

ATTESTATION PAPER.

No. 1003643

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Dube*
- 1a. What are your Christian names?..... *Louis Joseph*
- 1b. What is your present address?..... *811 Queen St. Sault Ste Marie*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *St. Saviour, Quebec City, Ontario*
- 3. What is the name of your next-of-kin?..... *Johis Baptiste Dube*
- 4. What is the address of your next-of-kin?..... *19 St. Joseph St. Quebec city*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *28th March 1891*
- 6. What is your Trade or Calling?..... *Fireman*
- 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, *Louis Dube*, 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.

*Louis Dube* (Signature of Recruit)

Date *July 11th* 1916 *Saw Satorpi* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Louis Dube*, 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.

*Louis Dube* (Signature of Recruit)

Date *July 11th* 1916 *Saw Satorpi* (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 *Sault Ste Marie* this *11th* day of *July* 1916

*J. Mackay* (Signature of Justice)



# Description of Louis Joseph Dube on Enlistment.

Apparent Age 25 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 1/2 ins.

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

Complexion ..... dark  
 Eyes ..... brown  
 Hair ..... dark

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

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye ; his heart and lungs are healthy ; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date ..... July 11<sup>th</sup> 1916

J.R. MacRae  
 Capt-  
 Medical Officer.

Place ..... Sault Ste. Marie

\*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.

Louis Joseph Dube ..... 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.

[Signature]  
 (Signature of Officer)

Date ..... July 11<sup>th</sup> 1916 ..... Lt. Col. 227th (O.S) Battalion C.E.F.

C.E.F.

DUBE LOUIS JOSEPH

1003643

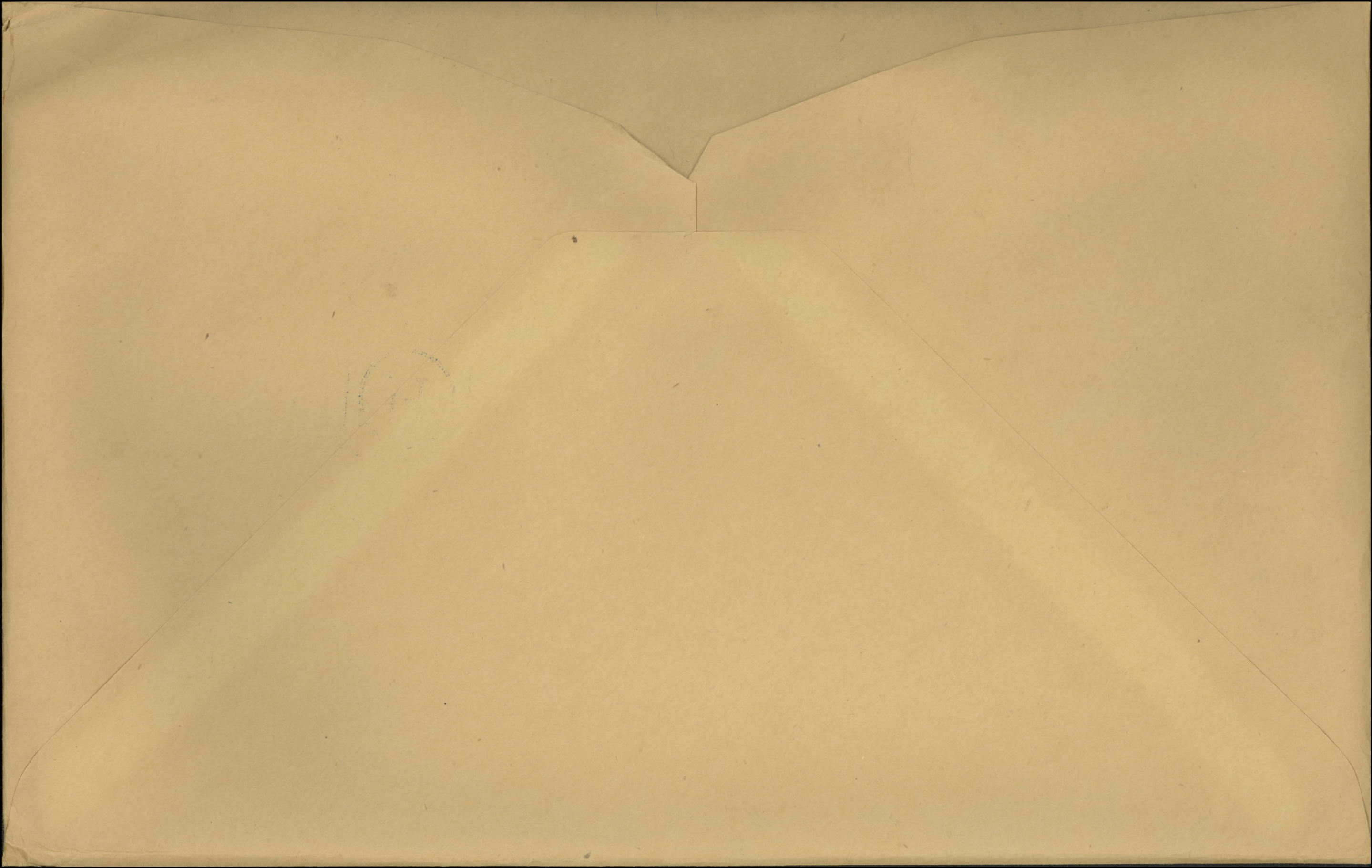
227 BN

26262

DEMOB



4046/61



SURNAME.

*Dube**3*CARD NO. *X*

CHRISTIAN NAMES

*Louis Joseph*

FOLL

*SOS Demol 12-4-19*

REGL. NO.

