Entered from St. Louis-de-Courville, P.Q. 5-2/9/16

H.M.C.S. "STADACONA" 62/3467 OFFICIAL NO. IF KNOWN Space to be left vacant if not known 3340. 8/3/5 D.

CONTINUOUS SERVICE ENGAGEMENT, OR RE-ENGAGEMENT

To be forwarded to the Naval Secretary, Department of National Defence, with Form S. 59

CHRISTIAN AND SURNAME IN FULL	NEXT OF KIN	PRESENT RATING
Charles Henri BOUTET	Mother: Marie Name 178 Royal Ave., Address St. Louis-de-Courville, P.Q.	BOY (Seaman Class)

DATE OF BIRTH*	PLACE OF BIRTH†		NAME, RANK AND STATION OF RECRUITING OFFICER
1st. March, 1922	Town	Quebec P7145	W.J.R. BEECH COMMANDER. R.C.N. HMCS. "STADACONA" COMMANDING OFFICER.
	County	Quebec	
	Province	Quebec	

Personal Description at the Date of this Document

Height	Chest	Hair	Eyes	Complexion	Wounds, Scars or Marks	Religious Denomination	Trade or Occupation
5' 8 3/4	37½ 34 35½	Brn	Blue	Fresh	Nil	Roman Catholic	Student

*Commencing date of Engagement or Re-engagement	1st. March, 1940	Period of Engagement or Re-engagement	SEVEN YEARS
Date of *actually* volunteering to engage or re-engage	24th. April, 1939	Date of entering present ship	24th. April, 1939

Particulars of former Continuous Service Engagements, if any; but, if none, and the person engaging has had previous Service, the date of his First Entry should be given. If the person has not previously served, write the words "First Entry" here. FIRST ENTRY.

* If an Engagement is ante-dated for any period, the man's services for such period should be forwarded in to office, with the Engagement, on Form S.—1243.

Declaration of Entry or Re-Entry from Shore for Continuous Service

The following questions are to be put by the Commanding Officer to the person about to engage for Continuous Service, whose answers are to be recorded hereon:—

1. Are the particulars given above of your name and date and place of birth correct?	Yes
2. Are you a British subject?	Yes
3. Nationality of parents—Father French-Canadian Mother	French-Canadian
4. Have you ever served in the Navy, Royal Fleet Reserve, Royal Naval Reserve, Army, Army Reserve, Marines, Militia, Volunteers (Naval or Military), Territorial Force, or in His Majesty's Indian or Colonial Military Forces, or in the R. C. Mounted Police?‡	No
5. Do you now belong to the Militia, Volunteers (Naval or Military), Territorial Force or any Regiment or Corps in His Majesty's Army, or to any established Naval or Army Reserve Force, or to the R. C. Mounted Police?	No
6. Have you ever been rejected as unfit for His Majesty's service, or discharged from it on that account? If so, state reason of rejection or discharge, and date	No
7. Have you ever been discharged from the Navy, Marines, Army or R. C. Mounted Police on account of misconduct?	No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Can you swim?	No

NOTED.

* When evidence of age is obtained on First Entry, it should be attached to this Form.
† Foreigners are not to be entered. On the entry of a person born out of the British Empire, it should be ascertained that he is (and in the case of a boy, that his father is) a British Subject, and evidence of the fact should be attached to the "Entry Papers."
‡ Particulars of service in the Army, Army Reserve, Naval Reserve, Marines, Militia, or H. M. Indian or Colonial Military Forces, or in the Merchant Service should be forwarded in to office with this Engagement. If a member of the Royal Fleet Reserve, the man's Registrar is to be immediately informed of his entry (Royal Fleet Reserve Instructions). If an R.N.R. man, state number of R.V. 2.

(OVER

C.N.S. 55
2,500—3-38
N.S. 815—9—55

Noted in Service Records by. 20/8/40.

Noted in Service Records by. 13.5.39.

I.—Declaration and Certificate for Men newly entered and Men who have been out of the Service since the expiration of their previous C. S. Engagement

I,....., do solemnly declare that to the best of my knowledge and belief the answers to the questions overleaf are true, and I do hereby agree to serve honestly and faithfully in the Naval Service of Canada*.....from†.....193....., provided my service should be so long required. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. As witness my hand this.....day of.....193.....

.....Man's Signature in full

Witness to Signature.....

Attested before me this.....day of.....193.....

.....{ Signature of a Commissioned Officer of the Naval Service

Date.....193.....

This is to certify that we have examined the person named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is of perfectly sound and healthy constitution, free from all physical malformation, active and intelligent; and we consider him in all respects fit for His Majesty's Service.

.....Commanding Officer.....

.....Medical Officer

II.—Certificate and Declaration for Boys

Date.....24th. April,.....193 9.

This is to certify that we have examined the boy named on the other side hereof as to his fitness for the Naval Service of Canada, and we find as follows:—He is a well grown, stout, intelligent lad, of perfectly sound and healthy constitution, and free from all physical malformation, and we consider him in all respects fit for His Majesty's Service.

The consent of his parents or guardian has been obtained in writing, and they are willing and desirous that the boy should be entered for.....for the term of SEVEN.....years' continuous and general service from the age of 18, in addition to whatever period may be necessary till he attains that age.

.....Commanding Officer
COMMANDER. R.C.N.

.....Lieutenant - Cdr.

.....Medical Officer
CAPTAIN. RCAMC.

I declare that to the best of my knowledge or belief the answers to the questions on the other side of this form are true and that I am not indentured as an apprentice.

I am willing to enter and serve in the Naval Service of Canada for.....SEVEN.....years' continuous and general service from the age of 18, provided my service should be so long required, in addition to whatever period may be necessary till I attain that age. And I do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

.....Charles Henri Boutet.....Boy's Signature in full

Witness to Signature.....George Cook.....
Master-at-Arms.

Attested before me this.....24th.....day of.....April,.....193 9

.....{ Signature of a Commissioned Officer of the Naval Service
Lieutenant-Commander, RCN.

III.—Re-engagement for Continuous Service

To be executed by men who have not been out of the Service since the expiration of their first engagement

The particulars indicated on the other side are also required when this Form is used.

I,....., now serving as a.....on board H. M. C. S....., who on the.....of.....193.....

engaged to serve in the Naval Service of Canada for a period of §.....years, do hereby engage to serve for a further period**.....from ††.....193..... provided my services should be so long required.

.....Man's Signature in full

.....193.....

