

NAME *CA* **CADIEUX** *Owen Charles*

REGT. NO. *724156*

UNIT *109<sup>th</sup> B* H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON EFFECTIVE BY

**DEATH**

Category

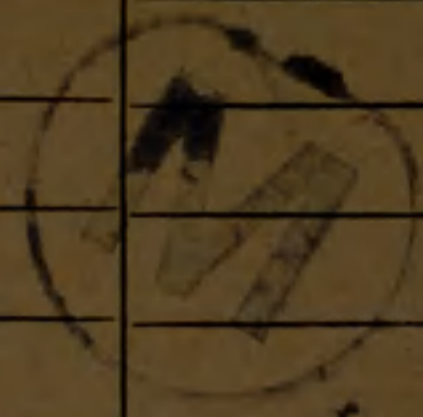
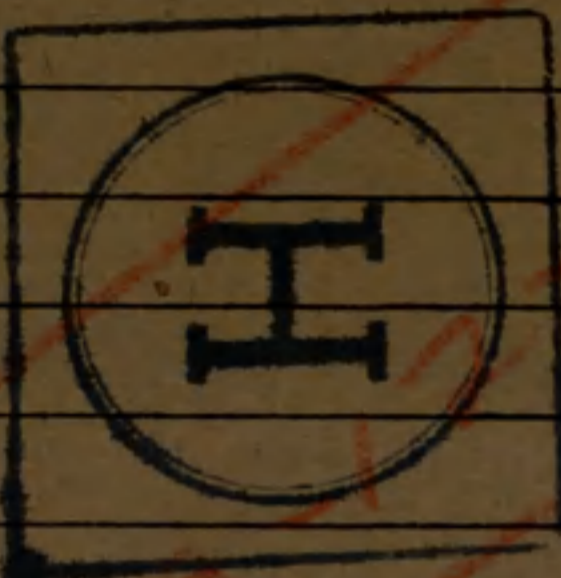
*00228*

**DISCHARGE**

Category

*Demob.*

**DESERTION**



*38*

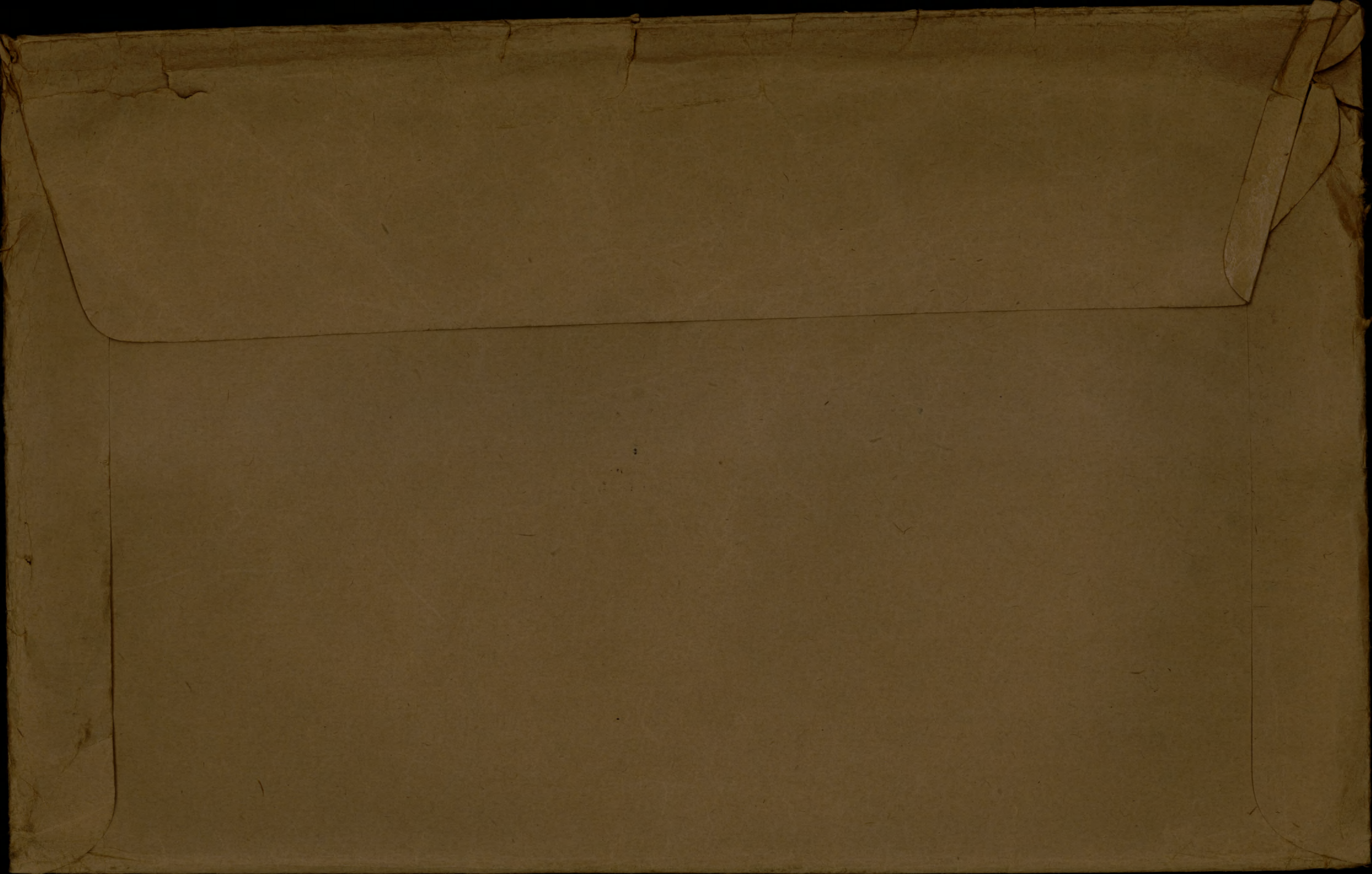
*3*

- 2* ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- 1* FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
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- 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)

*sent out*

- 4* *D.M. 1894*
- 1* *P. 106045*
- 1* *A.F. 2.1237*
- 1* *Form m. 22*
- 2* *A.F.B. 241*
- 1-1* *C.D. 3*

*2*  
*14-17*  
*14-17*  
*1 17*



ATTESTATION PAPER.

No. 724186

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Cadieux
1a. What are your Christian names? Owen Charles
1b. What is your present address? Quyon P.Q.
2. In what Town, Township or Parish, and in what Country were you born? Quyon P.Q.
3. What is the name of your next-of-kin? Isaac Cadieux
4. What is the address of your next-of-kin? Quyon P.Q.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? January 4th 1894
6. What is your Trade or Calling? Conductor
7. Are you married? No
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
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Owen Charles Cadieux, 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.

O Cadieux (Signature of Recruit)

Date MAR 10 1916 191

W. A. Lindsay (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Owen Charles Cadieux, 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.

O Cadieux (Signature of Recruit)

Date MAR 10 1916 191

W. A. Lindsay (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 Lindsay this MAR 10 1916 day of 191

(Signature of Justice)

# Description of Owen Charles Cadieux on Enlistment.

Apparent Age.....22 years ..... 3 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. 8 ins.

Chest measurement. { Girth when fully expanded.....38 ins.  
 Range of expansion.....5 ins.

Complexion.....Dark

Eyes.....Blue

Hair.....DK Brown

*Scar on left knee Cap.*

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

## 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.....MAR 10 1916.....191 .

*J. McCulloch*.....Capt.....  
 Medical Officer  
 109th Overseas Battalion, C. E. F.  
 Medical Officer.

Place.....Lindsay.....

\*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.

.....Owen Charles Cadieux.....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. A. [Signature]*.....Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.  
 Date.....MAR 10 1916.....191 .

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

War Service Badge  
Class "A" No.

191498

THIS IS TO CERTIFY that No. 724156 (Rank) Corporal

Name (in full) Owen Charles Cladieux enlisted in

the 109<sup>th</sup> Battalion

CANADIAN EXPEDITIONARY FORCE at Lindsay Out. on the 1<sup>st</sup>

day of March 1916

HE served in France 38<sup>th</sup> Battalion

and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

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

Age 25 years

Height 5 ft 10 ins

Complexion Dark

Eyes Blue

Hair Dark Brown

Marks or Scars

Scar on left leg

Cladieux

Signature of Soldier

Jean Malenfant

Issuing Officer

Capt

Rank

Date of Discharge

13/9/19

Date Sept 10 1919

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

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Class

THIS IS TO CERTIFY that No. *724135* (Rank) *Private*  
 Name (in full) *James Macdonald* enlisted in  
 the *109th Battalion*  
 CANADIAN EXPEDITIONARY FORCE on the *1st*  
 day of *March* *1915*  
 HE served in *France*  
 and is now discharged from the service by reason of  
 Demobilization  
 Medical Certificate

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

Age *25 years*  
 Height *5 ft 10 in*  
 Complexion *Pink*  
 Eyes *Blue*  
 Hair *Dark Brown*  
 Signature of Soldier *James Macdonald*

Date of Discharge *12/11/19*  
 (Signing Officer) *James Macdonald*  
 Rank *Private*  
 Date *12/11/19*

NOTE: As no duplicate of this Certificate will be issued any person having same is requested to forward it to an unopened envelope to the Secretary, Military Council, Ottawa, Canada.

