

UNIT .....

Regimental No. 89034

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS)
1. What is your name? Edouard Delcorde
  2. In what Town, Township or Parish, and in what Country were you born? Lowain Belgium
  3. What is the name of your next-of-kin? Eliza Delcorde
  4. What is the address of your next-of-kin? 384 Cumberland St Ottawa.
  5. What is the date of your birth? Jan 29. 1890.
  6. What is your Trade or Calling? Driver.
  7. Are you married? No.
  8. Are you willing to be vaccinated or re-vaccinated? Yes.
  9. Do you now belong to the Active Militia? No.
  10. Have you ever served in any Military Force? 1 Year 360 Ban. Engineers. (1904)  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement? Yes.
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

Ed. Delcorde (Signature of Man).  
G. Allan R.C.F.A. (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edouard Delcorde, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date March 6 1915.  
Ed. Delcorde (Signature of Recruit).  
G. Allan R.C.F.A. (Signature of Witness).

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edouard Delcorde, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date March 6 1915.  
Ed. Delcorde (Signature of Recruit).  
G. Allan R.C.F.A. (Signature of Witness).

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at

Ottawa this 24 day of March 1915  
Robert Nelson (Signature of Justice).

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
G. B. Arnaldi (Approving Officer).

Copy

Certified true copy  
G. B. Arnaldi  
Ed. Delcorde  
 for i/c Records, R.C.F.A.

Description of Edouard Delcorde on Enlistment.

Apparent Age 25 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.  
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 6 ins.

Chest measurement. { Girth when fully expanded 34 1/4 ins.  
 Range of expansion 1 1/4 ins.

Complexion Dark

Eyes Brown

Hair Dr. brown

Religious denominations. { Church of England  
 Presbyterian  
 Wesleyan  
 Baptist or Congregationalist  
 Other Protestants (Denomination to be stated.)  
 Roman Catholic   
 Jewish

Birth mark left cheek  
2 scars on left leg.  
1 scar on left thigh.  
3 vacc. left arm.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date March 6<sup>th</sup> 1915.

Place Ottawa Can.

\*Insert here "fit" or "unfit."

Sgt H E Connelly  
Lieut. A.M.C. Medical Officer.

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Edouard Delcorde having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date June 10 1915. Sgt B. E. Armandi (Signature of Officer.)  
Babob.

C.E.F.

DELCORDE EDMOND

89034

4 BN.

09763

DEMOB.

*Released  
2-12-57*





CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

1628-  
 NAME OF SOLDIER (Block Letters) Delcorde, E.  
 REGIMENT 4<sup>th</sup> Siege Bty. RANK Gnr. No. 89034  
 Date of Examination in England 28/5/19 Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2. 9. 13. 14. 19.
2. EXTRACTIONS 3 2.
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

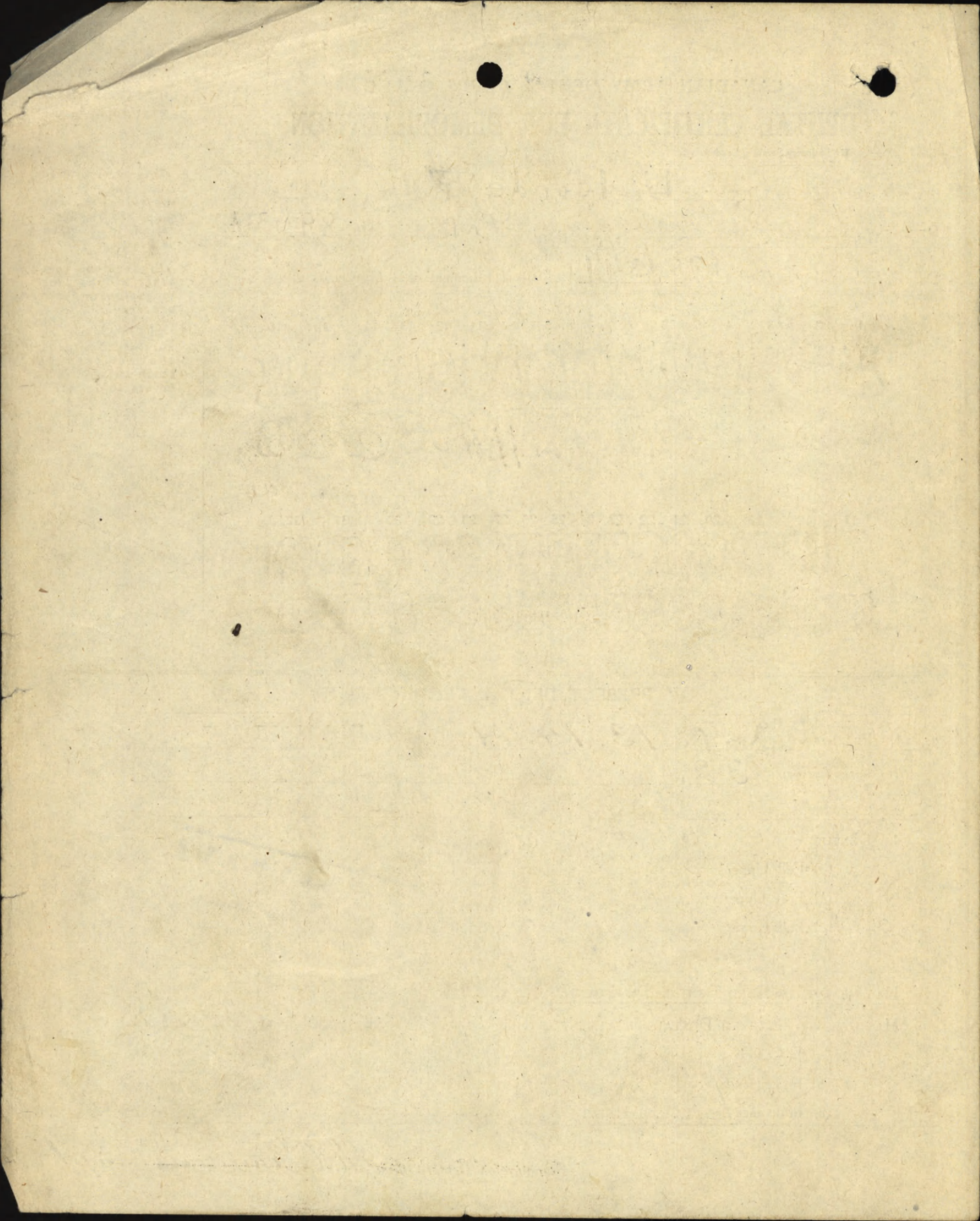
A. D. D. S., M. D. No. 8

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Signature of Dental Officer H. Simmons Capt



# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. 382528

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 89034 (Rank) Gnr.