Witness,.....Commanding Officer

* Insert *"for the term of (number in words) years,"* or *"to complete (number) years for pension,"* or *"until I attain the age of years."*
† Insert the date from which the engagement actually commences.
‡ The document conveying the consent to be attached to this paper. (N.B.—Not required in the case of youths over 17 years of age.)
§ To be written in words.
** Insert as follows:—*"Of (number) years,"* or *"to complete time for pension,"* or *"until I attain the age of years,"* as the case may be.
†† Insert the date of commencement of the re-engagement, which must either be coincident with, or (when the re-engagement is ante-dated) earlier than the date of execution.

S. 55

FORMULE DE CONSENTEMENT

(Cette formule est requise en plus du certificat ou de la déclaration de naissance, lorsque le candidat n'a pas atteint l'âge de 18 ans.)

---

* Biffer "fils" ou "pupille" selon le cas.

Je certifie, par la présente, que mon fils * ~~pupille~~ Charles-Henri Boutet a obtenu mon plein consentement (étant lui-même consentant) à son engagement dans le Service Naval du Canada pour une période de sept années de service continu et général, à partir de l'âge de 18 ans, en plus de toute autre période pendant laquelle il devra nécessairement servir jusqu'à ce qu'il ait atteint cet âge, conformément aux Règlements Royaux.

Il n'a jamais été dans une maison de correction ni condamné à la prison.

Je déclare qu'il n'a jamais eu de convulsions.

† La date de la naissance qui sera donnée ne devra ni être effacée ni être modifiée.

La date de naissance du garçon est † 1er mars 1922.

Il pratique la religion Catholique-Romaine

Témoin ma signature à St-Louis de Courville. P.Q.

14e jour de août 1938.

†† Biffer "parents" ou "tuteur" selon le cas.

Signature en entier des ~~du tuteur~~ des parents †† Gaudias Boutet
Marie Grenier

‡ Doit être signée par le père s'il est vivant; sinon fournir une explication satisfaisante.

Dans le cas du tuteur voir au verso.

Adresse ~~du tuteur~~ des parents ‡ 178, avenue Royale
St-Louis de Courville, Co Québec. P.Q.

Je, susnommé Charles Henri Boutet consens à m'engager dans le Service Naval du Canada.

§ Le garçon et les parents ou le tuteur doivent signer en la présence du témoin de leur signature.

§ Signature en entier du garçon Charles-Henri Boutet

Signé par ledit [Insérer ici nom du garçon] Charles-Henri Boutet

Et [Insérer ici nom des parents ~~ou du tuteur~~] Gaudias Boutet + Marie Grenier.

En présence de { René Goyer Jr
Témoin de la signature du garçon, des parents ~~ou du tuteur~~
St-Louis de Courville P.Q. Adresse.

[T.S.V.P.]

C.N.S. 2418A
400 — 3-34
H.Q. 815-9-2418A

CERTIFICAT

§ Biffer "parents" ou "tuteur" selon le cas.

** Biffer "ils" ou "il" selon le cas.

† La seule déclaration du garçon ne suffit pas pour justifier ce certificat.

Je certifie que je connais personnellement § ~~le tuteur~~ les parents de ce garçon, et je † sais ** qu'~~il a~~ ils ont consenti à son admission, tel que spécifié au recto, et je crois que les renseignements fournis sur cette formule sont vrais et exacts.

Ulric Turcotte ptre .....Curé de la paroisse.

ou .....Résidant responsable.

curé .....Profession.

St Louis de Courville .....Adresse.

18 août 193 8.

Détails qui doivent être fournis, en autant que possible, dans le cas d'un garçon dont le père est mort

Date de la mort du père.....

Lieu de sa mort.....

Signé.....Mère.

Détails qui doivent être fournis, en autant que possible, dans le cas d'un garçon dont les père et mère sont morts

Date de la mort du père.....

Lieu de sa mort.....

Date de la mort de la mère.....

Lieu de sa mort.....

Signé.....Tuteur.

MINISTÈRE DE LA DÉFENSE NATIONALE
(Service Naval)

AUG 10 1938

C.N.S. 2417a
1M—2-37
N.S. 815-9-2417

DEMANDE D'ADMISSION DANS LA MARINE ROYALE CANADIENNE

St. Louis de Bourville
(Endroit)

14e jour d'août 1938
(Date)

Le Secrétaire Naval,
Ministère de la Défense Nationale,
OTTAWA.

MONSIEUR,

Par la présente je fais une demande d'admission en due forme pour un engagement de sept années de service continu dans la Marine Royale Canadienne, à titre de matelot
(Insérez la classe choisie)

Je certifie que les renseignements suivants sont écrits de ma main et sont exacts en tous points:

1. Nom CHARLES-HENRI BOUTET
(En entier et en lettres moulées)
2. Date de naissance né le 1er mars 1922
(Un certificat de naissance, ou une déclaration assermentée des parents ou du tuteur, doit être annexé à ce document)
3. Lieu de naissance. Ville Québec, Province de Québec
4. Lieu de résidence permanente. Numéro 178, rue royale
Ville Bourville, Province du Québec
5. Etes-vous sujet britannique? oui.
6. Depuis quand demeurez-vous au Canada? j'y ai toujours demeuré.
7. Quelle est votre langue maternelle? le français.
8. Quelle autre langue parlez-vous? un peu l'anglais.
9. Appartenez-vous à la race blanche? oui.
10. Etes-vous célibataire, marié ou veuf? célibataire.
11. Quelle instruction possédez-vous? je possède un certificat de 6e et 8e année.
(Les certificats des autorités scolaires *doivent* être annexés)
12. Quelle expérience pratique avez-vous eue? en sors de l'école.
(Des détails avec lettres de recommandation et certificats d'aptitude des patrons, etc., *doivent* accompagner ce document pour appuyer vos déclarations)
13. Appartenez-vous à une force navale, militaire, aérienne ou policière? non.
14. Si oui, donnez des détails
15. Avez-vous déjà servi dans ces forces? non.
16. Si oui, donnez les détails et les dates
17. Avez-vous déjà été congédié des Forces de Sa Majesté pour incapacité physique? non.
18. Avez-vous déjà offert vos services dans les Forces de Sa Majesté et été refusé? non. Pourquoi?
19. Avez-vous déjà été condamné pour délit criminel? non.
(Insérez deux certificats de moralité, dont l'un devra confirmer votre réponse à la Question A)
20. Quel est votre poids? 155, Taille (pieds et pouces) 5' 8 1/2" Mesure de poitrine (position normale) 35"
21. Avez-vous déjà été sujet à des attaques d'épilepsie? jamais.
22. Etes-vous affligé de quelque infirmité ou malformation? non.
23. Est-ce qu'il vous manque des doigts, des orteils, etc.? non.
24. Souffrez-vous d'une maladie quelconque? non.
25. Portez-vous des verres? non.
26. Etes-vous sujet à des maladies qui pourraient vous empêcher d'être accepté? je n'en connais pas.
27. Donnez des détails j'ai toujours été en bonne santé.
28. Etes-vous consentant à vous faire vacciner et inoculer si les autorités le jugent à propos? oui.