*1003643*

RANK

*Pte.**SO 105-15-4-19*

UNIT

*224<sup>th</sup>**Died 24.3.20 302.**SCR 503-2-19/6/20*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Dube, John Baptiste*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*19 St. Joseph St., Que Sec., P. Q.*

COUNTRY OF BIRTH

*Canada St. Sauveur, Quebec.*

DATE

*Mar. 28<sup>th</sup> 1891*

PLACE OF ATTESTATION

*Saint Ste. Marie, Ont.*

DATE

*July 11<sup>th</sup> 1916*

L. L. 10137. M. &amp; D. 7253.

M. F. W. 22. 100M.—11-16/14 H. Q. 1772-39-339.

*013-11/4/17.6. 732**R/B. 13-2-19. 264 Pte.*

From Halifax Press "Carpathia" 11-4-17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Lumberman*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*25-*

YEARS

MONTHS

HEIGHT

*5-*

FEET

*6 1/2*

INCHES

CHEST MEASUREMENT

*35-*

INCHES

EXPANSION

*3 1/2*

INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Dark*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Sault-Sté. Marie, Ont.*

DATE

*July 11<sup>th</sup> 1916.*

*Present Address*

*811 Queen St., Sault-Sté. Marie, Ont.*

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L No.

H. Q. FILE No. 649.

FOLLOWS

NO.

FOLLOWS

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

C266 <sup>11</sup>	Fort Pitt Mill Etatham	8-7-18	Influenza
C277 <sup>21</sup>	Discharged	27-7-18	Influenza
C329	Mungo Can R.C. Spee	Bushy Park	27-9-18 Daff
C409	7th 5 <sup>th</sup> Can Gen Hosp.	4-1-19	Daff
C441	Invalided to Canada	2-2-19	" "



LEDGER No. 234SERIAL No. B 41892. 19REG. No. 1003643 NAME Dube L JRANK Pte CORPS 553AGE 21SERVICE 10/12 to 25/12

HOSPITALS

DATE OF ADMISSION

1

Queen's Mil Kingston15.2.19

2

~~Heming boat Ottawa~~~~10.3.19~~

3

DIAGNOSIS B.A.H. DoTRANSFERRED TO Hemming boat Ottawa 17.2.19.DISPOSITION 14.3.19.CATEGORY L

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS:

WINDS

Louis Joseph.

Name **DUBE** Rank **PTE.** Reg. No. **1003643**  
 Unit **C7C. ~~53<sup>rd</sup> Bn~~ 30.**  
 Next of Kin **in Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8.7.18.	Int. Red Hosp. Catham	<i>Sp. Influenza =</i>		C266		2152F
24.7.	Dise 21			C277		6974
27.9.18.	KCRC. Sp. Hosp. Bushy Pr.		DAH.	C329		27433
4.1.19	5 Can Gen Hosp. Kirkdale		do	C419		4358
2.2.19	Insal. to Canada		do	C448		7329



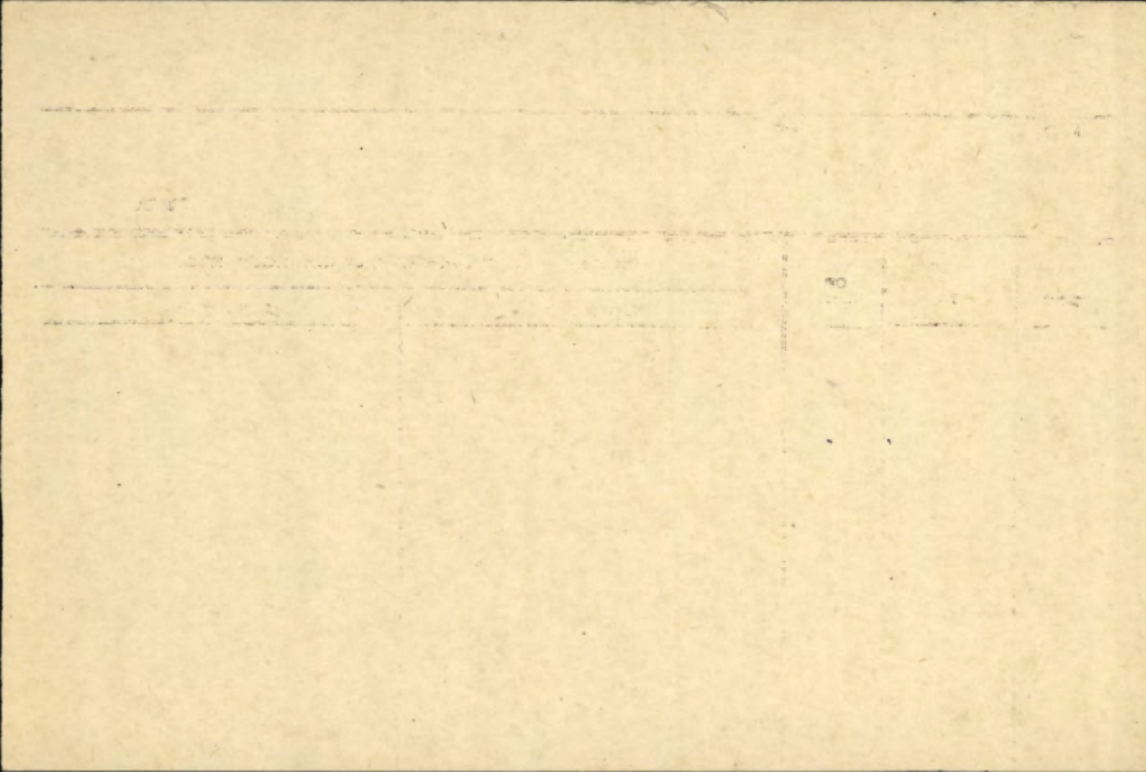
No. 1503643 RANK Pte.

NAME Dube L. J.

