2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

ORIGINAL

3 M. D. Depot Battalion Regiment

N

Regtl. No. 3320705

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname ~~Dauraxx~~ D'Auray.
2. Christian name Louis Lorenzo Joseph.
3. Present address 388 Chapel St Ottawa Ont.
4. Military Service Act letter and number P.C.968438
5. Date of birth 15th October 1893.
6. Place of birth (town, township or county and country) Ottawa Ont.
7. Married, widower or single Single.
8. Religion R.C.
9. Trade or calling Civil Servant.
10. Name of next-of-kin Mrs. C. D'Auray.
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 388 Chapel 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 (b) Date 1 Sept 1918 (c) Category A 2.

DECLARATION OF RECRUIT

I, Louis D'Auray, do solemnly declare that the above particulars refer to me, and are true.

L. D'Auray (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 5 mths.

Height 5 ft. 4 ins.

Chest measurement: fully expanded 34 ins.; range of expansion 5 ins.

Complexion Dark

Eyes Grey

Hair Dk Brown

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

Scar left cheek

A. R. Burwash Lt Col

O. C. 2nd. DEPOT BATTALION, Depot, Btln.
Eastern Ontario Regiment. Regt.

Place OTTAWA Date

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

O.M. 14.5.18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name D'Auray, Louis, L. J.

Regt. No. 3320705 Rank Pte.

Corps 2nd Depot Bn., (E.O.R.)

Re-enlist in R. F. C.

03307

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	X2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1

M.7 W.67 — 1
M.7 W.82 — 1
M.7 W.160 — 1

Box 40 #233

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

CARD NO. 3.

SOS Ottawa 2/4/18 MHB Rifle.

FOLL. HQ.9301 3/4/18 2/E OR

SURNAME. D'Auray

CHRISTIAN NAMES Louis Lorenzo Joseph.

REGL. No. 3320705 RANK Pte.

UNIT 2nd. Ont. Regt. 2nd. Dep. Bn.

FORMER CORPS Nil.

T. O. S. Mar. 13 1918

D.O. Part II No. 72.

NEXT OF KIN.

NAMES IN FULL D'Auray, Mrs. O.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 388 Chapel St., Ottawa, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Ottawa, Ont. DATE Oct. 15th 1893.

PLACE OF ATTESTATION Ottawa, Ont. DATE Apr. 1st 1918.

L. L. 25989. M. & D. 8191.

M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 3

No. 26

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. 3020705 Rank Private Name D'Auray, D.

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

On April 2nd 1918. 191..., to Re-enlist in R.F.C.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from April 1st 1918. 191..., to April 2nd 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques } No.			Regt'l Pay ... days at $ ... c		
Advances by Cheques } No.			Field Allow. ... days at $ ... c		
Assigned Pay No.			Other Allowances*		
Other Charges* POSTED TO "N" COMPANY. NO PAY ACCOUNT.			Other Credits*		
Payment on transfer or discharge No.					
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total			Total		

*Give Particulars.

A monthly stoppage of $ Nil (†) has ... (‡) been paid on account of Assigned Pay for the month of ... 191... to (Assignee) ...

(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 12-3-18

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

(3) cause of discharge and authority DO. 93. CEF RO #179. S MD 44-D-311.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date April 18th 1918.

Place Ottawa, Ontario. E G Carty Capt.
Paymaster

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

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

M. F. W. 44.

30M.—10-17.
H. Q. 1772-39-903.

FORM OF WILL

I, Louis Lorenzo Joseph D'Auray (Name in full)

Regimental Number 3320705 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. E. D'Auray.
388 Chapel 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 12 day of March A.D. 191 8

L. D'auray 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Alex. J. McIntosh

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

Occupation of Witness Soldier C.E.F.

Signature of Second Witness J. Cole

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

Occupation of Witness Soldier C.E.F.

M. F. W. 82.
300M.-12-16.
1772-39-983.

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.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps ~~Eastern Ontario Regiment.~~

Regimental No. 3320705 Rank Pte. Name D. Duray Louis Lorenzo. Joseph.

C. E. F. C.E.F.

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) Civil Servant.

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				
		S.O.S. D.O.	Ottawa	1-4-18	Reenlistment in the R.C.R. R0179 of 8-2-18 auth 3 MD 44 D-311

A. R. Burwash, Lt Col
O. C. 2ND. DEPOT BATT. E. O. R.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc, also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

To be made out in duplicate. H.Q. 54-21-23-53

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.

