

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Joseph Duhamel*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Marquette St. Indians*
 3. What is the name of your next-of-kin?..... *Mrs. L. Desmairan*
 4. What is the address of your next-of-kin?..... *275 Sussex St. Ottawa Ont.*
 5. What is the date of your birth?..... *1892 January 22nd*
 6. What is your Trade or Calling?..... *Clerk*
 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?..... *no*
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*
- Joseph Duhamel* (Signature of Man).
S. G. Lawrence (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Duhamel*, 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.

Joseph Duhamel (Signature of Recruit)
S. G. Lawrence (Signature of Witness)

Date *August 18* 1915

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Duhamel*, 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.

Joseph Duhamel (Signature of Recruit)
S. G. Lawrence (Signature of Witness)

Date *August 18* 1915

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 *18th* day of *August* 1915

[Signature] (Signature of Justice)
JUSTICE OF THE PEACE IN AND FOR THE COUNTY OF GABRIELTON

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Description of Joseph Dubanel on Enlistment.

Apparent Age 23 years 7 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. 7 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark

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

Sailors' marks under side left forearm

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 August 18th 1915.

Place Ottawa Ont

[Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

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.

J. Dubanel 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.

[Signature] (Signature of Officer)
 for O.C. 32nd Battery

Date 19-8-15 1915.

Duplicate.

74th. Battery CFA.CEF.

3 M. D. Depot Battalion Regiment

Regtl. No. 345234.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

mano
175/18

(Class One.)

1. Surname..... DUHAMEL,

2. Christian name..... Joseph,

3. Present address..... 275 Sussex St., Ottawa, Ont.

4. Military Service Act letter and number..... P.C. 967559.

5. Date of birth..... Jan. 22nd. 1892.

6. Place of birth..... ^{Mishawaka} Mishawake, Ind. U.S.A.
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... R.C.

9. Trade or calling..... Clerk, P.O. Dept.

10. Name of next-of-kin..... Mrs. Alphonsine Duhamel,

11. Relationship of next-of-kin..... Mother,

12. Address of next-of-kin..... 275 Sussex St., Ottawa, Ont.

13. Whether at present a member of the Active Militia No.

14. Particulars of previous military or naval service, if any..... 32 Battery CFA.CEF. 3 mos. (1915.)

15. Medical Examination under Military Service Act:—
(a) Place..... Ottawa, Ont. (b) Date..... April 16/18. (c) Category..... A.11.

DECLARATION OF RECRUIT

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

Joseph Duhamel (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 26 yrs. 4 mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... 5 ft. 6 ins. }

Chest measurement } fully expanded..... 40 ins. }
range of expansion..... 4 ins. } Tattoo left forearm "Sailor."

Complexion..... Dark,

Eyes..... Brown,

Hair..... Dk. Brown

J. P. Langhorne Lieut.
A/O.C. 74th. Battery CFA.CEF. Depot Btln.
Regt.

Place Ottawa, Ont. Date April 16th. 1918.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class _____

<p>1. Name of recruit _____</p> <p>2. Christian name _____</p> <p>3. Present address _____</p> <p>4. Military service file number and number _____</p> <p>5. Date of birth _____</p> <p>6. Place of birth _____</p> <p>7. Number of children _____</p> <p>8. Religion _____</p> <p>9. Trade or calling _____</p> <p>10. Name of next of kin _____</p> <p>11. Relationship of next of kin _____</p> <p>12. Address of next of kin _____</p> <p>13. Whether he is present a member of the A. S. Unit No. _____</p> <p>14. Particulars of previous military or naval service (if any) _____</p> <p>15. Medical examination under Military Service Act _____</p> <p>(a) Place _____ (b) Date _____ (c) Category _____</p>	<p>1. Name _____</p> <p>2. Christian name _____</p> <p>3. Present address _____</p> <p>4. Military service file number and number _____</p> <p>5. Date of birth _____</p> <p>6. Place of birth _____</p> <p>7. Number of children _____</p> <p>8. Religion _____</p> <p>9. Trade or calling _____</p> <p>10. Name of next of kin _____</p> <p>11. Relationship of next of kin _____</p> <p>12. Address of next of kin _____</p> <p>13. Whether he is present a member of the A. S. Unit No. _____</p> <p>14. Particulars of previous military or naval service (if any) _____</p> <p>15. Medical examination under Military Service Act _____</p> <p>(a) Place _____ (b) Date _____ (c) Category _____</p>
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DECLARATION OF RECRUIT

I, _____ do hereby declare that the above particulars are true and are taken from _____

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	_____	Weight	_____	Complexion	_____	Eyes	_____	Hair	_____
Build	_____	Stature	_____	Complexion	_____	Eyes	_____	Hair	_____
Complexion	_____	Complexion	_____	Complexion	_____	Eyes	_____	Hair	_____
Complexion	_____	Complexion	_____	Complexion	_____	Eyes	_____	Hair	_____
Complexion	_____	Complexion	_____	Complexion	_____	Eyes	_____	Hair	_____

Place _____

Date _____

Regt. _____

REGIMENTAL No. *345234*

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917.

CLASS

- 1. Surname..... *Duhamel*
- 2. Christian name..... *Joseph*
- 3. Present address..... *275 Sussex St. Ottawa Ont.*
- 4. Military Service Act letter and number..... *P.C. 967359*
- 5. Date of birth..... *Jan 22. 1892*
- 6. Place of birth..... *Mashiwake. Ind. U.S.A.*
(town, township or county and country)
- 7. Married, widower or single..... *Single*
- 8. Religion..... *R.C.*
- 9. Trade or calling..... *Clerk. P.O. Dept*
- 10. Name of next-of-kin..... *Mrs. Alphonsine Duhamel*
- 11. Relationship of next-of-kin..... *Mother*
- 12. Address of next-of-kin..... *275 Sussex St. Ottawa Ont.*
- 13. Whether at present a member of the Active Militia..... *No*
- 14. Particulars of previous military or naval service, if any..... *32 Battery C.F.A. C.E.F. 3 months 1915*
- 15. Medical Examination under Military Service Act:-
(a) Place..... *Ottawa Ont* (b) Date..... *April 16. 18* (c) Category..... *A2*

DECLARATION OF RECRUIT

I, *Joseph Duhamel*, do solemnly declare that the above particulars refer to me, and are true.

