

File C  
Original

ATTESTATION PAPER.

No. ~~121379~~  
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? ..... Deslauriers
- 1a. What are your Christian names? ..... Leo
- 1b. What is your present address? ..... Marie Belle, Quebec
2. In what Town, Township or Parish, and in what Country were you born? ..... new Haven Conn U.S.A
3. What is the name of your next-of-kin? ..... Eddie Deslauriers
4. What is the address of your next-of-kin? ..... new Haven Conn U.S.A
- 4a. What is the relationship of your next-of-kin? ..... Brother
5. What is the date of your birth? ..... 1893. 1st December
6. What is your Trade or Calling? ..... Laborer
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  
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leo Deslauriers, 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.

Date 16th Nov 1915 Leo Deslauriers (Signature of Recruit)  
Louis Vermeulen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leo Deslauriers, 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.

Date 16th Nov 1915 Leo Deslauriers (Signature of Recruit)  
Louis Vermeulen (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 16th day of Nov 1915

[Signature] (Signature of Justice)

# Description of Leo Deslauriers on Enlistment.

Apparent Age. 23 years 10 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5-4 ft. 4 ins.

Chest measurement. { Girth when fully expanded..... 35 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion..... Brown

Eyes..... Dark

Hair..... Brown

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

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.)

Mole on right shoulder

## 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 declares that he is not subject to fits of any description.

I consider him\*..... fit..... for the Canadian Over-Seas Expeditionary Force.

Date. 16th Novem 1915.....

Place..... Montreal.....

Jachabot Captain

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.

Leo Deslauriers..... 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.

..... Jachabot (Signature of Officer)

Date. 16th Novem 1915.....

Lt. Col.

*Duplicate*

# ATTESTATION PAPER

No. ~~111277~~

Folio. *411277*

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Leo Deslaurier*
  2. In what Town, Township, or Parish, and in what Country were you born? *New Haven Con. U.S.A.*
  3. What is the name of your next-of-kin? *Amedee Deslaurier male*
  4. What is the address of your next-of-kin? *St. Joseph de Manoir Gu.*
  5. What is the date of your birth? *1 Dec 1893*
  6. What is your trade or calling? *laborer*
  7. Are you married? *no*
  8. Are you willing to be vaccinated or re-vaccinated? *yes*
  9. Do you now belong to the Active Militia? *no*
  10. Have you ever served in any Military Force?  
If so, state particulars of former Service. *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*
- Leo Deslaurier* (Signature of Man.)  
*A. Chabot* (Signature of Witness.)

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

I, *Leo Deslaurier*, 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.

Date *MAY 26 1915* 191 . *Leo Deslaurier* (Signature of Recruit.)  
*A. Chabot* (Signature of Witness.)

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

I, *Leo Deslaurier*, 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.

Date *MAY 26 1915* 191 . *Leo Deslaurier* (Signature of Recruit.)  
*A. Chabot* (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 *MAY 26 1915* day of *MAY 26 1915* 191 .

*A. Allen Major* (Signature of Justice.)

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

*A. J. Pouchard Capt.* (Approving Officer.)

*Adj. 41st Bn*

DESCRIPTION OF Leo Deslauriers ON ENLISTMENT.

Apparent Age 22 years 6 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 4 ft. 4 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 2 1/2 ins.

Noe left arm

Complexion Dark

Eyes Brown

Hair Brown

- Religious Denominations
- Church of England
  - Presbyterian
  - Methodist
  - Baptist or Congregationalist
  - Other Protestants (Denomination to be stated.)
  - Roman Catholic
  - 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 MAY 26 1915 1915.