René Fogné fils — Signature du témoin
Charles-Henri Boutet — Signature du candidat

CERTIFICAT DEVANT ÊTRE SIGNÉ PAR LES PARENTS OU LE TUTEUR DES CANDIDATS ÂGÉS DE MOINS DE 21 ANS

Je consens à rembourser au ministère de la Défense Nationale les frais encourus par ce département pour le transport à une base navale du susdit candidat si, à son arrivée à telle base, il refuse de s'enrôler pour un service continu de sept années pour des raisons qui, dans l'opinion du département, ne dépendent que de lui.

Signé et scellé à Bourville, ce 14e jour de août 1938, en la présence de

René Fogné fils — Signature du témoin
Gaston Boutet Marie Gueneau — Signature des parents ou du tuteur

CERTIFICAT DEVANT ÊTRE SIGNÉ PAR LES CANDIDATS ÂGÉS DE PLUS DE 21 ANS

Je consens à rembourser au ministère de la Défense Nationale les frais encourus par ce département pour mon transport à la base navale si, une fois arrivé à cette base, je refuse de m'enrôler pour un service continu de sept années pour des raisons qui, dans l'opinion du département, ne dépendent que de moi.

Signé et scellé à ....., ce ..... jour de ..... 19....., en la présence de

Signature du témoin — Signature du candidat

CANADA

Can. B. 207
20M—8-38
N.S. 815-2-207

CERTIFICATE OF MEDICAL EXAMINATION FOR THE ENTRY OF OFFICERS, MEN AND BOYS FOR THE NAVAL SERVICE OF CANADA

(R.C.N. OR RESERVE FORCES)

NOTE—This Certificate is to be completed by the Examining Medical Officer and forwarded to the Naval Secretary, Department of National Defence, Ottawa.

I, the undersigned, have examined Charles Henri Boutet

candidate for entry as a Boy (Seaman 2d Class)

and I believe him to be in all respects fit for His Majesty's Service. He has signed the Certificate given below in my presence.

Dated at Louiville the 12th of april 1939

D. J. D. LaRue

Examining Medical Officer

(*Rank*) M. D.

This examination has been made in accordance with the Instructions for Recruiting.

(a) Age { Years / Months	(b) Weight without Clothes	(c) Height with Bare Feet	(d) General Development	(e) Chest Girth	(f) Vision by— (i) Snellen's Types (ii) Colour Vision	(g) Vaccinated or re-vaccinated for Small Pox (Date)	(h) Lungs, Heart, etc.	(i) Abdomen, Hernia, etc.	(k) Limbs and Joints	(l) Skin	(m) Ears and Hearing	(n) Testes, Varicocele, etc.	(o) Mouth, Teeth (*No. deficient and No. defective, if any*), Nose, Tonsils, etc.	(p) Anus, Hæmorrhoids, etc.
	lbs.	ft. ins.		inches (a) maximum	right eye									
17	154	5'-9"	good	36 1/2	10/10	yes	good	normal	normal	normal	normal	normal	1 defect, 2 defic. max Tonsils normal	normal
				(b) minimum 33 1/2	left eye 10/10	1928								
				(c) mean 33 1/4	colour vision Q									

CERTIFICATE TO BE SIGNED BY THE CANDIDATE

I hereby certify that to the best of my belief I have never suffered from Fits, **Incontinence of Urine*, Discharge from the Ears, or any other disease likely to render me unfit for His Majesty's Service. I am willing to undergo, after entry, such dental treatment as may be authorized.

C. H. Boutet

Signature of Candidate

When a Candidate is passed, notwithstanding a slight defect or disability, the following Certificate is to be filled up

This Candidate is the subject ~~of~~ having physical qualifications required of candidates for entry in the Royal Canadian Navy not considered of sufficient importance to cause his rejection, he being desirable in other respects.

D. J. D. LaRue

Examining Medical Officer

(*Rank*) M. D.

* The exact meaning of this is to be clearly explained to the Candidate by the Examining Medical Officer.

3340 OFFICIAL NUMBER | FILE NUMBER 62-B.467 | OFFICIAL NUMBER 3340

NAME BOUTET (Surname) Charles Henri (Given Names) DATE OF BIRTH 1st March 1922.

PLACE OF BIRTH Quebec, P.Q. OCCUPATION Student

RELIGION Roman Catholic EDUCATION

RESIDENCE AT TIME OF ENLISTMENT: Street and No. 178 Royale Avenue Town St.Louis de Courville Province, etc P.Q.

ENGAGEMENTS

Date (in figures) Day	Month	Year	Period
24	4	39	As Boy
1	3	40	Seven years

DESCRIPTION

Height	Hair	Eyes	Complexion	Marks or Scars
5'8¾"	Brown	Blue	Fresh	

PREVIOUS SERVICE

Served in	Rank or Rating	Dates From	Dates To

NEXT OF KIN RELATIONSHIP (in pencil) Mother NAME (in pencil) Mrs Marie Boutet

ADDRESS (in pencil): Street and No. 178 Royal Ave Town Ste Louis-De-Courville Province, etc P Q

MEDALS, CLASPS, HURT CERTIFICATES, PRIZE MONEY

Date (in figures) Day	Month	Year	Particulars

EXAMINATIONS, CERTIFICATES, ETC.

Date (in figures) Day	Month	Year	Particulars
27	7	40	Completed A/G Course.

Date (in figures) Day	Month	Year	Particulars

BADGES, G.C. OR G.S.

Date (in figures) Day	Month	Year	1st, 2nd or 3rd G.C. or G.S.	Granted Deprived Restored

BRIEF PARTICULARS OF WARRANT OR C.M. PUNISHMENTS AND C.P. CHARGES

Ship or Establishment	Wt. No.	Date (in figures) Day	Month	Year	Brief Particulars of Offence	Punishment

Date (in figures) Day	Month	Year	Days Forfeited: Prison	Det'n	Cells	C. Power	W. Trial	In diff. Char.