Joseph Duhamel (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *26* yrs..... *4* mths. Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... *5* ft..... *6* ins.

Chest measurement) fully expanded..... *40* ins.
) range of expansion..... *4* ins. *Tattoo Left Forearm Sailor.*

Complexion..... *Dark*

Eyes..... *Brown* Hair..... *Dark Brown*

Certified true copy. *J. Lamy Lieut.*
for *Lt. Col. A. O.C. 74 Battery* Depot Btln.
C.F.A. C.E.F. Regt.

Place..... *Ottawa Ont* Date..... *April 16. 1918*
M.F.W. 133. 3M-19-4-18.

PARTICULARS OF RECRUIT

GRAVED NUMBER MILITARY SERVICE ACT 1902

CLASS

REGIMENT

CHRISTIAN NAME

PRESENT ADDRESS

DATE OF BIRTH

PLACE OF BIRTH

(Town, Township or County, and Country)

RELIGION

RELIGION

STATE OR PROVINCE

NAME OF REGIMENT

REGIMENTAL NUMBER

CLASS

DATE OF PRESENT ENGAGEMENT OF THE REGIMENT

DATE OF PRESENT ENGAGEMENT OF THE REGIMENT

11

MEDICAL EXAMINATION (Date, Name of Officer, and Result)

11

(a) Place (b) Date (c) Name of Officer

DESCRIPTION OF RECRUIT

Height (inches) Weight (pounds) Complexion (Fair, Ruddy, etc.)

Build (Slender, Stout, etc.)

Color of Hair (Black, Brown, etc.)

DESCRIPTION OF DRESSING UP

Head (Type of Headgear, etc.)

Upper Body (Type of Coat, etc.)

Lower Body (Type of Trousers, etc.)

Feet (Type of Boots, etc.)

Accessories (Type of Gaiters, etc.)

Remarks (Type of Examination, etc.)

Signature of Officer

Date

Place

Signature of Recruit

Date

Place

Signature of Surgeon

Date

Place

Signature of Quarter-Master

Date

Place

REGIMENTAL DOCUMENTS

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58
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NAME Duhamel Joseph (Cm) REGT. NO. 345234 UNIT 74th Bty. C.F.A. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

38431

DISCHARGE

Category

on Honor - m-u.

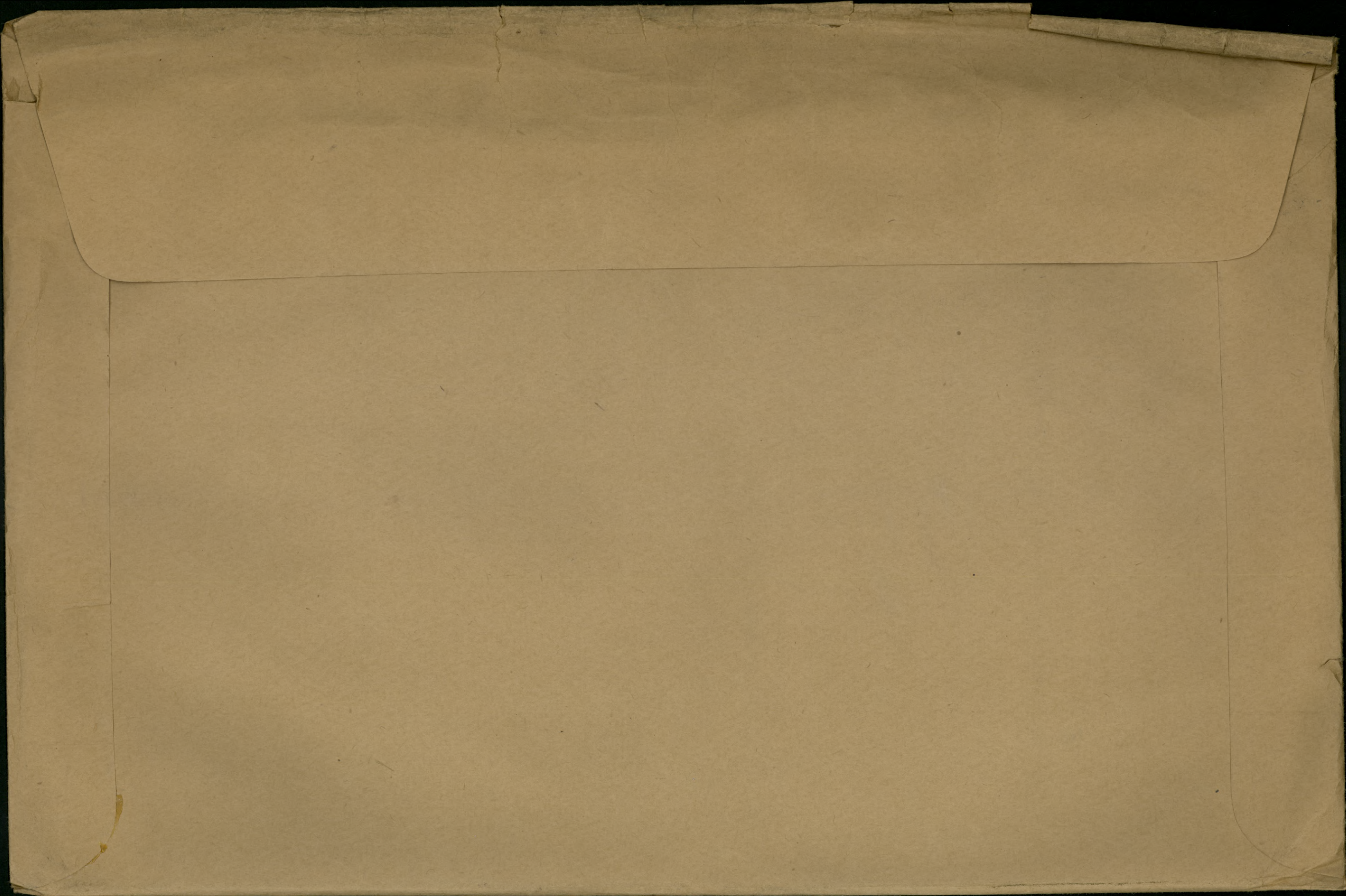
DESERTION

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 3 TRAINING HISTORY SHEET (M.F.W. 113)
- 3 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2 DENTAL HISTORY SHEET (M.F.B. 465)
- 3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- 2 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