T. O. S. 12-7-16, UNIT 227th. Battalion O. E. F.  
(DD-184 of 13-7-16.)

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 July 12.	1916. July 31.	✓		
	July.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917. Jan. 1.	1917. Jan. 31.	✓		
	Feb.	✓		
	Mar.	✓		
Apr. 1.	Apr. 22.	71.		



*ain*  
Number

1003643

Rank

*Pte.*

*(D)*

*H.M.*  
Surname

DUBE

Christian Name

Louis Joseph

Units

*O.O.R.*

Theatre of War

*England*

Date of Service

*22-4-17*

Remarks

Latest Address

*273 Champlain St-  
Hull*

Roll No.

*A Page 3316*

*P.O.*

200m.-2-21.M.

DATE AND PLACE OF ORIGIN.....

\*DUE TO SERVICE  
\*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION.....

WHERE FROM).....

UNIT..... IN CATEGORY.....

INVALID.....

WHERE TO).....

CONDITIONS DIAGNOSED.....

ADDRESS.....

HOSPITAL.....

STATION.....

\* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)



S.O.S. 12-4-19. Demol  
M.D#3.

✓ *✓ Louis ✓*  
Dube. L.J., Pte. 1003643. *Can for Corps*  
1008643 - 227th Bn. 649-D-19909  
*form*

Med. & Dec. ( Sister ) Mrs. Alice Emond.  
Riviere Quelle.  
Kamouraska Co., Que.

P. & S. ( Mother ) Mrs. Aimee Levesque.  
Riviere Quelle.  
Kamouraska. Co., Que.

*(Ser. #985238.)*

Mem. Cross. ( Mother ) *L.R.* Address as above.

*England Only  
Eligible for B.W.M.*

55295

Scroll Desp.  $25 \frac{5}{3}$  Reqn. No. 56076

Plaque Desp.  $25 \frac{5}{3}$  Reqn. No. 49325

896

651189

28/7/21

121

Name DUBE Louis Joseph Rank Pte. Regtl. No. 1003643

Fyle Depot 3-D-455

Original unit 227th Bn. Present unit C.F.C.  or S. Age 28 Religion R.C. Ref. H.Q.

Port, ship and date of arrival "Araguaya" Portland, Me. 13-2-19

Next of kin Sister, Miss Alice Dube, Quebec City, Que.

Address on leave Ottawa, Ont.

Address on discharge

Transportation issued  Yes  No Date                      Character on discharge                     

Previous occupation Lumberman Date and place of enlistment July 11th, 1916 Sault St. Marie

Diagnosis D. A. H. Date of Medical Boards                     

LOCAL CARD  
No. 3 District Depot

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u>	<u>From Clearing Depot.</u>	
<u>15-2-19</u>	<u>Posted To Queen's M.H.</u>	<u>H.S. 51</u>
<u>17-2-19</u>	<u>Granted leave with subsistence to</u>	<u>HS 51</u>
<u>17-2-19</u>	<u>Transferred from Queen's M.H. to Fleming</u>	<u>HS 51</u>
<u>15-3-19</u>	<u>Transferred to Sub Depot</u>	<u>HS 87</u>

\*—Name will be given in full ; surname first.

Date.

Remarks

Pt. 2 Order No.

15-3-19

T.O.S. Sub. Report DD3 from H.S. Fleming

SD87

12-4-19

S.O.S. Discharged RO 1420 Demot.

SD104

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Dube

J. R.

1003643

RANK Plt.

UNIT

C. S. C. (53D) Depot

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

Fort Pitt Mill, Chatham

8-7-18

1.

Kings L.R.C. Bushey Park

HOSP.

27-9-18

2.

C. S. C. Liverpool

HOSP.

4-1-19

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

Influenza

b.a.s.v.

2.

Invalided to Canada

3.

2.2.19

DISPOSITION

DATE

19-7-18 C/266-1.

Dis 27-7-18  
REMARKS

1-8-18 C 277-II

1-10-18 C 329-1.

7-1-19 C 408-1.

19-2-19 C 446-2

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.

# CANADIAN EXPEDITIONARY FORCE

War Service Badge Class *A*

## Discharge Certificate

*231565* Issued

This is to Certify that No. .... (Rank) .....

Name (in full) *1003643* *Private* enlisted in

the *DIME, Louis Joseph*

CANADIAN EXPEDITIONARY FORCE at *227th Battalion* on the

day of *19* *Sault Ste. Marie.* *11th*

HE served in *July* *16.*

and is now discharged from the service by reason of **DEMOBILIZATION**  
*England* R.O. 1420.

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

Age *25 years*

Height *5' 6"*

Complexion *Dark*

Eyes *Brown*

Hair *Black*

Marks or Scars .....

*TWO SCARS LEFT ARM.*

*Louis Joseph Huber*  
Signature of Soldier

*J. J. Glendene*  
Issuing Officer

Date of Discharge .....

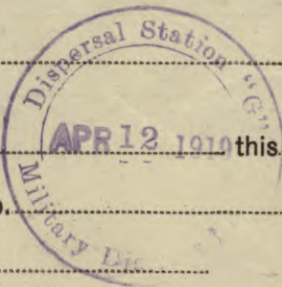
Rank .....

Appointment .....

Signed at *APR 12 1919* this *19* day of *Capt.*

in Military District No. ....

File Reference No. *April 12th* *19.*



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

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.



18 Coy  
17-7-17

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

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

350M.—5-16  
H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 227th O.S. BATTALION C.F.C.

Regimental No. 1003643 Rank Pte. Name Dube Louis Joseph  
C. E. F.