Place Montreal

Hector Curby  
 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

Leo Deslauriers 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 Jun 9th 1915

H. Deslauriers (Signature of Officer.)

REGIMENTAL DOCUMENTS

NAME Restauriers, Leo REGT. NO. 121379 UNIT \_\_\_\_\_ H. Q. FILE NO. \_\_\_\_\_

**S**

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
TESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		22			Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					<b>DISCHARGE</b>
DENTAL HISTORY SHEET (M.F.B. 465)				13438	Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					<b>DESERTION</b>
LAST PAY CERTIFICATE (M.F.W. 44)					18-21
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					18-21
PARTICULARS OF CHARACTER (A.F.W. 3225)					32-5
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					1
Card will copy copy 12/13/79		Bot 2470			

**M**

**H**

m x  
16/290



121379  
**I.D. number**  
**No. d'identification**

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

LEO  
**Given names**  
**Prénoms**

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

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

**Location**  
**Lieu** 2470

**« CONTENTS CONFIDENTIAL »**  
**« CONTENU CONFIDENTIEL »**





file C  
13

69TH O-BATTALION C E F

NOV 16 1915

MEDICAL HISTORY SHEET

121379

Surname Stelaurie Christian Name Leo

Examined { on 16th day of Nov 1915  
at Montreal  
Birthplace { City or Town Marie Ville Du  
County Rouville

Approved by Jachabotaptano  
Rank \_\_\_\_\_ M.O.

Apparent age 22  
Trade or occupation Laborer  
Height 5 Feet 4 Inches  
Weight 122 Lbs.  
Chest measurement { Minimum 32 inches  
Maximum expansion 35 inches  
Physical development Good  
Small-Pox Marks None Yes

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

Vaccination Marks { Arm \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
Number 2

Date	Result	VACCINATIONS.
<u>5/5/16</u>	<u>good</u>	<u>Mening</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last As a boy  
(a) Marks indicating congenital peculiarities or previous disease Large bubo scar on left side groin  
(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8.2.16</u>	<u>Good</u>	<u>SKL</u>
<u>16.2.16</u>	<u>Good</u>	<u>SKL</u>
<u>15/7/16</u>	<u>Good</u>	<u>SKL</u>
<u>June 1917</u>	<u>T.P.P. Sidel</u>	<u>6-42-18</u>
		M.O.
		M.O.
		M.O.

Enlisted on 16th day of November 1915 at Montreal

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>69th Bn</u>			
Transferred to.. ..	<u>22nd Bn</u>	<u>121379</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

CANADIAN

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.



# MEDICAL HISTORY SHEET.

411277  
411277

Surname Dislauniers Christian Name Leo

Examined { on 26th day of May 1915  
at Montreal

Approved by Robert Morin  
Rank Capt M.O.

Birthplace { City or Town Nov. Haven  
County Conn. U.S.A.

Apparent age 22-6 months

Trade or occupation Labour

Height 5 Feet 4 Inches.

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 37 1/2 inches.  
Maximum expansion 40 inches.

Physical development \_\_\_\_\_

Small-Pox Marks \_\_\_\_\_

Vaccination Marks { Arm Right Left +  
Number 1

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>15/6/15</u>	<u>Bon</u>	<u>J. P. Gauthier</u> M.O.
<u>29/6/15</u>	<u>"</u>	<u>J. P. Gauthier</u> M.O.
		M.O.

Enlisted on 26 day of May 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>41st B</u>	<u>411277</u>		
Transferred to.. .....	<u>Co C</u>			

## 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.



CERTIFIED CORRECT.

5 SEP 1916

CAN. RECORDS, LONDON.

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

# Casualty Form—Active Service.

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

250M.—1-16.

H. Q. 1772-39-920.

*SMC*

Unit, Regiment or Corps

39TH O. BATT. C. E. F.

Regimental No. 121379 Rank Private Name Deslauries Leo

C. E. F.

Enlisted (a) 16/11/15 Terms of Service (a) duration of war Service reckons from (a) 16/11/15

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

**Labourer**

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Embarked

Canada

17/4/16

Arrived

England

27/4/16

*Transferred to 22nd Batta C.E.F.*

*Dibgate*

*27-4-16*

*Billieott Capt*

28-8-16

C B D

Reinf. from 69th Bn. Taken on strength 22nd Bn. Left C B D

28-8-16

N. Roll Pt II O.36/2-9-16

*18<sup>9</sup>/16*

"

2nd Can Ent. Bn

Joined 2nd Can. Ent. Bn

*18<sup>9</sup>/16*

"

Left do

*20<sup>9</sup>/16*

*B213*

*22<sup>9</sup>/16*

OC. Bn

Joined Unit

*Sentenced to 28 days S.P. No 1 for absent without leave from 9.30 p.m. 14<sup>9</sup>/16 to 12 noon 13<sup>9</sup>/16*

*forfeits 2 days pay under R.W.*

*Given 19/17*

*Brody A. v 0081 dt 12/17*

(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.