M

H

1 C.O.W.
1 Disp. cert.
1 R.I.V.



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URINALYSIS REPORT.
(for board)

NO CARD C. R. 172

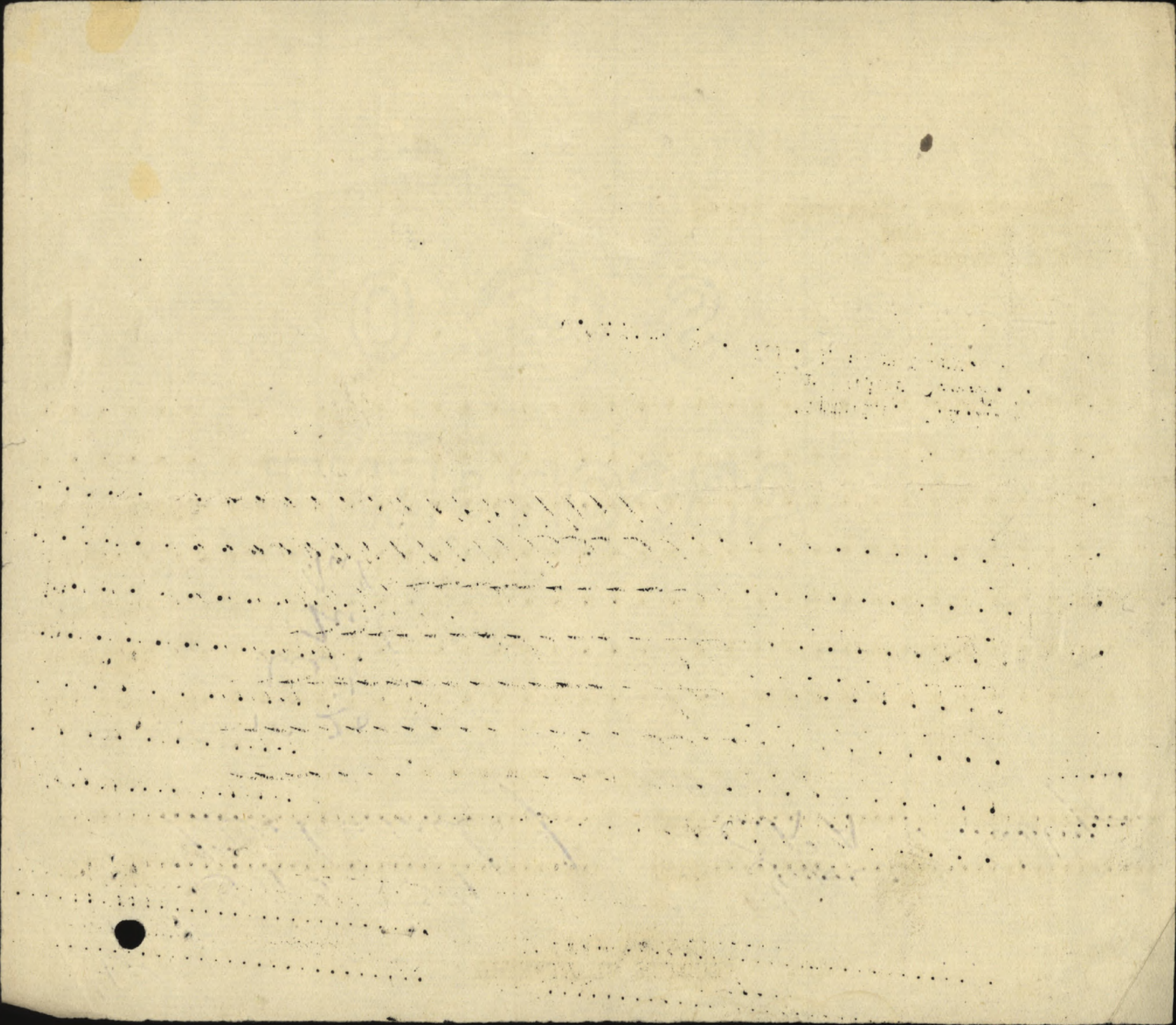
Reg. No. 345234
Name Duhamel J

Rank. 1st Lt.
Unit. CRA & battery

Sg. Gravity. 10 20
Reaction. Acid
Albumen. Nil
Sugar. Nil
Microscopia.



Wainwright
Captain, C.A.M.C.
for Major C.A.M.C.
O.C., Can. Gen. Laboratory.



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

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

500m.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps..... 74th. Battery CFA. CEF.

Regimental No. 345234 Rank Gunner Name DUHAMEL, Joseph
C. E. F.

Enlisted (a) 16-4-18 Terms of Service (a) C.E.F. Service reckons from (a) 16-4-18.

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

Clerk.

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				
<u>28/5/18</u>	<u>74th Bty C.F.A.</u>	<u>Transferred Overseas</u>		<u>28/5/18</u>	<u>D.O. # 140</u> <u>A.D. Steary, Lt.</u> <u>For O.C. 74th Bty</u> <u>C.F.A. C.E.F.</u>
		<u>Embarked Canada - 20-6-18 H.M.T. Waimana</u> <u>Disembarked - England 7-7-18</u>			
<u>13-7-18</u>	<u>O.C. Comp.</u>	<u>T.O.S. on arrival from Bde. C.R.A. Canada, and will be shown as on command to Frensham Pond</u>	<u>Witley</u>	<u>7-7-18</u>	<u>B.O. Pt 2.52</u>
<u>20-8-18</u>	<u>O.C. Comp.</u>	<u>Having reported from Frensham Pond ceases to be shown on Command.</u>	<u>Witley.</u>	<u>19-8-18.</u>	<u>B.O. Pt II. 90.</u>

(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.

