

120035

**I.D. number**  
**No. d'identification**

CLOUTIER

**Surname**  
**Nom de famille**

LEONIDAS

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

1810







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

DISCHARGE DOCUMENTS



Name *Cloutier Leonidas*

Regt. No. *120035* Rank *Pte*

Corps *69<sup>th</sup> Infantry C. E. F.*  
*(Deceased)*

25788

R. O. No. ....

H. Q. No. ....



1-31  
1-31

*M-X*  
*8-4-21*  
*H.R.*



*Legat Montreal*  
*[Signature]*

120035

# ATTESTATION PAPER

No. ~~120003~~

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name?..... LEONIDAS CLOUTIER.
2. In what Town, Township, or Parish, and in what Country were you born?..... St. Canut, Co. Wolfe.
3. What is the name of your next-of-kin?..... Anna Cloutier (Frank) wife.
4. What is the address of your next-of-kin?..... 139 Bienville, Montreal
5. What is the date of your birth?..... 14th August, 1887.
6. What is your trade or calling?..... Shirt Ironer.
7. Are you married?..... Yes.
8. Are you willing to be vaccinated or re-vaccinated?..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes.

*W-6-2080*  
*THRU CANADA*

Leonidas Cloutier (Signature of Man.)  
L. Besson Capt (Signature of Witness.)

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

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

Leonidas Cloutier (Signature of Recruit.)

Date 4th day of August 1915 L. Besson Capt (Signature of Witness.)

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

I, Leonidas Cloutier, 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.

Leonidas Cloutier (Signature of Recruit.)

Date 4th day of August 1915 L. Besson Capt (Signature of Witness.)

### CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this fourth day of August 1915

[Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)

*Died in Montreal General Hospital*  
*22-2-16*

*Carded 18-3-16*  
*F.S.*



DESCRIPTION OF Leonidas Chantre ON ENLISTMENT.

Apparent Age 28 years \_\_\_\_\_ months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height \_\_\_\_\_ 5 ft. 6 ins.

Chest measurement { Girth when fully expanded \_\_\_\_\_ 31 ins.  
 Range of expansion \_\_\_\_\_ 36 ins.

Complexion \_\_\_\_\_ Fair

Eyes \_\_\_\_\_ Brown

Hair \_\_\_\_\_ Light Brown

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

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 4 Aug 1915

Place Montreal

R. J. [Signature]  
A. [Signature]  
 Medical Officer.

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT

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

Date NOV 12 1915 1915

J. [Signature] (Signature of Officer.)  
 LIEUT. COL.  
 O. C. 69th O. BN. C. E. F.



120035  
~~120003~~

# MEDICAL HISTORY SHEET.

Surname Lehouvier Christian Name Leonard

Examined { on 4 day of August 1915  
 at Montreal  
 Birthplace { City or Town St. Camille  
 County de Wolfe

Approved by [Signature]  
 Rank Captain M.O.

Apparent age 28  
 Trade or occupation Shirt ironer  
 Height 5 Feet 6 Inches.  
 Weight 130 Lbs.  
 Chest measurement { Minimum 31 inches.  
 Maximum expansion 36 inches.  
 Physical development Normal  
 Small-Pox Marks None

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

Vaccination Marks { Arm Right Left left  
 Number one  
 When Vaccinated last 1900

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 4 day of August 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
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.







Register No. DC 1465

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3327-L-9

Regt'l No. 35. Name Leonidas Cloutier  
(Christian Name) (Surname)  
Unit 69th. Bn. Rank Pte. Date of enlistment.....  
Date of casualty 22-2-16 B.P.C. File No. 3616  
Was service performed overseas? No.

*EW*

DEPENDENT

Name Mrs. Annie G. Cloutier Relationship Widow  
Address 1321 Papineau St.,  
Montreal,  
Que.

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ 64.00 Abstracted by J.M. Davidson

Eligible for Gratuity ..... \$ 90.00  
Less amount of Special Pension Bonus paid..... \$ 64.00  
Less Debit Balance of S. A. or A.P..... \$ .....