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				
10-11-17	22nd Bn.	KILLED IN ACTION	Field	9-11-17.	C 63 K.I. 16-30679. Part II Orders No.129/17.
	<i>Whogan</i>	Major for Lt.-Col., A.A.G. Canadian Section, G. H. Q. 3rd Echelon B.E.F.			

W.W.J.

Rank

Name

DESLAURIERS Leo.

Reg'l No. 121379.

Unit

69th. Bn.

If in perm. Corps,  
What Unit? }Married or Single **Single.**

Place and Date of Enlistment

Montreal.  
16th. November 1915.Place of Birth **New Haven,****Conn.U.S.A.**

Name and Address, Next-of-Kin

**Eddie Deslauriers.****New Haven, Conn. U.S.A.**

Relationship

**Brother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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.				
29-4-16	14Q.	Arrived in England.	Bremshott	28-4-16	D.Q. 1586
16-5-16	69th Bn	Fort 14 days P.M., 5 days # 2 F.P. w. fort. of P. A.W.L.	Otterpool	12-5-16	Pt II 116
9-6-16	"	14 days P.M. Fort 2 days P.M. A.W.L. 28 days detention. Drunk, breaking camp Insubordination	"	4-5-16	" 136
12-6-16	"	"	"	12-6-16	" 138
15-7-16	"	By restricted - D.O. d. 20% A.W.L.	Debgate	15-7-16	" 166
27-8-16	"	Trans. to 22nd Bn.	O'ceas	27-8-16	" 205
2-9-16	22 <sup>nd</sup> Bn.	2. O.S. from leg <sup>th</sup>	"	Pte 28-8-16	" 36
15-11-17	"	Killed in action	"	Pte 9-11-17	DO 129

N/E. R.B. No. 10205  
File R.L. 25-D-2340  
Category To Q.

A.F.B. 103 CHECKED  
31 AUG. 1916

7-11-17  
of 2<sup>nd</sup> Bn.

MX  
161220  
21







NAME

*Deslaurier Leo.*

REGT'L No.

*121379*

H. Q. FILE NO. 649.

RANK AND CORPS

*Pte. 22nd Bn (Form 69th Bn)*

CABLE

NO.

DATE

U.S. A NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

*74-14**m6384**AFB 2090A**Rec'd**20-11-17**Rouen 15-11-17**5-1-18.**Killed in action Nov. 9th. 1917 ✓**" " " in the Fld France 9-11-17*

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A61 I Rept from Base

9-11-17

Killed in action  
2<sup>nd</sup> Que Regt

SURNAME.

*Deslauriers*

CARD NO.

CHRISTIAN NAMES

*Leo.*

FOLL.

REGL. No.

*411277.*

RANK

*Pte.*

UNIT

*41<sup>st</sup>*

*Bn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Deslauriers, Amédée*

RELATIONSHIP TO SOLDIER

*Uncle.*

ADDRESS

*St-Angèle de Monnoir. P. Q.*

COUNTRY OF BIRTH

*U.S.A. New Haven, Conn.*

DATE

*Dec 1<sup>st</sup> - 1893.*

PLACE OF ATTESTATION

*Montreal. P. Q.*

DATE

*May 26<sup>th</sup> - 1913.*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Laborer*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*6.*

MONTHS

HEIGHT

*5-*

FEET

*4.*

INCHES

CHEST MEASUREMENT

*37 1/2*

INCHES

EXPANSION

*2 1/2*

INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Brown.*

DISTINGUISHING MARKS

*Scar - left - arm*

MEDICAL EXAMINATION.

PLACE

*Montreal. P. Q.*

DATE

*May 26<sup>th</sup> 1915.*

SURNAME.

*Deslauriers*

CARD NO.

*(649 10.10535)*

CHRISTIAN NAMES

*Leo*

FOLL.

*M. 60*

REGL. No. *121 379*

RANK *Pte.*

UNIT *69th*

*Bon.*

FORMER CORPS *Nil*

NEXT OF KIN.