Name (in full) Delcorde Edmond enlisted in

the C. F. C.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 6<sup>th</sup>

day of March 1915

HE served in C. D. A. C. France

and is now discharged from the service by reason of On Demobilization. Medically unfit for  
~~Medical Unfitness.~~ General Service R.O. 1894

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

Age 29 1/2 yrs.

Height 5' - 6"

Complexion Dark.

Eyes Brown

Hair D. Brown

Ed. Delcorde  
Signature of Soldier

Marks or Scars

Birth mark, left cheek.

Date of Discharge



Williamson  
Issuing Officer

Lt.  
Rank

Date ..... 19.....

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 87054 (Rank) Private

Name (in full) James P. O'Connell enlisted in

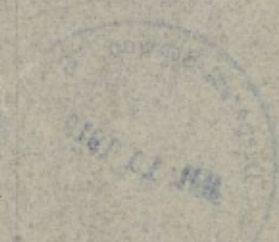
the 1st Battalion CANADIAN EXPEDITIONARY FORCE at Montreal on the 15th day of August 1918

He served in France

and is now discharged from the service by reason of Demobilization Medical Reasons

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

Age	<u>34</u>
Height	<u>5 ft 11 in</u>
Complexion	<u>Dark</u>
Eyes	<u>Brown</u>
Hair	<u>Dark</u>
Signature of Soldier	<u>James P. O'Connell</u>
Date of Discharge	<u>11th Nov 1918</u>
Ranking Officer	<u>[Signature]</u>
Date	<u>1918</u>
Marks or Scars	<u>None</u>



N.B.—As no duplicate of this Certificate will be issued, any person obtaining same is requested to forward it to the undersigned and to the Secretary, Military Council, Ottawa, Canada.



Certified Correct  $\frac{1}{10}$  Records 15.9.102/3924  
R2-5-91  
R2 41016.

Casualty Form—Active Service.

Regiment or Corps Can. Res. Bdg.

Regimental No. 8903rd Rank Dr. Name E. Delcorde

Enlisted (a) 15-3-15 Terms of Service (a) Duration of war or 6 months after Service reckons from (a) 15-3-15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

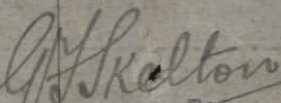
W. S. B. CLASS. A

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				
		Drafted Overseas to France Oct 1915			
30 $\frac{3}{16}$	O.C. 1207 O.C.	10 days S.P.#1. 1 day pay under R.W.	Field	27 $\frac{3}{16}$	2069. PT II O d/14-4-16.
13/10/15	Can. Base Depot	Taken on strength of 1st Canadian Divisional Ammunition Column, as Reinforcement.	Unit	13/10/15	K112-4-G.
10-2-17	Unit	Granted 10 days leave from		9-2-17	B213 PT II O. No. 41 d/19-2-17
3-3-17	do	Rejoined Unit from leave	Field	28-2-17	B213 PT II O. No 57 d/
5/1/18	O.C.	Granted 14 days leave		2/1/18	B213. " 5 d/18/1/18
19/1/18	O.C.	Rejoined from leave		15/1/18	" " 9 d/26/1/18

Im Oaul, S/Col.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, 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. 86, or other official documents.
Date	From whom received				
22.6.18	aag	Struck off strength of 1st Co. G. on being transferred to 4th Sig. Bty. 2nd. Bde C. G.		23.6.18	B241. R.F. 30166. Part II Orders 58 d. 23/6/18.
do	do	Tom of 2nd Bde C. G. on transfer from 1st Can D. C.		24.6.18	B241. KE 30166 Part II 38 d/ 25.6.18
6.7.18	2 Bde C. G.	joined Unit	Field	28.6.18	B213
7.2.19	1 bbs.	V. D. S.	1 bbs	7.2.19	A6097
7.2.19	2 Bde C. G.	to Hosp. Serv.		6/2/19	B213
12.2.19	9. Can. Staff	V. D. S.	9. Can. Staff	12/2/19	117879
11.2.19	1 bbs.	V. D. S.	H 1 26	11/2/19	117879
30/3/19	aag	sent of 2nd Bde C. G. to Can arty Pool		30/3/19	KE 38-1 PART II NO 37/1919

  
 Lieut.  
 1st Lt. Col., AAG,  
 Canadian Section

## Casualty Form—Active Service.

Regiment or Corps 2nd Brigade C.G.A.Regimental No. 89034 Rank Gunner Name Delecorde E.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on }  
to present rank } \_\_\_\_\_ to lance rank } \_\_\_\_\_ 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				
12-2-19	9 <sup>th</sup> Edm. Stdy. Y. L. G.	adm. 9 <sup>th</sup> Edm. Stdy.		12-2-19	47789
	Acad.	S. O. S. 7 <sup>th</sup> Edm. Artillery Pool		30/3/19	A. 137
		T. O. S. Can. Art. Pool		31.3.19	PT. II O. 44 of 1919
16.4.19	6 <sup>th</sup> B.D.	T. O. S. 6 <sup>th</sup> B.D. from 9 <sup>th</sup> Edm. Stdy. A.		16.4.19	T. R. 2445
15.4.19	9 <sup>th</sup> Edm. Stdy.	5 <sup>th</sup> to fld. allow. + 50 cents per day from 12.2.19 to 15.4.19 (63 days)		15.4.19	O. 1643/15935 PT. II O. 46 of 1919 T. R. 61900. Tm. by Q.A.I. of 25 4/19
1.5.19.	6 <sup>th</sup> B.D.	T. O. S. 6 <sup>th</sup> Edm. Art. Pool and proceeding to England & is posted to 6 <sup>th</sup> B.D., S. Reprom.		1.5.19	6 <sup>th</sup> B.D. letter of 22/4/19 A.A.G. T. G. 51007 / PT. II O. 53 of 1919

"M" WING, C.C.G.