Casualty Form - Active Service

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				

1-1-19	Comp. Bde.	S.O.S. transfer			
	C. R. A.	Res. Bde. C. F. A.			1-1-19 B.O. Pt II, 31
2-1-19	Res. Bde. C.F.A.	T.O.S. Comp. Bde. C.R.A.	Witley		for O.C. Comp. Bde. Lt. 31-1-19 B.O. Pt. II

1-4-19 Cha So S to 11 Cantksta Witley 1-4-19 B.O. Pt II 91

Witley

LIEUT. & ASST. ADJUTANTS
RESERVE BRIGADE, CANADIAN FIELD ARTILLERY

2-4-19 N Wing Attached from CARN Ripon Witley 1-4-19 P. J II 2

19-4-19 N Wing ceases to be attached from CARN on proceeding to postal Section - Witley Witley 19-4-19 pt II - W.O.C.

Witley Capt.
Officer in Charge, Records,
"N" Wing, C.C.O.

Casualty Form—Active Service.

Regiment or Corps... CANADIAN POSTAL CORPS.

Rank... GUNNER Surname... DUHAMEL, Christian Name... Joseph.

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

Enlisted (a) 16-4-18 Terms of Service (a) D. of W. Service reckons from (a) 16-4-18

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

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....

Occupation... Post Office Clerk. Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	Canada.	20-6-18	
		Disembarked	England.	7-7-18	
25-4-19	ADPS., OMFC.	T.O.S., C.P.C. on transfer from Can.Res. Artillery.	LONDON.	16-4-19.	Pt. II.O. C.P.C. 17.
25-4-19	do	"On Command" to C. P. S., Witley.	LONDON.	16-4-19.	Pt. II.O. C.P.C. 17
9-5-19	do	Graded for pay as Clerk, Class 1.	LONDON.	16-4-19.	Pt. II.O. C.P.C. 19.
20-6-19	do	Granted leave from Rev. 13-6-19 to Rev. 21-6-19.	LONDON.	13-6-19.	Pt. II.O. C.P.C. 25.
30-6-19	do	S.O.S., C.P.S., Witley, on posting to General Depot.	LONDON.	27-6-19.	Pt. II.O. C.P.C. 26.

J. Gray
 Capt.
 A.D.P.S.
 O.M.F.C.

(*) 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.

(*) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		S. O. S. ON PROCEEDING TO CANADA. Pr 20 No 93 12/7/19			LIEUT. FOR OFFICER COMMANDING, "M" WING, C.C.O.
		Embarked 12 7 19 Liverpool Disembarked 21.7.19 Halifax H M T [Royal George]			
12.7.19	SOS	Sub Depot Affairs			At 313
23.7.19	SOS	Drach Rs 1894 Med Certif for S.S.			At 313
					Lieutenant For O. C. No. 3 District Depot.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge Class
No. Issued

THIS IS TO CERTIFY that No. 345234 (Rank) Gr.

Name (in full) Duhamel Joseph enlisted in
the 74th Battery C.F.C.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 16th
day of April 1918

HE served in C.P.S. England

and is now discharged from the service by reason of Demobilization. Med unfit for Gen Service
~~Medical Unfitness. R2/894~~

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

Age 27 1/2

Height 5' 6"

Complexion Dark

Eyes Brown

Hair Dark Brown

Duhamel
Signature of Soldier.

Marks or Scars.....

Tattoo - left forearm
"Salvo"

Date of Discharge



W. Brighton
Issuing Officer.

PM
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.

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

TOOTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
PERMANENT																															
DECIDUOUS																															

DATE OF EXAMINATION

EXAMINER

1. Condition of teeth

2. Condition of pulp

3. Condition of periodontium

4. Condition of occlusion

5. Condition of facial expression

6. Condition of general health

7. Condition of habits

8. Condition of teeth to be treated

9. Condition of teeth to be restored

10. Condition of teeth to be extracted

11. Condition of teeth to be retained

12. Condition of teeth to be replaced

13. Condition of teeth to be repaired

14. Condition of teeth to be polished

15. Condition of teeth to be bleached

16. Condition of teeth to be whitened

17. Condition of teeth to be discolored

18. Condition of teeth to be stained

19. Condition of teeth to be discolored

20. Condition of teeth to be stained

21. Condition of teeth to be discolored

22. Condition of teeth to be stained

23. Condition of teeth to be discolored

24. Condition of teeth to be stained

25. Condition of teeth to be discolored

26. Condition of teeth to be stained

27. Condition of teeth to be discolored

28. Condition of teeth to be stained

29. Condition of teeth to be discolored

30. Condition of teeth to be stained

Original
345234

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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

- 1. Surname Duhamel Christian name Joseph
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street } 275 Sussex St Ottawa
and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th day of April 1918 by the undersigned medical board sitting at Ottawa

- 5. Age as stated 26 Years 4 Months.
- 6. Apparent age 26 Years 4 Months
- 7. Height 5 Feet 6 Inches.
- 8. Weight 163 Pounds.
- 9. Chest measurement { Minimum 36 Ins.
Maximum 40 Ins.
- 10. Complexion Dark { Eyes Brown
Hair DK brown
- 11. Physical development. Good { Good
Fair
Poor
- 12. Smallpox marks None
- 13. Number of vaccination marks { Right arm None
Left arm One
- 14. When vaccinated last 1915

15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Scar left forearm "Sailor"

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism
Tuberculosis
Syphilis We find no evidence of past { Rheumatism
Tuberculosis
Syphilis
(Strike out disease admitted or suspected.)

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

J. W. Shillington, Lt. Col. President.

Signature of Man

Member.			Member.		
Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
16-4-18		<u>J. W. Shillington</u> M.O.	16-4-18		<u>J. W. Shillington</u> M.O.
		M.O.	20-4-18		<u>J. W. Shillington</u> M.O.
		M.O.	4-5-18		<u>J. W. Shillington</u> M.O.