*W. S.B. Class "a"*

Fill Only.—Unit, Number, Rank and Name.

*Albm*

M. F. W. 54.  
100M. 10-15.  
H.Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 24156 Rank Pte Name Ladieu Owen Charles

Enlisted (a) 10.3.16 Terms of Service (a) O. of W. Service reckons from (a) 10.3.16

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

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

CERTIFIED CORRECT.  
12 DEC. 1916  
CAN. RECORDS

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				
			Halifax	24.7.16	<i>W. Aseltine</i> ADJUTANT 109th Overseas Battalion, O. E. F.
			Liverpool	31.7.16	
4-12-16	O.C. 109th.	Proceeded overseas for <del>service with 38th Btn.</del> service with 38th. Btn.	Witley	3-12-16	<i>W. Aseltine</i> Capt. ADJUTANT 109th Overseas Battalion, C. E. F.
6.12.16	C.B.D.	TAKEN on STRENGHT 38th Havre		6.12.16	N. R. P.H.O. 242-13.12.16.
7.12.16	»	Left for Unit	FIELD	7.12.16	N. R.
16.12.16	Unit	Joined Unit	FIELD	9.12.16	B213 DCS. 69-30 12.16
8.2.17	7 Gen'l	Mumps. adm	7 Gen'l	8.2.17	W3034/195.
24.2.17	38th	Evacuated sick	Field	7.2.17	B213 DCS 94-d-

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

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
28.2.17	4 Staty	Talipes	adm	4 Staty	28.2.17 W3039/22
"	7 Gen B	Mumps.	to	"	" / 215
10.2.17	11 CFA	"	adm	11 CFA	7.2.17
6.3.17	4 Staty	Talipes	to unit	7 Gen	8.2.17 } a36/82489 DCS. 96.
10.3.17	Unit	Joined Unit		Field.	6.3.17 W3034/219.
16.3.17	4 Staty	Talipes Rr L. extremity. L. more exaggerated than R. R only salt. Variety 949(c).	FIELD		7.3.17 B. 213. DCS. 99.
14.4.17	11 CFA	SW leg. L.		11 CFA	Letter 116/3850 H.M.
14.4.17	2 Austin for stops	ditto posted to E. on R. phl or phl Seaford. per H.S. Princess Elizabeth.		11 CFA to C.C.S.	9.4.17 } a36/82495 DCS 113.
					14.4.17 W3083 no 5757. Ph orders 28 48 a/28. 4. 17.
					J. Anderson Lieut for major & aals. Can see 3rd below
	EORW	T.O.S from 38th Bu		Seaford	14.4.17 <del>Pr D.O. 46</del>
12-5-17	do	W. S to 6 AMc Epsom		do	10-5-17 — 61
21-5-17	do	Taken on strength		Epsom	10-5-17 — 141 <del>Pr D.O. 46</del>

J. Anderson

LIEUT.

FOR LT: COL: I/C RECORDS, C.O.M.F.



**Casualty Form—Active Service.**

Regiment or Corps 6th Buffs  
 Rank Pte Surname Radicey Christian Name O. C.  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation ..... 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 ...			
		Disembarked...			
30.4.18	Epsom	aptd w/ R. Coy.	27.2.18	Epsom	P250.20.
18-7-18	Epsom	granted 21 days leave.	Epsom	18-7-18	P250.199.
27.2.19	"	granted permission to marry	Epsom	24.2.19	P250.25/25.2.19
2.4.19	"	trained with permission at the Registered office, Epsom.	Epsom	26.3.19	P250.92/2.4.19.
1.8.19	"	SOS to Lt Col H. Thorncliffe (auth antd 10/29.12.4/18 7/19)	Epsom	5.8.19	"-211.

*[Signature]*  
 ..... CAPT. A/ADJT  
 CONVALESCENT HOSPITAL,  
 WOODCOTE PARK.

(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) Signaller, Sholing-Smith, &c.



Rank \_\_\_\_\_ Name **CADIEUX, Owen Charles.** Reg'l No. **724156**

Unit **109th Battn.** If in perm. Corps, }  
 What Unit? }

Married or Single **Single**

Place and Date of Enlistment **Lindsay, 10th March 1916** Place of Birth **Quyón, P.O.**

Name and Address, Next-of-Kin **Isaac Cadieux,**  
**P.O. QUYON, P.O. Canada** Relationship **Father.**

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

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

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

L. W. & V., Ltd. - 7165-16.

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 per HM I 2810		31.7.16	
4.12.16	Ab 109th Bn	S/O on tfr. to 38th Bn	Witley Field	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-C-S on tfr from 109th	<del>Enst</del>	6.12.16	Pt II DO 242.
15.2.17	✓	Adm No 7 General Hosp	St Omer	8.2.17	Ch. A127 Mumps
13.3.17	✓	Tfd. No 4 Stationary Hosp	✓	28.2.17	Ch. A147 ✓
13.3.17	✓	Dis - - - - - to Duty	✓	6.3.17	Ch. A147 ✓
23.4.17	✓	Adm No 2 Aust Gen. Hosp	Wimereux	11.4.17	Ch. A. 178 Int. Lt Leg Sgt.
24.4.17	✓	Adm East Leeds War Hosp	Leeds	14.4.17	" B170 " "
28.4.17	✓	Posted to. EORT	Field	14.4.17	Pt. II DO 46 + 46 EORT.
3.5.17	✓	Tfd Can Convalescent Hosp	Epsom	24.4.17	Ch. B

X 159

159-48-46

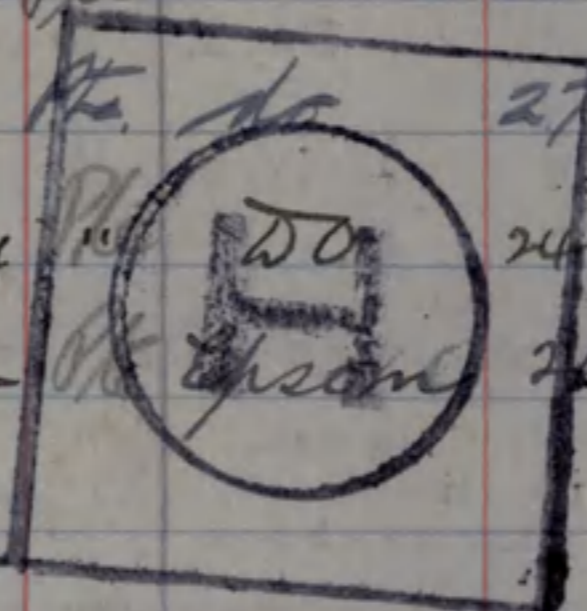
APR 103 CHECKED

29 DEC 1916

25/10/16

424156. Cadieux Owen C.

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.				
12-5-17	EOR	Request to be Asp. & S.O.S. to. C.M.C. Epsom.	Seaford	10-5-17	Pr. 70.61.
21-5-17	left Epsom	S.O.S.	Epsom	10-5-17	- 141.
24-10-17	EOR.	Disch. to Epsom	Pte	10-5-17	CLB 45 SW. L. Reg.
30-4-18	Mlttsp	<u>Take of cpl with pay</u>	Pte. do	27-2-18	PHI D.O. 120.
25-2-19	In ltr Hq	Granted permission to marry	" do	24-2-19	— 56
1-4-19	In ltr Hq	Named with permission at: - Registrar office Epsom	Pte Epsom	26-3-19.	— 92



**CAMO**

1-8-19.	left Epsom	S.O.S. to 11 <sup>th</sup> C.G.A.	" Epsom	1-8-19	- 211 / PC 74 . 6 <sup>8</sup> /19.
		D 44 - H 11		3-9-19	
3-9-19	left	SOS to Canada	Pte Buxton	3-9-19	D 204
20-8-19	11 Clyd	SOS. TO 1 <sup>st</sup> C.D.D. Bure for R.T.C.	" SC Bffe	19-8-19	D 078

O. H. M. S.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Surrey April 24th 1917. 1917.

No. 24156 Rank Pte Name Cadieux O.C.

Local Unit \_\_\_\_\_ Overseas Unit 38th Battn Age 23

Examination held at Epsom Surrey

**DISABILITY**  
Overseas—Local  
(scratch one out).

*Res Caras*

*ReExamined  
Category CII  
Date Sept 3/17  
H.L.P.*

### PRESENT CONDITION.

*marked pes carus of right foot. This is the result of an injury prior to the war. but is now increasing in deformity. cannot continue marching otherwise fit.*

*Re Examined.*

*Category CII*

*Date July 30/17*

### BOARD RECOMMENDS:—

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Duty .....weeks.
- 4. Fit for Permanent Base Duty *B.I. Railroader*
- 5. Discharge .....