Total deductions \$ 64.00  
Balance due \$ 26.00

Cheque No. 9.1902710 Date issued SEP 11 1920

REMARKS :  
.....  
.....  
.....  
.....

Clerk J.C. McPherson

Audited by  
Leah Howard  
Date 9.9.20

\$26

20/9-20



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name \_\_\_\_\_ Surname \_\_\_\_\_ Christian Name \_\_\_\_\_

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_ Address (in full) \_\_\_\_\_

Unit \_\_\_\_\_

Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

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

L.L. 53061—M. & D. 0721

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

M. F. W. 127  
 300M-1-19  
 1772-39-1140

Remarks:



4-8-'15

MILITIA AND DEFENCE

153

SEPARATION ALLOWANCE

Name *Anna Clouthier*

Name of Soldier *Clouthier Leonidas*

Address ~~*39 Beville St*~~

Regtl. No. *1200 33*

*930 Drolet St. Montreal Que.*

Rank *Pte.*

Corps *69th Bathn*

Relation to Soldier

To what Corps belonging

wife, child or mother

*Wife*

when called out

PAYMENTS

*Clouthier*

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		<i>J 160</i>	<i>38</i>	<i>38</i>
Oct.		<i>M 7944</i>	<i>20</i>	<i>20</i>
Nov.		<i>N 18034</i>	<i>20</i>	<i>20</i>
Dec.		<i>K 13594</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>N 7514</i>	<i>20</i>	<i>20</i>
Feb.		<i>G 27990</i>	<i>20</i>	<i>20</i>
March		<i>G 31025</i>	<i>20</i>	<i>20</i>

*1200 3300*

*Recall 5.00 over pd 22/2/16  
29/2/16  
18/3/16*

ACCOUNT CLOSED  
DATE MAR 21 1916 PER

*4.83 overpayment collected by  
Pensions in March 16*

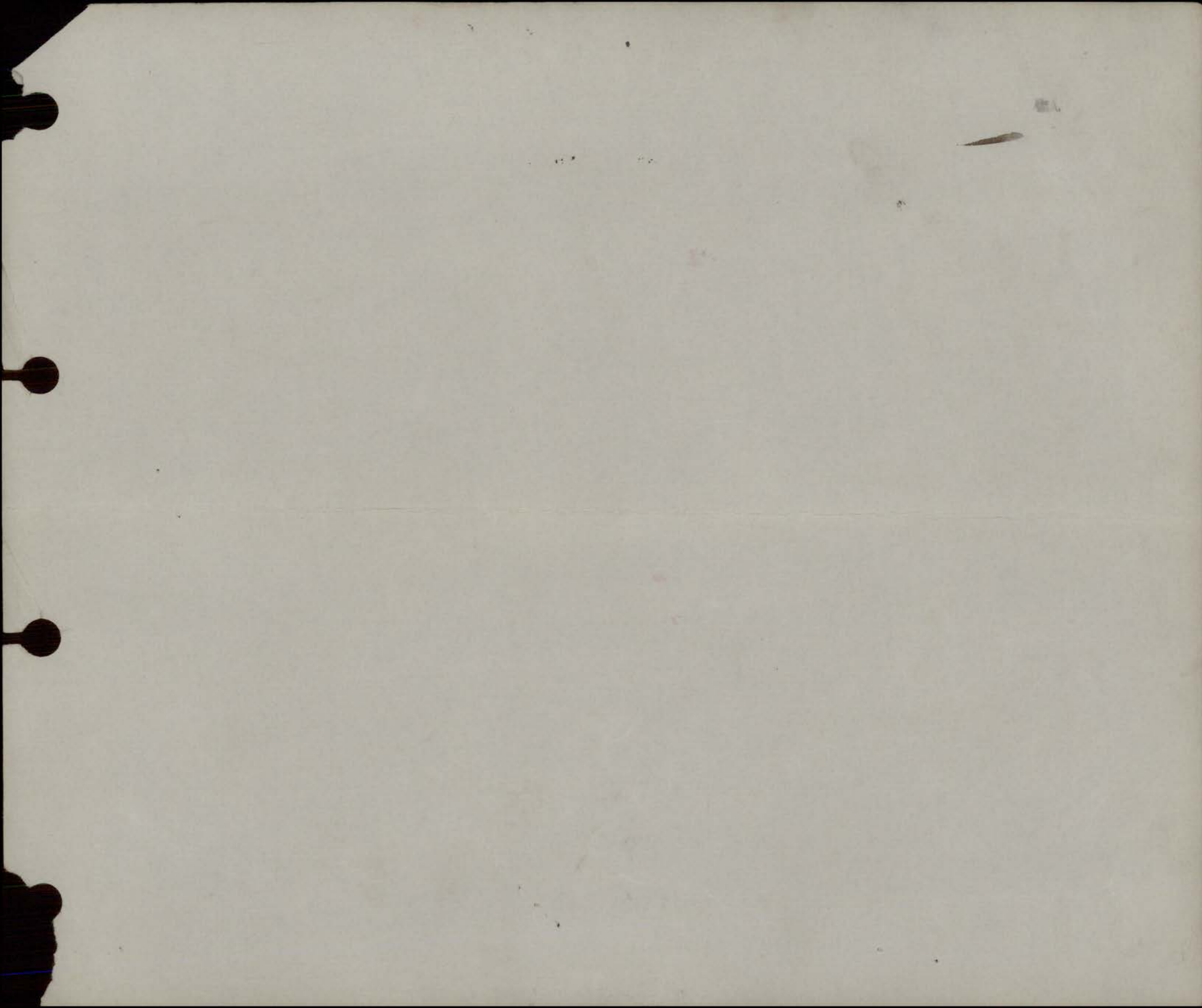
PENSION  
A. CLOSED  
OVER-PAYT.  
RECOVERED  
BY B.P.C. B.L. 13-12-17  
GRANTED

