similar drainage scars one above & one to inner side of knee. All scars firm & well healed - no active lesion in left knee joint.
Appendix scar well healed but firm - no disability from this.

11. To what extent, state in percentages, is incapacity 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.

20%

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

13. Was a Court of Inquiry held? —

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

Yes not applicable No

(If the answer is in the affirmative, state in percentages, to what extent the pensioner 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? Permanent

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

Hospitals in England and treatment in Glenny Home allowed

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? Yes

20. Recommendations.

Class C.

J. O. Laudea
Medical Officer by whom the case is brought forward.

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

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

J. de G. Audette
Signature of Officer examined.

Lieut

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 Officer 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.) yes
(*d*) Temporarily unfit (" D.) (Yes or No.) no
(*e*) Unfit for service in Categories A, B and C. (" E.) (Yes or No.) no

23. It is certified that the Officer
(*a*) ~~Does require treatment~~.
(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control~~.
(*d*) ~~Should not pass under his own control~~. Should not pass under his own control MC
(Strike out condition not applicable.)

24. It is recommended that the Officer ~~be discharged~~. (When not for discharge add special recommendation.) is a Class C. this service disability - amounts to 20%

Station Ottawa Ont
Date May 13/18

President.
Members.

APPROVED BY

Date MAY 22 1918

Captain A. M. C.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 3

APPROVED BY

Date.....

Director General of Medical Services.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

Demobilization. Disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Hugh Lyne, Major — President
W. Proctor Cole — Members

PLACE Ottawa.
DATE June 2nd, 1919.

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

President

PLACE
DATE
Members

APPROVED BY — Assistant Director of Medical Services. M.D.
DATE June 2nd 1919

APPROVED BY — Director-General of Medical Services.
DATE

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Ottawa, DATE 31/5/19.

1. 1 (a) Unit 3rd D. D. Sub-Depot. (b) Regimental No. ..... (c) Rank Captain
(d) Surname AUDETTE (e) Christian name John de Gaspe
(f) Home address 161 Daly Ave., Ottawa, Ont.
(g) Next of Kin Hon. L.A. Audette, (h) Relationship father
(i) Address of Next of Kin 161 Daly Ave., Ottawa.
2. Age last birthday 24 Date of birth 27th Oct., 1894.
3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, (b) Date 16/2/16.
4. Personal description:
(a) Height 5 ft. 7-1/2-in. (b) Weight 160 (stripped) (c) Complexion dark
(d) Colour of hair dark brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. Scar 4 in. long from inner side of left patella to back of knee.
5. Former trade or occupation Barrister.
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	3	105

		Periods From	Periods To
Canada	171st Battn. C.E.	16/2/16	20/8/16
		23/10/17	31/5/19
England	C.M.S. Shorncliffe,	31/8/16	26/10/16
	3rd London Gen. Hospital,	14/9/17	17/10/17.
France or other theatres of War	21st Battn. C.E.	27/10/16	13/9/17.

7. Original disease, or injury GSW. left knee.
(a) Date of origin 15/8/17. (b) Place of origin Lens, France.
(c) Cause Splinter of high explosive shell.

M. F. B. 227.
400M.—11-18.
1779-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Inability to completely bend knee; pain in left leg after walking and on change of weather.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General physical condition good. There is a large operative scar 5" X 1" transversely inner side of left knee. Scar well healed; non-adherent, but slightly tender to touch. Two small drainage scars, one above and other to inner side of left knee. There is no limitation of extension, but leg can be flexed only to an angle of 70 degrees.

This officer states he can walk about 1-1/2 miles before he is conscious of pain in knee. In damp or raw weather conscious of a dull aching pain all the time, which becomes more acute on movement.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: as stated — Any other general condition: No.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Struck in left knee on Aug. 15th, 1917. Taken to C.C.S. No. 9. for one day. Then to 2nd Stn. Hospital, Abbeville 16/8/17 to Sept. 12th, 1917. Transferred to No. 3. London General Wandsworth, reaching there 14th Sept., 1917, and left for Canada Oct. 19th, 1917. Thence to Fleming Military Hospital as an out patient.

10.—(*b*) Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Appendectomy Dec. 25th, 1917, with drainage, and left hospital in 3 weeks. Attended by Dr. J.E. Lambert, Civilian Practitioner. No disability; good recovery.

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.
The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitals as in 10 C.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations: Demobilization; fit for service in Canada.

W. Nolan Cooper
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned ..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of .....

J. E. Clendenning ..... Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

JUN 9. 1919

19. Is the invalid fit for
(a) ~~General service,~~
(b) ~~Service abroad, not general service,~~
(c) Home service (Canada only),
(d) ~~Temporarily unfit.~~
(e) ~~Unfit for service in Categories A, B and C~~

~~(Category A) (Yes or No.)~~
~~(" B) (Yes or No.)~~
~~(" C) (Yes or No.)~~
~~(" D) (Yes or No.)~~
~~(" E) (Yes or No.)~~

20. It is certified that the invalid
(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

Demobilization. Disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

President.