Enlisted (a) July 11 1916 Terms of Service (a) Duration of War Service reckons from (a) July 12 1916

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) (Lumberman)

Report		Record of promotions, mutations, 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				
<u>1917.</u>					
<u>Apr. 10</u>		<u>Embarked H.M.T. Carpathia</u>	<u>Halifax</u>	<u>10/4/17</u>	
		<u>Disembarked.</u>	<u>Liverpool</u>	<u>22/4/17</u>	
<u>23-4-17</u>	<u>227th Bn. S.O.S. to 8th Res. Bn.</u>		<u>Shorncliffe</u>	<u>22-4-17</u>	<u>D.O. PT. 2 #99</u> <u>W. A. Liggins</u>
<u>24-4-17</u>	<u>8th R. Bn. T.O.S. to 8th Res. Bn.</u>		<u>Shorncliffe</u>	<u>22-4-17</u>	<u>D.O. PT. 2 #114</u>
<u>16-7-17</u>	<u>8th R. Bn. S.O.S. to Can. Forestry Corps, Sunningdale.</u>		<u>Shorncliffe</u>	<u>15-7-17</u>	<u>D.O. PT. 2 #197</u> <u>R. W. Lamm</u>
					<u>Adjutant, 6th Canadian Reserve Bn.</u>
<u>19-7-17</u>	<u>BD. C.F.C.</u>	<u>T.O.S. Base Depot C.F.C.</u>	<u>Sunningdale</u>	<u>15-7-17</u>	<u>Pt. 11. D.O. No. 70</u> <u>Lt. &amp; A/Adj. C.F.C.</u>
			<u>R. R. Elliott</u>		
<u>18. 7. 17</u>	<u>16. 7. 17</u>	<u>S. O. S. BASE DEPOT C.F.C. SUNNINGDALE</u>		<u>17. 7. 17</u>	<u>PT. II. D.O. NO 70</u>
		<u>reporting to Dist. 18. 6. 18</u>			<u>W. L. Liggins</u> <u>Adj. for O.C. C.F.C.</u>
<u>20. 7. 17</u>	<u>Dist. 3.</u>	<u>T.O.S. at co. 118 from B. Depot</u>	<u>London</u>	<u>17-7-17</u>	<u>Pt. II D.O. no. 69.</u>
<u>6-9-18</u>	<u>.. 53</u>	<u>S.O.S. 2. 116 Co on posting to Base Depot.</u>	<u>W. L. Liggins</u>	<u>30-8-18</u>	<u>Pt. II D.O. no. 37</u> <u>6. apt v Adj. Dist. 53. C.F.C.</u>

(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, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				
13-9-18		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale		20.8.18	Pt. 11.D.O. 219.
		from 116 Co. Aired 52			
Lvs. 3-2-19		Posted to Queens		15-2-19	11951
		S. O. S. 12/4/19 Discharged	Ottawa,		Pt. 2. Order 14/4/19
					Delegated to O. C. Dispersal Area Station

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

DUBE L.J.

REGIMENT

CFC.

RANK

Pte

No.

1003643

Date of Examination in England

5. 1. 19

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

Yes

(b) In England

no

(c) In France

no

Signature of Dental Officer

*[Handwritten Signature]*

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTING TO:  
DENTAL OFFICERS

1. This form will be made out for each individual at the time of demobilization in English or French.

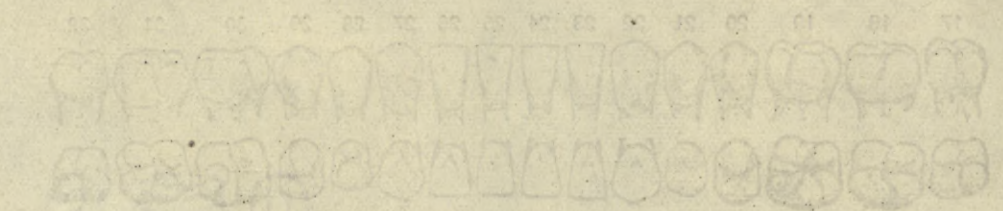
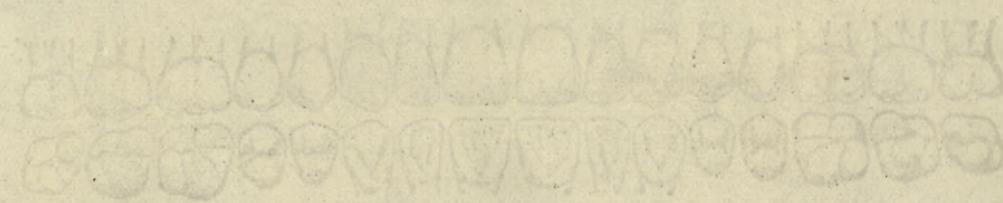
2. Entries on this form will be made to correspond to the information on the form.

3. In reference to Dental Officers the number of teeth removed will be stated.

Canadian Army Dental Corps Form No. 1

Name: RUBEN  
Regiment: 29 CAC  
No: 1003543

Date of Examination in English: 2.11.45



PRESENT DENTAL REQUIREMENTS

- 1. Fitting
- 2. Extractions
- 3. Goggles
- 4. Dentures
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

Has the wear necessary Dental Treatment? (Yes/No) - when applicable to any or all of A or B.

- (a) In Canada
- (b) In England
- (c) In France

*[Handwritten signature]*

LTR

Rank Name DUBE, Louis Joseph  
227th Bn. to 2nd Cen. Ont. Regt. If in perm. Corps }  
Unit What Unit? }

Reg'l No. 1003643

Married or Single Single.

Place and Date of Enlistment Sault Ste Marie. July 11th, 1916 Place of Birth St Saviour.

Quebec, City, Quebec.

Name and Address, Next-of-Kin John Batiste Dube.

19 St Joseph St. Quebec. City. Quebec.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/L. R.S. No. 6173

File R.L.

