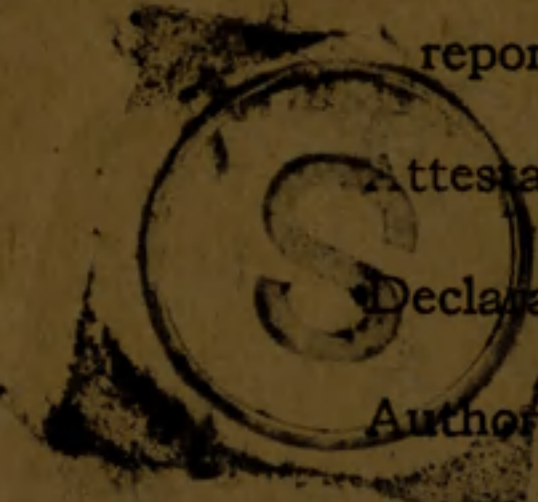


AP 6/8/18

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



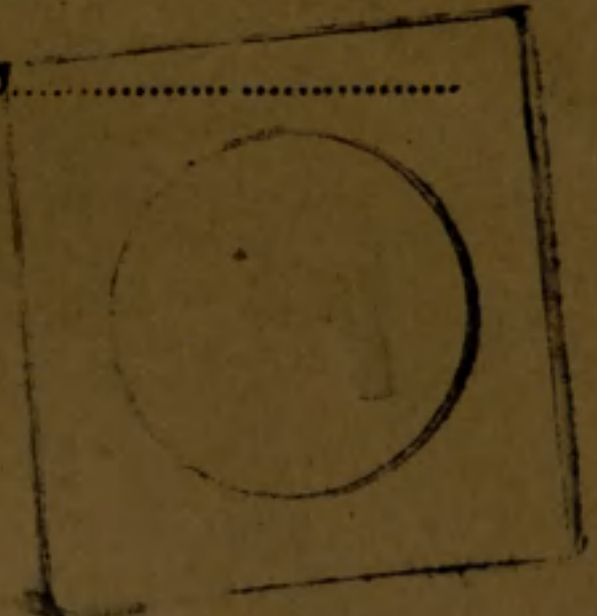
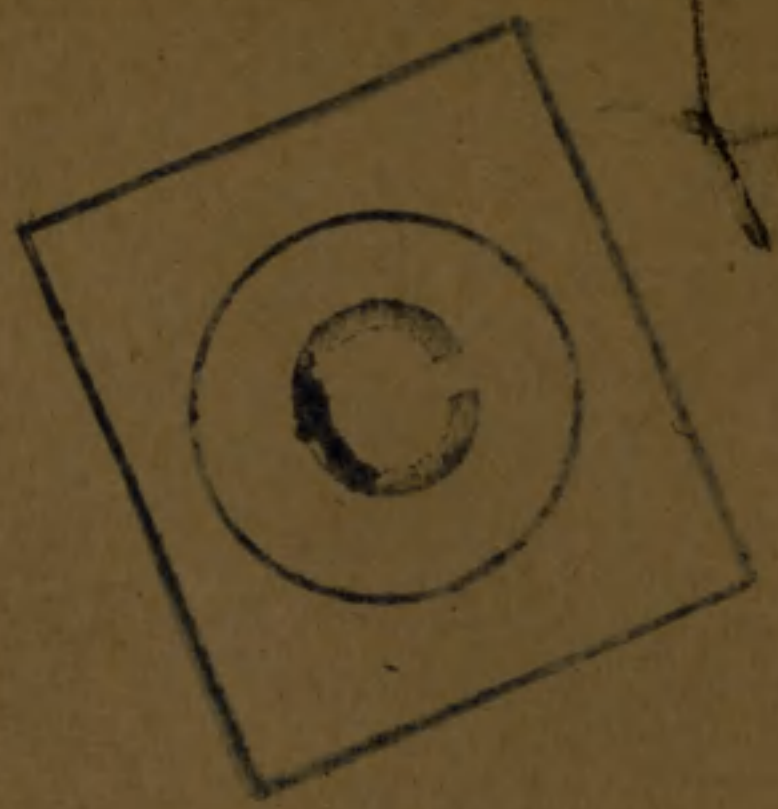
A F B 122 - 1
 M. F. W. 82 - 1
 M. F. W. 113 - 1
 M. F. B. 465 - 1