*E. K. A. G.*  
Capt. for Lt.-Col., A. A. G.  
Canadian Section. G. H. O. 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) 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				

2.5.19 CARRO 205 from H O S B Ripon 2.5.19 P 1100 123

**C. O. C. ON PROCEEDING TO CANADA.**

PR 2.0 No. 81. 1/24/19

*AWM*  
**LIEUT.**  
**FOR OFFICER COMMANDING,**  
**"M" WING, C.C.O.**

**EMBKD. SOUTHAMPTON 2.7.19**  
**ARR HALIFAX JULY 8 19**

2-7-19 I.O.S. Sub-Depot, Ottawa H Q-205  
 11-7-19 I.O.S. Dis. R.O. 1894 H Q-205

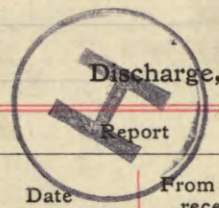
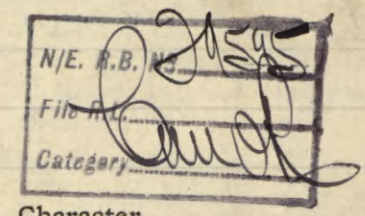
On Demobilization Med. unfit for General Service

*AWM*  
**Lieutenant**  
**for O. C. No. 3 District Depot**

Envelope 25280

Rank \_\_\_\_\_ Name DELCORDE Edmonde  
 Unit 3rd Res. Batty If in perm. Corps, }  
 What Unit? } Married or Single Single  
 Place and Date of Enlistment Ottawa. 6th Mar. 1915 Place of Birth Louvain. Belgium  
 Name and Address, Next-of-Kin Eliza Delcorde.  
 384 Cumberland St. Ottawa. Relationship Mother.

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_



Discharge, Date and Place		Reason	Character	REMARKS	
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	Taken from Official Documents
12.7.15	OC R Bde	Taken on Str from 7th Bde	Shorncliffe	10.7.15	Part II C
12.10.15	"	Drafted to France	"	12.10.15	" - 146 + Part II of 36, SAC.
16.10.15	Ofc C.B.D.	On strength 1st D.A.C from Res Bde absent without leave sentenced 10 days I.P. 1st Hosp. 1 day pay R.W.	France	16.10.15	Authy Nom Roll Canb. Depot
			"	27.3.16	Part II of 16.
25.6.18	2nd Bde C.S.O.	J.O.S. from 1st D.A.C.	Dev.	24.6.18	" 38 + 1st D.A.C. 58 / 25.6.18
7-4-19	"	Sent to C.A.P. unit pre to England.	ST	30.3.19	37 + C.A. Pool # 44 / 15.4.19
3.5.19	BARD	J.O.S. from Pool	Ripon	2.5.19	- 123 + Pool 53 / 2/5/19
20.4.19	2 C.S.A.	Adm to Hop	Field	6.2.19	- 117
27-5-19	M wing 666	J.O.S. prog to 2 C.	- Witley	27-5-19	5047 + C.A.S. 50156 / 5/19

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
				2-7-19	

To Canada 97-8-70 2-7-19

Office F.B.D.O. 1'd 26.7.19  
 F.B.D.O. CANADA 2.7.19

**ASSIGNED PAY,  
MILITIA AND DEFENCE**

115

M. F. W. 11.  
15m.—7-17.  
H. Q. 1772-39-818.

**SEPARATION ALLOWANCE**

Name *Mrs E Delcorde.*

Name of Soldier *Delcorde E.*

Address *384 Cumberland St  
Ottawa  
Ont*

Regtl. No. *89 0 34*

Rank *Dr*

Corps *1st D. a. c.*

Relation to Soldier

To what Corps belonging

wife, child or mother

} \$ *25.00*

when called out

SPECIAL REMITTANCE

*Sched 228 30.10.16*

**PAYMENTS**

**ALSO ACCOUNT IN CURRENT LEDGER.**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	<i>1916</i>			
Sept.				
Oct.				
Nov.		<i>P. 26822</i>	<i>25</i>	
Dec.				
Jan.	<i>1917</i>			<i>Consolidated account</i>
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>P. 41337</i>	<i>50</i>	<i>Sched 430 17.9.17.</i>
Nov.				
Dec.				
Jan.	<i>1916</i>			
Feb.				
March				

# CONSTITUTION OF THE UNITED STATES

ARTICLE I

SECTION 1

CLAUSE 1

CLAUSE 2

CLAUSE 3

CLAUSE 4

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

SECTION 7

SECTION 8

SECTION 9

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SECTION 16

SECTION 17

SECTION 18

SECTION 19

SECTION 20

SECTION 21

SECTION 22

SECTION 23

SECTION 24

SECTION 25

SECTION 26

SECTION 27

*Handwritten mark*

813



*From 1/9/15*

MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

Name *M<sup>o</sup> A Belcorde* Name of Soldier *Belcorde E.*  
 Address *384 Cumberland St.  
Ottawa* Regtl. No. *89034*  
 Rank *Pte.*  
 Corps *26<sup>th</sup> Batty*  
 Relation to Soldier } *Mother* To what Corps belonging }  
 wife, child or mother } when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>M 9037</i>	<i>40</i>	<i>40</i>
Nov.		<i>M 10780</i>	<i>20</i>	<i>20</i>
Dec.		<i>E 23282</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>S 24941</i>	<i>20</i>	<i>20</i>
Feb.		<i>O 20821</i>	<i>20</i>	<i>20</i>
March		<i>H 31272</i>	<i>20</i>	<i>20</i>



100-10-10-10-10

Name

Address

Relation to Soldier

Wife, child or next of kin

Age

Sex

Color

Height

Weight

Build

Hair

Eyes

Complexion

Scars

Birth date

Place of birth

Education

Occupation

Service record

Remarks

Signature

Date

Initials

11 11 11

11 11 11

11 11 11

100

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

*Mrs. A. Delcorde*

Name of Soldier

*Delcorde E.*

PAYMENTS.