Joined 16th day of April 1918 at Ottawa Ont

CORPS	REG'TL NUMBER	HABITS	DATE
<u>74th BATTERY, C. F. A., C. E. F.</u>	<u>345234</u>		
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Witley</u>	<u>19/2/19</u>	<u>O.M.P.C.</u>	<u>Fit for L. Hammond</u> <u>open came</u>

ET

Rank **48th Dft C.F.A.** Name **DUHAMEL, Joseph** Reg'l No. **345234**
 Unit **48th Dft C.F.A.** If in perm. Corps, } **Single.**
 What Unit? } Married or Single

Place and Date of Enlistment **Ottawa, April 16th. 1918.** Place of Birth **Mashkiwakee,**

Name and Address, Next-of-Kin **Mrs Alphon sine Duhamel** **USA.**

275, Sussex St, Ottawa. Ont. Canada. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

glen

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.				
	arrived in England		WAIMANA	7-7-18	S/S
13-7-18	Comp Bde.	Taken on strength from Canada	Witley	7-7-18	P-9052
30-1-19	es de es	S.O.S on Posting to Gen Bde C.F.A.	"	30-1-19	PTI DO 3048 Bde C.F.A. PTI DO 34 D3219
1-4	Res Bde	S.O.S to CARD	Ripon	1-4	" 91
26-4-19	CARD	P.J.O.S from, Res. of Wing Ccc	do	1-4-19	- 116
25-4-19	6 Pl.	TOS from CARD	London	16-4-19	28 + 6120014725 1/19
25-4-19	"	on com t Witley	"	16-4-19	14.
30-6-19	"	SOS t Gen Depot.	Gen	27-6-19	TOS Gen Dep. DO. 14/30 6/19
30-6-19	Wing Ccc	TOS pending RTC	Witley	29-6-19	DO 81
	General Depot			12.7.19	

arty

mine

Miel

506 2-17

SURNAME. *Duhamel* 16-D-271

CARD NO.

CHRISTIAN NAMES *Joseph*

FOLL.

REGL. No.

RANK *Punnet*

UNIT *32nd*

Battery

FORMER CORPS *Nil*

NEXT OF KIN.

NAMES IN FULL *Desmairai Mrs C.*

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER *R.N.S.*

ADDRESS *275 Sussex St, Ottawa, Ont*

COUNTRY OF BIRTH *India Mashivaki*

DATE *Jan 22nd 1892*

PLACE OF ATTESTATION *Ottawa, Ont*

DATE *Aug 18th 1915*

MARRIED

SINGLE



Yes

WIDOWER

TRADE OR CALLING

Clerk

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

23

YEARS

7

MONTHS

HEIGHT

5-

FEET

7

INCHES

CHEST MEASUREMENT

39

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Ottawa Ont

DATE

Aug 18th - 1915

SURNAME.

Duhamel

CHRISTIAN NAMES

Joseph.

REGL. NO.

345234

RANK

Pte

UNIT

74th Spo Bty.

FORMER CORPS

32nd Bty (Mos)

3
93 CARD NO. *4*
SOS *23-7-19*
NO. 213 FOLL *8-8-19*
3615.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Duhamel, Mrs Alphonsine

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

275 Sussex St. Ottawa, Ont

COUNTRY OF BIRTH

USA Mishawaka, Ind

DATE

Jan 22nd 1892

PLACE OF ATTESTATION

Ottawa, Ont

DATE

Apr 16th 1918

0/S. 20/6/18.

1285
3.

Rib 20-7-19 *376*
19 *Inv.*

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

3 m. H. Replace
Number: 345234

Rank

gus ✓
B

Surname DUHAMEL ✓

Christian Name Joseph ✓

Units C. G. A. ✓ Theatre of War England ✓

Date of Service 7/7/18 ✓

Remarks Postal Enquiry, P.O. Ottawa 1835

Latest Address 27 St. Sussex St. ✓
Ottawa

Roll No. A Page 3846 ✓ Out

200m.-2-21.M.

OTI ER IRE FHOY IN CONDITIONS DIAGNOSED

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED



SEPARATION ALLOWANCE, ENGLAND OR CANADA. NAME: DUHAMEL Joseph. NUMBER: 345234

EFFECTIVE DATE: AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY: D.P. Canada DATE EFFECTIVE: 1-6-18 RANK OR APPOINTMENT: Gunner

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

UNIT AND TRANSFERS

ORIGINAL UNIT: Draft-48 Dep Bds DATE ACCOUNT FIRST OPENED: 1-6-18

AUTHORITY: DATE EFFECTIVE: DATE LEUGH SHEET T'S'D: UNIT TRANSFERRED TO: B.R.A.

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
4 87	27/5	3503	R Army	41 60
9 11	12/6	4856	"	24 33
24 34	28/6	6504	"	9 73
				48 66

to Canada 30/6/19. 11275. Witley "M" Army. MR 3.

Discharge cancelled. Lt. P.A. Witley 11/3/19. Lt.

Authority: 3100. Witley 15/7/19 to Witley

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
Dr		10		

Balance 3 06

Balance 5 60 of which 11 is deferred pay A 3

CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
							10 -		
33		AR 1199 16/7/18 CRA.	4 87						
34 10		at June				20			
		July				20	32 23		
67 10		at	4 87			40			
34 10		at				20			
		at 2877. Kingston. 28/8.	24 33						
		3884. ch 28/8.	24 33				19 57		
2 24 10		at	26 76			20			
33		at				20	32 57		
		at 4279. ch 11/9.	4 87						
		4925. - 28/9	4 87				22 83	9/10	9/10
93			9 74			20			
34 10		CAP				20			
		5479 9/10 B.R.A.	4 87						
		6035 30/10 "	4 87				27 19		
34 10			9 74			20			
33						20			
34 10		331 13/11 "	4 87						
34 10		1079 24/11 "	4 87						
		"				20			
		1703 14/12 "	10 22						
		"				20			
		1877 19/12 "	19 47				28 96		
111 23			39 43			60			
30 80		CaP.				20			
		AR. 2775. 17/1/19.	9 73						
		AR. 4579 12/2/19. CRA.	19 47						
30 80			29 20			20	28 96		

NUMBER 345234 RANK

NAME DUHAMEL J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	D
Febry	Forward	30	80		29	20		
				AR 4447 1/2/19 CRA.	4	87		
				AR 5826 11/3/19 "	9	73		
		30	80		43	80		
apl. / Mar	gross pay for March	34	10	CAP March + apl.				
" "	April	33		AR 6277 28/3/19 CRA	5	11		
May	" " May	34	10	CAP May				
				AR 882 26/4/19 Nitley	14	60		
		101	70		19	71		
June	gross pay	33	-	CAP June				
	To be graded for clerks class. from 16/11/19.	45	60	DN 2427 15/5/19 R Wmg	24	33		
	15/11/19 CRA			3503 28/5/19 R Wmg	14	60		
	24/11/19 CRA				38	93		
	24/11/19 CRA			6504 etc 25/6	9	73		
	24/11/19 CRA			4856 Nitley Nitley 12/6	24	33		
		78	60		34	06		
		8	60					