Category

Can M&M

Discharge, Date and Place

Reason

Character

M.X.  
20-7-21  
R.R.

H. W. V., Ld.—9:46-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		☆ARRIVED IN ENGLAND 22-4-17 S.S. CARPATHIA.☆			
24. 4. 17	Sth Res. Bn. T O S	FROM Canada.	Shorncliffe	22 4 17	DO 114
16. 7. 17	"	S.O.S. to C. Freshy Corps	do	15. 7. 17	DO 197
20. 7. 17	CFC bit. 3.	T.O.S. from B. Depot.	London.	17. 7. 17	69. P. 70. d/18. 7. 17.
6. 9. 18	" "	S.O.S. to BDCFC	" Egham	30. 8. 18	37
13. 9. 18	BDCFC	T.O.S. from 53 Dist "adm to Hosp	" Seale	30. 8. 18	219
19. 2. 19	CLCFC	15 Can Gen Hospital			
		Invalided to Canada	Po Liverpool	2. 2. 19	CLC 446 Insanity
Dec. 2. 19	BDCFC	Sos Inv to Can ex Hptl	Po Dal	2. 2. 19	DO 55



227th O.S. BATTALION C.E. MEDICAL HISTORY SHEET.

Surname Dunne Christian Name Louis Joseph

Examined { on 11<sup>th</sup> day of July 1916  
at Sault Ste Marie  
Birthplace { City or Town Quebec City  
County Quebec

Approved by J. R. Lee  
Rank Capt M.O.

Apparent age 25 years  
Trade or occupation Timberman  
Height 5 Feet 6 1/2 Inches.  
Weight 145 Lbs.  
Chest measurement { Minimum 32 1/2 inches.  
Maximum expansion 35 inches.  
Physical development good  
Small-Pox Marks None

Date.	Fit or Unft.	EXAMINED FOR RE-ENGAGEMENT.	M.O.
		J	

Vaccination Marks { Arm Right Left   
Number 1  
When Vaccinated last 1900

Date.	Result.	VACCINATIONS.	M.O.
<u>14-9-16</u>		<u>J. R. Lee</u>	

(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.
<u>24-8-16</u>		<u>J. R. Lee</u>	
<u>31-8-16</u>		<u>J. R. Lee</u>	
<u>5-9-16</u>		<u>J. R. Lee</u>	
<u>29-4-17</u>		<u>Para</u>	

Enlisted on 12<sup>th</sup> day of July 1916 at Sault Ste Marie

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				<u>Ostau</u>
Transferred to	<u>227th</u>	<u>1003643</u>		
	<u>Para</u>			

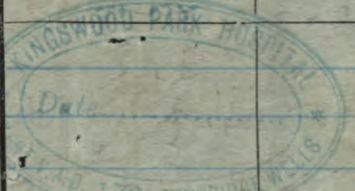


EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St. Martin's Plain</u>	<u>5-6-17</u>	<u>Def. Vision</u>	<u>C. H. B. Thomson Capt</u>
<u>Knowlton C.</u>	<u>13-12-17</u>	<u>Def. Vision</u>	<u>B. J. Ambrose Plame</u>
<u>Bushy Park</u>	<u>28-11-18</u>	<u>D. A. H.</u>	<u>J. G. Adams Capt</u>

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.

Christian Name *Louis J.*

Surname *Dube*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
		8	7	18	27	7	18	Influenza.	19	Aspirin & Quin. with lemon - no complications improved: - rec'd for light duty.	<i>W. H. Reynolds</i>
		9	8	18	11	9	18	Influenza & Aphasia	33	Epiphora & subacute conjunctivitis may be T.B.??, tubercle in this organ & improved slightly. Rupture drum performed (old dates 1918) Rec'd for service Cavalry unit home: - cont'd.	<i>W. H. Reynolds</i>
THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL		26	9	18				D. A. H.		no weight since admission. Heart probably enlarged, as apex beats in 5th I.C. space 11cm from mid sternum sitting. Pulse fast - especially during last month, when it has often been over 110. Exercises not tolerated	<i>Amacchini</i> <i>Capitane</i>
								D. A. H.		Pulse 76 at rest. Short of breath on exertion	<i>W. H. Reynolds</i>
"ARAGUAYA."		2	2	19	13	2	19	do		no change	<i>W. H. Reynolds</i>

8 FEB 1919





(9) Is your Father alive? <sup>(Dead)</sup> *Yes, John Baptiste Dubé*  
If so, state name and address *19 St. Joseph St. Quebec City P.Q.*

(10) Is your Mother alive? *no*  
If so, state name and address.....

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

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

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

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

(15) Are you insured? *no*  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*[Signature]*  
.....  
Officer Commanding.

Date **MAR 17 1917**.....

**227th O.S. BATTALION C.E.F.**

273 Champlain St,  
Hull, Que.

Model 3

# FORM OF WILL.

DEPT. MILITIA & DEFENCE

JUL 24 1920

CANADA

I, Louis Joseph Dube (Name in full)

Regimental Number 1003643 serving in 227th Bn

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Elise Edmond  
Riviere Ouelle P.Q.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Elise Edmond  
Riviere Ouelle P.Q.  
County Kamouraska

Name and Address of person or persons to receive personal estate\* (See note).

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

this 30 day of January A. D. 1917

L. J. Dube Signature of Soldier.

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

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

Signature of First Witness [Signature]  
O. C. "A" Co., 227th O. S. Bn., C. E. F.