*File #89034*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	H 1024	20	20
May		M 2473	20	20
June		E 4803	20	20
July		J 10571	20	20
Aug.		J 12566	20	20
Sept.		R 15565	20	20
Oct.		Q 18341	20	20
Nov.		J 22407	20	20
Dec.		T 25088	20	20
Jan.	1917	U 28022	20	20
Feb.		U 31172	20	20
March		U 34198	20	20
April		D 676	20	20
May		U 3923	20	20
June		X 7375	20	20
July		W 10415	20	20
Aug.		C 15221	20	20
Sept.		C 17995	20	20
Oct.		F 20694	20	20
Nov.		D 26495	20	20
Dec.		K 26649	20	20
Jan.	1918			560
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

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MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

To Whom <sup>Eliza</sup> Mrs ~~Elsie~~ Delecorde  
Address 384 Cumberland St  
Ottawa  
Ont

By Whom Assigned Delecorde Ed  
Regtl. No. (89034)  
Rank DT  
Corps 25th Batt 7a

Rate 15<sup>00</sup> JUL 1 1915

PAYMENTS

SEE ALSO ACCOUNT IN SPEC. REM. LEDGER

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		11453	30 -	
Sept.		1361	15 -	
Oct.		21857	15 -	
Nov.		M8618	15 -	
Dec.		N10765	15 -	
Jan.	1916	P12451	15 -	
Feb.		P14239	15 -	
March		V 16078	15 -	



16  
1

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
60m.-12-15.  
1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

*112*  
Mr Elie Delcorde

Name of Soldier

Delcorde Ed.

*25 Bally*

L. L. Job 89002.—Req. 6213.

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P 210	15	
May		P 3484	15	
June		R 6712	15	
July		G 6623	15	
Aug.		K 14570	15	
Sept.		H 16035	15	
Oct.		H 20540	15	
Nov.		Q 27040	15	
Dec.		L 33330	15	
Jan.	1917	N 37479	15	
Feb.		P 43578	15	15 R
March		Q 43697	15	15 L
April		S 1170	15	15 Ch
May		M 7140	15	
June		G 13993	15	15 Ch
July		R 20885	15	Pd
Aug.		W 30128	15	Ch
Sept.		<del>F 39770</del> V 34151	<del>15</del>	V 34151 Cancelled P.S.
Oct.		K 40605	15	
Nov.		G 49567	15	
Dec.		A 46459	15	450
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*am*

*10/28*

*15<sup>00</sup>*

*15 R  
15 L  
15 Ch  
15 Ch  
Pd  
Ch*

*V 34151 Cancelled P.S.*

*450*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				



Rank \_\_\_\_\_ Name **DELCORDE Edmonde** Reg'l No. **89034**  
 Unit **3rd Res. Batty** If in perm. Corps,  Married or Single **Single**  
 What Unit? \_\_\_\_\_  
 Place and Date of Enlistment **Ottawa. 6th Mar. 1915** Place of Birth **Louvain. Belgium**  
 Name and Address, Next-of-Kin **Eliza Delcorde.**  
**384 Cumberland St. Ottawa.** Relationship **Mother.**

Assigned Pay Monthly \$ **15-** Payable to **Mrs J Delcorde.**  
*As above.*  
 Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915-																	
29 June	31 Aug	64	1-	64-	64	10	6 40	70 40	70 40			36 50			36 50	33 90	
1 Sept.	30	30	..	30	30	.	3		33			12 17	30	15	57 17	9 73	
1 Oct	31	31	.	31	31	.	2 10		34 10			7 48	15		22 48	21 35	To 1 <sup>st</sup> Dec.
1 Nov.	30 Nov.	30	1-	30	30	10	3		33			16 95	15	1 10	34 80	19 56	1.10 clothing Res Regt.
1 Dec.	31 Dec.	31	1-	31	31	10	3 10		34 10			5 23	15		20 23	33 42	
1916																	
1 Jan	31 Jan	31	1-	31	31	10	3 10		34 10			5 24	15		20 24	44 28	
1 Feb.	29 Feb.	29	1-	29	29	10	2 90		31 40			9 59	15		24 59	54 59	
1 Mar	31 Mar	31	1-	31	31	10	3 10		34 10			4 85	15		22 85	65 84	
		<b>277-</b>			<b>27 70</b>				<b>304 70</b>			<b>101 01</b>	<b>135-</b>		<b>285 238 86</b>		



SURNAME. *Welcorde,*

CHRISTIAN NAMES *Edmond,*

REGL. NO. *890434* RANK *Mr.*

UNIT ~~*25th Battery, 7th Brig, Reinforcement Draft*~~ (*3 Battery Reserve Brig*)

FORMER CORPS *3rd Co. Canadian Engineers*

*3. Area 9.*  
CARD NO.  
*S.O.S. Demob. 11-7-19.*

FOLL.  
*D.O. 204 of 23-7-19*  
*8 3/10/20.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Welcorde, Mrs. Eliza*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *384 Cumberland St.,  
Ottawa, Can.*

COUNTRY OF BIRTH *Belgium, Tourain*

DATE

PLACE OF ATTESTATION *Ottawa,*

DATE

*Mar. 23rd 1915.*

*1/5 29-6-15, 146/1.*

*R/c. 9-7-19 367/73*

MARRIED

SINGLE *yes.*

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

---

NAME

Delcorde

H.