*Pension granted 23/2/16*

*Acc: Closed etc*

*7931025 - Canceled  
Des 27/2/16 Pmt 15/3/16 - 18/3/16*







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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16  
H. Q. 1772-39-970.

*Original not available.*  
**Casualty Form—Active Service.**

Unit, Regiment or Corps. *69<sup>th</sup> Bn. C.E.F.*

Regimental No. *120035* Rank *Pte* Name *Clontier Leonidas*

Enlisted (a) *4.8.15* Terms of Service (a) *C.E.F.* Service reckons from (a) *4.8.15*

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

Extended. Re-engaged. Qualification (b) *Shirt Ironer*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>24.2.16.</i>	<i>69<sup>th</sup> Bn.</i>	<i>SOS Discharged hls. 45/Para 552. is amended to read.</i>	<i>St John N.B.</i>	<i>31.1.16.</i>	<i>hls. 45/552.</i>
<i>6.3.16.</i>	<i>69<sup>th</sup> Bn.</i>	<i>SOS Having died in Montreal</i>	<i>St John N.B.</i>	<i>22.2.16.</i>	<i>hls. 170.</i>

*[Signature]*  
*[Signature]*

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.]







REG. No. 35. NAME Blouvier, R.  
(SURNAME FIRST)

RANK Plc CORPS 69th Batt

AGE 29. SERVICE 3/12

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 28. 10. 15.

DISEASE Incontinence of Urine

DISCHARGE 2. 12. 15. 2

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO C. Home, Quebec 1-12-15-20

DISCHARGED BY MEDICAL BOARD General Monheal 9-2-16



REMARKS .....

Blank lined area for writing remarks.



Surname *C. Coutier* H. Q. ....  
Christian names *Leonidas* M. D. No. *4* .....  
Regtl. No. *720035* Rank *Cte* T. O. S. .... 19...  
Unit *69th* Reason .....  
*120035* Auth. ....

Next of kin *C. Coutier, Mrs Anna* Relationship *Wife* .....  
Address *139 Beville St* Also notify: .....  
*Montreal C.D.*

BORN—Place *Canada St Camus* Date *Aug 14<sup>th</sup> 1887* .....  
ATTESTED—Place *Montreal C.D.* Date *July 4<sup>th</sup> 1915* .....  
O/S..... R/C.....



Complexion

Fair.

Eyes Brown

Hair  
Light Brown







W/ 49522.