Address of Witness \_\_\_\_\_

**THE TWO WITNESSES MUST SIGN HERE**

Occupation of Witness \_\_\_\_\_

Signature of Second Witness H. C. James Thompson

Address of Witness \_\_\_\_\_  
227th O. S. BATTALION C.E.F.  
HAMILTON ONT

Occupation of Witness SOLDIER 84

AB JUL 24 1921

JUL 24 1921

R. C.





\* Strike out which ever is inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <b>DUBE Louis Joseph</b>				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <b>1003643</b> <span style="float:right">559</span>				
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
						P. 1		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- <b>227<sup>th</sup></b>				
				DATE ACCOUNT FIRST OPENED:- <b>27-4-17</b>				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO	
							C + C mg	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
13 <sup>th</sup> 18	3654	Bushy	2 43					
17 <sup>th</sup> 18	3912	"	2 43					
4 <sup>th</sup> 18		" £10-0-0	48 67 1/2					
24 <sup>th</sup> 18	9445	On Service 6/-	1 46					
			54 99					
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					1	-	-10	

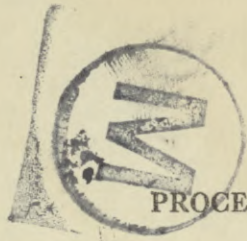
PARTICULARS OF RENDERING NON-EFFECTIVE: <b>Dis to Con 31/1/19. Authy Bushy 3/1/19 16 2/43</b>												
MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION	
Jan	Bal Ford								174 40			
Apr	P.P.	33		DA P1954. 04 17.	3 81				186 86			
		33		A.R. E286 10 4/18 116 Co.	17 03				186 86			
					20 54							
May	P.P.	34 10		Lo.P. 54 19/3/18 116 Coy.	17 0				202 23			
				A.R. E622 17-5-18 "	17 03				202 23			
		34 10			18 73							
June	P.P.	33		A.R. E979 19-6-18 116 Coy.	24 33				210 90			
		33			24 33							
July	P.P.	34 10		A.R. E1315 22-7-18 "	17 03				227 97			
		34 10			17 03							
Aug	P.P. CANADIAN	34 10		A.R. E1711 20-8-18 116 Coy.	14 60				247 47			
		34 10			14 60							
Sept	P.P.	33		Q4005 116 <sup>th</sup> Coy 29-7-18	85				260 15			
		33		A.R. B. 3073 21-9-18 B.D.	19 47				260 15			
		33			20 32							
Oct	P.P.	34 10		A.R. 3228. 11-10-18. Bushy Park	2 43				291 82			
		34 10			2 43							
Nov	S.F. 6.12.18 to 18.12.18. 10 days 2/3 <sup>c</sup>	8 76		-3345. 25.10.18.	1							
	DD 293. 9.12.18. 3D. 4 1/2 <sup>c</sup>	33		2354 12.11.18	2 43							
	P.P.	33			2 43							
Dec	-	24 10		DR 1116 4.12.18	48 67							
				A.R. 3712. 27.11.18	2 43							
Jan	Subst on 56 3/19	34 10							369 63			

A 3 M. FORM REN'D **Can** **DATE 3/19**  
 DISCHARGED TO **Can** **DATE 3/19**  
 PAY BOOK VERIFIED **7-1-19**  
 CR BAL. **360**  
 AUTHY. **Bushy 3/1/19**  
 COMPILED BY **W. A. Moreland**

P.T.O.







SHORT FORM. War Service Badge Class A  
PROCEEDINGS ON DISCHARGE. 231565  
(Demobilization.) No. .... Issued  
ca.

1. No. 1003643

2. Rank Private

3. Name DUBE Louis Joseph

4. Unit 227th Battalion

5. Date of Discharge April 12/1919 Place Ottawa, Ont.

6. Reason for Discharge DEMOBILIZATION R.O. 1420

7. Authority R.O. 1420, #3, DD. 3-

8. Proposed Residence after Discharge 273 Champlain St., Hull, Que.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. WR B. 39.

*Louis Joseph Dubé*  
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

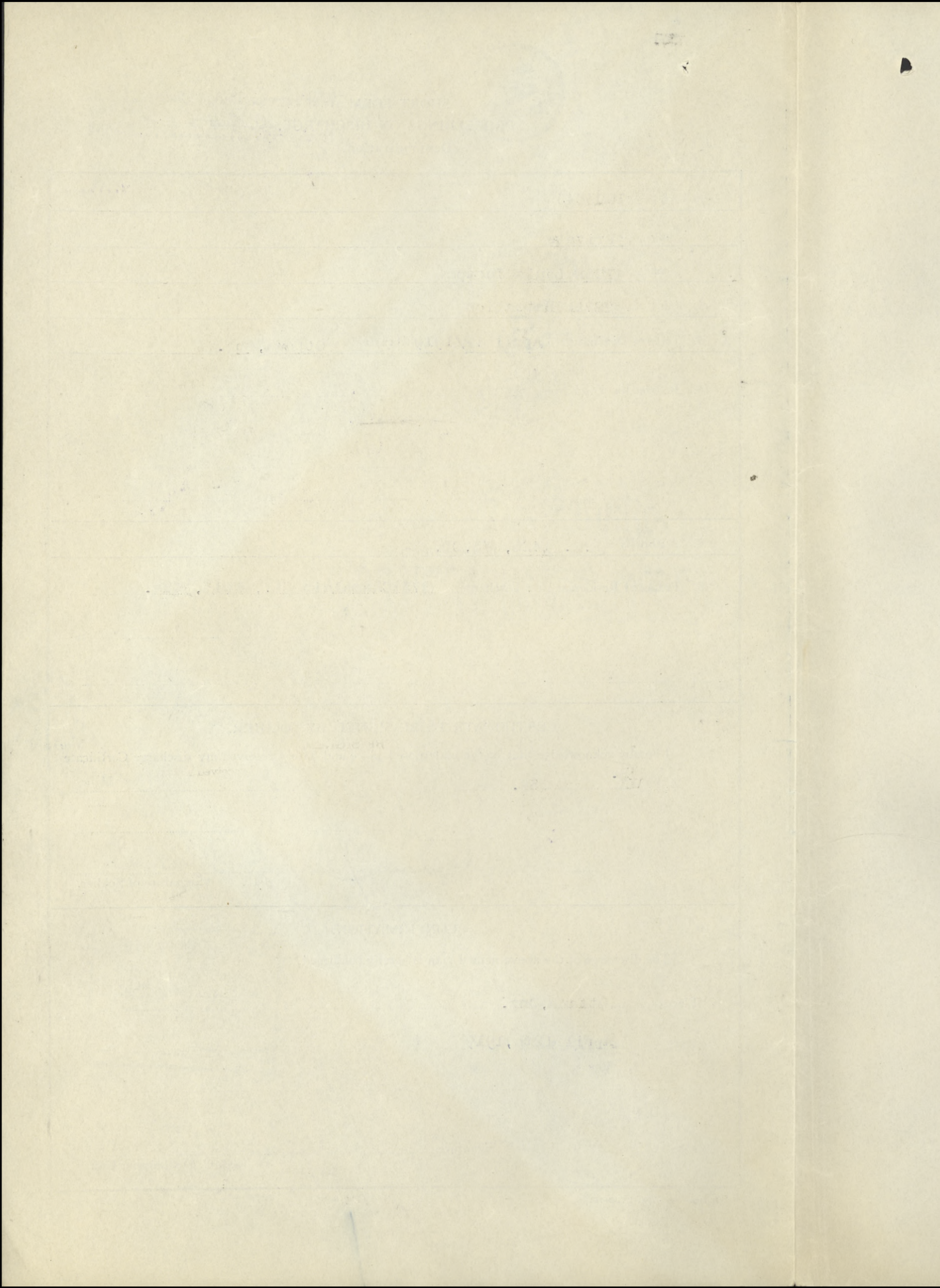
Place Ottawa, Ont.