Also notify —  
CHANGE OF ADDRESS

NAMES IN FULL *Deslauriers Eddie*

*Mrs. E. Deslauriers,*

RELATIONSHIP TO SOLDIER *Brother*

*66 Shearer St.,*

ADDI *79 Gregory St.,  
New Haven, Conn.,  
U.S.A.*

*Point St Charles  
Montreal, P. Q.*

*649-D./10535-22-11-17.*

COUNTRY OF BIRTH *Canada, Marieville*

DATE *Dec. 1st 1893.*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *Nov. 16th 1915.*

*Sailed from St. John 17/4/1893 per S.S. Scandinavian*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*22*

YEARS

*10*

MONTHS

HEIGHT

*5*

FEET

*4*

INCHES

CHEST MEASUREMENT

*35*

INCHES

EXPANSION

*3*

INCHES

COMPLEXION

*Brown*

EYES

*dk.*

HAIR

*Brown*

DISTINGUISHING MARKS

*Mole on Right shoulder.*

MEDICAL EXAMINATION.

PLACE

*Montreal, P.Q.*

DATE

*Nov. 16<sup>th</sup> 1915*







No. 17277.

RANK Pto.

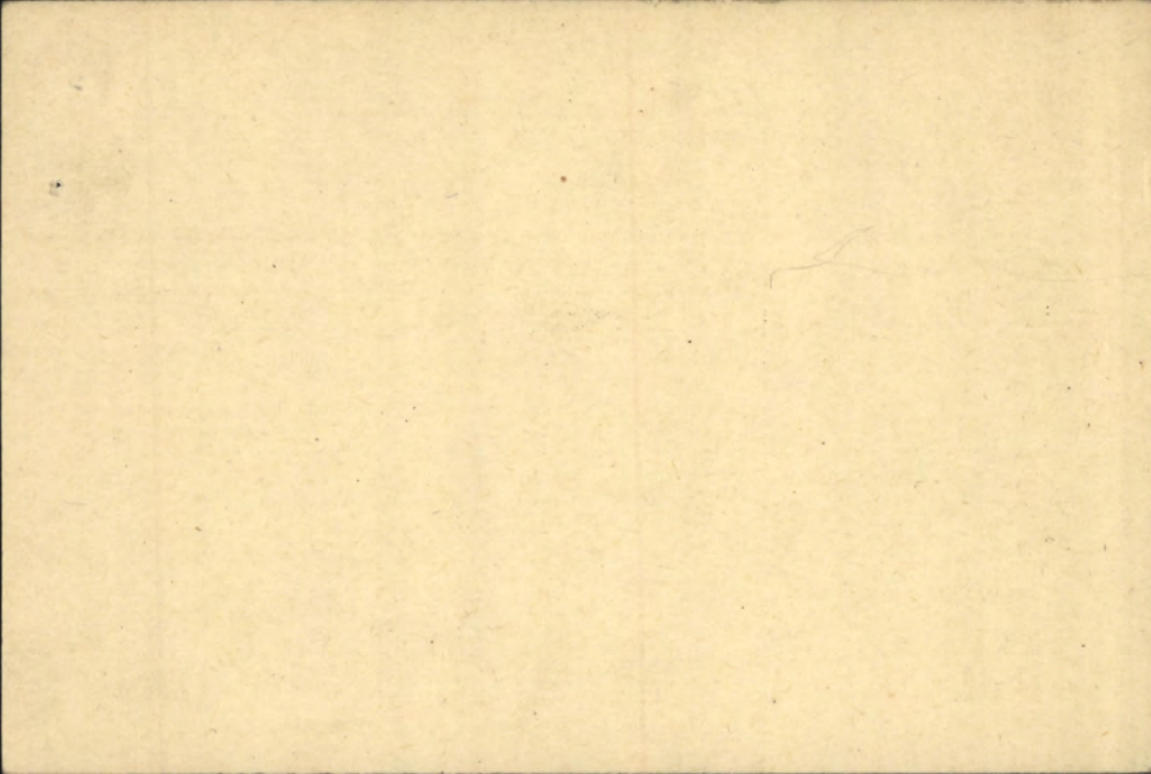
NAME Meslauners L.