### Signatures:—

Members

*W. H. Hayward Maj* President.

*C. H. Dowson Capt*

### APPROVED

Dated *Epsom 1-5-17* 1917. *W. H. Hayward Maj*

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Surrey April 24th 1917. 1917.

No. 724156 Rank Pte Name Gadieux O.C.

Local Unit \_\_\_\_\_ Overseas Unit 38th Battn Age 25

Examination held at Epsom Surrey

**DISABILITY.**  
Overseas—Local  
(scratch one out).

## PRESENT CONDITION.

*Re-examined Epsom Surrey*  
*Category B iii*  
*Date 1/12/19*  
*A. W. Mather*  
*L. Col.*

### BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

### Signatures:—

Members { ..... President.  
 .....  
 .....

### APPROVED

Dated Epsom 1-5 1917. A. W. Mather Maj.  
 For A.D.M.S.

d/ 6/8/18

To:- O.C.  
M.C.H. Epsom

724156 A/Cpl  
Cadieux O.C.

Your attention is directed to our letters L.A.52-1-5 of the 5th & 6th inst concerning the proposed visit of the Travelling Board, on Temporary Non-Effectives, to your Unit.

Instructions have been received from Headquarters O.M.F.C. that a special report is required as to the allocation of the marginally noted N.C.O. by the above board. You are requested, please to forward the result of this man's Board, to this Office, immediately his case has been dealt with.

In connection with this case, you are referred to our L.A.74-1-6/8518 and your reply thereto E.31/166 of 13518.

E?JEFFERY

Major D.A.D.M.S.  
for A.D.M.S. Canadians  
London Area

4/10/11

Copy of letter from ...

To: ...

From: ...

Yours faithfully

...

Your attention is directed to our letter of 1.1.11 of the 1st and 2nd instalments of the proposed ...

Instalments have been received from ... The ... of the ... is required as to the ... of the ... by the ... are ... the result of ... to this office, immediately ...

In connection with this case, you are referred to our letter of 1.1.11 and your reply of 1.1.11.

Yours faithfully

...

...

London



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Surrey April 24th 1917. 1917.

No 724156 Rank Pte Name Cadioux D.C.

Local Unit \_\_\_\_\_ Overseas Unit 28th Battn Age 23

Examination held at Epsom Surrey

**DISABILITY.**  
~~Overseas~~ Local  
(scratch one out).

## PRESENT CONDITION.

### BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

### Signatures:—

Members { \_\_\_\_\_ President.  
 \_\_\_\_\_  
 \_\_\_\_\_

### APPROVED

Dated Epsom 1.5 1917. A. H. Longwood Maj.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

1917.

Dated at

Name Rank

Local Unit Overseas Unit Age

Examination held at

DISABILITY  
Overseas Local  
(insert one only)

PRESENT CONDITION.

BOARD RECOMMENDATIONS—

1. Fit for Duty

2. Fit for duty after

weeks' physical training.

3. Fit for Temporary Base Duty

weeks.

4. Fit for permanent Base Duty

5. Discharge

Signatures

President

Members

APPROVED

Date

1917

For A.D.M.S.

To be made out in duplicate.

H.Q. 51-21-23-53  
**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.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number *724156*.....

(3) Full Name of Soldier *Owen Charles Cadogan*.....

(4) Place of Birth *Lyon Quebec*.....

(5) Are you married, or not? *No*.....

(6) If married, state,  
(a) Full name of your wife *No*.....

(b) Present Postal Address.....

(7) Are you a widower?.....

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive? *yes* *Irac Ladoux*  
If so, state name and address *Luyon Luchec*

(10) Is your Mother alive? *yes* *Nellie Ladoux*  
If so, state name and address *Luyon Luchec*

(11) If your Mother is a widow? *No*  
Are you her sole support, or not? *No*

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

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

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

(15) Are you insured? *yes*  
If so, in what Company? *Imperial Life*  
Have you made arrangements for payment of your Insurance premium? *yes*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *July 11/16*

*[Signature]*  
Officer Commanding.  
O. C. 109th Overseas Battalion, C. E. F.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom Surrey April 24th 1917. 1917.

No. 724156 Rank Pte Name Cadioux O.O.

Local Unit \_\_\_\_\_ Overseas Unit 28th Batta Age 25

Examination held at Epsom Surrey

**DISABILITY.**  
~~Overseas~~—Local  
(scratch one out).

## PRESENT CONDITION.

### BOARD RECOMMENDS:—

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty .....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge .....

### Signatures:—

Members { \_\_\_\_\_ President.  
 \_\_\_\_\_  
 \_\_\_\_\_

### APPROVED

Dated Epsom 15 1917. A. H. Hayward Maj.  
 For A.D.M.S.

## DEPARTMENT OF MILITIA AND DEFENCE.

## WAR SERVICE GRATUITY.

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 *Owen Charles* 2. Surname *Badieux*
3. Rank *Cpl.* 4. Original Unit *109<sup>th</sup> Bn.* 5. Reg. No. *724156*
6. Address, in full, to which future payments of gratuity are to be forwarded.....  
*Post Office*  
*Quebec, Quebec.*
7. Date of enlistment in the C.E.F. *1-3-1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. C. Badieux*
9. Relationship of such dependent *wife*
10. Address, in full, of such dependent *62 Laburnum Rd.*  
*Wimbledon*
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 *From 1-3-1916 to date*  
*109<sup>th</sup> Bn. Canada & England 1-3-1916 to 1-7-1916*  
*38<sup>th</sup> Bn. France 20-12-16 to 28-4-17. Camb. Eng.*  
*28-4-17 to date*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No.*
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. *no.*
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? *no.*
- ~~24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge  
 (b) Reason for discharge~~
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?

**DISCHARGED**

*13.9.19*

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: *O. Cadieux*

Place of Residence: *Ouyon, Que.*

Declared before me at: *Shorncliffe*

This *16* day of *August* 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.

**Questions 12, 13, 14, 20, 24, 25, 26 & 27 are unanswered.**

*W. Allan Scott*

**POST DISCHARGE PAY.**

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

Certified Correct.

District Paymaster.

# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CADIX O.C.  
REGIMENT COMB. RANK Cpt. No. 424156  
Date of Examination in England 15/8/19 Date of Examination in France \_\_\_\_\_

### DIRECTIONS TO DENTAL OFFICERS

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



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*O.C.*

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 No

Signature of Dental Officer *[Signature]*



THE PATENT OFFICE FOR THE UNITED STATES

1870  
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1940

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom .....1916.

No. 724157 Rank Pt Name Cadieux. O.C.

Local Unit..... Overseas Unit 38<sup>th</sup> Bn Age 23

Examination held at Epsom

DISABILITY.  
Overseas—~~Local~~.  
(scratch one out)

Res Lavan

PRESENT CONDITION.

Re Examined  
Category  
B1

Re Examined  
Category CII

Date Oct 9/17 - S. Pen. at Smith Cap

Re Examined  
Category CII

Date Nov 9/17 S. Pen.

Re Examined  
Category BII

Date Jan 15/18

BOARD RECOMMENDS:—

1. Fit for Duty..... Re Examined  
Category BII
2. Fit for duty after..... April 1918.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

Signatures:—

Bill unlibely to be  
raised in category within  
six months.

.....President.

Members {

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

APPROVED

Dated at.....1916.

For A.D.M.S.

Dated at ..... 1919 .....

APPROVED

Members

President

Signatures:—

- 2. Discharge .....
- 4. Fit for Permanent Base Duty .....
- 3. Fit for Temporary Base Duty .....
- 3. Fit for duty after .....
- 1. Fit for Duty .....

BOARD RECOMMENDS:—

PRESENT CONDITION

DISABILITY  
OVERSEAS—(see)

Examination held at .....

Local Unit ..... Overseas Unit ..... Age .....

No. .... Rank ..... Name .....

Dated at ..... 1919 .....

PROCEEDINGS OF A MEDICAL BOARD

Copy of Letter Refer to E.31/166 13518

To:- A.D.M.S., Canadians, London Area  
13 Berners Street London, W.1

No 724156 Pte Cadieux O.C. C.A.M.C.

In reply to your L.A.74-1-6 (A.M.D.1c/29-124) of the  
8th inst., this man's Medical Officer reports as follows:-

The marginally named is suffering from Talipes - the  
right foot much more affected than the left, the  
condition grows gradually worse.  
He is only fit for clerical work and I would class  
him B111 unlikely to be raised in category within  
six months.

For your information, please.

F.E.W.Marlow  
Capt. & Asst Adjutant

Copy of letter dated 12/15/54

To: The Honorable Earl Warren  
U.S. Supreme Court Building  
Washington, D.C.