APR 14 1921

847







HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
 75M.—9-19.  
 1772-39-1332.

6 11  
 ———  
 20  
 18  
 18  
 08  
 E



REG. NO. .... NAME Cloutier Leo  
(SURNAME FIRST)

RANK Pte ..... CORPS 69th Btn

AGE 29 ..... SERVICE .....

NAME OF HOSPITAL General Hospital PLACE Montreal

DATE OF ADMISSION 21-2-16

DISEASE Diabetes Mellitus (Coma)

DISCHARGE 22-2-16

OPERATION .....

DISCHARGED TO DUTY Yes

TRANSFERRED TO .....

DISCHARGED BY MEDICAL BOARD .....







No. 120035 RANK

pte

NAME

Gautier Leonardas

T. O. S. 4-8-15

UNIT

69th Battalion

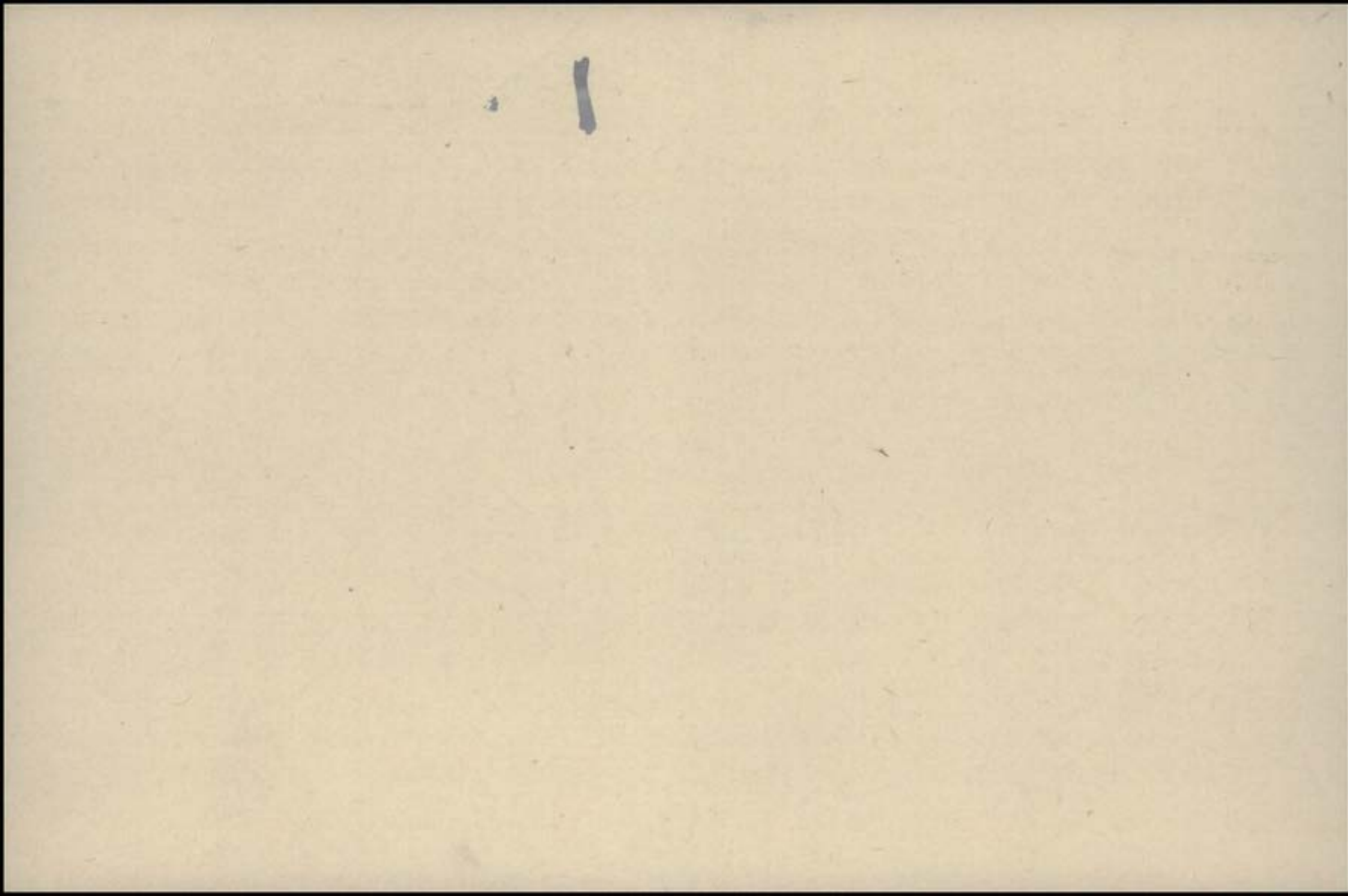
D.O. 115-8-15

M. D.

fal

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
aug 4	aug 31	c		
	Sept	c		
	Oct	c	Man's pay fine.	Oct. payroll
	Nov	c	Deserter	Nov. payroll.
	Dec	n	absent	
1916	1916			
Feb, 1	Jan. Feb, 22	n.	died in hospital 22-2-16	D.O. # 170-6-3-16.
		n.		UNIT SAILED
				APR 17 1916
			a/c closed by payment a.	







\* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Standing Medical Board

assembled at Montreal General Hospital

on the 22nd Feb. 1916.

by order of O.C. 4th Division.

for the purpose of examining # Pte. Leo Cloutier

69th Battalion C.E.F.

according to #617 P. & A. Rgl. 1914.

RECEIVED CIVIL & MILITARY  
FEB 23 1916  
4. D. M. G. - 132

PRESIDENT.