411277 - Sept. Paylist

T. O. S. 26-5-15. UNIT 41st. Battalion  
June Paylist.

M. D. 5.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. May. 26	1915. June. 30.	✓	6 Days Pay 7-7-15.	July Paylist.
	July.	✓	2 " " 2 Days Detn. 23-7-15.	
	Aug.	✓	2 " " Pay. 23-8-15.	Aug. Paylist.
<p>L. P. C. Paylist of men left behind shows m/n  as paid up to &amp; including 11/10/15. UNIT SAILED  No. D. O. for S. O. S of Transfer. OCT 18 1915  K. N. H. 5/4/21.</p>				



No 121379

RANK

ste

NAME

Deslauriers Léo

T. O. S. 16-11-15

UNIT

69<sup>th</sup> Battalion

D.O. 49 16-11-15

D.O. issued at St. John N.B.

M. D. Val

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1916 1915  
 Nov 16 Nov 30  
 Dec  
 1916 1916  
 Jan.  
 Feb.  
 Mar.  
 Apr.

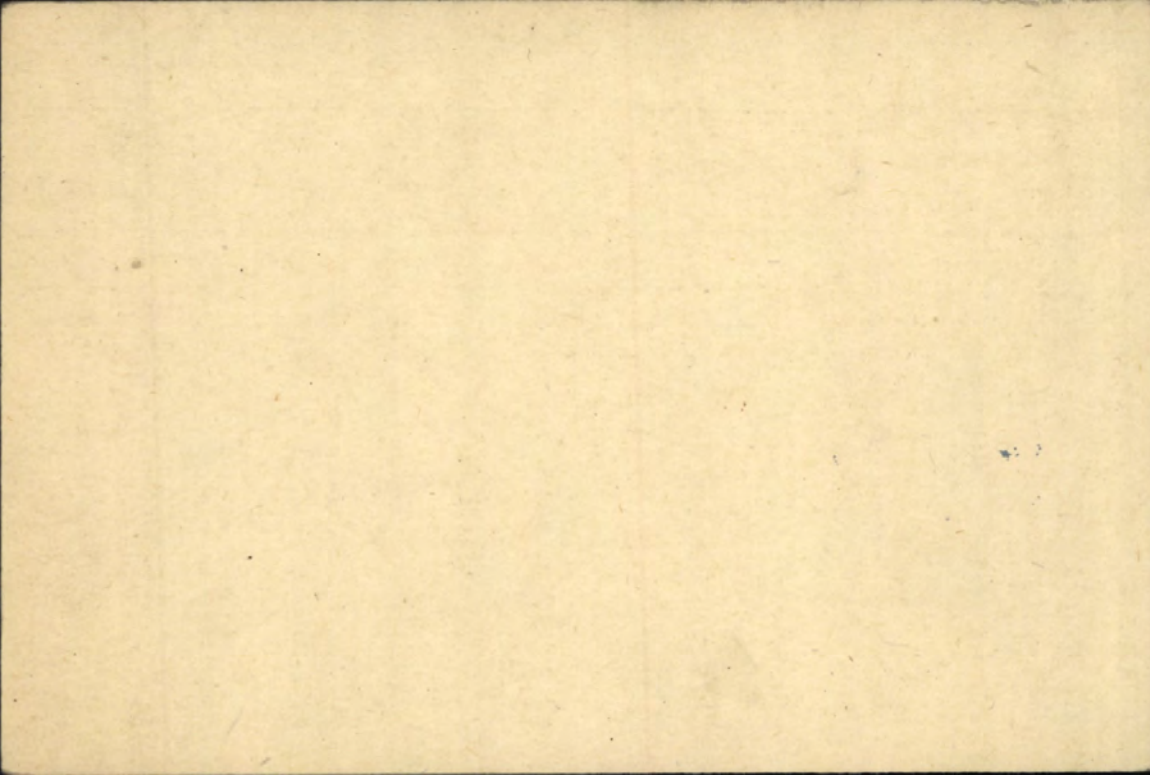
✓  
 ✓  
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 ✓

3 days pay.  
 2 " C.B.  
 5 days C.B.  
 17 days C.B.

See pagliat.  
 D.O. 93 (18-12-15)  
 D.O. #143-5-2-16,  
 Apr. pay list.

UNIT SAILED

APR 17 1916



DESLAURIERS, Leo, Pte. 121379

22nd Bn

Medals &  
Decorations }

Friend Miss S. Moses  
20 Brunswick St.,  
St. John, N.B.