DISCHARGE DOCUMENTS

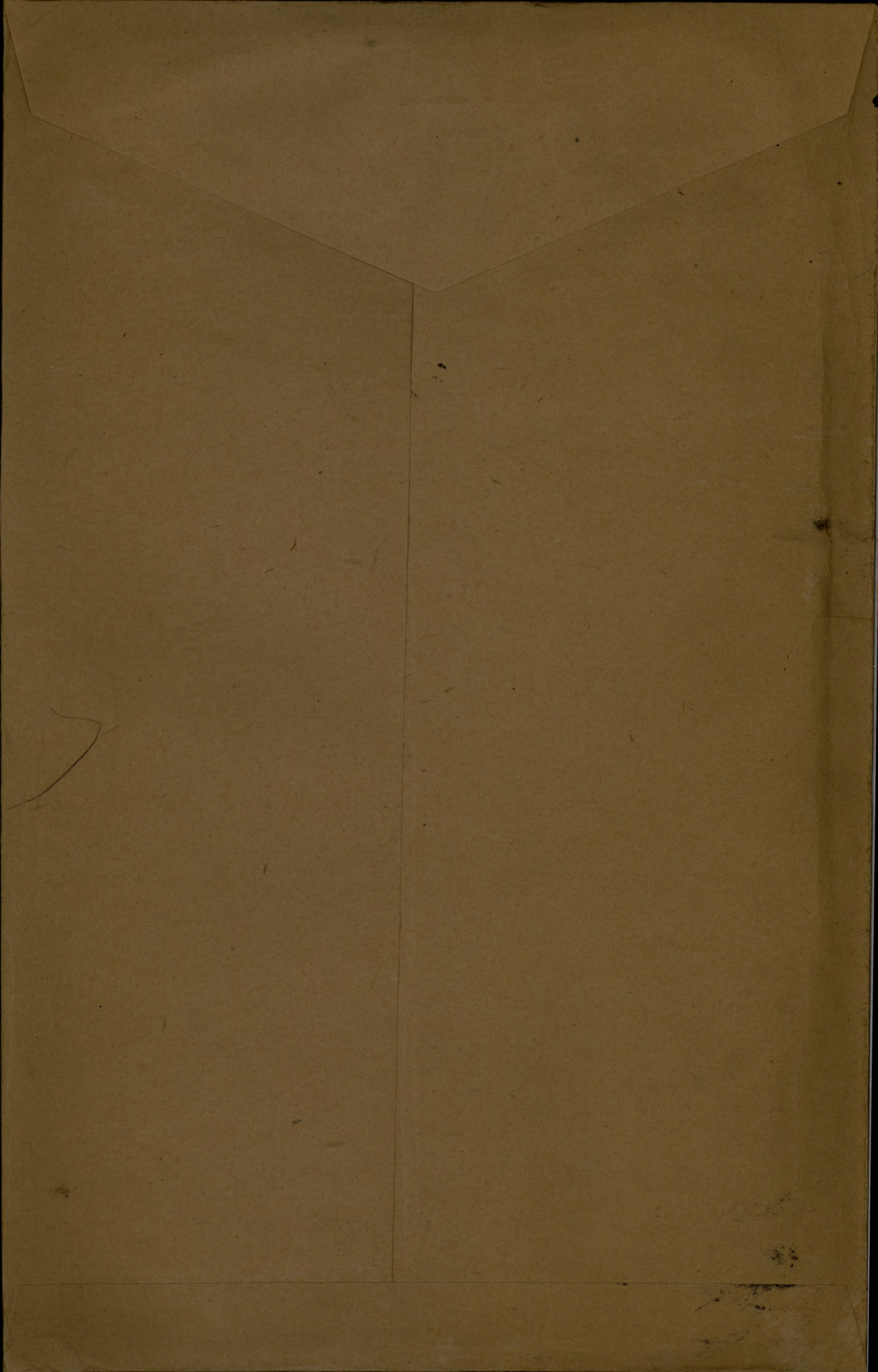
Name *Boudreaux: Antonio Brown*
 Regt. No. *3321814* Rank *Pte*
 Corps *2nd Depot Bn. F. O. R.*
Lo re-enlist R. A. F.