Major A.M. Forbes, A.M.C.

MEMBERS.

Capt. R.E. Powell, A.M.C.,

Lieut. C.R. Bourne, A.M.C.,

The Board having assembled pursuant to order, proceed to

examine Pte. Leo Cloutier and find:-

1. He was admitted to the M.G.H.H. in an ambulance on this date.
2. He had Diabetes Mellitus with coma.
3. Active treatment was immediately started but death intervened early this morning.

Dated at Montreal P.Q.  
Feb. 22nd. 1916.

A.M. Forbes Major, Pres.

R.E. Powell Capt.

C.R. Bourne Lieut

Members


19  
Parted 59  
6/3/16



A.A.G.

4th Division

I concur

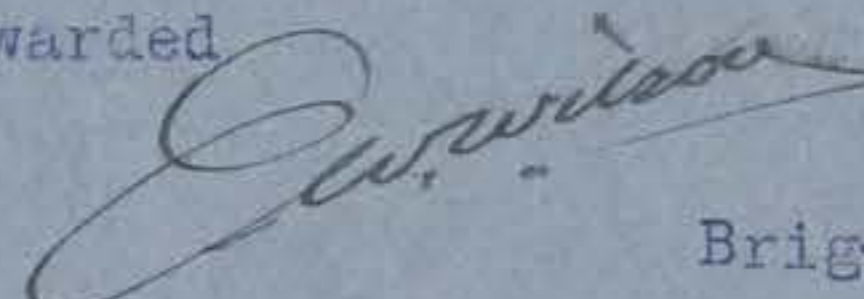
  
Major.

A/A.D.M.S. 4th Division

Secretary, Militia Council

Ottawa, Ont.

Forwarded


  
Brig-General.

O.C., 4th Division

MILITIA DEPT. NO.  
649-6-11500  
CANADA

Montreal P.Q.

28th February 1916.

APPROVED  
MAR 2 1916  
  
Capt. /D.G.M.S.



\* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \*Board of Enquiry.

assembled at MONTREAL.

on the 1st MARCH, 1916

by order of Lt-Col. J.A. Dussereau, C.C. 62th. O/S Bn. C.M.F.

for the purpose of Enquiring in the case of No-120035

Private, LEONIDAS. CLOUTIER, 69th. O/S Bn. C.B.F.,

who died, in General Hospital, Montreal, on the 22nd of February, 1916.

PRESIDENT.

Captain. I. Mignault.

MEMBERS.

Captain. G. A. Strubbe,

Lieut. J. E. Tessier.

DOCUMENTARY EVIDENCES.