19 55
 24 60
 31
 34 06
 Lo d. 12/7/19 Sh 4506

HAMEL

TICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	29 20			20 -	28 96		
1/2/19 CRA.	4 87						
14/3/19 "	9 73				H 04		
	H 3 80			20			
ch + apt.				40			
28/3/19 CRA	5 11						
				20			
1/4/19 Willey	14 60				17 45		
	19 71			60			
				20			
1/9 R Wmg	24 33	✓					
1- R Wmg	14 60	✓			37 12		
	38 93			20	34 06		
cte 25/6	9 73						
Wmg 12/6	24 33				3 06		
	34 06						

63 80
59 76
-4 04

27 60
17 45
45 05

30
60
18 00

48 66
24 33
72 99
20

92 99
91 05
1 94
45 60
18 00
27 60

45 05
51
96 05

33
18

96 05
92 99
3 06

87
78 60
17 45
96 05

78 60
17 45
96 05

16
31
47 60
27 60

27 60
17 45
45 05

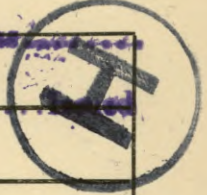
15
60
05
27 60
17 45
45 05
47/19 Sh H 506

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



O. C. G.
 D. A. G.

War Service Badge Classification



1. No. 345 234 No.

2. Rank. Snr.

3. Name. Dukamel Joseph.

4. Unit. C. R. A.

5. Date of Discharge JUL 23 1919 Place Ottawa

6. Reason for Discharge On Demobilization
Med Unit for Gen Service R 1894

7. Authority. R 1894

8. Proposed Residence after Discharge 275 Sussex St
Ottawa

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

.....

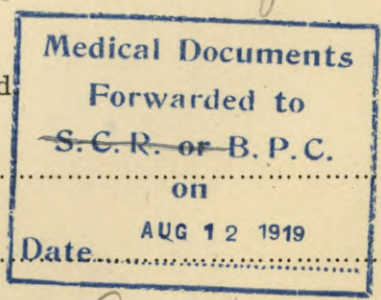
J. Dukamel
 Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed

Place

Date



Signature.....
J. H. [Signature]
 for O. C. Dispersal Area Station G.
 (O. C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE

(Demobilization)

1. Name of Soldier: *John J. ...*

2. Rank: *Private*

3. Service Number: *...*

4. Date of Discharge: *JUL 23 1919*

5. Reason for Discharge: *...*

6. Proposed Residence after Discharge: *...*

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge Certificate.

M. E. W. J.

John J. ...
Signature of Soldier

CONFIRMATION

Medical Documents
Forwarded to
S. C. R. - R. P. C.
Date: *Aug 11 1919*

The discharge of the above named man is hereby confirmed.

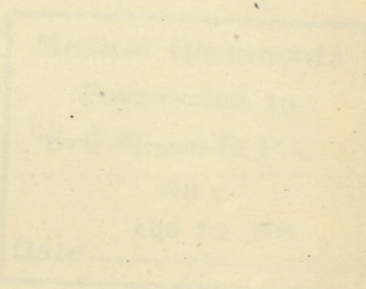
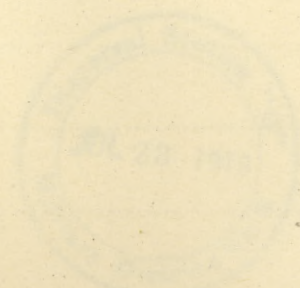


...
Signature
for O. C. District Area Station ()
O. C. (Residence City)

LIST OF DISCHARGE DOCUMENTS

Certificate that existing documents are indispensable
 Medical History Sheet
 Proceedings of Medical Board
 Dental History Sheet
 Medical Report
 Hospital Conduct Sheet
 Company Conduct Sheet

1. Certificate that existing documents are indispensable
 2. Medical History Sheet
 3. Proceedings of Medical Board
 4. Dental History Sheet
 5. Medical Report
 6. Hospital Conduct Sheet
 7. Company Conduct Sheet



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. 179).
4. Proceedings of Med. Board (M.F.B. 227, or M.F.W. 129)
5. Dental Certificate (C.A.D. 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. 39a).
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). *+ dup*
13. Pay Book (P.B. 61).
14. War Service Security (Form M.F.W. 2595).
15. Sundry Documents.

Group..... **B**

Checked by No..... **17** *[Signature]*

Date..... **11/7/19**

9 781

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Duhamel Joseph
 REGIMENT CRA RANK Ser No. 345234
 Date of Examination in England 30.6.49 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 14
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

