

244th

NOV 8 - 1916

ORIGINAL
No. 1054616

ATTESTATION PAPER.

Folio. 8

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... DUHAMEL
- 1a. What are your Christian names?..... Joseph Eugene
- 1b. What is your present address?..... Montreal, Shawinigan Falls P.Q.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa, Canada.
- 3. What is the name of your next-of-kin?..... Malvina Duhamel
- 4. What is the address of your next-of-kin?..... Shawinigan Falls, Quebec, Canada.
- 4a. What is the relationship of your next-of-kin?..... Wife.
- 5. What is the date of your birth?..... February 16th 1879.
- 6. What is your Trade or Calling?..... Railroad Man.
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Eugene DUHAMEL, do solemnly declare that the above are answers made by me to the above questions and that they 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.

..... (Signature of Recruit)
 Date November 8th 1916. E. Stanley Lusk (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Eugene 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.

..... (Signature of Recruit)
 Date November 8th 1916. E. Stanley Lusk (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 Montreal, P.Q. this 8th day of November 1916.

Apollonius (Signature of Justice)
 Recit.

Description of Joseph Eugene DUHAMEL on Enlistment.

Apparent Age.....37.....years.....9.....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. 3 1/2 ins.
 Chest measurement { Girth when fully expanded.....38 ins.
 Range of expansion.....4 ins.
 Complexion.....Dark.
 Eyes.....Brown.
 Hair.....Black.

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

Scar on small of back

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.....November.....1916.

Place.....Montreal. P.Q.

H. Aubrey
 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.

.....Joseph Eugene DUHAMEL.....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.

J. M. White
 Col. (Signature of Officer)
 o/c 24th "Overseas" Battalion, C. E. F.

Date.....November.....1916.

250TH BN. CAN. INF.

PIÈCE D'ATTESTATION.

ORIGINAL
No. 1105052
Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- | | |
|--|---|
| 1. Quel est votre nom de famille ?..... | Duhamel..... |
| 1a. Quels sont vos noms de baptême ?..... | Joseph Eugene..... |
| 1b. Quelle est votre présente adresse ?..... | Shawenegan Falls P.Q..... |
| 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... | Ottawa. Ont..... |
| 3. Quel est le nom de votre plus proche parent ?.. | Epouse- Malvina Lamarche..... |
| 4. Quelle est l'adresse de votre plus proche parent ? | Shawenegan Falls..... |
| 4a. Quel est votre degré de parenté avec icelui ?.... | Epouse..... |
| 5. Quelle est la date de votre naissance ?..... | 16 Fevrier 1876..... |
| 6. Quel est votre métier ou profession ?..... | Conducteur de chemin de fer..... |
| 7. Êtes-vous marié ?..... | Oui..... |
| 8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... | Oui..... |
| 9. Faites-vous déjà partie de la Milice active ?..... | Oui 244 Bn du 8 Nov 1917 au 26 Fev..... |
| 10. Avez-vous déjà fait du service militaire ?.....
<small>(En ce cas, mentionner les états de service)</small> | |
| 11. Comprenez-vous bien la nature et les termes de votre engagement ?..... | Oui..... |
| 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... | Oui..... |

DÉCLARATION REQUISE DU SUJET

Je, Joseph Eugene Duhamel..... déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Joseph Eugene Duhamel (Signature de la Recrue)

Date 21 Mai..... 1917..... *J. L. Rivest* (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Joseph Eugene Duhamel..... prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Joseph Eugene Duhamel (Signature de la Recrue)

Date 21 Mai..... 1917..... *J. L. Rivest* (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.
J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à.....ce.....jour de.....191.....
Louis Marie Thériault (Signature du Juge).....

*Disc. Sect.
13-10-14
MB*

Signalement de Joseph Eugene Duhamel

à l'Enrolement

Age apparent 41 ans 3 mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approuvateur.

Taille 53 pieds.....pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 38.....pouces
 Marge d'expansion.....pouces

Teint Brun

Yeux Noirs

Chevelure Brun

Confession religieuse { Anglican.....
 Presbytérien.....
 Méthodiste.....
 Baptiste ou Congregationaliste.....
 Catholique Romain..... R.C......
 Juif.....
 Autres dénominations.....
(Indiquer laquelle)

Eyeight R. D. = 20
 " L. D. = 20
 Hearing R. Ear O.K.
 " L. " O.K.

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère*.....pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... MAY 22 1917.....191.....

Lieu.....MONTREAL, P. Q......

* Insérer ici "valide" ou "non-valide".

Médecin-Officier.

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4

[Signature]
 President, S. M. B.

CERTIFICAT DE L'OFFICIER COMMANDANT

J. E. Duhamel.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

[Signature].....(Signature de l'officier.)
 Major

Date..... 22. 5. 17.....191.....

Comd'g., 258th O's Batt. C.E.F.