REGT. NO.

89034

RANK AND UNIT

Avr.

2nd

B.

CQA

Sanitary

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 479 <sup>2</sup>	no 1 cas	6-2-19	42
a 482 <sup>2</sup>	no 9 Country Comers	12-2-19	736
a 531 <sup>1</sup>	Disch	15-4-19	42







Number 89034 ✓ Rank *Cpr.*

Surname DELCORDE ✓

Christian Name Edmonde ✓

Units *C. F. A.* ✓ Theatre of War *France* ✓

Date of Service 12/10/15 ✓

Remarks *Send to*

Latest Address 384 Cumberland St. ✓

Ottawa, Ont. ✓

Roll No. *B Page 21714*

200m.-2-21...

(This form to be filled in by all ranks on voyage to Canada.)

O.....

ER

RANK

SURNAME

INITIALS

UNIT

.....

al address.....

(Street)

(City or Town)

(Province)

one person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

ed, is your wife on board..... Number of children on board.....

stination.....

REGN. No. 6658  
DEC. OCT 23 1924

(Sgd.)

Surname

Christian Name or Names

Reg. No.

DELCORDE.

E.

89034.

Rank

Unit

Dvr.

C.A. 2BCGA.

Cas. List.

1. C.C.S.

6-2-19.

19-2-19.A479

2 V.D.S.C. *h.*

22. 2. 19 2482

- 2 *g. c. stat. Camiers*

12. 2. 19.

23. 4. 19 B531

*Stich*

15. 4. 19.

A.M.D. 2 DEPT

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



\* Strike out whichever inapplicable.

ASSIGNED PAY. **ENGLAND or CANADA.** SEPARATION ALLOWANCE. **ENGLAND or CANADA.**

NAME:- **DELCORDE - Edmonds.**

EFFECTIVE DATE:- **1/7/18**

EFFECTIVE DATE:-

NUMBER:- **89034.**

AMOUNT:- **15<sup>00</sup>**

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

**Miss E Delcorde**  
**384 Cumberland St**  
**Ottawa**  
**Mother**

**bus**

**Stopped off 1/6/19**

UNIT AND TRANSFERS

ORIGINAL UNIT:- **3 Res Btly**

DATE ACCOUNT FIRST OPENED:-

**should be \$57.38. Diff D. 22**  
**charged on**  
**27/4/19 27/4/19 27/4/19**

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S F D UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

**Do 38 25/4/18 24/6/18 23/7/18 23rd C.G.A.**

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<b>25.4</b>	<b>2461</b>		<b>2616</b>	<b>27.38</b>			
<b>5.5</b>	<b>4823</b>	<b>Rupon.</b>	<b>973</b>			<b>Self Baw</b>	<b>\$91.55</b>
<b>15.5</b>	<b>6809</b>		<b>489</b>			<b>SRB BW</b>	<b>\$50.19</b>
			<b>4076</b>				

DAILY RATES OF PAY AND ALLOWANCES

PARTICULARS OF RENDERING NON-EFFECTIVE

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<b>1.00</b>	<b>10</b>		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<b>31/3/18</b>	<b>Ble Fwd</b>								<b>2276</b>		
<b>Apr</b>	<b>Sun Day</b>	<b>33</b>		<b>away band</b>				<b>15</b>			
				<b>Ab 13 15ab 12/4/18</b>	<b>446</b>						
				<b>Ab 62 " 22/4/18</b>	<b>357</b>				<b>3273</b>		
		<b>33</b>			<b>803</b>			<b>15</b>			
<b>May</b>	<b>Sunday</b>	<b>3410</b>		<b>le a day</b>				<b>15</b>			
				<b>Ab 120 15ab 5/5</b>	<b>446</b>						
				<b>Ab 164 " 21/5</b>	<b>357</b>				<b>4380</b>		
		<b>3410</b>			<b>803</b>			<b>15</b>			
<b>June</b>	<b>"</b>	<b>33</b>		<b>le a day</b>				<b>15</b>			
				<b>Ab 209 " 7/6</b>	<b>446</b>						
				<b>Ab 261 " 21/6</b>	<b>357</b>				<b>5377</b>		
				<b>" 314 " 28/6</b>	<b>446</b>				<b>4931</b>		
		<b>33</b>			<b>1249</b>			<b>15</b>			
<b>July</b>	<b>"</b>	<b>3410</b>		<b>le a day</b>				<b>15</b>	<b>6841</b>		
				<b>616 2/2 22/2</b>	<b>357</b>						
				<b>728 1/7</b>	<b>446</b>				<b>6038</b>		
		<b>3410</b>			<b>803</b>			<b>15</b>			
<b>Aug</b>	<b>"</b>	<b>3410</b>						<b>15</b>	<b>7948</b>		
								<b>15</b>			
<b>Sept</b>	<b>"</b>	<b>33</b>						<b>15</b>	<b>9748</b>		
				<b>1067 2/9</b>	<b>714</b>						
				<b>1175 10/9</b>	<b>357</b>				<b>8697</b>		
		<b>33</b>			<b>1071</b>			<b>15</b>			
<b>Oct</b>	<b>"</b>	<b>3410</b>						<b>15</b>	<b>10587</b>		
				<b>1308 7/10/8</b>	<b>373</b>				<b>10714</b>		
		<b>3410</b>			<b>373</b>			<b>15</b>			