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(1) Name of Overseas Unit which Soldier joins 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

(2) Regimental Number 3320705

(3) Full Name of Soldier Louis Lorenzo Joseph D'Auray.

(4) Place of Birth Ottawa Ont.

(5) Are you married, or not? Single

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

(b) Present Postal Address Nil.

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls Nil.

Also their names and ages Nil.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. C. D'Auray.

388 Chapel St., Ottawa Ont.

(11) If your Mother is a widow Yes.

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.

Nil.

(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.

Nil.

(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.

Nil.

15) Are you insured? Yes.

If so, in what Company? Metropolitan Life Ins.

Have you made arrangements for payment of your Insurance premium Yes.

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

P. Woollcombe Capt
Adjt. 2nd Depot Batt. E. O. R.
Officer Commanding.

Date 12.3.18.

This space to be for numbers.

Proceedings on Discharge.

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

No. 332705

Rank Private

Name Louis Lorenzo Joseph D'Auray

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

Corps (Squadron, Battery or Company) 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

Date of Discharge 1st April 1918

Place of Discharge OTTAWA

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 5 months.

Height 5 feet 4 inches.

Complexion Dark

Eyes Grey

Hair D. Brown

Trade Civil Servant

Intended place of residence (To be given as fully as practicable.) 388 Chapel St Ottawa

Descriptive Marks

Scar left Chest

2. The above-named man is discharged in consequence of Re enlisting in the R. C. L. No 179 of 8. 2. 18. Auth 3 MD. 44-D-311

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

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

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

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

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

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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.	*(a)* Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(b)* Attestation.
*Only if discharged "Medically unfit."	*(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.

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

(Date) 1 Apl 1918

W. B. Bruwater Lt Col

O. C. 2ND. DEPOT BATT. E. O. R.

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 L. D'aurray (*Signature of Soldier.*)

(Date) 1 April 1918. [illegible] (*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.

L. D'aurray (*Signature of Soldier.*)

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) OTTAWA

(Date) 1 Apl 1918

(*Signature*) W. B. Bruwater Lt Col

O. C. 2ND. DEPOT BATT. E. O. R.

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

L. D'Auray

(OVER)

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

QUADRUPLICATE

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN.

MEDICAL HISTORY OF AN INVALID

STATION Ottawa, Ont. DATE March 21st 1918.

1. (a) Unit 2nd Depot Battalion (b) Regimental No. 3320705 (c) Rank Private.

(d) Surname D'Auray. (e) Christian name Louis.

2. Age last birthday 24 Date of birth Oct 15th 1893.

3. Enlisted at Ottawa, Ont. on March 12th 1918.

4. Personal description :—

(a) Height 5' 4" (b) Weight 115 (stripped) (c) Complexion Dark.

(d) Colour of hair Black. (e) Colour of eyes Grey. (f) Identification marks One-half inch scar one inch from left corner of mouth.

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

338 Chapel Street, Ottawa, Ont.

6. Former trade or occupation Civil Servant.

7. (a) Service

	Years	Days

	Periods	
	From	To
2nd Depot Battalion.	March 12/18.	Date.

(b) Has he been overseas? No.

8. Present disease or disability (use authorized nomenclature if possible) No disability.

(a) Date of origin None. (b) Place of origin No.

(c) Cause* Not applicable.

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important. to be a full description of the present disabling condition or conditions).

Health good.

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 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. 227.

75M.-12-17.
1772-39-117.

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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.

INSTRUCTIONS

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 soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
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 and Sons.

10. History :

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.

Not applicable.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market ? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

None.

12. Did the disability arise on or off duty ? None.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No.

If the answer is in the affirmative, state in percentages, *to what extent the soldier 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 ? None.

17. Treatment (Case reports, general or special, should be secured and attached where possible). None.

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 Discharge for transfer to R.F.C.

Medical Officer by whom the case is brought forward.

Lt-Col R.M.S.

STATEMENT OF THE SOLDIER.

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

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

Signature of soldier examined.

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 soldier fit for

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

23. 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).

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

"A" 11.

President

Lt.-Col R.M.S.

Capt. A.M.C. } Members.

Capt. A.M.C.

STATION Ottawa, Ont.

DATE March 21st 1918.

APPROVED BY

DATE MAR 25 1918

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

APPROVED BY

DATE

Director-General of Medical Services.