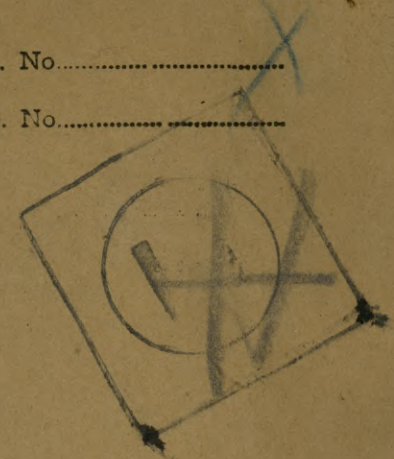
(2)

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name Dubamel Joseph Eugene
Regt. No. 1105⁰ 25² Rank Cpl
Corps 258th Br -

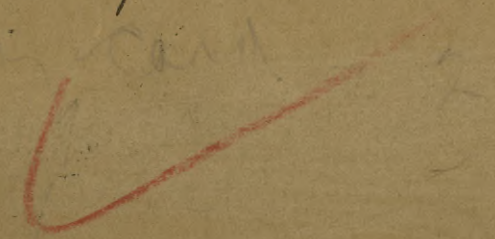


*Med unfit
aag. m d, no 4*



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 23
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

M. F. W. 67-2



Handwritten initials or mark in the bottom right corner.



258TH BN. CAN. INF.

MEDICAL HISTORY SHEET

1105052
ORIGINAL



Surname Duhamel Christian Name Joseph Eugene

Examined { on _____ day of _____ 191____ Approved by _____
 { at _____

Birthplace { City or Town Ottawa Ont. Rank _____ M.O. _____
 { County Carlton Ont

Apparent age 41

Trade or occupation Conducteur

Height 5 feet 3 Inches

Weight 154 lbs.

Chest measurement { Minimum 33 inches M.O. _____
 { Maximum expansion 38 inches M.O. _____

Physical development Good M.O. _____

Small-pox Marks none M.O. _____

Vaccination Marks { Arm Right Left
 { Number 1900

When Vaccinated last _____ M.O. _____

(a) Marks indicating congenital peculiarities or _____ M.O. _____

previous disease _____ M.O. _____

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

Slight hemorrhoids 26-4-17 Good _____ M.O. _____

_____ 4-6-17 " _____ M.O. _____

_____ 14-6-17 " _____ M.O. _____

_____ _____ _____ M.O. _____

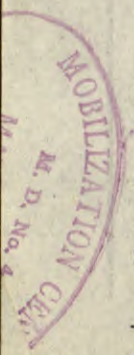
Enlisted on 21st day of May 1917 at Montreal.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>258th. Bn. C.E.F.</u>			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 1105028 Rank Cpl. Name Duhamel J. E.
 Corps 258. Bata. who was* Discharged
 On 28/9/ 1917, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/9/ 1917,
 to 28/9/ 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	13	10
Advances by } No. <u>Cash.</u>	9	00	Reg'tl Pay <u>28</u> days at \$ <u>1</u> c <u>10</u>	30	80
Cheques } No. _____			Field Allow. <u>28</u> days at \$ _____ c <u>10</u>	2	80
Assigned Pay No. <u>912</u>	22	00	Other Allowances*		
Other Charges*			Other Credits*		
Payment on transfer or discharge No. _____	15	70	Bal. Dr. (to be deducted by new unit)		
Balance Cr. (to be paid by the new unit)					
Total	46	70	Total	46	70

*Give Particulars.

A monthly stoppage of \$ 22.00 (†) has been (‡) been paid on account of Assigned Pay for the month of September 1917 to (Assignee) Mrs. Malvina Duhamel
 (Address) Shawinigan Falls, P. Q.

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

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment 21/5/17
 (2) if married and if a Separation Allowance Card has been submitted Yes. Yes
 (3) cause of discharge and authority a. a. g. No. D. 4.

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

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

Date 28/9/17
 Place Montreal
 _____ CAPT.
 Paymaster, 258th Battalion, C. E. F.

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

1917

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Receipt for the purchase of land from the public lands of the United States.

This receipt is valid only when countersigned by the proper authorities of the Bureau of Land Management.

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OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

RECEIVED
MILITIA & DEFENCE
OCT 17 1917
H.C.
CANADA

10. No objective signs at present.
11. No - There is absolutely no signs at the present of the condition complained of. Joint movements free and not limited. Heart and lungs normal.
12. No.
13. Not applicable.
14. No disability made out at present examination.
15. From present examination nil.
16. Is he unfit for Military Service. No.

Recommendations: Transfer to Category C 11.

Signatures:—

Dr. MacParrack President.

Station, Montreal, Que.

H. Aubry Members.

Date. Sept. 15th, 1917.

R. B. Malcolm Capt

Date.

Assc. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 258th Batt C.E.F.

(2) Regimental Number 1105052

(3) Full Name of Soldier Duhamel Joseph Eugene

(4) Place of Birth Shawenega n Falls P.Q.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Malvina Lamarche Shawenegan Falls P.Q.

(b) Present Postal Address Same as above.

(7) Are you a widower? No.

(8) Have you any children?

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

Also their names and ages.....

(9) Is your Father alive?.....

If so, state name and address.....