COMPILED BY **[Signature]**  
CHECKED BY **[Signature]**

NUMBER 89034 RANK

NAME Delearda

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Nov	EP	33		ap				15	102 14		
				AR 925 18 En 20/11	933				203 34		
Dec		31 10		ap				15	72 99		
Jan		31 10		AR 1909 2 " 13/12	1866				13 095		
		31 10		ap	27 99			15	130 35		
		101 20			27 99			15	64 70		
Feb		30 80		cut				15	195 25		
March		34 10		"				15	165 25		
		64 90						30			
Apr	-	33		D.O. 46. ant Post. 22/4/19 Hook Stoph. 0/4/19 - 15/4/19 63 days.		34 80			127 45		
May	-	34 10		67442 Lar. 6/5/19	43				512 45		
				Cap. apr May				30	91 95		
				AR. 2461. Spun. 25/4/19	2738						
				" 4823 2ROG 5/5	943						
				" 6809 " 15/5	484				49 57		
		64 10			114 98	34 80		30			
				4482. 7-6-19. 2 CGA E LRC	48 67				- 90		
					48 67						

Lo A. 992/7/19 Sh 97

MARRIED OR SINGLE S  
 PLACE OF BIRTH Louvain Belgium  
 NAME AND ADDRESS OF NEXT OF KIN Eliza Delcorde  
384 Cumberland St. Ottawa Ont.  
 RELATIONSHIP OF NEXT OF KIN Mother  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 89034 RANK Env. NAME Delcorde Edmonds  
 IF IN PERM. CORPS | UNIT 3rd Ho. Batty. TRANSFERRED TO 1st DA Co. DATE 1-11-15 AUTHORITY  
 WHAT UNIT |  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION Ottawa Ont. TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION Mar 6th 1915. TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ 15. DATE EFFECTIVE 1st July 1915.  
 PAYABLE TO Mrs E Delcorde, 384 Cumberland St. Ottawa. RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
1916 April				277	00			277	00						204	70																				
1-30	30	1 <sup>00</sup>	30		30	10	3								33																					
May	31	1 <sup>00</sup>	31		31	10	3								34	10																				
June	30	1 <sup>00</sup>	30		30	10	3								33																					
July	31	1 <sup>00</sup>	31		31	10	3								34	10																				
Aug	31	1 <sup>00</sup>	31		31	10	3								34	10																				
Sept	30	1 <sup>00</sup>	30		30	10	3								33																					
Oct	31	31		31		3	10								34	10																				
Nov	30	30		30		3									33																					
Dec	31	31		31		3	10								34	10																				
1917				55	20										34	10																				
Jan	31			34	10										34	10																				
Feb	28			30	80										30	80																				
Mar	31			34	10										34	10																				
				706	20										706	20																				

10 days I.P.M. For 1 day's pay RW  
 Part II O#16

D

89034 Gns Delcorde E

15<sup>20</sup>/1/15

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ban ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE	AMOUNT \$	C.				NO. OF DAYS	RATE	AMOUNT \$	C.	1	2	3	4				1	2				3	4	CREDIT	DEBIT				
1917																																							
Feb.			706	20											706	20					45	28	31	05	97	23	139	94	215	14	95	648	50	62	65	nie			
Apr 30	1	00	33	00											33	00																							
May 31			34	10											34	10	113	24/4	199	9/5																			
Jun 30			33	00											33	00	267	26/1																					
July 31			34	10											34	10																							
Aug 31			34	10											34	10	427	24/6	CD.B.																				
Sep 30			33	00											33	00	409	1/6	507	7/7	1835	15/6																	
																	67	24/6																					
			907	50											907	50	274	23/7	199	24/6	Revs-4/9/11																		

Ob. no 5 id ab Oct 1916  
Run R. 127-17/10/16 not started

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	MONTH	PARTICULARS	CR.1	CR.2	PAY	TS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER	SER	REQ.	ALLGE	PAY	ENG.			
1917																													
Oct	Sep Rec. Prod.								64	24	nie			Feb	Pay					30	80								
														Feb	AR 7483	10	26			7/1/18	57	10					15	96	71
														Feb	AR 1280	"				4/1/18	26	77							
														Feb	AR 1399	"				8/2/18	8	92							
														Feb	AR 1466	10	26			2/2/18	4	46							
														Feb	AR 1585	"				8/3/18	18	26							
														Feb	AR 1613	"				25/3/18	3	57							
														Feb	AR 1043	10	26			6-11-17	3	57							
														Feb	AR 1098	10	26			19/11/17	12	49							
														Feb	AR 1160	"				9/12/17	4	46							
														Feb	AR 1205	"				23/12/17	3	57							
														Feb	AR 1291	10	26			3/1/18	26	77							
														Feb	AR 8355	"				9/1/18	17	84							
														Feb	AR 1327	"				21/1/18	3	57							
														Feb	AR 9100	"				1/1/18	8	92							


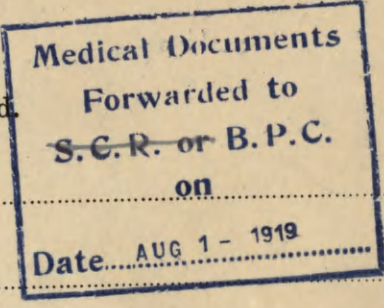




War Service Badge SHORT FORM.  
 Class "A" No. 282528  
**PROCEEDINGS ON DISCHARGE.**

O. C. 23  
 D. U. G.

(Demobilization.)

1. No.		84034	
2. Rank.		Inf.	
3. Name.		Delcorde Edmond	
4. Unit.		4 Batt. C. I. A.	
5. Date of Discharge	JUL 11 1919	Place	Ottawa
6. Reason for Discharge. On Demobilization Medically unfit for General Service.			
7. Authority. RO #20 1894			
8. Proposed Residence after Discharge. 384 Cumberland St. Ottawa. Ont.			
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? 39			
		Ed Delcorde Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.			
Place		Ottawa	
Date		AUG 1 - 1919	
 Signature		 Signature for O. C. Dispersal Area Station G. (O. C. Discharging Unit.)	