P. & S.

Brother

Edw. H. DesLauriers  
79 Gregory St.,  
New Haven, Conn., USA

*Serial No 766051*

Mem. Cross.

NIL

Scroll Desp. JAN 5 1921 Reqn. No 77701

Plague Desp. SEP 28 1922 Reqn. No 46594

39192

*Intellig. 14/15 star  
7 reg. U.S.M.  
H " " B.W.M.*

W

2010

Mott  
100  
Number

121379

Rank

Pte

Surname

DES LAURIER

Christian Name

Les

Units

22 Bn Camp

Theatre of War

France

Date of Service

27-8-16

Remarks

(Friend) Miss S. Moses

Latest Address

20 Burnswick St  
St John. N.B.

Roll No.

200m.-2-21.M.

Page 21802

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF OR

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

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

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....  
NAME OF HOSPITAL

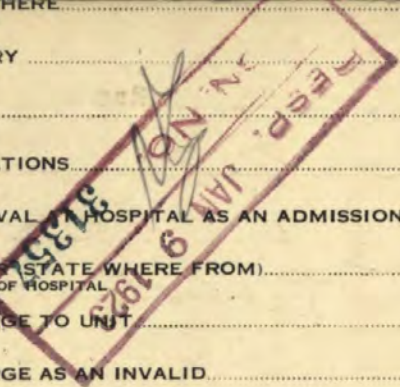
OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

NEXT OF KIN ..... ADDRESS .....

..... HOSPITAL .....

M. F. W. 142.  
1772-39-1171.  
50m.-2-19.

\* CROSS O





SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S 1300

REG. NO.

DESLAURIERS.

L.

121379.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

2nd. Que. 22.

HOSPITAL

DATE OF ADMISSION

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1.

2.

3.

R.F.B. KILLED IN ACTION. 9-11-17. *140*

DISPOSITION

DATE

C.L. 20-11-17. A61.

REMARKS

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

*S.*

*New Haven - U.S.A.*

*Mr. E. Deslauriers*

*New Haven - Connecticut - U.S.A.*

*Brother*

*9/1/17*  
*6/1/17*  
*1/1/17*

*Ch*  
*9.21*  
*Jan 21*

Checked *Palmer*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE
1916																					
April 30													39 80	39 80							
May 1	31	1.00	31	00	31	10	3	10					39 80	34 10			8	9-5/16			
June 1 to 30	30	"	30	00	30	"	3	00						33 00	53	2/6/16					
July 1 to 31	31	"	31	00	31	"	3	10						34 10							
Aug 1 to 31	31	"	31	00	31	"	3	10						34 10	319 29/7	262 21/7	385 16/8				
1-30/9	30	1.00	30	00	30	14	3							33				400	46/8		
1-31/10	31	1.00	31	00	31	10	3	10						34 10				1355 9-10	5984 59 8 6		
1-30/11	30	1.00	30	00	30	10	3							33	1402	29/10					
Dec 31	31	1.00	31	00	31	10	3	10						34 10	1460	17/11					
1917			24	50			24	50													
Jan 1-31	31	1.10	34	10										34 10	1643	16/12					
1-28/12	28	1.10	30	80										30 80	1526	23/11					
1-21-2	31	1.10	34	10										34 10	1801	2/11					
	335		368	50										39 80	1866						

*Palmer*

*10.687*  
*1.475*  
*9.212*

*1.225*  
*1.062*  
*.188*  
*1.475*

Statement of  
APR 6 1917  
482.51  
(482.31)

MOTIONS, &c.

EFFECTIVE DATE	AUTHORITY

REG'L. No. 121379 RANK Private NAME Deslauriers Leo

IF IN PERM. CORPS / WHAT UNIT 69<sup>th</sup> Batta. TRANSFERRED TO 22<sup>nd</sup> Bn. DATE 1-9-16 AUTHORITY B.O. 205

PERMANENT FORCE ALLOWANCES TRANSFERRED TO N.E. Pay II D DATE 14.1.18 AUTHORITY b.L. 61<sup>19</sup>/<sub>17</sub>

PLACE OF ATTESTATION Montreal TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION 16-11-15 TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

PAYABLE TO \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) \_\_\_\_\_ EFFECTIVE \_\_\_\_\_ REASON \_\_\_\_\_

DISCHARGE DATE AND PLACE \_\_\_\_\_ REASON AND AUTHORITY \_\_\_\_\_

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) \_\_\_\_\_

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) \_\_\_\_\_



HOSPITAL, &c.