(10) Is your Mother alive?.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....
.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....
.....
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... O.K.

15) Are you insured?..... No,

If so, in what Company?.....

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

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

[Handwritten Signature]
Lt. Col.
Lt. Colonel
Officer Commanding.
Comd'g., 258th O's Batt. C.E.F.

Date 6th August 1917.....

FORM OF WILL.

I, Duhamel Joseph Eugene. (Name in full)

Regimental Number 1105052 serving in 258th Batt. C.F.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

None } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Malvina Lemarche } Name and Address
Shawenegan Falls P.Q. } of person or
persons to receive
personal estate*
(See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 15th of Sept day of 6th August A. D. 191 7

Joseph Eugene Duhamel Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness [Signature]
Address of Witness 50 Boulevard Ave, Montreal
Occupation of Witness Lieutenant
Signature of Second Witness [Signature]
Address of Witness 47 Boulevard Ave Montreal
Occupation of Witness Soldier

1875

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

1875

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BOYD'S BIBLE

1875

1875

Original not available
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16
 H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *258th Detn*

Regimental No. *1105052* Rank. *Private* Name. *Duchamel Joseph Eugene*
 C. E. F.

Enlisted (a) *21-5-14* Terms of Service (a). *D. of W.* Service reckons from (a) *21-5-14*

Date of promotion to } Date of appointment } Numerical position on }
 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				
<i>22-5-14</i>	<i>258th Bn</i>	<i>Promoted C. Q. M. S. w/c.</i>	<i>Montreal</i>	<i>22-5-14</i>	<i>P-11 Orders 30</i>
<i>19-6-14</i>	<i>do</i>	<i>Reverts to Ranks. w/c.</i>	<i>do</i>	<i>19-6-14</i>	<i>P-11 Orders 55</i>
<i>1-8-14</i>	<i>do</i>	<i>Promoted Act. Corp. = "</i>	<i>do</i>	<i>1-8-14</i>	<i>P-11 Orders 104</i>
<i>28-9-14</i>	<i>do</i>	<i>P. O. P. Compassionate Grounds</i>	<i>do</i>	<i>28-9-14</i>	<i>P-1 Orders 156</i>

J. B. [Signature]
Cap. for P. O.

(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.

MEDICAL HISTORY SHEET #1054616

Surname DUHAMEL Christian Name Joseph Eugene

Examined { on 8th day of Nov. 1916
 at Montreal. P.Q.
 Birthplace { City or Town Ottawa
 County Canada

Approved by H. Arby
 Rank Major M.O.

Apparent age 37 years 9 months.
 Trade or occupation Railroad Man.
 Height 5 feet 3 1/2 Inches
 Weight 141 lbs.
 Chest measurement { Minimum 34 inches
 Maximum expansion 38 inches
 Physical development Good
 Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number chid

Date	Result	VACCINATIONS
<u>26/1/17</u>	<u>Req.</u>	<u>Clawthorne</u>
<u>7/2/17</u>	<u>"</u>	<u>Captain</u>
<u>15/2/17</u>	<u>"</u>	

When Vaccinated last chid
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>NOV 1 1916</u>		<u>Clawthorne</u>
<u>NOV 2 1916</u>		<u>Clawthorne</u>
<u>Dec 7/16</u>		<u>Clawthorne</u>

(b) Slight defects but not sufficient to cause rejection

Enlisted on 8th day of November 1916 at Montreal. P.Q.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	244th "OVERSEAS BATTALION, C. E. F.	1054616		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>5/12/16</u>	<u>fit</u>	<u>passed board H. Arby</u>
244th "OVERSEAS BATTALION, C. E. F.			

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

ACTIVE MILITIA.

CERTIFICATE OF DISCHARGE.

This Certifies that No. 1054616 Private Joseph Eugene DUHAMEL

of Shawinigan Falls, County of --

Province of Quebec Dominion of Canada, aged

38 years, served continuously in

244th "KITCHENER'S OWN" Overseas Battalion, C.E.F.

of Active Militia of Canada, from the 8th day of November

1916, to the 26th day of February 1917, and is

M.D.#4: 31-1-29 (244) H.Q. 54-21-10-1.

now discharged therefrom.

Dated at Montreal, P.Q.

Commanding *J. Anderson* Capt. & Adjutant

the 26th day of February

Commanding *[Signature]* Lieut. Colonel,

1917.

Commanding *[Signature]* Major.

N. B.—The second signature is only required when the Corps is in Squadron, Brigade or Battalion

for of 244th "Overseas" Battalion, C. E. F.
A. O. D.

M. F. B. 353.

15m.—2 16.