23  
0  
0  
0



PROCEEDINGS ON DISCHARGE  
(Demobilization)

1	Name	Richard
2	Rank	Private
3	Service No.	100 430
4	Date of Discharge	April 1945
5	Reason for Discharge	Demobilization
6	Proposed Residence after Discharge	Home
7	Authority	Major

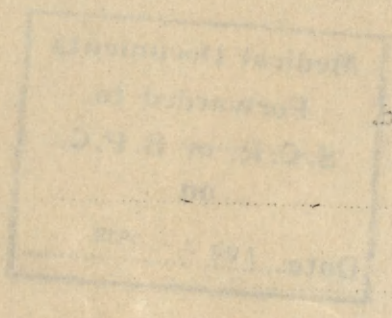
CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that the undersigned place and date I received my discharge Certificate

Signature of Soldier

CONFIRMATION

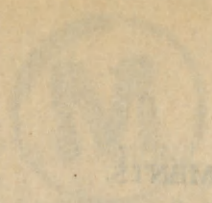
The discharge of the above named man is hereby confirmed.



(O. C. Discharge Clerk)

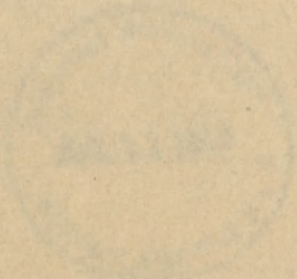
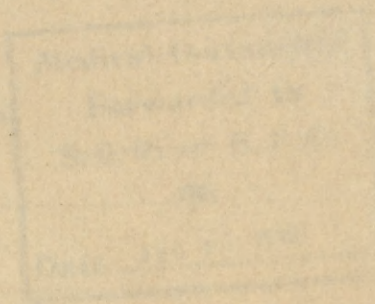
LIST OF DISCHARGE DOCUMENTS

- ..... Separation Paper, Triplicate
- ..... Certificate of Honor
- ..... Field Conduct Sheet
- ..... Casualty Form
- ..... Last Pay Certificate
- ..... Certificate that missing documents are nonobtainable
- ..... Medical History Sheet
- ..... Proceedings of Medical Board
- ..... Dental History Sheet
- ..... Medical Report
- ..... Regimental Conduct Sheet
- ..... Company Conduct Sheet



Handwritten numbers and text in the top right corner.

Check of [illegible]



## LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 33a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 351). *9 Recd*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2007).
15. Sundry Documents.

Group           
 Checked by No.           
 Date 3-6-19

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

MEDICAL HISTORY of 89034

Surname Deleorde Christian Name E.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Belgium County Louvain

Examined ... { on 15 day of March 1915.

Examined ... { at Ottawa

Declared Age ... 19 years ... days.

Trade or Occupation ... Driver

Height ... 5 feet, 8 inches.

Weight ... 145 lbs.

Chest Measurement { Girth when fully Expanded. 35 1/2 inches.

Chest Measurement { Range of Expansion 4 1/4 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left  
Number ... 1 3

When Vaccinated ... 1910

Vision ... { R.E.—V=  
L.E.—V=  
(a)

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

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

Approved by (Signature) W. W. Worley  
(Rank) Capt m.c.f.a. Medical Officer.

Enlisted ... { at Ottawa  
on 15<sup>th</sup> day of March 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...	<u>Can. Reserve Bde.</u>	<u>89034</u>

Became non-effective by ...  
on ... day of ... 191...  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_



List in the case of Warrant Officers treated in quarters.

facts 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

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THIS FORM WILL BE USED FOR ALL RANKS

# MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

126 G.

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 Witley Camp DATE June 20<sup>th</sup> 1919

1. 1 (a) Unit C.F.A. (b) Regimental No. 89034 (c) Rank Cmnr  
 (d) Surname Delcorde (e) Christian name Edmond  
 (f) Home address 384 Cumberland St. Ottawa  
 (g) Next of Kin Mrs Delcorde (h) Relationship Mother  
 (i) Address of Next of Kin 384 Cumberland St. Ottawa

2. Age last birthday 29 Date of birth Jan. 29 - 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa, Ont (b) Date Mar 15<sup>th</sup> 1915

4. Personal description:  
 (a) Height 5'6" est (b) Weight 145 est (c) Complexion dark  
 (d) Colour of hair black (e) Colour of eyes gray (f) Identification marks, Scars, etc. 2x1" Burn

lt. cheek; long scar lt. leg; scar lt. thigh  
 5. Former trade or occupation Driver

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
	4	97

	PERIODS	
	From	To
Canada	Mar 15 <sup>th</sup> 1915	May 10 <sup>th</sup> 1915
England	May 2 <sup>nd</sup> 1915	Sept 22 1915
France or other theatres of War	Sept 23 1915	April 11 <sup>th</sup> 1919

7. Original disease, or injury  
 1. SYPHILIS  
 2. OTITIS MEDIA SUPURATIVA LT  
OTITIS MEDIA CATARRHALIS RT

(a) Date of origin 1. Feb 1919 (b) Place of origin 1. FRANCE  
 (c) Cause 2. 1915 2. FRANCE

M. F. B. 227.  
 400M.-11-18.  
 1779-80-117.  
 1. Infection  
 2. Infection

RECORDE

Original

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

1. None Apparent (V.D.S.)
2. Defective Hearing

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.)

1) Special Report (18-6-19) Can Gen Lab Witley :-  
Wasserman Negative  
Capt W. Williams

2) Special Report (12-6-19) Witley :-  
"Defective hearing due to Omcc left and Omcc (Rt) caused by infection in France  
Left M.T. perforated centrally, slight serous discharge from middle ear, Rt M.T. intact, slightly retracted.  
Voice R. 15' | Rinne Rt. neg | Schwabach Rt. neg  
Voice L. 18' | Rinne Lt. pos | do Lt. neg  
Condition was not present before enlistment and has been caused by service. B. Capt F. Macneil

(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	Genito-Urinary System.....	no
		(If pulse rate is abnormal, B. P. will be taken.)		(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.....	no	Any other general condition.....	no		

Subjective (1) Nil  
(2) partial deafness both ears.