Members

PLACE Ottawa.

DATE June 2nd, 1919.

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

President

Members

PLACE

DATE

APPROVED BY ..... Assistant Director of Medical Services. M.O.3

DATE June 2nd 1919

APPROVED BY ..... Director-General of Medical Services.

DATE 11/6/19

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Ottawa, DATE 31/5/19.

1. 1 (a) Unit 3rd D. D.Sub-Depot. (b) Regimental No. ..... (c) Rank Captain

(d) Surname AUDETTE (e) Christian name John de Gaspe

(f) Home address 161 Daly Ave., Ottawa, Ont.

(g) Next of Kin Hon. L.A. Audette, (h) Relationship father

(i) Address of Next of Kin 161 Daly Ave., Ottawa.

2. Age last birthday 24 Date of birth 27th Oct., 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, (b) Date 16/2/16.

4. Personal description:
(a) Height 5 ft. 7-1/2-in. (b) Weight 160 (stripped) (c) Complexion dark
(d) Colour of hair dark brown (e) Colour of eyes brown (f) Identification marks, Scars, etc. Scar 4 in. long from inner side of left patella to back of knee.

5. Former trade or occupation Barrister.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
		105

7-a-59

	Periods From	To
Canada 171st Battn. C.E.	16/2/16	20/8/16
	23/10/17	31/5/19
England C.M.S. Shorncliffe,	31/8/16	26/10/16
3rd London Gen. Hospital,	14/9/17	17/10/17.
France or other theatres of War 21st Battn. C.E.	27/10/16	13/9/17.

7. Original disease, or injury GSW. left knee.

(a) Date of origin 15/8/17. (b) Place of origin Lens, France.

(c) Cause Splinter of high explosive shell.

M. F. B. 227.
400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—sli[illegible]ate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some or[illegible]s, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

Inability to completely bend knee; pain in left leg after walking and on change of weather.

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General physical condition good. There is a large operative scar 5" X 1" transversely inner side of left knee. Scar well healed; non-adherent, but slightly tender to touch. Two small drainage scars, one above and other to inner side of left knee. There is no limitation of extension, but leg can be flexed only to an angle of 70 degrees.

This officer states he can walk about 1-1/2 miles before he is conscious of pain in knee. In damp or raw weather conscious of a dull aching pain all the time, which becomes more acute on movement.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System: No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: No (Albumen and Sugar will be excluded.)

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: as stated — Any other general condition: No.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

Struck in left knee on Aug. 15th, 1917. Taken to C.C.S. No. 9. for one day. Then to 2nd Stn. Hospital, Abbeville 16/8/17 to Sept. 12th, 1917. Transferred to No. 3. London General Wandsworth, reaching there 14th Sept., 1917, and left for Canada Oct. 19th, 1917. Thence to Fleming Military Hospital as an out patient.

10.- [illegible]re give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior [illegible] since enlistment, and not included in Section 10 (*a*).)

Appendectomy Dec. 25th, 1917, with drainage, and left hospital in 3 weeks. Attended by Dr. J.E. Lambert, Civilian Practitioner. No disability; good recovery.

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? No.

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.
(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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

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

Hospitals as in 10 C.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why)

17. Recommendations: Demobilization; fit for service in Canada.

W. S. Graham Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

J. E. Gudettstaff C.A.M.C. Rank.
Signature of invalid examined.

Unit 171st O.S. Bn C.E.F. Rank Lieut. Name John de Gaspe Audette ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

171st. O/S BATTALION, C. E. F.

COPIED

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? Audette

   (*b*) What are your Christian Names? John de Gaspe

2. (*a*) Where were you born? (State place and country) Ottawa Ont. Canada

   (*b*) What is your present address? c/o Hon Justice Audette, Exchequer Court Ottawa

3. What is the date of your birth? 27th October 1894

4. What is (*a*) the name of your next-of-kin? Louis Arthur Audette

   (*b*) the address of your next-of-kin? Exchequer Court, Ottawa

   (*c*) the relationship of your next-of-kin? Father

5. What is your profession or occupation? Student at Law

6. What is your religion? Roman Catholic

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? 8 R.R. Grenadiers

9. State particulars of any former Military Service None

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. de G. Audette (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Aug. 17th 1916

Place Valcartier Camp

L. P. Hamilton-Hayes
Medical Officer.

*Insert here "fit" or "unfit".