30323

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



Index Card
Casualty Card /
Non-Effective Card /
Part ... Card /
Change ... Card
Honour & Award Card



2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

3

M. D.

Depot Battalion

Regiment

Regtl. No. 3321814

3 B/51

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname..... Boudreault
 2. Christian name..... Antonio
 3. Present address..... 164 Guigues St Ottawa Ont.
 4. Military Service Act letter and number..... PC 970420
 5. Date of birth..... 13th June 1897
 6. Place of birth..... Ottawa Ont.
 (town, township or county and country)
 7. Married, widower or single..... Single
 8. Religion..... R.C.
 9. Trade or calling..... Printer
 10. Name of next-of-kin..... Mrs Victorine Boudreault
 11. Relationship of next-of-kin..... Mother
 12. Address of next-of-kin..... 164 Guigues St Ottawa Ont.
 13. Whether at present a member of the Active Militia..... No
 14. Particulars of previous military or naval service, if any..... Nil
 15. Medical Examination under Military Service Act:—
 (a) Place..... Ottawa Ont. (b) Date..... 12th Oct /17 (c) Category..... All

DECLARATION OF RECRUIT

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

Antonio Boudreault (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 20 yrs..... 6 mths.
 Height..... 5 ft..... 5 ins.
 Chest measurement } fully expanded..... 34 ins.
 } range of expansion..... 3 ins.
 Complexion..... Dark
 Eyes..... Black
 Hair..... Black

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

nil

O. C. *W. B. ...* Depot Btl.
Lt. Col.
O. C. 2nd. Depot Batt. E. O. R. Regt.

OTTAWA

MAY 8 1918

Place..... Date.....

FORM OF WILL

I, Antonio Boudreault (Name in full)

Regimental Number 3321814 serving in 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Victorine Boudreault (Mother)

164 Guigues St.

Ottawa Ont.

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 8 day of May A.D. 1918

A Boudreault Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Rubenstein

Address of Witness 2nd. DEPOT BATTALION, OTTAWA Eastern Ontario Regiment

THE TWO WITNESSES

Occupation of Witness Soldier C.E.F.

MUST SIGN HERE

Signature of Second Witness X. Wood

Address of Witness 2nd. DEPOT BATTALION, OTTAWA Eastern Ontario Regiment

Occupation of Witness Soldier C.E.F.

FORM OF WILL

2nd DEPOT BATTALION
Eastern Ontario Regiment

I have made my last will

and

in the presence of the following witnesses

the following substance

is written in my hand

and signed

and

in the presence of the following witnesses

the following substance

is written in my hand

and signed

Witnesses

2nd DEPOT BATTALION
Eastern Ontario Regiment

Witnesses

2nd DEPOT BATTALION
Eastern Ontario Regiment

Witnesses

NO. 1000

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 3321814 Rank Private Name Boudreault Antonio