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

1) Was infected in France in Feb. 1919. and received full course of arsenical + mercurial treatment  
Cesterum record :-

VDS (17-2-19) ICCS + 9 Can. Stat. Hosp.  
2) States ear trouble commenced in France in 1915. and both ears discharged. Never laid up in hospital. No record of ear trouble

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.)

*Cos 7000 VDG (12-2-19) 9 Can State*  
*Operation Varicose Veins Lt. leg & thigh 1914.*

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

*Scar dorsum Lt. leg; Scar Lt thigh; Purpmark Lt. cheek*

11.—(a) Did the disabling condition have its origin before enlistment? *(1+2) 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.)

*(1+2) NA*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *1) Yes 2) No (b) 1) no 2) 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? *Ew. 1. ~~Six months~~ NA. 2. 6-12 mos.*

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

*7 injections arsenical*  
*7 " " Hg.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *(2) no*  
(If the answer is "yes" state nature of treatment required and probable duration)

*1) Suggested that patient be kept with an animal in Can. in accord with PC 47 (20-1-19)*

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

17. Recommendations

*Emershof Capt amc*  
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 *E. Delcorde* 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 \_\_\_\_\_

*Gr Edmond Delcorde* 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 we concur

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.) |

yes B1

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.)

*Suggested that he be dealt with on arrival in Canada in accordance with P.C.I 47 of 20-1-19*

- (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.)

*R.S.C. auth a.g. Jul 9083 of 11-11-18*

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.

*[Signature]*  
 President.

PLACE *Witley*

DATE *20-6-19*

*[Signature]* } Members

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 *[Signature]*  
 Assistant Director of Medical Services.

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

DATE.....

A.D.M.S. HEADQUARTERS  
 CANADIAN CORPS CAMP.  
 20 JUN.1919  
 WITLEY SECTION.

Name Melcorde Enl. 6-3-15.

Date of Embarkation for England 29-6-15.

Proceeded to France. 12-10-15 Returned to England. 1-5-19 demob.

Date returned to Canada. 2-7-19

P.R. 2855.

(over)  
checked 15-9-27.

Cas. Sheer.

6-2-19 - v. N. S. - v. N. J. - To duty 15-4-19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1-9-15

2728

Jul 1/15

RATE OF SEPARATION ALLOWANCE

20	25	30	
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RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 89034  
 Rank Lvt Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
 Soldier's Name Ed. Delcorde  
 Battalion 25th Battn. 7A. (26 Batty.)  
 Beneficiary Mrs A. Delcorde  
 Relationship mother  
 Address \_\_\_\_\_

### PARTICULARS OF ASSIGNMENT

Name Mrs Eliza Delcorde  
 Address 384 Cumberland St.  
 Change of Address Ottawa Ont.  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1915					
Dec 31		560	450	1010	
Jan D	63753	30	15	45	N
Feb	94339	25	15	40	
March	123464 a	25	15	40	
April	5808 B	25	15	40	R
May	145420	25	15	40	
June	25240 I	25	15	40	
July	30297 Q	25	15	40	R
Aug	39524 I	25	15	40	R
Sept	42438 N	25	15	40	R
Oct	51470 O	25	15	40	R
Nov	59550 J	25	15	40	R
Dec	68022 D	45	15	60	6
Jan	69815 O	30	15	45	0
Feb	76410 S	30	15	45	0
Mar	84119 J	30	15	45	0
Apr	10322 Z	30	15	45	0
May	6675 J	30	15	45	
June	10872 S	30	15	45	
JUL	12232 X	30	15	45	
		1095	735	1830	

4463.84

SA suspended pending return of stat. O  
 with pay mtd 13 5-7-18  
 PAB. ruling continues as from date  
 suspended

M. F. W. 128  
 400M-647-1772-38-1141  
 L. L. 22220-M. & D. 7163.

AUDITED, 18-7-19  
 A/c Closed Olympic  
 Ret'd per.....  
 Date... 18-7-19 M.F.W. 187  
Jeffery  
 N1R0101058



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *101*

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *[Blank]*

REGT. No. *89034* RANK *Gm.* NAME (IN FULL) *Delcorde, Edmund*  
(BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT *25th Bty* IF IN P.F. WHAT UNIT? *[Blank]*

PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *6-3-15* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-8-19*

PAYABLE TO *Mrs. E. Delcorde* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *384 Cumberland St. Ottawa Ont.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *Kingston* PLACE *[Blank]* DATE *11-7-19* REASON *Demob* AUTHORITY *[Blank]* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE		AMOUNT		NO.	DATE	NO.	DATE	NO.	DATE	\$	C.			\$	C.	\$	C.		\$	C.	\$	C.
				\$	C.																			
																						<i>Returned Olympic</i>		
																						<i>Bal per 1st L. C., Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of disch.</i>		
<i>1-6-19</i>																						<i>Advances in Pension.</i>		
<i>17-7-19</i>	<i>47</i>	<i>1.10</i>	<i>51</i>	<i>70</i>	<i>70</i>																	<i>Post No. of, 1st L. C.</i>		
																						<i>Overpaid 6 days on discharge.</i>		
																						<i>War Service Fraternity</i>		
																						<i>WSB S 9</i>		
<i>183</i>	<i>Days</i>	<i>Mjm</i>	<i>420</i>	<i>80.00</i>	<i>600.00</i>																	<i>WSB S 9</i>		
																						<i>70 00 30 00</i>		
																						<i>6 60</i>		
																						<i>19 00</i>		
																						<i>6 340 11 -</i>		
																						<i>200 280 - 120 -</i>		
																						<i>960 864 - 65 - Aug. 9/19.</i>		
																						<i>* Sup. Deb. Brussels 25/4/19. debited as 26.16 sh. 27.38 - (4/19)</i>		
																						<i>1307337-8 Sept. 9/19.</i>		
																						<i>1318456-57 Oct 2/19.</i>		
																						<i>1333087-88 Nov 4/19</i>		
																						<i>1339154-55 Dec. 6/19</i>		