H. Q. 1772-39-62.

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CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 1054616 Rank Private Name J.E. DuHamel
 244th "OVERSEAS" BATTALION, C.E.F. who was * Discharged.
 On FEB 26 1917 1915, to _____

* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	DR.	\$	c.		CR.	\$	c.
From <u>1-2-17</u> To <u>26-2-17</u>	Bal. Dr. from previous month.....			From <u>1-2-17</u> To <u>26-2-17</u>	Regimental pay <u>26</u> days at \$..... <u>1c 00</u>		<u>26 00</u>
	Total payments during period				Field allowance <u>26</u> " \$..... <u>c. 10</u>		<u>2 60</u>
	from <u>1-2-17</u> to <u>26-2-17</u>	<u>5</u>	<u>00</u>		Other allowances.....		
	Assigned Pay.....	<u>15</u>	<u>00</u>		Other Credits (give particulars).....		
	Shortage in kit <u>1 30</u> }.....	<u>1</u>	<u>55</u>		Uniform		<u>10.00</u>
	Other Charges (give particulars).....				Bal. Dr. on discharge or transfer.....		
	Bal. Cr. on discharge or transfer.....	<u>17</u>	<u>05</u>		TOTAL		<u>38 60</u>
	TOTAL	<u>38</u>	<u>60</u>				

The amount shewn as Balance Cr. due on discharge or transfer has † ~~BEEN~~ paid.

Monthly stoppage on account of assignment of pay is 15.00, and has been charged in Pay-list for month of February 1917.

† Insert "been" or "not been" as case may be

REMARKS:—

State (1) date of enlistment..... November 8th., 1916.

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

(3) cause of discharge and authority..... M.D. 4 31-1-29 (244) H.Q. 54-21-10-1.

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

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

Date..... FEB 26 1917

Place..... MONTREAL

J. E. DuHamel
Captain Paymaster.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for a final (Vide Article 71 (b) (iii) Instructions C.I.F. 1919)

Name of Contingent: _____
 Name of Soldier: _____
 Rank: _____
 On _____
 *insert "discharged" or "transferred"

The following is a statement of the amount of the above-named soldier's transfer or discharge benefits:

Particulars	Amount
Basic pay from previous month	_____
Final pay from current month	_____
Other allowances	_____
Gratuity (vide instructions)	_____
Final pay on discharge or transfer	_____
TOTAL	_____

The above shows in full the amount of pay to which the soldier is entitled on discharge or transfer. It is to be paid in full to the soldier on the date of discharge or transfer. It is to be paid in full to the soldier on the date of discharge or transfer.

REMARKS: _____
 State the date of discharge or transfer: _____
 (2) If number and rank of soldier's previous service has been entered: _____
 (3) Cause of discharge and authority: _____
 If discharged from the Contingent state if Stop Payment notice has been forwarded and date: _____
 I have carefully examined this statement of account and find it to be correct except from the 1/2 part on the 1/2 part.

Place _____
 Date _____
 1/1/1919

To be made out in duplicate.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 244th "OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 1054616

(3) Full Name of Soldier..... DUHAMEL, Joseph Eugene

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

(5) Are you married, or not? Married

(6) If married, state,
(a) Full name of your wife..... Mrs. Malvina DUHAMEL

(b) Present Postal Address..... Shawinigan Falls, P.Q.

(7) Are you a widower? No

(8) Have you any children? Yes

If so, give number of boys and girls..... 2 Boys - 6 Girls

Also their names and ages..... RENE - 12 years

..... FLORIMONT 9 "

..... ALICE 14 "

..... LOREA 12 "

..... MARIE ANGE 11 "

..... LILLIANNE 7 "

..... JEANNETTE 3 "

..... SIMONNE 8 "

(9) Is your Father alive?..... **No**

If so, state name and address

(10) Is your Mother alive?..... **No**

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

..... **Yes**

(15) Are you insured?..... **No**

If so, in what Company?.....

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

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

Frank R. Cole
..... **Lieut. Col.**

o/c 244th Overseas Postal Directory Commanding.

Date..... **11th November 1916.**

" O THOMSON
" M MOTT
" S AUSTON
" L TOWN
" S SMALL
" S SMALL
" S SMALL

191

CHINESE

191

Handwritten notes

Handwritten notes

Handwritten characters in vertical columns, likely representing a dental procedure or patient history.

D/E 21-5-17
MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6-16.
1772-39-818.

SEPARATION ALLOWANCE

Sheet No. 2 *Malvina Duhamel* *Wife* Name of Soldier *Duhamel, Eugene*
OVERSEAS CONTINGENTS PAYMENTS. *Sgt Pte* *1105052* *258th Pm*

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		1326	50	<i>Pte</i> <i>also 90</i> <i>50R</i> <i>end as Pte 21-5-17. promoted Sgt</i>
Aug.		13834	20	<i>22-5-17. Reduced to Pte</i>
Sept.		17499	20	<i>19-6-17. in card.</i>
Oct.		19576	20	<i>8.90% m.s.</i>
Nov.				<i>0.19476 loan doc</i>
Dec.				<i>Dis. 28/9/17 (Comp. Exondo)</i>
Jan.	1918			<i>#48000k 28/9/17 (28/11/17)</i>
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

SEPARATION ALLOWANCE

Name Malvina DuhamelName of Soldier Duhamel, J. EugeneAddress Shawinigan Falls
P. Q.Regtl. No. 1105052Rank Sgt. Pte. promoted Sgt 22-5-17Corps 258th Batt ^{reduced to Pte 19-6-17} award