Corps. 2nd Depot Bn., E.O.R. who was* Discharged

On 16-7-18 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st 1918, to July 16 th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No. <u>Cash</u>	<u>25.00</u>		Reg'tl Pay <u>16</u> days at \$ <u>1.00</u>	<u>16.00</u>	
by } No. <u>3282</u>	<u>44.00</u>		Field Allow. <u>16</u> days at \$ <u>10</u>	<u>1.60</u>	
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly).....		
Other charges.....			Other Allowances*.....		
Payment on transfer or discharge No.....			Other Credits*.....	<u>51.40</u>	
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	<u>69</u>	<u>00</u>	Total.....	<u>69</u>	<u>00</u>

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }
 and Sep'n Allee. for month of 191..... }
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment 8-5-18
 (2) if married and if a Separation Allowance Card has been submitted.....
 (3) cause of discharge to re-enlist in R.A.F. authority 3 MD 44-B-612 DO 199
 (4) authority for transfer.....

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

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

Date July 19 th 1918

Place Rockliffe Camp Ottawa Ont. 2nd Depot Bn., E.O.R. Paymaster. Cap't

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

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

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

M. F. W. 44.

MILITARY SERVICE ACT, 1917.

DUPLICATE

MEDICAL HISTORY SHEET.

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

1. Surname Boudreault Christian name Antonio

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } PC970420

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

4. Address (including street and number, if any)..... } 164 Guigues Ave Ottawa Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of October 1917, by the undersigned medical board sitting at ~~xxxxxxx~~ Hull que

5. Age as stated 20 Years 6 Months. 6. Apparent age _____ Years _____ Months

7. Height 5 Feet 5 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 31 Ins. 10. Complexion Dark { Eyes Black
Maximum 34 Ins. { Hair Black

11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks _____

13. Number of vaccination marks { Right arm None
Left arm None 14. When vaccinated last _____

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

16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

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

17. (a) Vision R. D 20 L. D 20
(b) Hearing. R. Normal L. Normal

Sgd R.H. Parent Capt President.

E S Aubrey Capt Member. J M Archambault Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>20-4-18</u>		<u>J. Wellington</u> M.O.	<u>20-4-18?</u>		<u>J. Wellington</u> M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 8 day of May 1918 at OTTAWA

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2^d Depot Bn 207</u>	<u>3321814</u>		<u>8-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

Signature of Man A. Boudreault

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

M. F. W. 54. (A. F. B. 103:

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

"H" 2nd Depot Bn. E. O. R.

Regimental No. 3321814

Rank. Pte

Name. Boudreaux. Antoine

C. E. F.

Enlisted (a) 11/5/18

Terms of Service (a).....

Service reckons from (a) 11/5/18

Date of promotion to present rank }.....

Date of appointment to lance rank }.....

Numerical position on roll of N. C. Os. }.....

Extended.....

Re-engaged.....

Qualification (b) Printer

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				
		T. O. S. 2nd. Depot Bn. E. C. R., B. O.			<p>CERTIFIED CORRECT</p> <p>Transfer to No. <u>707</u> Capt. 2nd. Depot Bn. E. O. R.</p> <p>.....</p> <p>Major O. C. "D" Company.</p>

(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.

NAME.

*Boudreault
Antonio*

RANK.

Pvt

REC. FILE.

*S.O.S. No. 16/7/18³
To join R.A. (7)
Pt. 4 199 of 1817/18²/EOR*

No.

335 1814

CORPS.

2nd. W. po.

H.Q. FILE

ENLISTMENT, PLACE.

Ottawa, Ont.

DATE.

May 8th 1918,

BIRTH

~~DISCHARGE, PLACE,~~

Canada, Ottawa, Ont.

DATE.

June 13th 1894.

REASON.

ADDRESS ON DISCHARGE.

T. O. S. May 8. 1918

DOCUMENTS. D.O. Part II No *129*

NEXT OF KIN

Boudreault, Mrs Victorine

RELATIONSHIP
Mother

ADDRESS

164 Guigues Ave, Ottawa Ont.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



36-7-18
2498

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron Battery Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(a) Proceedings on Discharge.
	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

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

This space to be for numbers

Proceedings on Discharge.