Date April 12th, 1919

Signature *[Signature]* Captain  
for O. C. Discharge (O. C. Discharging Unit.)

Medical Documents Forwarded to S.C.R. or B.P.C. on Date APR 25 1919

Station "G" No. 6161 8182 APR 12 1919





**LIST OF DISCHARGE DOCUMENTS.**

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

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Ottawa, Ont. DATE March 17th 1919

1. 1 (a) Unit 3rd District Depot (b) Regimental No. 1003643 (c) Rank Private.  
 (d) Surname DUBE. (e) Christian name Louis.  
 (f) Home address 273 Champlain Street, Hull, Que.  
 (g) Next of Kin Alice Dube. (h) Relationship Sister  
 (i) Address of Next of Kin Quebec, Que.

2. Age last birthday 28 Date of birth March 28th 1891.

3. Enlistment, or Appointment (if an Officer) (a) Place Sault Ste. Marie. (b) Date July 18.16

4. Personal description:  
 (a) Height 5' 6" (b) Weight 130 (c) Complexion Dark.  
(stripped)  
 (d) Colour of hair Black. (e) Colour of eyes Brown. (f) Identification marks, Scars, etc. ....  
Two scars left arm.

5. Former trade or occupation Lumberjack.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years		Days	
	PERIODS			
	From		To	
Canada <u>227th Battalion.</u>	<u>July 1916.</u>		<u>Feb. 1917.</u>	
England <u>C.F.C.</u>	<u>Feb. 1917.</u>		<u>Feb. 1919.</u>	
France or other theatres of War <u>Canada.</u>	<u>Feb. 1919.</u>		<u>Date.</u>	

7. Original disease, or injury D.A.H.

(a) Date of origin July 1918. (b) Place of origin England.  
 (c) Cause Ordinary exposure.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Slight debility—practically no disability exists at present time.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

General condition fairly good—well nourished man and apparently healthy—heart is normal in size and no murmurs are heard. Rate varies from 80 to 100 per minute on different examinations. Lungs show some prolonged expiratory sounds at apices—no rales are heard and no active lesion is made out—chest is flattened below clavicles fingers are clubbed—there is no cough or expectoration. Subjective symptoms—none except he walks very fast he gets short of breath.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System No. Cardio-Vascular System No. Genito-Urinary System No. (If pulse rate is abnormal, B. P. will be taken. (Albumen and Sugar will be excluded.) Special Senses No. Respiratory System No. Integumentary System No. Disturbances of Mentality No. Digestive System No. Muscular System No. Osseous and Joint Systems No. Any other general condition No.

Vision R-20/60-Vision L-ft eye 20/20—Error if refraction corrected by glasses—no service disability.

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

D.A.H. Fainting and dizzy spells—rapid pulse soon after landing in England and could not carry on regularly, being given light duty and etc., frequently. He does not complain now of any symptoms except that of slight ~~ax~~ dyspnea after much fast walking etc.

10.—(b) (Here give a c to or since enli

This man

(c) (Here give a descri

11.—(a) Did the d

(b) If so, has condition at tin

any

12. Was the disabi

refusal to ac The regimental (If the answer is in th this question, c

13. What is the pr

than one ?...

14. Treatment (Ca

15. Is further treat

16. Can the forme

17. Recommendation

(Sections 7, 8, 9 an

I, the undersig present condition r

I complain in addi

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

This man was never robust or able to do heavy work for long.

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

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

Likely.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Any aggravation due to service has cleared up.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? no disability at present due to service.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Hospitals in England and Canada.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes.

(If not, briefly state why)

17. Recommendations.

Discharge.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out). Capt. A.M.C.

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

I complain in addition of

[Handwritten initials]

[Signature] Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Without any disability due to service.

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Ottawa, Ont.  
DATE March 13th 1919.