Re: JAMES EARL RAY, et al.

In reply to your letter of 12/15/54, this office has advised:

The name "James Earl Ray" is not a name which is commonly known. It is a name which is not commonly known. It is a name which is not commonly known. It is a name which is not commonly known.

For your information, please.

Sincerely,  
John Edgar Hoover

724156

724156

DUPLICATE

MEDICAL HISTORY SHEET.

Surname Cadioux Christian Name Owen Charles

Examined { on 10 day of March 1916  
at Sunday  
Birthplace { City or Town Buyon  
County Quebec

Approved by J McCulloch  
Rank \_\_\_\_\_ M.O.

Apparent age 22 years  
Trade or occupation conductor  
Height 5 Feet 8 Inches  
Weight 157 Lbs.  
Chest measurement { Minimum 33 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 None Right Two Left Two  
Number Two

Date.	Result.	VACCINATIONS.
<u>28.3.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 28<sup>th</sup> 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>7.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.
<u>18.5.16</u>	<u>Good</u>	<u>J McCulloch</u> M.O.

Enlisted on 10 day of March 1916 at Sunday

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn. C.E.F.</u>	<u>724156.</u>		<u>10.3.16</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.



*This Copy should be retained by the man's Commanding Officer, the document being no authority to the Marriage.*

**"If this Marriage is to take place in a Registered Building for which the Appointment of an Authorised Person has been officially notified to the Superintendent Registrar, and if it be desired that a REGISTRAR of MARRIAGES shall attend and register the Marriage, the request on the back of this Form must be filled up without fail; but not otherwise."**

**Form No. 2 L.—NOTICE OF MARRIAGE BY LICENCE.—**(Pursuant to the Statutes 19 & 20 Vict., cap. 119; and 61 & 62 Vict., cap. 58.)

*Copy*

[For Persons either of whom is a Minor.]

To the Superintendent Registrar of the District of Epsom in the County of Surrey

I, the undersigned Owen Charles Cadieux hereby give you Notice, That a Marriage is intended to be had by Licence, within Three Calendar Months from the date hereof, between me and the other party herein named and described; (that is to say)—

Name and Surname. (1)	Condition. (2)	Rank or Profession. (3)	Age. (4)	Dwelling Place. (5)	Length of Residence. (6)	Church or Building in which the Marriage is to be solemnized. (7)	District and County in which the Parties respectively dwell. (8)
Owen Charles Cadieux	Bachelor	Corporal No. 24156 Canadian Army Medical Corps (Railway Conductors)	25 years.	Woodside Park Convalescent Camp Epsom	22 months	The Register Office, Epsom	Epsom Surrey
Rosalie Mills	Spinster	Stenographer	20 years.	62 Laburnum Road Wimbledon	Lifetime	Epsom	Kingston Surrey

**DIRECTIONS for filling up these DECLARATIONS.**

- (a) Insert here "I," "he," or "she," as the case may be.
- (b) Insert here the name of the party who, during the last fifteen days, has resided within the District of the Superintendent Registrar to whom this Notice is to be given. If both the parties have, during the last fifteen days, resided within such District, the name of either party may be inserted.
- (c) Insert here "my," "his," or "her," as the case may be.
- (d) Directions for filling up this Declaration are given on the other side.

And I hereby solemnly declare, That I believe there is no impediment of kindred or alliance or other lawful hindrance to the said Marriage, and that (a) I the above-named (b) Owen Charles Cadieux have for the space of fifteen days immediately preceding the giving of this Notice had (c) my usual place of abode and residence within the above-mentioned District of Epsom.

And I further declare (d) that I am not a minor under the age of 21 years, and that she the said Rosalie Mills not being a widow is a minor under the age of 21 years, and that the consent of William Flood Mills her father whose consent to her marriage is required by law, has been duly given and obtained thereto.

And I make the foregoing Declarations solemnly and deliberately, conscientiously believing the same to be true, pursuant to the provisions of an Act passed in the Session of Parliament holden in the Nineteenth and Twentieth years of Her Majesty Queen Victoria, Chapter One hundred and nineteen, intituled "An Act to amend the provisions of the Marriage and Registration Acts," well knowing that if any person for the purpose of procuring a marriage, or a certificate or licence for marriage, knowingly and wilfully makes a false oath, or makes or signs a false declaration, notice or certificate required under any Act of Parliament for the time being in force relating to marriage; or knowingly and wilfully makes, or knowingly and wilfully causes to be made, for the purpose of being inserted in any register of marriage, a false statement as to any particular required by law to be known and registered relating to any marriage, HE SHALL SUFFER THE PENALTIES OF PERJURY. (See Section 3 of the Perjury Act, 1911.)

In witness whereof I have hereunto set and subscribed my hand this 24th day of March 1919.  
Signed and declared by the above-named Owen Charles Cadieux in the presence of

- (e) Insert here "Superintendent Registrar," "Deputy Superintendent Registrar," "Registrar of Births and Deaths," "Registrar of Marriages," "Deputy Registrar of Births and Deaths," or "Deputy Registrar of Marriages," as the case may be.

(Witness's)  
Name ..... Alick Gibbutt  
Description ..... (e) Superintendent Registrar  
in and for the District of Epsom  
Place of Abode..... Gyvedale, Epsom

Owen C. Cadieux



NOTICE.

To the SUPERINTENDENT REGISTRAR of  
the DISTRICT of \_\_\_\_\_

I, the undersigned, Do hereby give you  
Notice that it is my wish, as one of the Parties  
to the proposed Marriage referred to in the  
Notice of Marriage on the other side hereof,  
that a Registrar of Marriages shall attend and  
register the said Marriage.

Dated \_\_\_\_\_, 191\_\_\_\_\_;

MEMORANDUM.

Persons desirous of marrying under the provisions of  
the Act 19 & 20 Vict., c. 119, in a Registered Building, are  
hereby reminded that by the 11th Section of that Statute it  
is provided that no marriage shall be solemnized in any  
Registered *Nonconformist* Place of Worship *without the*  
*consent of the Minister, or of one of the Trustees, Owners,*  
*Deacons, or Managers thereof,* nor in any Registered Building  
of the Church of Rome \* \* \* *without the*  
*consent of the Minister thereof.* It therefore behoves every  
person, before giving Notice to the Superintendent Registrar,  
to ascertain that such consent will be granted.

Directions for filling up the Declaration in the Blank (d) as to  
Minority and Consent.

[If both the parties are Minors, and neither of them has been previously married, Consent  
as to both (if there be any person competent to give it) will be required, in which case  
the blank (d) should be filled up as follows:]-

And I further declare, *That I and the said* \_\_\_\_\_  
*not being either of us a widower or widow, are both Minors under the age of 21 years; and that the*  
*Consent of* \_\_\_\_\_ *and of* \_\_\_\_\_  
*whose consent to our Marriage is required by law, has been duly given and obtained thereto.*

[If both the parties are Minors, but Consent is required as to only one of them, insert as  
above down to and including the words "21 years" and then add as follows:]-

*and that the Consent of* \_\_\_\_\_ *whose Consent to*  
*the Marriage of the said* \_\_\_\_\_ *is required by law, has*  
*been duly given and obtained thereto; and that as to* \_\_\_\_\_ *the said* \_\_\_\_\_  
*there is no person whose Consent to* \_\_\_\_\_ *Marriage is by law required.*

[If only one of the parties be a Minor, and if such party has not been previously married,  
and there is a person competent to give Consent to his or her Marriage, fill up the  
blank (d) thus:]-

And I further declare, *That* \_\_\_\_\_ *the said* \_\_\_\_\_ *not being*  
*a widow* \_\_\_\_\_, \_\_\_\_\_ *a Minor under the age of 21 years; and that the Consent of* \_\_\_\_\_  
\_\_\_\_\_ *whose Consent to* \_\_\_\_\_ *Marriage is required by law, has*  
*been duly given and obtained thereto.*

[If there be no person competent to give Consent, insert after the words "21 years," as  
follows:]-

*and that there is no person whose Consent to* \_\_\_\_\_ *Marriage is by law required.*

23/4/17

MEDICAL CASE SHEET.\*

FRANCE

No. in Admission and Discharge Book.

220

Year

1917

Regimental No.

724 156

Rank.

Pte.

Surname.

Cadieux

Christian Name:

O.C.

Unit.

38 Canadians -

Age.

23 -

Service.

12

Station and Date.

Disease

G.W. Left Leg

EAST LEEDS WAR HOSPITAL,  
Marshall Road, Leeds.

Wounded on Vimy Ridge April 9-1917

by shell - he was concussed  
+ was unconscious for short time

The only wound is at A

- no wound of foot

X-ray exam desired

ATS. Apr 9/17.