NAME OF HOSPITAL 9.21

Entered on N.E. Card Index V.W.  
Checked by H. J. Silobson

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE
8	9-5/16				
385	10/8				
1355	9-10	5984	598 B.D.		
1982	4/3				
2023	17/3				

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
							39 80				
	5 00	17 03			6 60	28 63	45 27				
	19 47				33 00	52 47	25 80				
	244						59 90				
	243	244				7 31	86 69				
			7 30			7 30	114 39				
		2 62	4 36			6 98	139 51				
	2 62				3 64	6 26	166 25				
	2 61					2 61	199 74				
	2 61						16 56	215 28			
	2 62						5 24	240 84			
	2 62						7 84	267 10			
	5 23								147		
	2 61						43 24	141 20			
	56 37	29 93	11 66								

Balance from Canada.  
5 days N.E. P. 1 day pay = 6.60  
D.O. 116 May 16) 5<sup>00</sup> paid in lieu  
28 days detention June 12<sup>th</sup> D.O. 138  
2 days pay June 5<sup>th</sup> D.O. 136

Transf. to 22<sup>nd</sup> Bn 1-9-16 B.O. 205

Don R. 94005 \*57 2/8

Carried forward

1.225  
1.062  
188  
1.475



(A/P - Nil)

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			

993 11 66

4324 141 20 767 10

147 ..

300 10

262 331 58

536 329 74

192 ..

393 32

33 41 03 386 39

28 days F.P. 2 days pay RW 18/7/17 2081

268  
261 11 66

536 414 03  
76 24 195 57

218 70

22<sup>nd</sup> Bath

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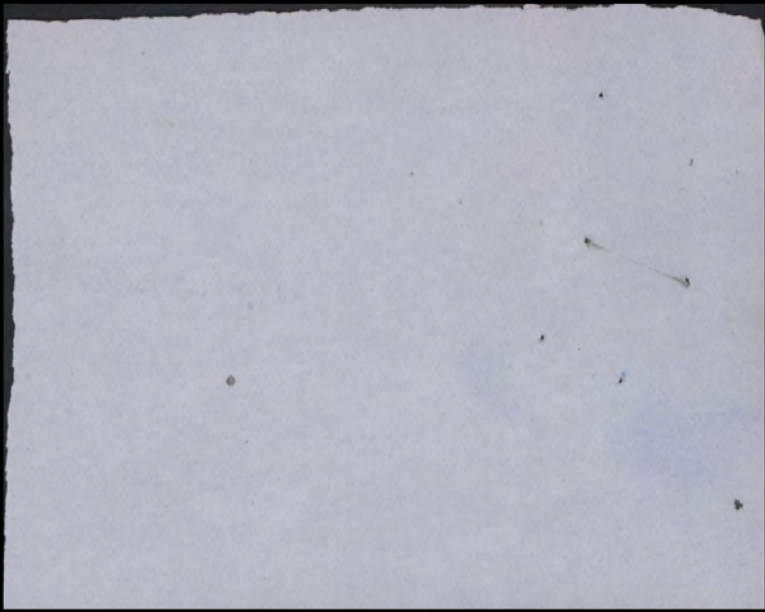
Kina, 9/11/17

Transf. 10/12/17

A-61 . 202/5

ST/

M





36506

20400

UNITED STATES BRANCH,

NO. 121374 RANK Pte

JAN 17 1918 NAME

Deslauriers Leo

MILITIA DEPT.

UNIT 69th Batt'n

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 121374

Name

Leo Deslauriers

Unit

69 Battalion

Military Will.

In Event of my  
death I give the  
whole of my property  
and effects to

Miss Sadie Moses

259 Brunot St

St John N B

Canada

Signature

Leo Deslauriers

Rank and Regt.

Pte 69 Batt'n

Date

July 21 1918

THE BOARD  
JAN 1 1910  
LITIA DEPT