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

} Wife

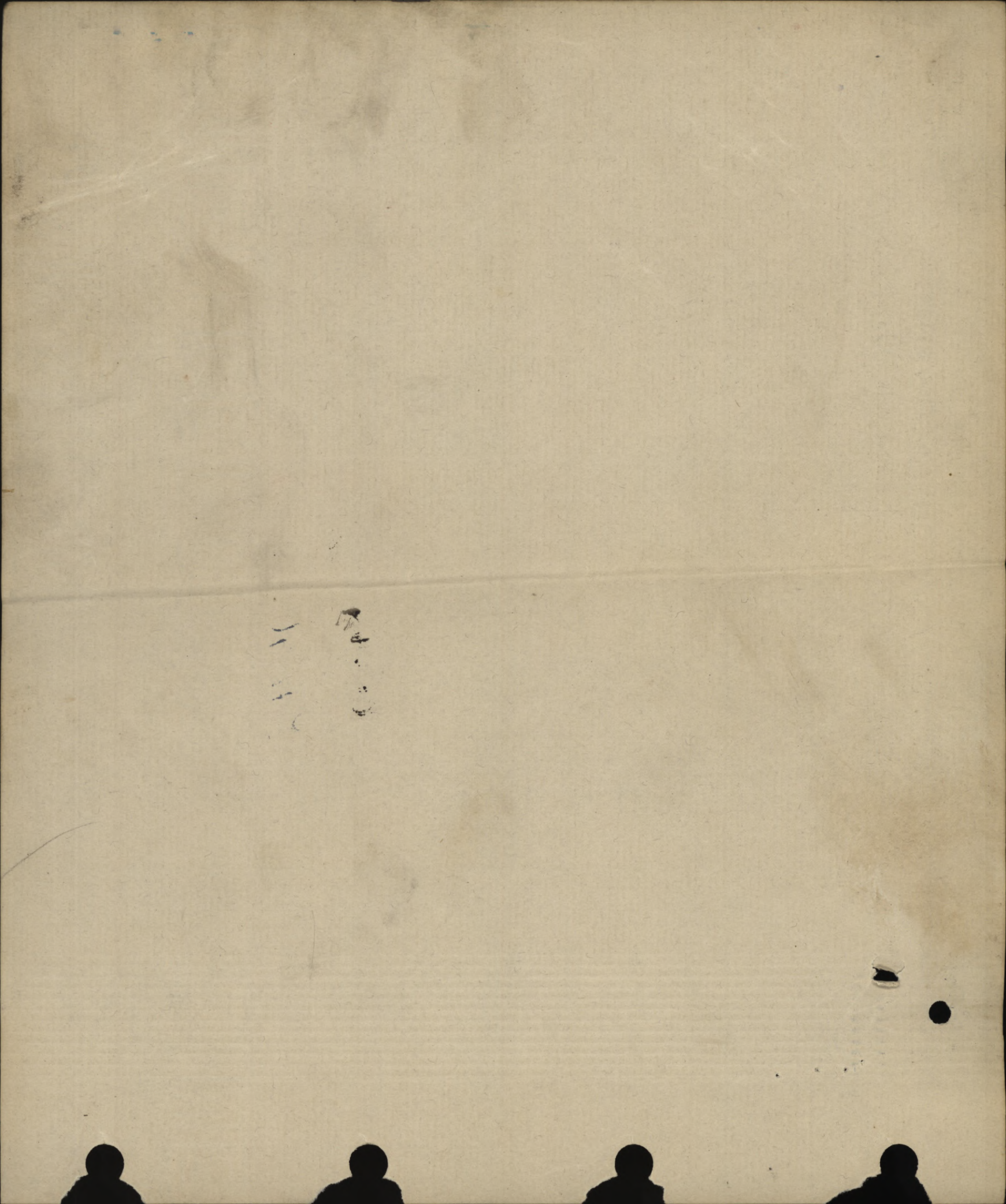
}

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

make
envelope
of

ACCOUNT CLOSED
DATE..... PER.....
W-



SEPARATION ALLOWANCE

94

Name *Malvina Duhamel,* Name of Soldier *Duhamel, Joseph E*
 Address *Shawinigan Falls,* Regtl. No. *1054616* *1105052*
P. Q. Rank *Pte*
 Corps *244th Batt*
 Relation to Soldier }
 wife, child or mother } *Wife*
 To what Corps belonging }
 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.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED

DATE.....PER.....
W

1870

1870



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

2-18-17

Name **Duhamel, Joseph Eugene**
Surname Christian Name

5076-J-1

Regimental Number **1105052** Rank **Cpl.**

Address (in full) **Shawinigan Falls,**

Unit **258th Bn.**

Que.

Original Unit

District where paid

Date of Discharge **28-9-17**

P. D. P. Filing Number **416-J-1**

Rates:—Regimental pay \$ per diem: Field Allowance \$ per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127.
50M-617.
1179 89-1140.