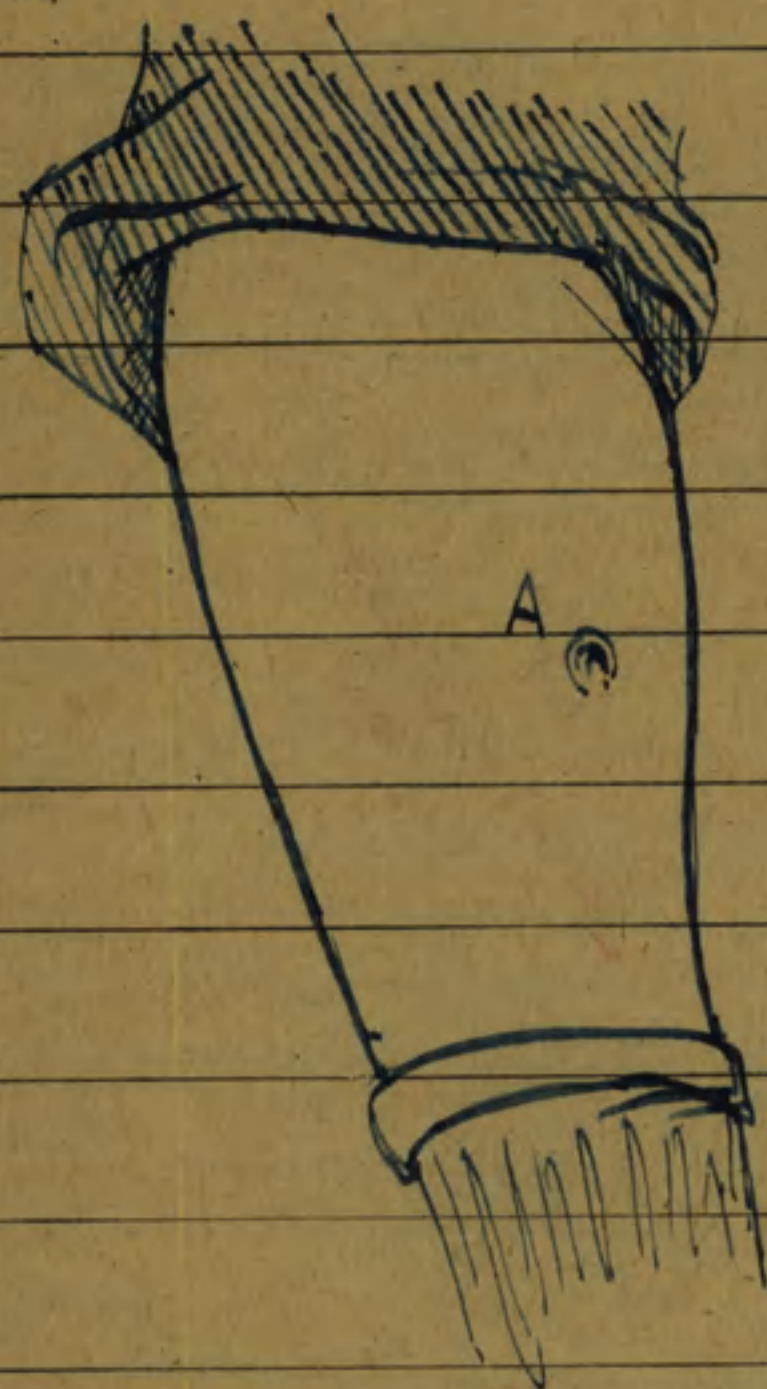
ATS. (600 units) April 1917

Can walk + has little pain

- wound healthy

H. H. Green and Capt. Rankin

Back of  
L. Leg.



April 1917.

Screen "No evidence of any metallic FB. No obvious injury to bone"

Can go to work.

H.H.G.

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station  
and Date.

MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom Mrs Isaac Cadieux By Whom Assigned Cadieux, O. C.

Address Dunsmuir Ave.

Regtl. No. 724156

Rank L. Corp.

Corps 105th Battr

Rate \$15.00

**AUG 1 1916**

PAYMENTS

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



111 128

111 128

111 128

111 128





224156

Enl. Finsbury, 10-3-16.

Name Caedius, Owen Charles

Date of Embarkation for England 24-7-16

Proceeded to France 4-12-16 Returned to England 14-4-17

Date returned to Canada. 3-9-19

P.R. 2855.

W.D. Halifax, 13-9-19, Devon.



1874

State of Massachusetts

County of Suffolk

City of Boston

John Smith

1874

Name **CADIEUX** Rank Pte.  
Owen Charles

Reg. No. 724156

Unit **38th Battn.**

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19167						
8-2	No. 7 Gen. Hos. St Omer		Mumps (slt)	A127		
28-2	No. 4 Stn. Hos. St Omer.		do	A147		
6-3	Discharged		do	A147		
11-4	2 Aust. Gen. Hos. Wimereux.		SW. L. Leg	A178	M2641.	23-
14-4	E. Leeds W. H. Harehills Rd.		do	B170		
24-4	Can. Con. H. Woodcote Pk.		do	B178		d/12-5-17
10-5-17	Discharged		Do	B45		P2.0 61

Now with C.A.M.C.





REGT'L No 724156

H. Q. FILE No. 649-

NAME Cadieux Owen Charles

RANK AND CORPS

Pte. 38<sup>th</sup> Bn. (2<sup>nd</sup> Can Div) Form 189<sup>th</sup> Bn.

FOLLOWS

CABLE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M. 1189	5-4-17.	Discharged from 14wp. March 7 <sup>th</sup> 1917. W.S.M.
R 2641	22-4-17	Adm to 2 Aust. Gen. Hosp. W. Somers April 11 <sup>th</sup> G. P. U. St. Leg. ✓
R 3541	3-5-17	Can. Conv. Hosp. Epsom. U.S.M.
on 3637	7-5-17.	Boarded Case 2 Marked pescaurus. Deformity increasing w.s.m. Cannot march otherwise fit. U.S.M.
R 3273.	7-5-17	East Leeds Hosp U.S.M.

No. 724156. RANK

1st  
Corpl.

NAME

Cadieux, J. C.

T. O. S. 10-3-16.

UNIT

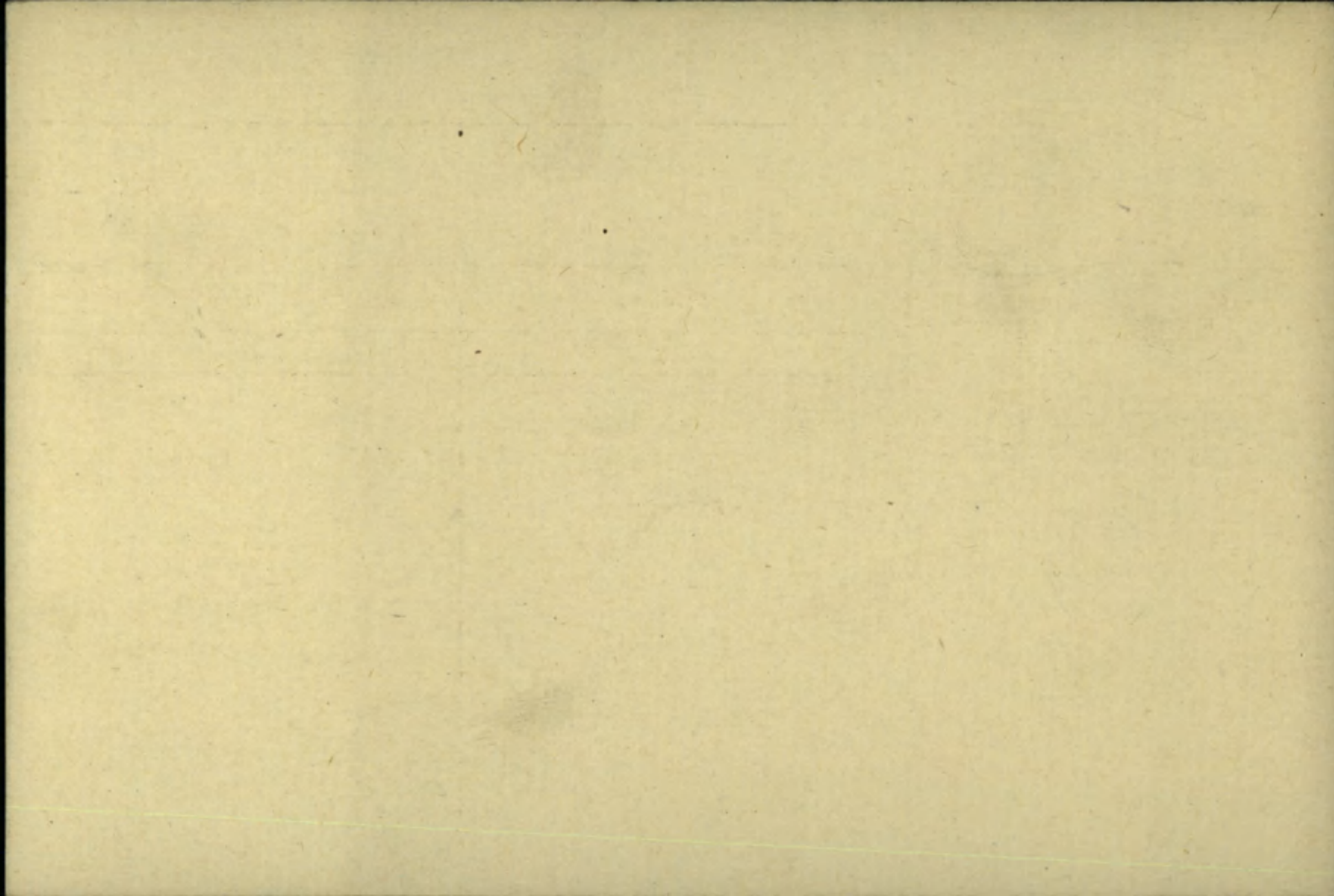
109th Battalion.