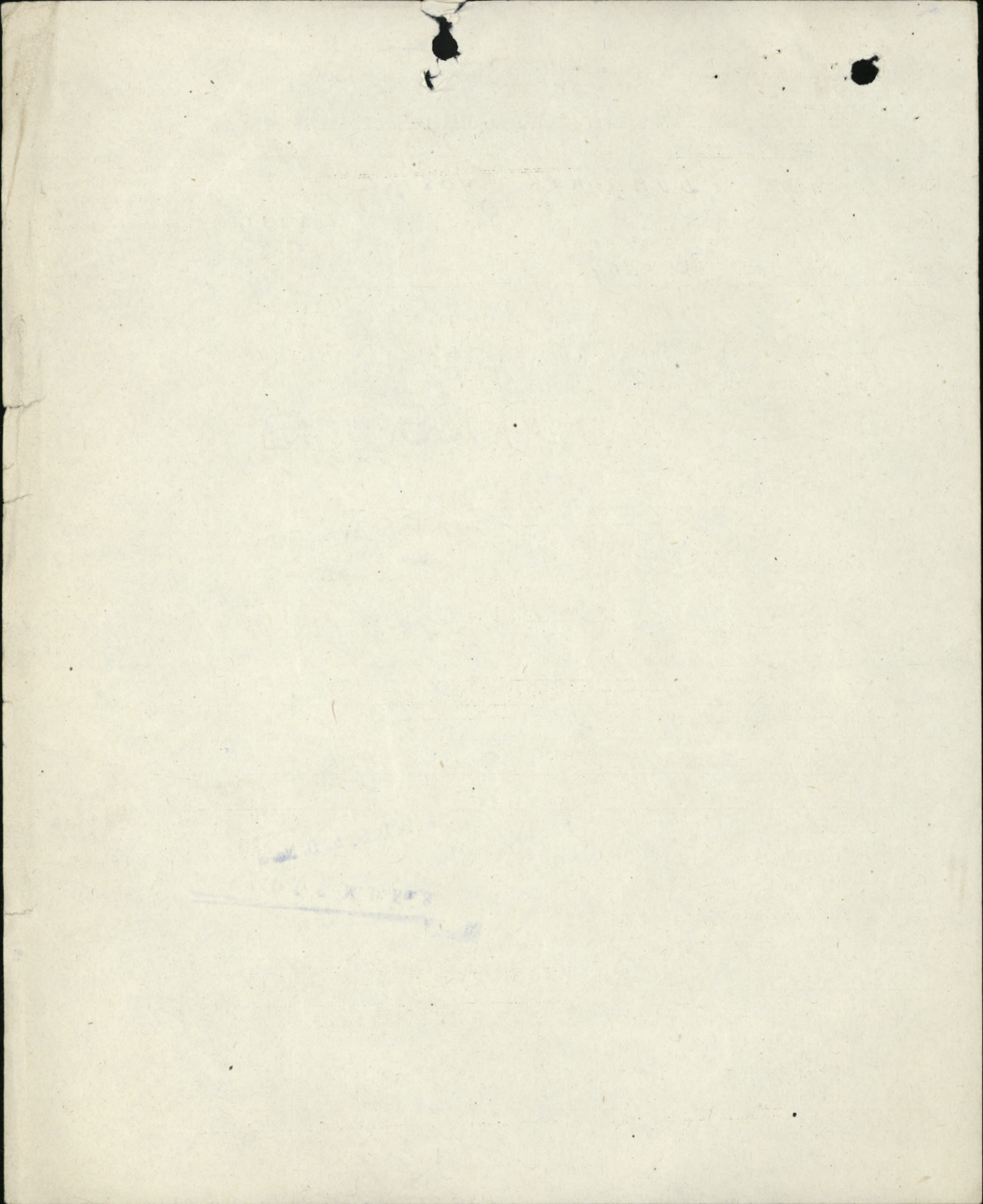
A. D. D. S., M. D., No. 3
A. D. D. S., M. D., No. 3

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer J. Rose Cape



10-1627

122
✓

P. 880.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1153

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Joseph* 2. Surname *Duhamel*
3. Rank *Ser* 4. Original Unit *74th Battery* 5. Reg. No. *345234*
6. Address, in full, to which future payments of gratuity are to be forwarded
P.O. Savings Bank Sparks St. Ottawa. Ont

7. Date of enlistment in the C.E.F. *16th Apr 1918*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Alphonsine Duhamel*

9. Relationship of such dependent *mother*

10. Address, in full, of such dependent *275 Sussex St. Ottawa*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served. *1 ⁵/₁₂ with 74th ⁴/₁₂ with 4th C.S.H.A. ⁵/₁₂ with Postal Corps ³/₁₂ with B. Battery C.R.A. ²/₁₂*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *Postal Clerk, Ottawa*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.
Enlisted with 32 C.P.A. 18th Aug 1915 disch'd on 1st Nov 1915 (compassionate grounds)
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge *JUL 23 1919*
 (b) Reason for discharge *S.O.S. Demobilized*
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *Jordanhamell,*

Place of Residence: *275 Sussex St Ottawa Ont.*

Declared before me at: *Witley*

This *29th* day of *June* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

H. H. Hughes
Major
 Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *Witley* DATE *19-2-19*

1. 1 (a) Unit *N. Coy* (b) Regimental No. *345234* (c) Rank *G/M*

(d) Surname *Duhamel* (e) Christian name *Joseph*

(f) Home address *Ottawa Ont*

(g) Next of Kin *Mrs J. Duhamel* (h) Relationship *Mother*

(i) Address of Next of Kin *275 Sussex St Ottawa Ont*

2. Age last birthday *27* Date of birth *22 Jan 1892*

3. Enlistment, or Appointment (if an Officer) (a) Place *Ottawa* (b) Date *16 April 1918*

4. Personal description:

(a) Height *5 ft 6 in* (b) Weight *145-estimate* (c) Complexion *Medium*
(stripped)

(d) Colour of hair *Brown* (e) Colour of eyes *Brown* (f) Identification marks, Scars, etc. *Sailors head on left forearm*

5. Former trade or occupation *Post Office Clerk*

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
		<i>300</i>

	PERIODS	
	From	To
Canada	<i>April 16th 1918</i>	<i>June 1918</i>
England	<i>June 1918</i>	<i>to present date</i>
France or other theatres of War		

7. Original disease, or injury *Otitis Media. Rt. Ear*

(a) Date of origin *Childhood* (b) Place of origin *Canada*

(c) Cause *Infection*

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

Defective Hearing Rt. Ear (O. M. P. C. Residual Rt.)

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.)

Specialist's report states: "O. M. P. C. Rt. Residual. Small central perforation of M. I. Condition is of long standing. Hearing R. 16' L. 28'. Category recommended B. Condition was present before enlistment and has not been caused by service; has not been aggravated by service." Sd: W. W. Hume. Coll. Willy. 17/2/18.

Complains of ear ache & headaches when exposed to cold.

(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
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

Uremia: Sp. Gr. 1020 react. neg. All test. Sugar nil.

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

Man states that he has had trouble with R. Ear since childhood.

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).)

None

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

None.

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

yes

(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.)

No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

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

Permanent.

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

Has been having treatment in ship detention hospital and medical office since being in England.

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

No.

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

Yes

17. Recommendations.....

[Signature]
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, *345234 James J. DeLamell*, 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] Rank. *PT2*
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.

*Opawa 2/17/19
Salvages condition same
Harrow we flew*

yes

19. Is the invalid fit for

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

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment. *Yes*
- (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.)

return to Canada with C.C. 1 9083 d 1/18

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.

PLACE *Witley* *[Signature]* President.

DATE *19/2/19* *[Signature]* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED *[Signature]*

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]* APPROVED BY

Assistant Director of Medical Services.