Remarks: **Less than six months service. Enlisted 21-5-17. Discharged 28-9-17.**

WAR SERVICE GRATUITY.

File No.

Register No.

Reg. No.
 Name
 Address

Dependent
 Address

Dec'n No.		V.S.G. File No.	
Award days at \$... per day \$			
S. A. months at \$... per mo. \$			
Less P. D. P. Credited			
Pay Soldier \$		Pay Dependent \$	
Less further debit balance			
Net due paid as below			
Days		Rate	
Due			
TO SOLDIER		TO DEPENDENT	
Owing No.	to	to	Ch No.
Amount		Amount	
1			
2			
3			
4			
5			
6			

Pay Soldier \$
 Less further debit balance
 Net due paid as below
 Clerk

Pay Dependent \$
 Days, Rate, Due
 Less P.D.P. credited
 Less further Dr. Bal.
 or overpayment.
 Net

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....

No. 1105012 RANK

E.G. M.S.

NAME

Duhamel, J.

E.

T.O.S. 22-5-17

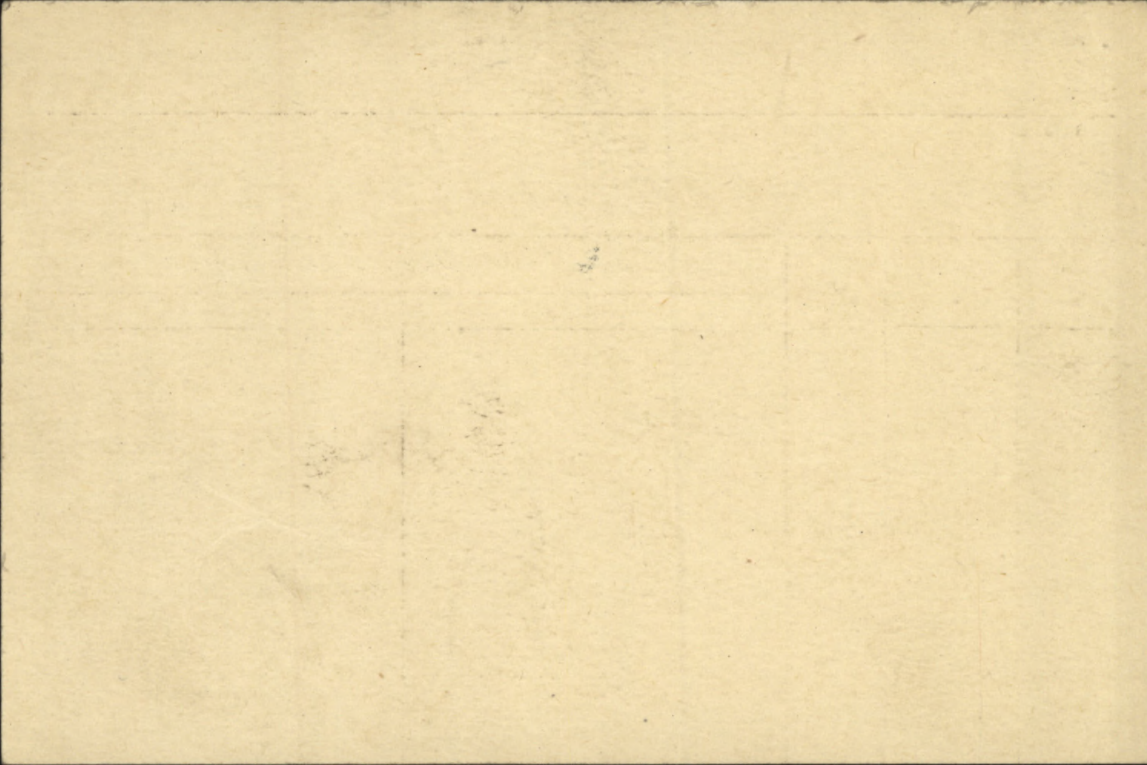
UNIT

258th Battalion P. E. I.

NO 30 of 22-5-17.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
May 22	May 31	to		
June		✓	Armed & Permits to Rank 1917	NO 55
Aug		✓	Prom a/c spl. 1-8-17	NO 104
Sept		✓	Dischgd 28-9-17.	NO 156
closed by payment S.				



258th "OVERSEAS" BATTALION, C.E.F.

M. F. W. 71.-500M.-5-16.
1772-39-96L

NAME

Duhamel, Kenyon

REGIMENTAL NO.

1105052

RANK

P6

ENLISTED AT

Manuel

PROMOTIONS, &c.
AND DATE

DATE

7-5-17

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

married

NEXT OF KIN

Malvina Duhomes

RELATIONSHIP

wife

ADDRESS OF

Shawinigan Falls, Quebec

ASSIGNMENT OF PAY \$

36⁰⁰

C.