D.O. 11231-3-16

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 10	1916. Mar. 31	✓	Prom. 1st Corpl. 13-5-16.	S.O. 150 of 13-5-16.
April.		✓		
May.		✓		
June.		✓		
July.		✓		

UNIT SAILED  
JUL 23 1916



*MGA*

Number 724/56 Rank a/1st Lt.

Surname CADIEUX

Christian Name Owen Charles

Units 58th Co Canby Theatre of War France

Date of Service 6-12-16

Remarks

Latest Address P.O. Quynon Pa.

Roll No.

200m.-6-21

*B. Page 21169*



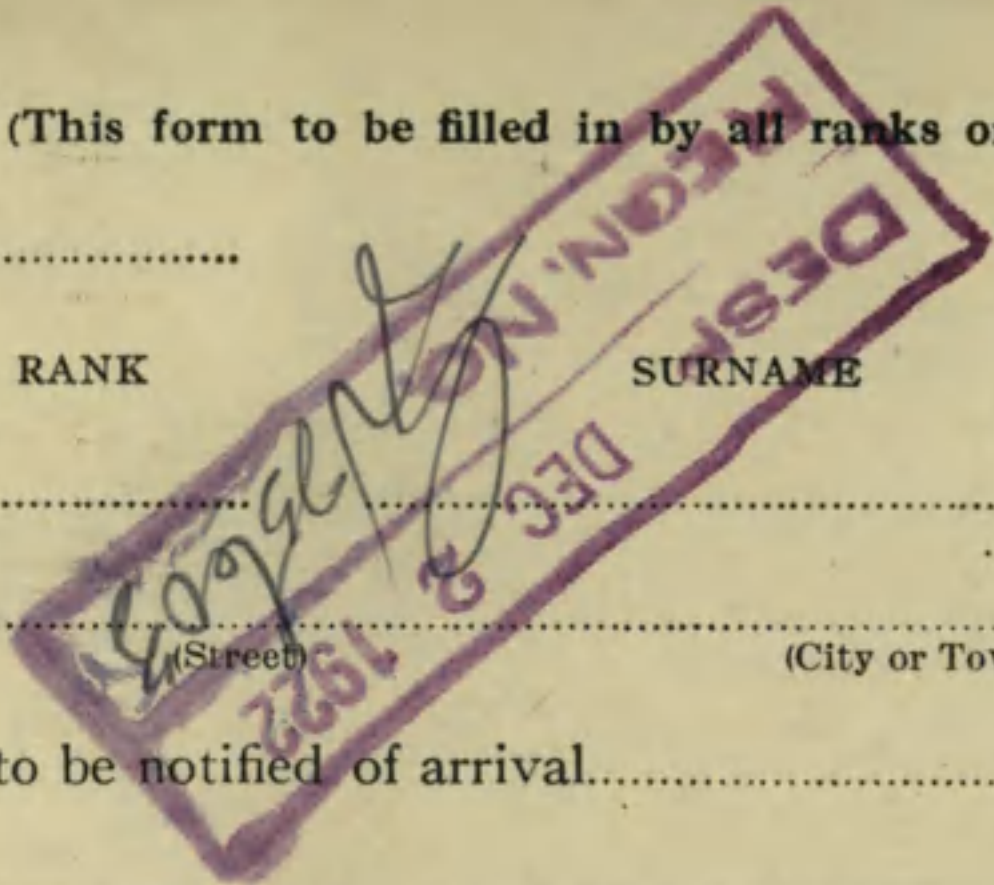
(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT



al address.....

(Street)

(City or Town)

(Province)

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

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

Railway.....

l, is your wife on board.....

Number of children on board.....

tinuation.....

(Sgd.).....

SURNAME.

*Cadioux*

*H3*

CARD NO.

CHRISTIAN NAMES

*Owen Charles.*

FOLL.

REGL. No.

*724156.*

RANK

~~*Pte.*~~ *L/Cpl.*

*x 11/16.*

UNIT

*109th.*

*Batt*

FORMER CORPS

*Nil*

NEXT OF KIN.

NAMES IN FULL

*Cadioux, Isaac.*

RELATIONSHIP TO SOLDIER

*Father.*

ADDRESS

*Quyon, P. Q.*

*In case of Cas  
CHANGE OF ADDRESS  
Please notify*

*Miss Blaine Cadioux  
Record Office  
instead of next of  
Kin*

COUNTRY OF BIRTH

*Canada, Quyon P. Q.*

DATE

*Jan 4th 1894*

PLACE OF ATTESTATION

*Lindsay, Ont.*

DATE

*Mar 10. 1916*

*Sailed from Halifax*



*488 23/7/16<sup>8</sup> per Lt Olympia*

MARRIED

SINGLE

*yes.*

WIDOWER

TRADE OR CALLING

*Conductor*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*3*

MONTHS

HEIGHT

*5*

FEET

*8*

INCHES

CHEST MEASUREMENT

*38*

INCHES

EXPANSION

*5*

INCHES

COMPLEXION

*Dark.*

EYES

*Blue*

HAIR

*Dk Brown*

DISTINGUISHING MARKS

*Scar on left knee cap.*

MEDICAL EXAMINATION.

PLACE

*Lindsay, Ont.*

DATE

*Mar 10th 1916*

*Present Address*

*Quyon, P.Q.*

Surname

Christian Name or Names

Reg. No.

Cadiery

O.C.

774156

Rank

Unit

Co.

Troop

Batty.

Pte.

38 Batt C.O.

Hospital

Date of Admission

7 Gen St Omer

8-2-17.

Transferred

4 Stat St Omer

Hosp. 28-2-17

2 Aust Gen Wimeroux Hosp. 11.4.17

East Leeds War Hosp. 14.4.17

Epsom bonval Hosp. 24.4.17

Diagnosis

mumps

(1) Later Diagnosis (if changed)

S. w. L. leg.

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

15-2-17

a 147

Dis 6-3-17

" 10-5-17

REMARKS

18-3-17 a 147 (2)

18-3-17 a 147 (3)

23.4.17. A178.

24.4.17. B170.

3.5.17 B178.

A.M.D. 2 DEPT.

25-10-17 B46-2.

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

78

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Aug 1-1916.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

63

RATE OF ASSIGNMENT

15-			
-----	--	--	--

12201  
BWA

## PARTICULARS OF SEPARATION ALLOWANCE

No. 424156.  
 Rank L. Cpr. Promoted Reverted Discharge  
 Soldier's Name O. C. Cadieux.  
 Battalion 105<sup>th</sup> Batt.  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name Mrs Isaac Cadieux.  
 Address Quyon, Que.  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					2638-0-3
Dec 31			255	255	
Jan-18	<del>C 68957</del>		15	15	* Canc C 68957 4P
Feb	C 68958		15	15	
Mar	C 100000		15	15	
Apr	A 107207		15	15	✓
April	A 4450		15	15	
May	H 19249		15	15	g
June	E 18166		15	15	lv
July	V 33808		15	15	✓
Aug	E 30664		15	15	✓
Sept	H 44969		15	15	✓
Oct	F 48510		15	15	✓
Nov	B 60012		15	15	✓
DEC	M 63909		15	15	✓
JAN 1918	H 75481		15	15	✓
FEB	F 98546		15	15	✓
MAR	F 90204		15	15	✓
APR			480	480	

Al. closed 3-3-19. Auth. J. M. H. 22/3/19  
 M.R. 2B. (5995) 2/3/19

Al. Closed  
 Ret'd per... Adriatic # 4  
 Date... 10... 19... M.F.W. 187 27 19  
 Clerk... Canfield

M. F. W. 128  
 400M. -6-17-1772-38-1141  
 L. L. 2520 - M. & D. 7483.





MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

Sheet No. 2. Miss Isaac Cadieux OVERSEAS CONTINGENTS  
 PAYMENTS.