FILM NO WSR-4642-8
DATE

SECOND CLASS FOR CONDUCT

From	To

H.Q. 35—30M—4-42 (4260)
N.S. 815—7-35

W.S.G. APPLICATION 11603 RECEIVED 6/43

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

3340 OFFICIAL NUMBER | NAME BOUTET (Surname) Charles Henri (Given Names) | OFFICIAL NUMBER 3340

Ship or Establishment	Rating	From Day	From Month	From Year	Remarks	Character	Efficiency	Date Day	Date Month	Date Year	Non-Sub. Rating	Qualified Day	Qualified Month	Qualified Year	Re-Qualified Day	Re-Qualified Month	Re-Qualified Year
Stadacona	Boy Smn.	24	4	39		V.G.	Supr.	29	2	40							
Venture	"	1	7	39		V.G.	Supr.	22	10	40							
Stadacona	"	2	9	39													
Skeena	"	13	10	39													
	Ord.Smn.	1	3	40													
Stadacona	"	25	5	40													
Margaree	"	14	8	40													
Discharged		22	10	40	DEAD-Missing-Presumed Dead.												

GENERAL REMARKS

P.N.H 191C of 18.2.41. Canadian Pension Commission rule "Not entitled to pension - Father not in a dependent condition.".

28.4.41. Memorial Cross issued to Mother:
Mrs. Marie Boutet,
178 Royal Ave.,
Ste.Louis-De-Courvill
Quebec.

DATE OF BIRTH DY	MO.	YR.	PLACE BIRTH	CIVIL OCCU. MAIN	SUB	RELI-GION	ED	PERM. RESIDENCE R	CTY.	TOWN	PREV. SERV.	ENL. DIV.	RANK OR RATE A	BR.	RANK
01	3	22	12	xxx	0	10	X	25	40	0		19	0	08	96

ENLIST. DATE DY.	MO.	YR.	ACT. DEAV. DATE DY.	MO.	YR.	SHIP OR ESTAB.	RANK OR RATE A	BR.	RANK
24	04	39	22	04	37	0315	0	08	95

SENIORITY DY.	MO.	YR.	S.R. CAT.	NON-SUB A	B		CODED	CHECKED
01	03	40	09		20	22-10-40	HK	EK

D OF D 22-10-40

D.D.

DEPARTMENT OF VETERANS AFFAIRS

AWARDS NAVY

WAR SERVICE RECORDS

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
BOUTET	Charles Henri	N-3340	O/S.		

WAR SERVICE BADGE (CLASS) No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AN DATE DESPATCHED
1939-45 Star	
Atlantic Star	3079
C.V.S.M. & Clasp	
War Medal	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

RCN July 41 "MARGAREE"

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Gandiose Boutet - Father

ADDRESS: 178 Royal Ave.,
St. LOUIS-de-COURVILLE, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Marie Boutet

ADDRESS: 178 Royal Ave.,
St. Louis de Courville, Que.

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 539
(2)
(3) 28-4-41

P006365 62-13-467

Six copies to be rendered to Naval Service Headquarters

REPORT OF THE DEATH OF AN OFFICER, MAN OR BOY

73

H.M.C.S. STADACONA at HALIFAX, N. S.

Name Charles Henri BOUTET
(Christian names in full)

Rank of Rating Ordinary Seaman Official No. 3340
(If unknown, date of first entry)

Place of Birth Quebec, Quebec Date of Birth 1st March, 1922

Occupation in Civil Life Student Religion Roman Catholic

Number of years service in the Navy (Long Service R.C.N., or mobilized service in case of R.C.N. (Temporary) or Reserve ratings) 8 Months

Date of Death 22nd October, 1940 Place of Death At Sea

Cause of Death Lost in collision of H.M.C.S. MARGAREE
(If due to accident, violence, or enemy action, particulars to be stated briefly)

Nearest known relative or friend.
Name Marie BOUTET Relationship Mother
Address 178 Royal Avenue, St. Louis-de-Courville, P.Q.

Date on which the above was informed by Ship Informed by N.S.H.Q.

Date on which death was registered with local Officials NK

In the case of Imperial Service men, whether Active Service, Pensioner or Reserve, date on which the prescribed return was rendered to the Registrar General in London, Edinburgh or Dublin, according to Nationality

Place of Burial (if known) Date of Burial (if known)

Location, Number, etc., of grave (if known)

Undertaker employed (if any)

If borne for discipline only, date D.S.Q. or invalided

J. Edwards
COMMANDER R.C.N.
Commanding Officer,
8th November, 1940

The Naval Secretary,
Department of National Defence,
Ottawa, Canada.

In all cases this Form is to be sent in addition to the Report by Telegraph required by the Regulations.

Distribution: File, Imp. W. G. Com., Dom. Stat., Register.

C.N.S. 1121
15M—7-40 (5849)
N.S. 815-9-1121

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This Form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office.
All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis.
Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

1. Hospital Savard Park 2. Date of admission 27-10-40

3. Surname Clermont, 4. Christian Name Joseph Arthur 5. Age 24

6. Birthplace Quebec, Que. 7. Next of kin Mrs. Marie Irena Clermont,

8. Address 1034 St Vallier Street, Quebec, Que.

9. Regimental Numbers { C.A.S.F. V-3340 / C.E.F. / Other } 10. Rank { O/S / / } 11. Unit { R.C.N.V.R. / / }

12. Personal address 1034 St Vallier Street, Quebec, Que. 13. Height 5'8½" 14. Weight 142

15. Present pensionable disability

16. Amount per month

17. Other disabilities not pensionable

18. Dates of last or other hospital periods nil

19. Authority for hospitalization D.M.O., M. D. No. 5 20. Class 19

21. Statement of present complaints in patients own language on admission to hospital

Genitalia markedly swollen and itchy

22. Date of discharge 5-11-40 23. Reason for discharge -

24. Condition of patient on discharge satisfactory

25. Is further treatment needed at home? -

26. Final Diagnosis Angioneurotic oedema

27. Disposal of case

28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer

Signature of C.M.O. Signature of Patient.

P & N.H. 100 100M-7-40 Req 525 **These signatures apply only to Section 28.**

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization.

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

Genitalia markedly swollen and itchy, edema elastic and tense. Onset two days ago, urticaria eruption also present buttocks and left thigh, temperature normal. As yet impossible to find the specific allergy.

FAMILY HISTORY: Father alive and well
Mother died 41, pulmonary congestion
2 brothers and 5 sisters, alive and well, 1 brother died (23 cerebral haemorrhage)
Married, wife healthy, no children

PERSONAL HISTORY: Diphtheria, scarlet fever

PHYSICAL EXAM: Physical development and nutrition: fair

Throat: normal, Teeth: good order

Lungs: normal

Heart: normal, B.P. 125-75

OTHER SYSTEMS: normal

URINALYSIS: s.g. 1.026, acid. Sugar and albumin: negative

Microscopically: Rare epithelial cells

RETURN OF BLOOD: Wassermann: negative

Kahn: negative

Swelling of genitalia subsided, eruption on buttocks and left thigh disappeared.