The BOARD having assembled pursuant to order, proceed to to enquire <sup>into</sup> of the death of No-120035-Pte. L. Cloutier. Death certificate by Doctor, G.R. Bowne, and certificate from the parish priest, of the deceased, are true certificates., received on the 25th, February, 1916.

The deceased died on the 22nd of February at General Hospital, Montreal, after being ill for a period of about three months. The death was caused by DIABETES.

The deceased was serving in the 69th. O/S Bn. C.B.F. when taken ill, since the 4th of August, 1915.

He leaves a wife and two children. (250 Drolet Str)

The deceased was buried on the 25th of February.

His service was sung at Saint-Denis Church, Montreal by Father Lussier of that church.



Opinion of the Board,

The Board is of the opinion that the necessary expenses of the funeral, should be borne by the public.

The board is of the opinion that the illness of the late Pte. L. Cloutier, which caused his death, was contracted after he enlisted, and that he was medically fit at the time of his enlistment.

DEPT OF DEFENCE  
MAR 11 1916  
H.Q. CANADA  
649-C-1500

Members

*J. M. Macneil Capt. Pro.*  
*J. Ernest Tessier Lieut.*

Forwarded

Montreal.  
10/3/1916.

*Wilson*  
Brig General.  
Commanding, 4th Division.

23



*Convalescent home  
Dec 2/15*

FIFTH DIVISIONAL AREA  
DEC 6 1915  
6.D.17-1-85

MEDICAL HISTORY OF AN INVALID.

(At Station or Hospital where finally disposed of.)  
Station and Hospital } Arrived from }  
Date

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

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.

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

Militia Form B. 227.  
20 m. 5-15.  
H. Q. 1772-39-117.

**DETAILED MEDICAL HISTORY OF INVALID.**

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

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

- 1.—Station. *Quebec P. 2.*
- 2.—Regiment of Corps. *69th Batt*
- 3.—Regimental No. and Rank. *35- 196-*
- 4.—Name. *Leonidas Clavier*
- 5.—Age last Birthday. *29*
- 6.—Enlisted { on *4th Aug 1915*  
at *Montréal*
- 7.—Former Trade or Occupation. *Working in Laundry* Date *24/11/15*

8.—General remarks on his:—  
(a) Conduct. *69-6-1500*  
(b) Habits. *good*  
(c) Temperance. *J.F.*

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

9.—Service.	Years. <i>113</i> Days.	
	PERIODS.	
	From	To
<i>Canada</i>		
<i>69th Batt</i>	<i>4th Aug 1915</i>	<i>24/11/15</i>

- 10.—Disease or Disability. *Rheumatic fever (37)*
  - 11.—Date of origin, cause, present condition and whether the same is the result of service or climate. *10 years ago previous to enlistment. No previous infirmities (unknown). 3 Knee, thigh and shoulder joints still painful no apparent heart lesion. Not the result of service.*
- Has it been aggravated by intemperance, vice or misconduct? *NO*



17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

*no*

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

*not applicable*

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

*not applicable*

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

*aggravated to chestnut 75%  
Sleeping out in cold and wet  
under canvas*

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

*no -  
Three months  
3/4*

16.—Full particulars of medical treatment of case up to date of invaliding.

*four weeks in Ml. Hospital Dumbec  
Treatment. Soda Sal gr. v to x 7. 4 h, also  
massages of joints*

18.—State if for discharge on account of unfitness for service.

*yes -*

*Russell Stance*

Medical Officer by whom the case is brought forward.

**OPINION OF THE MEDICAL BOARD.**

(In which it should be stated how far the Board concurs in the above Report.)

*24/11/15*

*The medical board having met and resumed # 35 Pl: Leonard Clutter; concurs in the above report and recommends that he be discharged*

Signatures :--

*J. Mearns Major President.*

Station

*Dumbec.*

Date

*Nov. 24/15*

Date

*Nov. 29/15.*

Approved.

Date

*20/15*

*W. Hubbard Capt.*

*Coatlage Capt. Mearns*

*Kawinter Major*

Assistant Director of Medical Services.

*J. Mearns*

Director of Medical Services.

[OVER]