L. L. Job 310.—Req. 6574.

Name of Soldier Cadieux, P. G.  
724156. L. Corp. 105<sup>th</sup> Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 15.00
April	1916			
May				
June				
July				
Aug.		J 15606	15	
Sept.		W 14520	15	
Oct.		✓ 1021552	15	
Nov.		M 23942	15	
Dec.		H 30225	15	
Jan.	1917	X 35662	15	
Feb.		X 42454	15	15 (N)
March		q 49368	15	15 (L)
April		U 471	15	15 (B)
May		U 7000	15	
June		Y 13577	15	15 (M)
July		X 20138	15	c
Aug.		C 26880	15	d
Sept.		C 34424	15	e
Oct.		A 25178	15	
Nov.		L 54499	15	
Dec.		A 44106	15	
Jan.	1918			255
Feb.				
March				
April				
May				
June				
July				

Handwritten initials and marks: *W*, *Ch*, *W*, *W*

Handwritten notes in red ink: *15 (N)*, *15 (L)*, *15 (B)*, *15 (M)*, *c*, *d*, *e*, *255*

AUG 1 1916



**LIST OF DISCHARGE DOCUMENTS.**

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

1. Triplicate Attestation Paper (M.F.W. 23) or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.S.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 59) (Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sand's Documents

Group: 6  
 Checked by No. 9  
 Date: 1. 9. 19

NO OF DEPENDANTS 1

CANADIAN BUXTON, DERBYSHIRE  
 AUG 20 1919  
 FILE

DISPERSAL AREA 7.3

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

NEXT OF KIN 66/3

RELIGION R.C.

1. No.	<u>724156</u>
2. Rank	<u>Corpl</u>
3. Name	<u>Ladieux Owen Charles</u>
4. Unit	<u>C. G. Depot 109th BATT.</u>
5. Date of Discharge	<u>SEP 1 1919</u> Place
6. Reason for Discharge	<u>WAR SERVICE BAR CLASS 'A' 110</u> <u>TRADE <u>Mail Co. driver</u></u> <u>CATEGORY <u>BT</u></u> <u>OCCUPATIONAL <u>GROUP 20</u></u>
7. Authority	<u>ROUTINE ORDER 1420</u>
8. Proposed Residence after Discharge	<u>10. Guyon P.Q.</u>
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. ?	<u>29</u>
Signature of Soldier.	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	

HALIFAX DEPOT  
 SEP 18 1919  
 CLEARING SERVICES COMMAND

HALIFAX DEPOT  
 CLEARING SERVICES COMMAND  
 (C.C. Discharging Unit.)

E. R. J.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

- (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit, (e) Unfit for service in Categories A, B and C

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. (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.)

Boarded for return to Canada Auth. A.G. 9083.

11.11.18.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement.

D. J. MILLAR, MAJOR. President.

PLACE No. XI. Canadian General Hospital.

Moore Bks. Shorncliffe.

DATE 7th August 1919.

T. N. Blakey, Capt. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

President.

PLACE

CERTIFIED TRUE COPY

DATE

APPROVED BY

APPROVED BY

William A. Swa

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 10 AUG 1919

DATE

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. 3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. 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 initialed 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.

NO. XI. CGH.

STATION Shorncliffe. DATE 7.8.1919.

1. 1 (a) Unit C.A.M.C. (b) Regimental No. 724156 (c) Rank Cpl.

(d) Surname Gadioux (e) Christian name Owen Charles.

(f) Home address Quyon, Queb. Canada.

(g) Next of Kin Mrs. O.C. Gadioux (h) Relationship wife.

(i) Address of Next of Kin 62 Laburnum Rd. Wimbledon.

2. Age last birthday 25 Date of birth 4. 1. 1894

3. Enlistment, or Appointment (if an Officer) (a) Place Lindsay, Ont. (b) Date 10.3.16.

4. Personal description:

(a) Height 5ft 10 1/2 (b) Weight 180 lbs. est. (c) Complexion dark.

(d) Colour of hair Dk. Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scars left leg.

Conductor C.P.R.

5. Former trade or occupation

Table with 2 columns: Years, Days. Row 1: 3, 150

soldier's statement.

Table with 2 columns: From, To. Rows: Canada (March 1st 1916 to June 23rd 1916), England (June 23rd 1916 to Dec. 20th 1916), France or other theatres of War (April 28th 1917 to present date), Dec. 20th 1916 to April 28th 1917.

7. Original disease, or injury CONTUSION RIGHT FOOT.

(a) Date of origin Pre War. (b) Place of origin Canada.

(c) Cause following injury.

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.)

DEFORMITY RIGHT FOOT. WITH WEAKNESS AND

INABILITY TO WALK FAR. (PES.CAVIS)

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.)

Marked degree of Pes Cavis, also prominence of

Os Astragalus. There is pain below the ext.malleolus, and over the metatarsal joints after walking. Foot swells after much exercise.

Complains of weakness and pain in right foot

after walking with swelling of the foot.

(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

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

States: Run over by wagon in childhood and injured right foot.

Had no trouble with foot when he enlisted, with on walking or in providing proper fitting boots. Was partially buried at Vimy April 1917. also hit in left leg by bullet. Since then deformity of right foot has increased and now has to have special boot for right foot.

Note. (1) 1.5.17. pes Cavis. Bii.

" (2) 1.12.19. " " Biii.

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).)

M.H.S: 14.4.1917.GSW. right leg. no disability.

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

Scar left leg. Deformed right foot.

Yes.

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

(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.)

yes. States he had no trouble with foot or in providing boots on enlistment.

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.)

General Hospital treatment.

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 Biii.

A. G. Ley. Capt.

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 O. C. Cadieux. 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

D.J.M.

O. Cadieux. Cpl. Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

*Yes*

19. Is the invalid fit for

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

*3 11*

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.
  - (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.)

*Referred to return to Canada  
on 1st Aug 1918*

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.

No. 11 CANADIAN  
GENERAL HOSPITAL,  
MOORE BARRACKS,  
SHORNCLIFFE

*J. M. ...* President.  
*D. ...* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

APPROVED BY *William A. Swett* Assistant Director of Medical Services. DATE *10 AUG 1918*  
APPROVED BY \_\_\_\_\_ Director-General of Medical Services. DATE \_\_\_\_\_

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION *Tan CP H Shorncliffe* DATE *2/5/18*

1. 1 (a) Unit *C.P.M.C.* (b) Regimental No. *724156* (c) Rank *Col*  
 (d) Surname *Cadieux* (e) Christian name *Owens Charles*  
 (f) Home address *Luyon Que. Can.*  
 (g) Next of Kin *Mrs. O.C. Cadieux* (h) Relationship *wife*  
 (i) Address of Next of Kin *62 Laburnum Rd. Wimbledon*

2. Age last birthday *25* Date of birth *4/1/1894*

3. Enlistment, or Appointment (if an Officer) (a) Place *Windsor Ont* (b) Date *10-2-1916*

4. Personal description:  
 (a) Height *5' 3 1/2"* (b) Weight *Blue Balls* (c) Complexion *Dark*  
(stripped)  
 (d) Colour of hair *dk brown* (e) Colour of eyes *blue* (f) Identification marks, Scars, etc. *Scars left leg*

5. Former trade or occupation *Conductor C.P.R.*

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>3</i>	<i>150</i>

	PERIODS	
	From	To
Canada	<i>Mar 1 1916</i>	<i>June 23 1916</i>
England	<i>June 23 1916</i>	<i>Dec 30 1916</i>
France or other theatres of War	<i>April 20 1917</i>	<i>April 28 1917</i>

7. Original disease, or injury *Confusion Rt foot*

(a) Date of origin *Pre War* (b) Place of origin *Canada*  
 (c) Cause *following injury*

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.)

Deformity r.t. foot with weakness & inability to walk far. (Pes. Caris)

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.)

Marked degree of pes caris also prominence of os astragalus. There is pain below the ext. malleolus and over the Meta-tarsal joints after walking. Foot swells after much exercise.

Complain of weakness & pain in rt foot after walking with swelling of the foot.

(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

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

States: runs over by a wagon in childhood & injured rt foot. Had no trouble with foot when he enlisted either on walking or in providing proper fitting boots. Was partially buried at Vimy April 1917, also hit in left leg by bullet. Since then deformity of rt foot has increased & now has to have special boot for rt foot.

Note (1) 1-5-17 pes caris B III  
(2) 1-12-19 " " B III

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).)

M.H.S. 14-4-17 S.S.W. Rt leg no disability

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

scar left leg. deformed rt foot

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.)

Yes states he had no trouble with foot or in providing boots on enlistment

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.)

See hosp treatment

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

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

17. Recommendations B III

Signature of 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, O. Cadieux, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of \_\_\_\_\_

Signature of invalid examined. Rank.