TO

ADDRESS

Shawinigan Falls, Quebec

SEPARATION ALLOWANCE, ENTITLED OR NOT

Yes

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

No. 1054616 RANK Pte

NAME Du Hamel Joseph Eugene

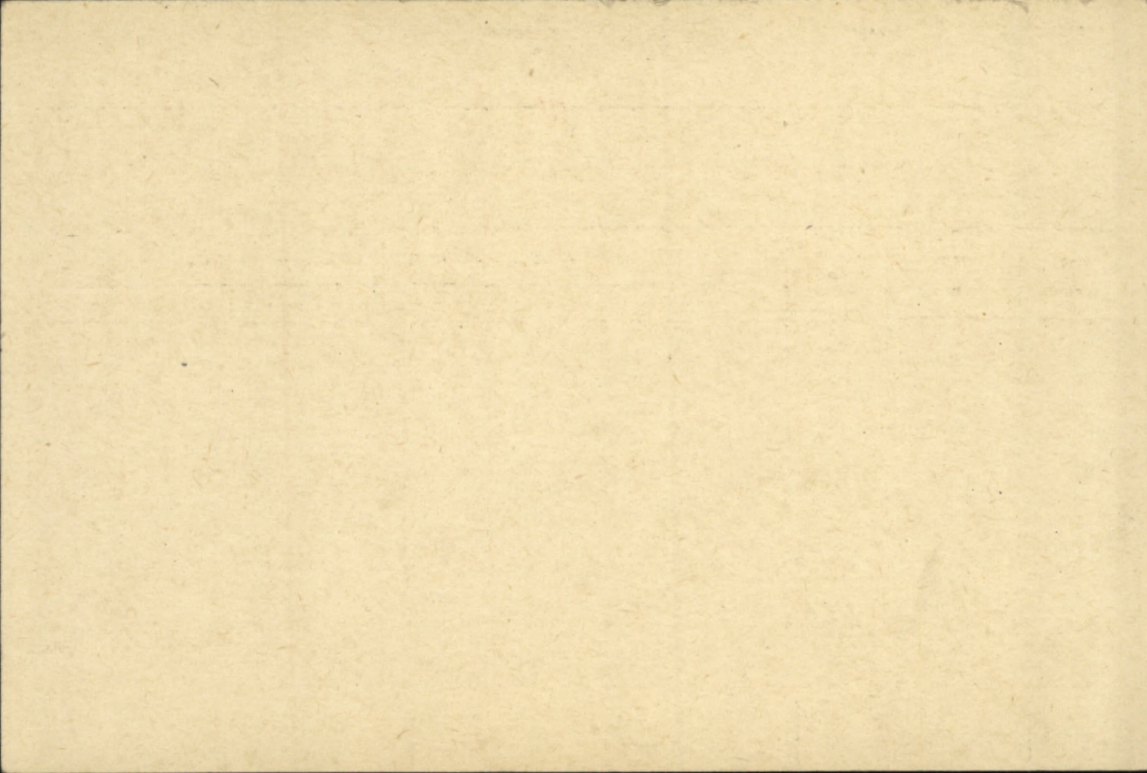
T. O. S. 8-11-16

UNIT 244 th Battalion C. E. H

20122813-11-16

M. D. 4

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Nov 8	Nov. 30	✓		
	Dec.	✓		
1917	1917			
Jan.		✓	Discharged 26-2-17	20497 27-2-17
Feb.		✓		
			a/c closed by payment of	



JP

This space to be for numbers

Proceedings on Discharge.

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

No. 1105052	
Rank Corporal	
Surname Dahamel,	
Christian Name Joseph Eugene <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 258th Q/S B'N. CEF.	
Date of Discharge 28. 9. 17.	
Place of Discharge Montreal, Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 41 years..... 3 months.	Descriptive Marks N I L .
Height..... 5 feet..... 3 inches.	
Complexion Brown	
Eyes Black	
Hair Brown	
Trade Ry. Conductor	
Intended place of residence Shawinigan Falls, Que. <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of Autho: A.A.G., M.D.No4.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <i>Gurd.</i>
	<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

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

(OVER)

Discharge
13
14

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

N I L .

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

6. Medals and Decorations.....

N I L .

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

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

(Place) Montreal, Que.

(Date) 28. 9. 17.

[Signature]
Major for Lt. Colonel.
Commanding 258th O/S B.N. CEF.

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Montreal, Que. *[Signature]* (Signature of Soldier.)

(Date) 28. 9. 17. *[Signature]* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years 131 days.

Total.....years 131 days.

11. Confirmation of Discharge.

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

(Place) Montreal, Que.

(Date) 28. 9. 17.

[Signature]
(Signature) Major for Lt. Colonel.
O.C., 258th O/S B.N. CEF.

Reservations referred to at Para. 8.

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

James P. ...
James P. ...
NONE.

<p>Attestation Paper, Militia Form B. 242</p> <p>Proceedings on Discharge, Militia Form B. 218</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Reg. Conductor Sheet, Militia Form B. 261</p> <p>Conduct Sheet, Militia Form B. 262</p> <p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 213</p> <p>Medical Report for Invalid, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 217</p> <p>*Only if discharged "Medically unfit"</p>
--	--

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

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

MEDICAL HISTORY OF AN INVALID.