*[Signature]* Lt-Col R.M.S. President.  
*[Signature]* Lt-Col R.M.S. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE.....  
DATE.....  
President  
Members

APPROVED BY *[Signature]* Captain " " C. Assistant Director of Medical Services. DATE 19/3/19  
APPROVED BY Director-General of Medical Services. DATE.....





1873

THE UNIVERSITY OF CHICAGO  
LIBRARY

PHYSICS DEPARTMENT  
CHICAGO, ILL.

PHYSICS DEPARTMENT  
CHICAGO, ILL.

8

B 1 - Bed 8 -

# CASE HISTORY SHEET.

Fleming Hospital. Ottawa Station.

No. 1003643 Rank Pte Name Dube Louis J. Age 25

Unit C.F.C. Completed years of service England - Where and how long

Date of admission 10-3-19. Date of discharge March 14/19

Diagnosis D.A.H. Place of origin England

### CONDITION ON ADMISSION AND PROGRESS OF CASE.

Symptoms - subacute illness  
tubercular general - fair -  
 Chest flattened and ribs black many scars scars  
lungs show some pulmonary & pleural disease left -  
lob - no active lesion made out - no cough or  
spitum now - fair normal but ribs flattened  
is 100 - Fingers are clubbed -  
Sp. looks healthy -

14 March - Condition much improved Boarded  
and placed in Catg. E

### FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

### TREATMENT

(Especially any specific or special form)

### CONDITION ON DISCHARGE

(and disposal made of case.)

as above. Boarded in discharge  
March 13/19 - no source disability -

Date March 14/19

[Signature]  
 Medical Officer i/c case.

B 41892

Case No. \_\_\_\_\_ Date of admission \_\_\_\_\_

Room No. \_\_\_\_\_

Diagnosis \_\_\_\_\_

History \_\_\_\_\_

Physical Examination \_\_\_\_\_

Investigations \_\_\_\_\_

Course of illness \_\_\_\_\_

Prognosis \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROCEEDINGS OF A MEDICAL BOARD

Dated at... Sunningdale... 23.9. 1918

No. 1003643 Rank Pte Name DUBE J.L.

Local Unit C.F.C. Overseas Unit 227th. Batta. Age 27

Examination held at Sunningdale Berks.

DISABILITY.

0 verseas - Local  
(scratch one out)

*Influenza - S O A A*

PRESENT CONDITION.

*Bushy Park*

BOARD RECOMMENDS:-

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

Signatures:-

( *J.L.A.* ) ..... President.

( )

Members ( )

( )

( )

APPROVED

Dated..... 191..... For A.D.M.S

PROCEEDINGS OF A MEDICAL BOARD  
MEDICAL BOARD

Dated at ... 1915

No. 1000000000 Rank P.O. Name ...  
Local Unit ... Overseas Unit ...

DISABILITY  
0 Overseas - Local  
(scratch one out)

PRESENT CONDITION

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

Signatures:

Members

President

APPROVED

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at June 5<sup>th</sup> 1917.

No. 1003643 Rank Pte. Name Decker, Lf

Local Unit 8<sup>th</sup> Mes Am Overseas Unit — Age 26

Examination held at St. Martins Camp

DISABILITY. DEFECTIVE VISION  
Overseas—Local  
(scratch one out).

### PRESENT CONDITION.

West Cliff Report  
RT 6/26 = glasses 6/12  
LT 49  
no other disability

BOARD RECOMMENDS:— B-1

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

### Signatures:—

Members { H.B. Thomson Capt. President.  
H. Chapman Capt.

APPROVED

Dated 6 JUN 1917 1917. Henry on Davis Teap

PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1917

Name \_\_\_\_\_ Rank \_\_\_\_\_

Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_ Age \_\_\_\_\_

Examination held at \_\_\_\_\_

DISABILITY  
Overseas-Local  
Local only

PRESENT CONDITION

BOARD RECOMMENDATIONS:-

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

Signatures:-

President

Members

APPROVED

Dated \_\_\_\_\_ 1917

For A.M.S.



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

M. & R. S.

REGT. No. *1003643* RANK *Pro* NAME (IN FULL) *Dobe L.J.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS		<i>Pte. Dobe, Louis Joseph</i>			<i>227<sup>th</sup> Bn.</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE	<i>273 Champlain St.</i>			DATE OF ATTESTATION	TRANSFERRED TO
TO WHOM PAID	RELATIONSHIP	<i>Hull, Que.</i>			<i>12-7-16</i>	DATE
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE
					<i>76</i>	
					PAYABLE TO	RELATIONSHIP
						ANY CHANGE IN ASSIGNEE OR ADDRESS
						<i>None</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	REASON
					<i>PTA</i>	<i>U.S. Demobilization D.O.</i>
					DATE	IF ENTITLED TO POST DISCHARGE PAY
					<i>12-4-19</i>	<i>189</i>

*D-580*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>March</i>																		
<i>April</i>	<i>12</i>	<i>110</i>	<i>1320</i>	<i>392.33</i> <i>35.00</i> <i>7.00</i>			<i>2356</i>	<i>227</i>	<i>81/2</i>	<i>44053</i>	<i>5000</i>			<i>49053</i>			<i>per S.S. Araguay</i>	
				<i>983</i>						<i>War Service Proximity</i>								
<i>153 Aug 1919</i>				<i>350.00</i>			<i>350.00</i>							<i>70</i>	<i>280.00</i>		<i>at # in abnl 2356</i>	
										<i>70</i>				<i>140</i>	<i>2.10</i>		<i>6328140 May 10/19</i>	
										<i>70</i>				<i>210</i>	<i>140</i>		<i>3394930 June 6/19</i>	
										<i>70</i>				<i>280</i>	<i>70</i>		<i>942368 July 11/19</i>	
										<i>70</i>				<i>350</i>			<i>960882 Aug 9/19</i>	