ASSIGNED PAY. **ENGLAND OR CANADA.** SEPARATION ALLOWANCE. **ENGLAND OR CANADA.** NAME: **CADIEUX Owen Charles**

EFFECTIVE DATE: ~~15~~ **1/8/16** **1/4/19** EFFECTIVE DATE: **26/3/19** NUMBER: **724156**

AMOUNT: ~~15~~ **20** AMOUNT: **30**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<b>Pte</b>
	<b>20/20 30/4/18</b>	<b>27-2-18</b>
		<b>Capl.</b>

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

~~Mrs Isaac Cadieux~~ **Per. to Mary 24/3/19**  
~~Cuyamaca~~ **2056 252-19**  
~~(Mother)~~ **209. MCH. Mrs. Married with permanent**  
**26/3/19.**

**UNIT AND TRANSFERS**

ORIGINAL UNIT: **109<sup>th</sup> Batta**

DATE ACCOUNT FIRST OPENED: **1/1/17**

EXTRACTS FROM ACTIVE SERVICE PAY BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<b>1.8.19</b>			<b>9.75</b>				
<b>8.8.19</b>	<b>1414</b>		<b>29.33</b>				
			<b>34.06</b>				

**DAILY RATES OF PAY AND ALLOWANCES**

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<b>1.00</b>	<b>10</b>		
	<b>1.10</b>	<b>10</b>		

PARTICULARS OF RENDERING NON-EFFECTIVE: **Cancelled by MR 12664 XIC. H.O. 17/8 Shoncliffe 18/8 Mrs 3.**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<b>1918</b>											
<b>March</b>	<b>Sal. Ford</b>								<b>9.16</b>		
	<b>Cpl pay</b>	<b>53</b>		<b>Can. at</b>				<b>15</b>	<b>22.26</b>		
		<b>57.70</b>		<b>AR 73 16/4 Efrom C2</b>	<b>9.75</b>				<b>27.16</b>		
				<b>" 170 26/4 " C10</b>	<b>4.87</b>				<b>12.56</b>		
<b>April</b>	<b>app. Epe 27-2-18 63 days @ 10</b>	<b>6.30</b>							<b>18.86</b>		<b>✓</b>
		<b>29.30</b>			<b>14.60</b>			<b>15</b>			
<b>May</b>	<b>Cpl pay</b>	<b>57.20</b>		<b>Can. at pay</b>				<b>15</b>	<b>41.06</b>		
				<b>AR 325 15/5 Efrom C8</b>	<b>14.60</b>				<b>26.46</b>		
		<b>57.20</b>		<b>" 490 29/5 " C18</b>	<b>14.60</b>			<b>15</b>	<b>11.86</b>		<b>↑</b>
					<b>29.20</b>						
<b>June</b>	<b>Cpl pay</b>	<b>36</b>		<b>Can. at pay</b>				<b>15</b>	<b>32.86</b>		
				<b>AR 568 14/6 Efrom C3</b>	<b>9.75</b>				<b>23.15</b>		
		<b>36</b>		<b>" 590 28/6 " C11</b>	<b>7.30</b>			<b>15</b>	<b>15.85</b>		<b>↑</b>
					<b>14.05</b>						
<b>July</b>	<b>Cpl pay</b>	<b>57.20</b>		<b>Can. at pay</b>				<b>15</b>	<b>38.05</b>		
				<b>AR 1296 17/7 Efrom C3</b>	<b>29.20</b>			<b>15</b>	<b>8.85</b>		<b>↑</b>
		<b>57.20</b>			<b>29.20</b>						
<b>Aug</b>	<b>Cpl pay</b>	<b>57.20</b>		<b>Can. at pay</b>				<b>15</b>	<b>31.05</b>		
				<b>AR 5122 13/8 Efrom C2</b>	<b>9.75</b>				<b>21.30</b>		
		<b>57.20</b>		<b>" 5308 29/8 " C10</b>	<b>4.87</b>			<b>15</b>	<b>16.43</b>		<b>↑</b>
					<b>14.60</b>						
<b>Sept</b>	<b>Cpl pay</b>	<b>36</b>		<b>C. at</b>				<b>15</b>	<b>37.43</b>		
				<b>AR 416 13/9 Efrom C1</b>	<b>14.60</b>				<b>22.83</b>		
		<b>36</b>		<b>576 27/9 " C12</b>	<b>4.87</b>			<b>15</b>	<b>17.96</b>		
					<b>19.47</b>						

1/4/19

COMPILED BY **R. N. Frasey**  
CHECKED BY **B. J. ...**

NUMBER 724156

RANK

Cpl

NAME CADIEUX

Owen C

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Ford								17 96	70	
Oct	Cpl pay	37 20		Cpl pay				15	40 16		
				OR 451 15/10 Epsom C21	14 60				25 56		
				" 5915 29/10 " C29	9 73			15	15 83		
		27 20			24 33						
Nov	Cpl pay	36		Cpl pay				15	36 83		
				OR 1088 13/11 Epsom C7	9 73				27 10		
				" 9226 28/11 " C36	9 73				17 37		
Dec	Cpl pay	37 20		Cpl pay	19 46			15	39 57		
1919				OR 1514 15 16/12 Epsom C65	24 33				15 24		
Jan	Cpl pay	37 20		Cpl pay				15	37 44		
		110 40			43 79			45			
Feb	Cpl pay	33 60		Cpl pay				15	56 04		
				OR 1639 10/1 Epsom C15	12 17				43 87		
				" 1826 24/1 " C52	9 73				34 14		
				" 2001 13/2 " C83	9 73				24 41		
Mar	Cpl pay	37 20		Cpl pay				15	46 61		
				" 2152 27/2 " C116	9 73				36 88		
				" 2416 13/3 " C142	9 73				27 15		
				" 2454 25/3 " C158	9 73				17 42		
		70 80			60 82			80			
				Supply chy sepallee & 2920							5 96
Apr	Cpl pay	36		26/3/19 to 31/3/19 £1-4-5							
				A 38490 £ 10-5-6			20		33 42		30 -
				OR 43 - Epsom 15/4/19 C11	9 73				23 69		
May	Cpl pay	37 20		OR 198 - " - 24/4/19 34	9 73				13 96		
				A 73658 £ 10-5-6			20		31 16		30 -
				OR 464 - " - 14/5/19 71	9 73				21 43		
		73 20			29 19		40				65 96
June	Cpl	36		A 106001 £ 10-5-6			20		37 13		30 -
				OR 522 Epsom 23/7/19 a1	9 73				27 70		
				OR 757 - " - 12/6/19 19	14 60				13 10		
July	Cpl	37 20		A 72062 £ 10-5-6			20		30 30		30
				OR 1116 - " - 27/6/19 49	132				29 08		
				OR 913 - " - 27/6/19 52	4 87				24 21		
		73 20			30 42		40				60 -
				1197 52 Eps 2A	9 73				14 48		
				1229 142 Bstt 7	9 73				4 75		
				1284 222 Eps 17	9 73				4 98		
					29 19						
Aug		37 20		Supply chy 20 to 11 Aug/Sept				40			60
				1372 Eps 31/7	9 73						
				1414 m/sko 8/8	24 33						
				4467 Aux. end. 20/8	9 73						
				4603 ✓ ✓ 21/8	4 87				56 44		
		37 20			48 66		40				60

sol ban 3/9/19 £-10-4-4

963 Cancelled

AUDITOR PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 724156 RANK *Capt.* NAME (IN FULL) *CADIEUX Owen, Charles*

Form with fields for M. OR S., NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ADDRESS, ORIGINAL UNIT, PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.



62886

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT





72456

# Ole Cadmus O.C.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS										
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT								
			\$	c.						\$	c.																	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
1917			330	30					32.65	365.95					56.19	22.45	4.36	4.87	165.00	8.71	261.58	104	37												
May 31	1	1.00	1	10					1	10											15	15	112	47											
June 30	20	1.00	22						22												15	15	38	95	84	52									
	10		11						11																										
July 31			34	10					34	10											15	15	103	62											
Aug. 31			34	10					34	10											15	3 30	18	30	119	42									
Sept 30			33	00					33	00											15		63	67	88	75									

Epa Epsom patents 2/6/17 AR

Roll 19/6-22/6/17 up 6.0.  
20.174 lat. Eps. 23/6

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEPARATE ALLOC. ENG.	LARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE
Sep 30									88.75											22.92
Oct 31	pp	34.10							15.107.85											20.00
	AR 216 Epsom			9.73																15.75
	AR 255 " "			4.87																29.00
Nov Dec	pp	67.10							15.											15.24.12
	AR 286 Epsom			9.73																15.34.10
	AR 187 " "			4.87																27.22
	" 137 " "			9.74																49.06
	" 160 " "			9.73																15.
	" 86 " "			14.60																
	" 318 " "			9.73																
	AR 110 " "	67.10		14.60					30	57.35										
	AR 360 Epsom			9.73						34.10										
	Can. ar								15.	91.45										
	AR 459 Epsom			4.87						68.53										
	AR 470 " "			14.60																
	AR 474 " "			9.73																
	AR 48 " "	54.10		14.60					15	22.92										

Lord Feb 9 Pay

Mar 9 pay

9.16 Nil