5-11-40. Condition satisfactory. Discharged from hospital
DISCHARGED FROM HOSPITAL

Diagnosis: Angioneuroticedema

M.D.
Medical Officer in Charge

62-2/4 B

M17653

Mr. J. O. Lasselle
Secrétaire naval
Ottawa
Ont.

PRECIS

July 19th, 1938.
Charles-Henri Boutet,
178 avenue Royale, St.Louis de Courville,P.Q., who is 16 years old, states that he wishes to join the Royal Canadian Navy, and he would like to have full particulars re admission in that service. He has completed the 8th-year course.
HL.

Cher Mr,

Je suis un de ces jeunes hommes qui aspirent à devenir officier ou mieux capitaine au long cours, voilà la raison pour laquelle je m'adresse à vous suivant les conseils de M. le cure-dant Petitgrew.

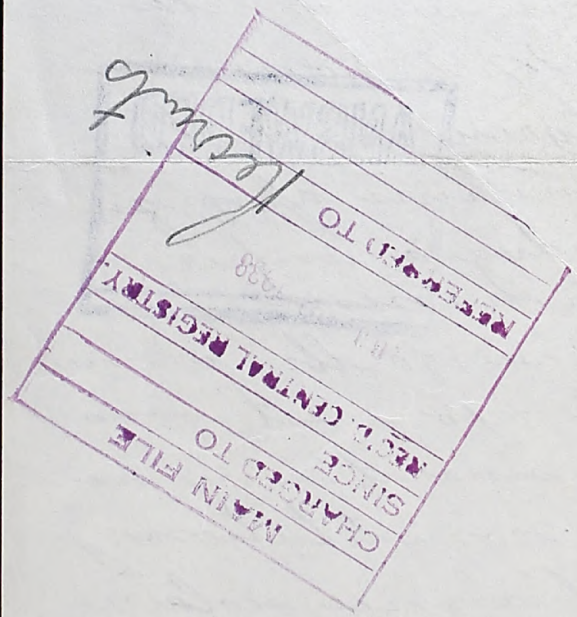
Donc je vous cors afin que vous m'aidiez à rentrer à Halifax, personnellement j'ai 16 ans, je pèse 150 lb., je mesure 5 pieds 8 po. c'est vous dire que je suis d'une assez bonne constitution; je terminai l'année scolaire en remportant le certificat

mentaires à ce sujet. J'espère que ces renseignements peut-être trop nombreux vous suffiront.

Je serais prêt à partir aussitôt les devoirs remplis

D'un humble solliciteur
Charles-Henri Boutet
178 av. royale
St. Louis-de-Kamouraska

P. J.



HL

TRANSLATION

Courville, P.Q.,
August 15th, 1938.

9

I, the undersigned, parish priest, certify that I know well Charles Henri BOUTET, son of Gaudias Boutet and Marie GRENIER of my parish.

This young man wishes to join the Royal Canadian Navy as a seaman.

He is an excellent young man who belongs to a very good family, and I do not hesitate to recommend him.

In witness whereof I have signed and affixed the seal of the parish.

(Sgd) Ulric Turcotte,
parish priest.

C.N.M. 227
25M—6-44 (803)
N.S. 7570-M227

REPORT OF A MEDICAL BOARD OF SURVEY

INSTRUCTIONS TO MEDICAL OFFICERS

A. This form will be used for all personnel when a change of Medical Category is indicated, or when an officer or rating presents a disability at time of discharge, where Form Can. B207(B) is not applicable.

B. The Medical Officer instituting the Board will complete pages 1, 2 and 3. The Medical Board will complete Sections 16 and 17, page 4. Representatives of Department of Pensions and National Health will complete Section 19, page 4.

SHIP OR ESTABLISHMENT H.M.C.S. "ST. HYACINTHE." Date 17.3.45.

1. (a) Unit R.C.N.V.R. (R.C.N., R.C.N.R., R.C.N.V.R.) (b) Sig. T.O. (Rank or Rating) (c) V-3340. (Official Number)

(d) Name CLERMONT (Surname—block letters) JOSEPH ARTHUR MAURICE LAURENT (Christian Names)

(e) Home address 262 Champfleurie (Street) QUEBEC (City) P.Q. (Province)

(f) Address after discharge As above.

(g) Next of kin Mrs. Marie Reine Clermont (h) Relationship Wife

(i) Address of next of kin As in I(e.)

2. (a) Country and date of birth CANADA, Sept. 18th, 1916. (b) Religion R.C.

3. Enlistment or Appointment: (a) Place QUEBEC CITY (b) Date 13th Oct., 1939. (Active Service)

4. Personal Description: (a) Height 5'9" (b) Weight (stripped) 140 lbs.

(c) Complexion Sallow (d) Colour of hair Black (e) Eyes Grey

(f) Identification marks or scars Small scar, base of right thumb.

5. (a) Former Civilian Occupation Carpenter (b) Occupation in Navy Sig.

6. Service. (This information should be secured from Service documents if available. If not, a statement from the officer or rating may be taken and noted as such.)

(a) Length of Service:

1. Former Wars: Former Official No. ..... From ..... to .....

2. In this War: Years 5 Months 5 Days 4

(b) Theatre of Service:

(i) In Canada only 13th October, 1939 (From) Present (To)

(ii) Canada and Abroad:

(a) Afloat "LACHUTE." (Name of Ship) 27 th October, '44 (From) 12th Nov.,'44 (To)

(b) Shore Service (Outside Canada) (Place) (From) (To)

(Service abroad includes service in *any* seagoing Ship of War (including training Ships), or in any country outside Canada. Name of *one* such Ship or Country only is required for pension purposes.)

This information has been obtained from (a) Man's statement Yes [X] No [ ]
(b) Service documents Yes [X] No [ ]

7. Present Diseases or Injuries:

Present Diseases or Injuries	Code No.	Cause	Place of Origin	Date of Origin
Multiple Calcium Deposits about Right Shoulder.	1319	Accident	Quebec City	July, 1941

8. PRESENT CONDITION:

(a) Subjective "The only trouble I have is with my right arm. It has
(In individual's own words)
been bothering me for the past two weeks; almost a continuous feeling in it, as though it wasn't working properly. Sometimes a hurt goes right down the inside of my arm to my hand, and sometimes up inside to my shoulder. I am not able to make any semiphor or flag-hoisting, because as soon as I start to work it hard there is a catching in it, as though it was being cut inside. Sometimes this hurting starts if I am only just using a broom, especially if the weather is stormy or rainy."