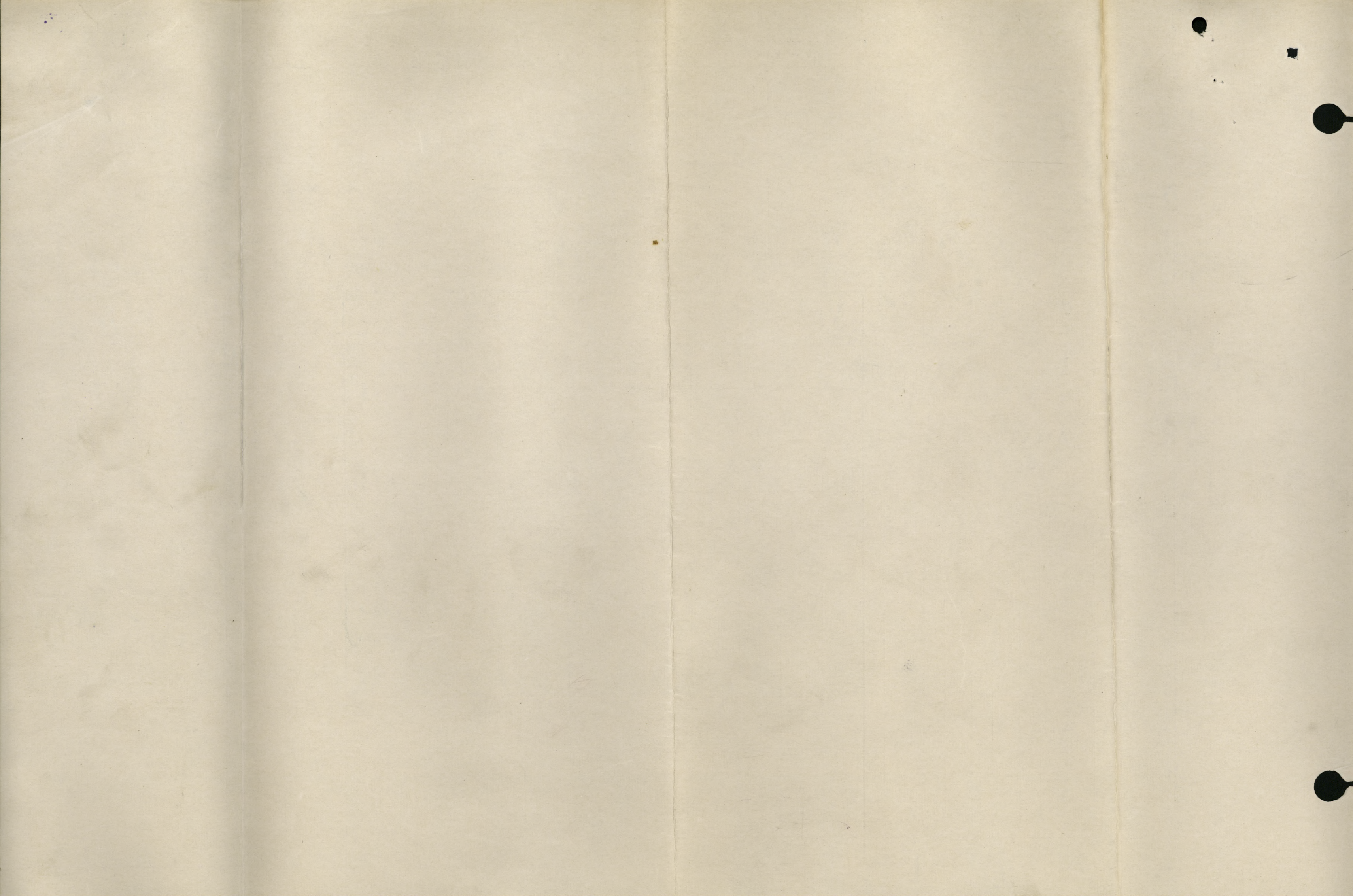
Director-General of Medical Services.



For NAME: CANADIAN TROOPS; WITLEY

19 FEB 1919

File..... DATE.....



Date of Enlistment 16-5-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

7553/st. June 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

\$25.00	30		
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RATE OF ASSIGNMENT

20.00			
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1/6/18 1-9-18
 PC 275.3
 MO 85.999

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 345234
 Rank *Sub* Promoted Reverted Discharge
 Soldier's Name *Joseph Duhamel*
 Battalion *74th Battery C.F.A. Det. 48.*
 Beneficiary *Mrs. Alphonsine Duhamel*
 Relationship *Mother*
 Address *275 Sussex St. Ottawa, Ont.*

Name
 Address
 Change of Address
 1 *Mrs. Alphonsine Duhamel*
~~MRS. CAROLINE DESMARINES,~~
 275 SUSSEX ST.,
 2 OTTAWA, ONT. *20 Duhamel 20.00*
 3 A-C 345234 GNR JOSEPH DUHOMEL
 TWENTY DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
June	J 4227		20	20	<i>N info to adjust June. mailed 4/7/18.</i>
July	O 78757		20	20	<i>La 7830 N 36933 banc.</i>
Aug.	N 36933		20	20	<i>La 4575 rendered 28/18.</i>
Sept.	N 47122	45	20	95	<i>22/18 La 5751 to adj. S.A. from 1/6/18 to 31/8/18 & H.P. for Aug.</i>
Oct.	L 50914	25	20	45	
Nov.	K 59144	25	20	45	
Dec.	N 62773	45	20	65	
Jan '19	O 74525	30	20	50	
Feb.	S 80714	30	20	50	
Mar.	J 88157	30	20	50	
Apr.	M 4300	30	20	50	
MAY	L 5300	30	20	50	
JUN	K 9797	30	20	50	
JUL	L 11982	30	20	50	
		405	280	685	

In D # 3
M R O LA 101996 20/1/19

M. F. W. 123.
 40M. G. 7-1772-83-141
 L. L. 2220-M. & D. 1931.

AUDITED 22/7/19
 A/c Closed 31-7-19
 Ret'd per. *Royal George*
 Date 22/7/19 M.F.W. 187 26/7/19
 Clerk *Chabouin*

AUTHORITY FOR NEW ACCT
A. B.
M. D. 3-B-3
G. Raymond 26-6-18

10th 2019