MILITARY DISTRICT
No. 3
JUL 23 1918
KINGSTON ONT.

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

No.	3321814
Rank	Private
Surname	Boudreault, Antonio
Christian Name	Antonio
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	2nd Depot Battalion, E. P. R.
Date of Discharge	16-7-18
Place of Discharge	Ottawa
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... ²⁰ years..... ⁶ months.	Descriptive Marks
Height..... ⁵ feet..... ⁵ inches.	
Complexion	Dark
Eyes	Black
Hair	Black
Trade	Printer
Intended place of residence	164 Sanguet St Ottawa Ont.
<small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of	
To re-enlist in R. A. F.	
Auth. R. O. 179 Feb. 8/18. 3MD 44-B-612.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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

nil

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

6. Medals and Decorations.....

nil

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

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

(Place) *Ottawa*

C. R. Symon

(Date) *16-7-18*

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Ottawa Antonio Boudreau* (Signature of Soldier.)

(Date) *16-7-18* *H. Bon* (Signature of Witness.)

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

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

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

Antonio Boudreau (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years *7⁰* days.

Total.....years *7⁰* days.

11. Confirmation of Discharge.

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

(Place) *Ottawa*

C. R. Symon (Signature)

(Date) *16-7-18*

Reservations referred to at Para. 8.

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

nil Antonio Boudreau

OPINION OF THE MEDICAL BOARD—(Continued).

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

Class "A" 2.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Ottawa, Ont.

DATE June 13th 1918

Handwritten signatures and names of Lt-Col R.M.S. President and Lt-Col R.M.S. Members.

APPROVED BY [Signature] Captain A. M. G. For A. Assistant Director of Medical Services.

APPROVED BY [Signature] Director-General of Medical Services.

DATE JUN 24 1918

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE DATE President Members.

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 soldier to the "Statement," page 3.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or 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 8, 9 and 10 be communicated to the soldier, 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, Ont. DATE June 10th. 1918

- 1. 1 (a) Unit 2nd. Depot Battalion (b) Regimental No. 3321014 (c) Rank Pte. (d) Surname Houdremilt (e) Christian name Antonio
2. Age last birthday 21 Years Date of birth 13th. June 1897
3. Enlisted at Ottawa, Ont. on May 8th. 1918

4. Personal description:—

- (a) Height 5' 5" (b) Weight 144 (stripped) (c) Complexion Dark
(d) Colour of hair Black (e) Colour of eyes Black (f) Identification marks

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

164 Gilmour Street, Ottawa, Ont.

6. Former trade or occupation Printer

7. (a) Service

Table with columns for Years, Days, and Periods (From, To). Entry: 2nd. Depot Battalion, R.C.R. May 8th. 1918 June 10th. 1918

(b) Has he been overseas? No 8. Original disease or disability None

- (a) Date of origin Not Applicable (b) Place of origin Not Applicable
(c) Cause* Not Applicable
(d) Present disease or disability None

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Normal

9. Present condition.—(Continued.)

Normal

(b) Are the following systems normal? If not, briefly state abnormality

Nervous. Yes Digestive. Yes Respiratory. Yes Cardiac. Yes
Genito-Urinary. Yes Skin, Middle Ear, Eye or any other part. Yes

10. History: (a) of Condition referred to in "a" section 9.

Not Applicable

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

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

Not Applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

Not Applicable

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

Not Applicable

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

Not Applicable

OPINION OF THE MEDICAL BOARD

14. (Continued).

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.)

Not Applicable

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

17. Recommendations For Discharge to re-enlist in R.A.F. Authority 3 M.D. 44-B-612

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

I, the undersigned A. Boudreaux 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

Signature of soldier examined: Antonis Boudreaux

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 criticized.

Yes.

19. Is the soldier 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 soldier (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).