(b) History of Present Disability: (DETAILED HISTORY of disabling condition, and particularly the time relation of onset to date of enlistment should be recorded here. Name and address of attending physician prior to enlistment should be given when applicable. When a Board of Enquiry has been held, minutes should be attached.)

In June or July of 1941 he was climbing into a ship; the rope ladder broke; he grabbed a wire as he fell and only caught it with his right arm. He held on, receiving a terrific jolt, and hurt his shoulder. He went to Sick Bay in Quebec. The shoulder was given massage every few days for two weeks. His arm has troubled him off and on since. Last fall on the "Lachute," hoisting halyards bothered his arm. His arm was first X-rayed in November, 1944, but he did not find out any results. He came to St. Hyacinthe in December, 1944, and was X-rayed - revealing calcium deposits about the head of the right humerus. His arm has been quite troublesome here, and on consultation with the P.M.O. a board was advised.

See attached Surgical Consultant Report.

(c) History of Previous Illnesses and Injuries

Scarlet Fever; Diphtheria.

Influenza 12.1.40...14.1.40

Angioneurotic Edema 27.10.40...5.11.40

STATEMENT OF THE OFFICER OR RATING

9. Sections 8 *(a)*, *(b)* and *(c)* are to be read and either "satisfied" or "not satisfied" struck out.

I, the undersigned, J.A.M.L. Clermont having heard the contents of Section 8, am satisfied (or not satisfied) with it. (If dissatisfied, statement follows):

I complain in addition of Nothing

J. A. Clermont
(Signature of Officer or Rating) (Rank or Rating)

Date 17th March , 1945.

10. PHYSICAL EXAMINATION: (Before completing this section, the subject of the Survey will be stripped and given a complete physical examination. All defects must be recorded. Case history sheets, reports of special examinations and consultants' opinions will be listed and enclosed.)

Fairly slight build; speaks broken English; cooperative.

Head and neck: Ears - canals clear; drums intact; hearing normal. Nose - unobstructed. Eyes - pupils regular and equal; react to light and accommodation; movements normal. Throat - teeth poor. Tonsils not hypertrophied. Thyroid normal.

Chest: Expansion equal and good. Lungs clear to auscultation and percussion.

Heart: No enlargement; faint systolic murmur, not propigated; regular 80/m. B.P. 135/70.

Abdomen: No masses, enlargements or tenderness. No herniae. Reflexes normal.

Genitalia: Normal uncircumcised male. No herniea or varices; no hemorrhoid

Extremities: Reflexes normal. Knee jerks sluggish. Some weakness in hand grasp of right arm. Questionable area of hyperaesthesia in right upper arm laterally. No atrophy noted of muscles. Both arms measure 10½" - 3" above the olecranon and 10" - 3" below.

See attached X-ray report of calcium bodies around subacromial area and supraspinatus tendon of right shoulder.

11. Were diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct ..... No

(b) By unreasonable refusal to accept treatment ..... No

12. What is the prognosis and probable duration of disability ..... Indefinite

13. Give nature and probable duration of treatment required .....

14. Can the former civilian occupation be resumed:

(a) On discharge ..... Yes

(b) Following further treatment .....

15. Recommendations ..... Recategorization

S. L. Busby ..... R.C.N.V.R.
(M.O. by whom case is brought forward)

Surg. Lieut

Date ..... 17th March, 1945.

S.

16. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

We concur.

17. Recommendations of Medical Board:

(a) Medical category..."E"...

(b) Treatment required (specify nature and probable duration).....

Symptomatic treatment under D.V.A.

(c) When treatment is refused, the following statement will be completed and signed:

I, the undersigned,.....understand the nature of the treatment recommended, and I refuse to accept it for the following reasons:.....

Witness..... Signed.....

W. R. Fraser, Surg Lt R.C.N.V.R.—President

Place St. Hyacinthe, P.Q. J C Gald Lt R.C.N.V.R.

Date 28th March, 1945. J S C Robinson Surg Lt. R.C.N.V.R. } Members

18. Approved by:

J. R. Smith, A/Surg Lt Cdr
Senior Medical Officer.

Date 28 Mar 45

Confirmed by: Category E approved, NSHQ V3340, Signal Reference 051425Z.
Medical Director General (R.C.N.)

Date 5th April, 1945. J. R. Smith, A/Surg Lt Cdr.

TO BE COMPLETED BY D.P. & N.H.

19. This Board was referred to D.P. & N.H. at.....(City) on.....(Date) 19.....

Remarks of P.M.E.....

Pension Medical Examiner.

Remarks of C.M.O. to be referred to D.V.A. for Treatment of his shoulder by physiotherapy.....

H. H. Beedell
Chief Medical Officer.

This case is now cleared by D.P. & N.H. Any further action as may be directed above by P.M.E. or C.M.O. will be implemented after discharge from Naval Service, and the dischargee has been so instructed.

Date.....

District Administrator.

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Monsieur et Madame Gaudias Boutet

et leur famille

vous prient d'agréer leur plus cordial merci

pour la sympathie que vous leur avez

témoignée à l'occasion du décès de

leur fils bien-aimé.

Charles-Henri Boutet

St-Louis de Courville, octobre 1940

PRECIS
(8-1-1941)

Mr. Gaudias Boutet, 178 Royale St., Courville, Que., says that during his son's first year service in the Navy, as he was earning but .50¢ per day, he did ask the latter to assign him part of his pay. Just the same, says he, in May last, at the time his son went home on leave, he gave him part of his pay which he had succeeded in saving, and he fully intended to give his parents larger financial support when his pay would be of $45. per month.

Mr. Boutet adds that on his son's return to Halifax, the latter has never received any letter from home, and so far as he is concerned, he received but 2 letters from his son, which he can not understand. So much so that when his son reached England, he asked his father to send him a cable.

As young Boutet was the eldest son of a large family, and considering that he did not hesitate in enlisting voluntarily so as to serve the Country, besides, as he was the only one who could help his parents financially, his father thinks that he is justified in asking for a pension, and hopes that his request for same will receive favourable attention, please.

CHJ

Veillez nous croire

Mr. Leblanc

votre tout obligée

Gaudias Boutet

178 Ave Royale

Courcelle

Que. Canada

nous l'avons laissez libre.

Mais circonstance étrange qui ni l'un ni l'autre avons pus s'expliquer au retour de ses raconces à Halifax il n'as pas reçu une de nos lettres, et nous en avons reçu qu'une couple lors qu'il était rendue en Angleterre, il nous a demande de lui envoyer un télégramme croyant plus sur de le recevoir croyant sa correspondance interceptée quelque part.

Si nous constatons qu'il n'as pas craint de partir volontaire aussi jeune pour défendre sa patrie. il me me semble que la demande de pensions demande considération étant notre fils aîné et d'une nombreuse famille le seul qui pourait nous aider.