1. Station. **Montreal, Que.**

8. General remarks on his:—

2. Regiment or Corps. **258th O/S B'N. CEF.**

(a) Conduct. **Good**

3. Regimental No. and Rank. **1105052**

(b) Habits. **Good**

REPT
MILITIA & DEFENSE
OCT 17 1917
H.Q. CANADA

Corporal

4. Name. **Duhamel, Jos. E.**

(c) Temperance. **Temperant**

5. Age last Birthday. **43 yrs**

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on **21st May 1917.**

at **Montreal**

7. Former trade or occupation.

Date. **12th Sept. 1917.**

Ry. Conductor

9. Service.

Years.

Days.

PERIODS

	PERIODS	
	FROM	TO
244th O/S B'N. CEF.	Nov. 1916	March 1917
258th O/S B'N. CEF.	May 21st 1917	To date.

10. (a) Disease or disability. **Rheumatism (Chronic)**

(b) Date of origin. **1902**

(c) Place of origin. **Ottawa**

(d) Cause. **Accident**

11. Present condition. (Most Important.)

(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Unable to carry on on Route Marches & on Physical Training. Both legs were weak. Was discharged from the 244th last February for Chronic rheumatism. Had both legs broken in 1902 and since then has suffered from rheumatism very badly? In the winter 1914/1915 from November till June had to remain at home under treatment.

12. (a) Is the disability the result of service or climate? **No**

(b) Has it been aggravated by intemperance, vice or misconduct? **No**

Dis Sect.
12.10.17
M.C.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar on left side of nose.
" on the back.
" right leg.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

Unknown.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Before enlistment.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

6 months if properly treated.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

50%

18. State if for discharge on account of unfitness for Service.

Yes

Robert M. King, Capt.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

DEPT
MILITIA & DEFENCE
OCT 17 1917
H.Q.
CANADA

10. No objective signs at present.
11. No - There is absolutely no signs at the present of the condition complained of. Joint movements free and not limited. Heart and lungs normal.
12. No.
15. Not applicable.
16. No disability made out at present examination.
17. From present examination nil.
18. Is he unfit for Military Service. No.

Recommendations : Transfer to Category C 11.

Signatures :—

W. MacP... .. President.

Station: Montreal, Que.

Date: Sept. 15th, 1917.

H. Aubry
R. B. Kalkohn Members.

Date.

Assc. Director of Medical Services.

Approved.

Date.

Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Stat on or Depôt.

Date of final Medical Board or decision. } Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Military Form B. 227.
200th. 8-6.
H. Q. 1772-38-111.

Station	Corps	Regimental No.	Rank
Name			
Disability			
Date			
Hospital or Station transferred to for final disposal.			
Date of final disposal			
How finally disposed of			

The original Report is invariably to accompany the discharge documents of Invalids.

This space to be for numbers.

A. G. S.

MILITARY DISTRICT No. 4
MAR 5 1917
M. D. 4

Proceedings on Discharge.

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

No.	1054616
Rank	Private
Name	DUHAMEL, Joseph Eugene
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	244th "KITCHENER'S OWN" Overseas Battalion, C.E.F.
Date of Discharge	26th February 1917.
Place of Discharge	Montreal, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 38years.....1.....months.	Descriptive Marks
Height.....5.....feet.....3 $\frac{1}{2}$inches.	
Complexion Dark	
Eyes Brown	
Hair Black	
Trade Railroad man	
Intended place of residence } Shawinigan Falls, P.Q. (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of

M.D.4 : 31-1-29 (244) H.Q. 54-21-10-1

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

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

Good

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

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

Not known

(OVER)

Corrected

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

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

6. Medals and Decorations.....

Three horizontal dashed lines for recording medals and decorations.

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

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

(Place).....Montreal, P.Q.....

[Signature]
Major
Commanding for of 24th "Overseas" Battalion, C. E. F.

(Date).....26th February 1917.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place).....Montreal, P.Q.....

J. O. Duhamel (Signature of Soldier.)

(Date).....26th February 1917.....

M. J. Robertson (Signature of Witness.)
Sergeant

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

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

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

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years111days.

Total.....years111days.

11. Confirmation of Discharge.

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

(Place).....Montreal, P.Q.....

[Signature]
Major
for of 24th "Overseas" Battalion, C. E. F.
9/c 244th "Overseas" B. Co. C. F.

(Date).....26th February 1917.....

Reservations referred to at Para. 8.

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

- No reservations

J. Duhamel

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

8-11-16

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Malvina Duhamel Wife

Name of Soldier

Duhamel, Joseph E

L. L. Job 310.—Req. 6374.

PAYMENTS. *Pte*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>1126351</i>	<i>35</i>	<i>35 Pte</i>
Jan.	1917	<i>29355</i>	<i>20</i>	<i>20</i>
Feb.		<i>32239</i>	<i>20</i>	<i>20 75</i>
March		<i>35430</i>	<i>20</i>	<i>20 C. 35430 bank fac</i>
April				<i>Dis 26/2/17 Spmk 3/3/17 W</i>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER... *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