M. F. W. 51
10m.—12-15.
H. Q. 1772 39 917.

AUDITOR	PAYMASTER

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

M. OR S. | REGT. No. | RANK Capt. | NAME (IN FULL) AUDETTE J. DE G. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C. E. F. 21st Bn. | IF IN P. F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

A.186

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

	MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																						
	Jany 1.	31	H.	12H		52	10			12	10	2408		3098		3384		50		25		50										12	10	-		-		Sub Allce.
												3605						51	10																			ARC
	Feb 1.	28	H.	112	-	44	60			159	60	4054.	10.	4469	21	4639	26	100	-	30	-	29	60									159	60	-		-		Sub. Allce. ARC
	Mar. 1.	3	H.	12	-	5	10			17	10	4445.	1.					50	-													50	-	32	90			DEBIT - TRANSFERRED TO M.D.3 3-3-19 D.O. 44. ADVISED Dr 32.90. RECOVERED M.D.3 LTR. P.M.3. 2.A. 42. P. 46. A. 12.

60m.-11-18 L. L. 51777. M. & D. 9585.

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

AUDITOR: W M | PAYMASTER: [illegible]

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

REGT. NO. | RANK Capt | NAME (IN FULL) Audette J. Le G. M.C. (BLOCK LETTERS SURNAME FIRST)

OR S.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID: Nil | RELATIONSHIP

ADDRESS

Transportation

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	4+1	
Capt. J. Le G. Audette M.C. c/o. Hon. Justice Audette Exchequer Court Send cheque c/o Hon Mr Justice Audette		Ottawa Ont
C. Davidson, Wainwright, Alberta, Exchequer Court Ottawa Ont.		
Reg. Mr James St Montreal		30/6/19

ORIGINAL UNIT C.E.F.: 21 Bn | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION: 14-2-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO: Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE: Kingston | DATE: 11-6-19 | REASON | AUTHORITY: R.O. 2035 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													32	90	32	90	32	90			434 / 1.0.8. 20-80.
			29	-					29	-																									83	10	
3/3/19 - 31-3-19	29	4	87	-					87	-																					100	30					94250 & 61815
									100	30																					203	10					
April	30	"	120	-	100	30			120	-							83	10	220	30																	20115 Subs from 3/3/19
1-5-19	31	"	124	-	52	70			176	70							176	70													176	70					27235
1-6-19	11	"	44	-	18	70	124	-	186	70							186	70													186	70					27471
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											War Service Gratuity																										
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783 days @ 1.00					732	00			732	00													124 -								124	00					as above
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																							124								368		364				9/8/19 961816
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																							124								612		1320				1321306
																							120								732						1332625

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2595.
1772-39-1890.

FORM P. 15
5986—25M—19/1/17

ASSIGNED PAY.

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.....

UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
21st Bn.			Lieut	30/8/16	L.R. 20 S.O. 4635 CTS 27/9/16	Name Audette Initials J. S. G. Bank of Montreal

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Apl	Bal. Bkt.		108					
27	Bank	3009		108		—		
May 19	Pay May (R)		111 60					
23	Bank	5932		111 60		—		
June 15	June Pay (R)		108					
21	Bank	7976		108		—		
July	July Pay (R)		111 60					
24	Bank	12984		111 60		—		
Aug. 20	August Pay (R)		111 60					
24	Bank	17020		111 60		—		
Sep. 19	Sepr. Pay (R)		108					
22	Bank	21610		108		—		
Oct 12	Advance Field Frs 125 3 9/17 Vo 991.			22 30			Transferred to Can. L. & C. to 31/10/17	
13	Adv. P & A. Bank	24144		89 30			Sh. to Mc. Ledger.	
18	Oct. Pay R.		111 60			—	P & A to cease 1/11/17 Vo 14413. Transf. f. L 13. to 12 2/11/17	

FO[illegible] P. 15
5986-[illegible]-19/1/17

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary Address Amount. $ Separation Allowance issued. Yes or No.....							Name Initials Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS

P—15.

ASSIGNED PAY.	UNIT. NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.
Beneficiary	Gen Lest			Lieut	30-8-16	L.O.C. D.O. #4635 C.Y.D. of 2-9-16.	Name Audette
Address							Initials J de G
							Bank of Montreal
Amount. $							
Separation Allowance issued. Yes or No.....							

1916-17

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
Sep 26	P.A. pour 28 8/16 30 9/16 Mess pour 30 8/16-30 9/16 Bank			141 20		141 20		
Oct 18	Adv P.A. Oct Bank			48 67				
19	Bill pay pour direct			62 93				
20	Pay Oct ~~Mess 30/9/16~~		111 60					
	P.A. 28 8/16. 30 9/16 Mess 30 8/16-30 9/16		141 20			—0—		
Nov 24	~~Bank~~ Pay Nov. R.		108					
27	Bank			108		—11—		
Dec 4	Pay Dec		111 60					
16	Bank			111 60		—0—		
1917 Jan 24	Pay Jan. (R)		111 60					
27	Bank	19288		111 60		—0—		
Feb. 20	Pay Feb. (R)		100 80					
24	Bank	21931		100 80		—0—		
Mch 13	Pay Mch		111 60					
28	Bank	24818		111 60		—0—		