Courvielle 8 Janv. 1941

54

Ministère de la défense
Nationale (Service Naval
M. J. A. B. Leblanc

Monsieur

Si nous n'avons pas
exigé de notre fils une partie de son
salaire, c'est que la première année
son salaire était bien minime 50 sous
par jour, malgré tout il nous a em-
porté au mois de mai dernier à ses
vacances à la maison une partie de
son salaire qu'il avait mussi à écono-
miser à se proposant de nous aider
d'avantage cette année ou son salaire
devait être de $ 45.00 par mois, voyant
sa bonne volonté comme toujours

Courville, 22 Septembre 1945.

Departement de la Defense Nationale,
Service Naval,
Ottawa, Can.

Monsieur,

Nous tenons à vous remercier pour ce que vous avez fait pour nous, mais sachez que c'est sacrifier son enfant pour bien peu, puisque sa gratification couvre à peine les dépenses de son décès.

Nous vous remercions.

Bien à vous.
Gendias Boutet.

2
NAVY

DEPARTMENT OF NATIONAL DEFENCE

ID NAVY ═══ ARMY ═══ AIR FORCE ✓200

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Charles Henri (CHRISTIAN NAMES) BOUTET (SURNAME)

REGISTER NO. 11603
FILE NO. NSN-3340
DATE 17 Jul/45
SERVICE NO. 3340
FINAL RANK OR RATING Ord.Smn.
DATE OF DISCHARGE 22 Oct/40

PAYEE ADDRESS: Director of Estates, for service Estates, of Charles H. Boutet NSN-3340, 308 Sparks St., Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Oct/40

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 409 / 30 EQUAL TO 13 COMPLETE PERIODS AT $7.50	97.50
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 295 LESS 19 INELIGIBLE DAYS, EQUAL TO 276 DAYS @ 25C. PER DAY	69.00
C. SUPPLEMENT FOR OVERSEAS SERVICE (see below)	34.41
D. WAR SERVICE GRATUITY	200.91
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $ NIL	
F. TOTAL AMOUNT PAYABLE N.P.L. 35	200.91

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$1.45
ADDITIONAL PAY H.L.M.	$ .10
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$3.05 ×7 = $ 21.35
NO. OF DAYS 295 / 183	×$ 21.35

70

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ______ OF $ ______ =$ 200.91
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
YN	[signature]	[signature]	18-7-45

[signature]
SERVICE REPRESENTATIVE
for Dir. Naval Pay. Accting.

AT

MH

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

NAVY

Name: BOUTET, Charles H. No.: V-3340
Surname Christian Names

O/S HMCS MAGAREE 22-10-40
Rank Unit Date of Death

AMOUNT

W.S.C. 200.91
L.P.C. $ 49.91

Date: 10-8-45

Other Credits.....

Total..... 250.82

Prev.dist. 49.91
This dist. 200.91

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/4	Father	Candiose Boutet, 148 Royal Ave., St Louis-de-Courville, Que. (1/4 as next of kin entitled) (1/2 for benefit of 8 minors)	150.69
1/4	Mother	Mrs. Marie Boutet, (As above) (As next of kin entitled)	50.22

P4 TO TREAS.
14/8/45

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	50	000	$200.91

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Louiville 17/8/41

Mr. J. O. Casselle

Monsieur

Nous vous remercions bien sincèrement de tout ce que vous avez fait pour nous depuis la mort de notre garçon. merci pour tout les renseignements, pour la médaille et enfin sa solde que nous venons de recevoir ces jours derniers, nous voulons croire que tout est bien correct comme tel.

Votre très reconnaissant

Gaudiosi Boutet
178 Ave. Royale
St. Louis Louiville P.Q.

W.S.G. Application No. 11603

TO: D.N.P.A. "G"

FILE NO. N.S. N-3340

"WAR SERVICE GRATUITY"

COMPUTATION OF SERVICE

SURNAME	CHRISTIAN NAMES IN FULL	OFFICIAL NUMBER	RANK OR RATING ON DISCHARGE
BOUTET	CHARLES HENRI	3340	ORD SMN.

CAUSE OF DISCHARGE: DEAD (MRS MARGARET)

APPLICANT MOTHER - NO A?

366
21
22
409

TOTAL SERVICE

Date of Active Service 10 SEPT 39

Date of Discharge 22 OCT 40

Total No. of Days 409

Less non qualifying service N.-

Total Days 409

OVERSEAS SERVICE

% Total No. of Days 295

Less non qualifying service N.-

Total Days 295

Record of Service in other Forces (per Naval Records)

Branch of Service

Date of Active Service

Date of Discharge

& % Overleaf

Computed By J. deWolf

Checked By J. M. Boucher

for (H.B. Money)
Payr. Cmdr. R.C.N.R.
Director of Personnel Records

DATE: JUL 4 1945

DD OOF

NON QUALIFYING SERVICE

(#)

Date	Reason	No. of Days	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
"	"	"	
	Total days		

(%)

OVERSEAS SERVICE:

Where Serving	From	To	No. of Days
SKEENA	13 OCT 39 ✓	24 MAY 40 ✓	225 ✓
MARGAREE	1 AUG 40 ✓	22 OCT 40 ✓	70 ✓
			295 ✓

19 18
30 30
31 22
31 70
29
31
30
24
225

STATEMENT OF ACCOUNT

69

True extract from the ledger of H.M.C.S. "MARGAREE" ending 31st.October 1941

List 5-2 No. 78 (Name) BOUTET, Charles H. Rank Rating O.Sm'n No. 3340

When entered 1st.October Date of appearance 6 September Whither discharged "DD"

	$	c.
CREDIT from former account	6	27
Pay as Ord.Sm'n (Rank Rating) from 1st.Oct. to 31st.Oct. (31 days at $1.25 a day)	38	75
" " " (" ")		
" " " (" ")		
" " " (" ")		
" " " (" ")		
Kit Upkeep Allowance	3	33
OTHER CREDITS: "STADACONA" AMENDED T.L.	2	00
H.L.M.	1	50
L.A.	7	00
Total credits	58.	85

DEBT from former account NIL

PAYMENTS:—	1st	2nd	3rd	4th	5th		
	$ c.	$ c.	$ c.	$ c.	$ c.		
1st month	8.94					Total	8.94
2nd month						Total	
3rd month						Total	

Allotment NIL

Pension deduction (Officers) charged to NIL of

Hospital stoppages NIL

Mulcts NIL

OTHER CHARGES: NIL

	$	c.
Total debits	8	94
Balance Cr. ~~or Dr.~~	49	91

(Balance Dr. to be shown in red)

Ledger { Fair / Rough } [initials]

Number of days actually victualled during period mentioned above 15

NOT VICTUALLED

LENT, SICK OR LEAVE	INCLUSIVE DATE FROM	INCLUSIVE DATE TO	No. OF DAYS	SHIP, HOSPITAL, etc., IN WHICH BORNE
Lent	6 Sep.	7 Oct. ~~30 Sep.~~	32 ~~25~~	"DRAKE"

Date 1st. April 1941 19 41

B. M. Hatfield
FOR/ ACCOUNTANT OFFICER
Paymaster Sub-Lieutenant, R.C.N.V.R.

C.N.S. 2426
25M—10-40 (7514)
N.S. 815-9-2426

P 41855

APR 16 1941
N.S. 63-12467
CANADA

ACCOUNTS OF MEN DISCHARGED

94

Account of the Balance of Wages, the Sale of Clothes and Effects and the other Credits of Men Discharged to the Shore, D. D. or Run

Name CHARLES H BOUTET *Rating* O. SEA.

Official No. 3340 *H.M.C.S.* "MARGAREE" *List* 5-2/78

Who was* "DD" *on the* 22nd October *19* 40.

	$	cts.
Net sum due on ledger on account of Wages	49	91
Proceeds of sale of Effects charged against Wages, brought from the other side	NIL	
CASH—		
Proceeds of sale of Effects, paid for in Cash, brought from the other side	NIL	
Found amongst Effects	NIL	
Debts collected §	NIL	
Cash debited in the Accountant Officer's Cash Acct	NIL	
If in debt in ledger, amount to be stated (in red ink)	NIL	
Rate of allotment (in words) - NIL- charged to		
Name of ship from which transferred H.M.C.S. "MARGAREE"		
Total† BALANCE CREDITOR	49	91

Noted on Wages 5-7-41

636

We hereby certify that we have every reason to believe that the above account contains a true statement of all wages, Effects, and other Credits or Debts on the Ledger of H.M.C.S. "MARGAREE" amounting to a net balance† CREDITOR

of -FORTY-NINE- dollars NINETY-ONE cents.

Dated on board H.M.C.S. "STADACONA" at HALIFAX

NOVA SCOTIA this 25th day of MARCH 19 41.

Approved [signature] FOR Accountant Officer
Paymaster Sub-Lieutenant, RCNVR

[signature] Initials of the Assistant Accountant Officer

[signature] Commanding Officer.
ACTING CAPTAIN, R.C.N.

For Use at Headquarters. $.....cts.....credited on Inspector's certificate

No.....to.....

Signature.....

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

*State whether discharged on shore, D.D. or Run.
†State whether "debtor" or "creditor".
§Subscription for Charitable or other purposes should not be shown hereon, but on a Remittance List, and dealt with as laid down in the King's Regulations.

C.N.S. 46

10M—10-40 (7450)
H.Q. N.S. 815-9-45

Ledger { Fair / Rough

MEMORANDUM POUR

P. 64

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G. 62-B.467 FD. 184

Madame Marie Boutet,
178 Avenue Royal,
St. Louis-de-Gourville, Québec.

P 82408

79

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 30 juin, 1941

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

BOUTET, Charles H. Ord. Smn.,

O. No. 3340, H.M.C.S. "MARGAREE"

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

(L.M. Firth) Major,
L'administrateur des successions.

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non.....				
3	Père du défunt.....		Gaudiose Boutet	50	178 Ave R Jale Laurelle P. Q.
4	Mère du défunt.....		Marie Grenier Boutet	47	178 Ave R Jale Laurelle P. Q.
5	Frères du défunt	Frères germains	Lunand Boutet	15	— —
			Gaston	13	
			Pierre	10	—
			J. Guy	9	
		Demi-frères	Gustave	6	—
			J. Paul	5	
6	Sœurs du défunt	Sœurs germaines	Marthe	12	—
			Madeleine	7	—
		Demi-sœurs			

	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux	Noms et âges de leurs enfants, le cas échéant	Adresse de leurs enfants
7			

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance).....			

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DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Charles-Henri Bouchet
11	Indiquez le mois et l'année de sa naissance.	1er mars 1922
12	Où et quand ses parents s'étaient-ils mariés?	à Courville l'an 1919
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	non
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	non

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	Québec Hopital St-François d'Assise
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	Courville, Co. Québec
18	Combien de temps dans chacun d'eux?	toujours
19	Quelle était la nature de son emploi?	suivait un cours de quatre ans à l'école Technique de Québec
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	d'être marié
22	Indiquez votre adresse postale au long.	170 Ave Royale Gaudiose Bouchet Courville P.Q.

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	toute payé par son père
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	non

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

DÉCLARATION

Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la père du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Gaudiose Boutet — Signature du déclarant

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, Gaudiose Boutet (Nom du déclarant) est le/la père du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Courville ce 3e jour de juillet 1941

Signature du pasteur, prêtre ou magistrat. Ulric Turcotte ptre Titre curé

Adresse St-Louis de Courville
Co. Québec. P. Que.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

OFFICIAL COPY

S. 1320D
10 Mil.-5-40 (5005)
N.S. 815-9-1320D

NAVAL MESSAGE

To: MRS. MARIE BOUTET
178 ROYAL AVE.
ST. LOUIS-DE-COURVILLE P.Q.

From:

62 B 467 42

THE MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT YOUR SON CHARLES H. BOUTET ORDINARY SEAMAN R C N O.N. 3340 IS MISSING, BELIEVED KILLED.

-/26

L/T P/L REC'D SDO AB 27-10-40 5405
1507/26

62-B467.
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- Service naval -

le 2 novembre 1940.

Madame,

A mon vif regret, je dois vous confirmer le télégramme dans lequel le ministre de la Défense nationale vous annonçait que votre fils le matelot de pont Charles H. Boutet, M.R.C., matricule 3340, est disparu, présumé tué.

Les détails manquent, mais on sait que le MARGAREE a été coulé au cours d'une collision, alors qu'il escortait un convoi, feux éteints, dans une zone du nord de l'Atlantique fréquentée par les sous-marins. 142 officiers et hommes d'équipage manquent à l'appel et doivent être censés perdus en mer.

Je suis chargé de vous offrir, dans votre deuil, les sincères condoléances du ministre de la Défense nationale et du chef de l'état-major naval.

Nous vous communiquerons immédiatement tout autre détail qui pourrait nous parvenir.

Votre bien dévoué,

Le secrétaire naval,

(J. O. Cossette)

Mme Marie Boutet,
178, avenue Royal,
St-Louis de Courville,
P. Q.