

59th Regt.

ORIGINAL

ATTESTATION PAPER.

No. 145002

Folio. B

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... Gagnon Leo
  - 2. In what Town, Township or Parish, and in what Country were you born?..... Murray Bay Quebec Canada
  - 3. What is the name of your next-of-kin?..... Gagnon Henry (brother father)
  - 4. What is the address of your next-of-kin?..... 503 Magara St. St. Paul Montreal Canada
  - 5. What is the date of your birth?..... May 10<sup>th</sup> 1891
  - 6. What is your Trade or Calling?..... Single Farmer
  - 7. Are you married?.....
  - 8. Are you willing to be vaccinated or re-vaccinated?..... yes 503 Magara St
  - 9. Do you now belong to the Active Militia?..... no Montreal, Que
  - 10. Have you ever served in any Military Force?..... no
  - 11. Do you understand the nature and terms of your engagement?..... yes
  - 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... yes
- Leo Gagnon (Signature of Man).  
 [Signature] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leo Gagnon, 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.

Leo Gagnon (Signature of Recruit)

Date Aug 1 1915 [Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leo Gagnon, 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.

Leo Gagnon (Signature of Recruit)

Date Aug 1 1915 [Signature] (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 Rock cliff Camp this 27<sup>th</sup> day of September 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)

ORIGINAL

20 24

Description of Gagnon Leo on Enlistment.

Apparent Age 25 years 3 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height 5 ft. 3 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 2 ins.

Complexion dark  
 Eyes blown  
 Hair black

Religious denominations.  
 Church of England .....  
 Presbyterian .....  
 Wesleyan .....  
 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 Aug 1 1915

F. Munnis

Place Chicoutimi

Capt. Munnis  
 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 Gagnon 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.

D. H. Stewart LIEUT. COL.  
 O. C. 77th. Overseas Battalion, B. E. (Signature of Officer)

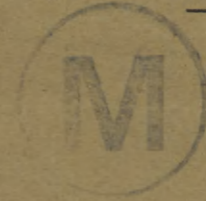
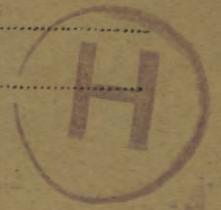
Date Aug 3 1915

65M 16-11-18

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....



Name GAGNON, LEO.  
Regt. No. 145002 Rank Pte  
Corps 38<sup>th</sup> Bn

01091

*Killed in Action*  
*18-11-16*



8-29  
10-30  
31-30  
/

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- 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.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

*38*

*Wright*

*Killed*

*at B-122-1*  
*copy of will-2*  
*cas card 1*  
*Original will-1*

M. F. W. 62.  
50M-9-16.  
H. Q. 1772-89-935.

*Key*



ORIGINAL

145002

B

MEDICAL HISTORY SHEET.

Surname Layton Christian Name Leo

Examined { on 1 day of Aug 1915  
at Alexandria

Approved by J. Munn

Birthplace { City or Town Murray Bay  
County Quebec

Rank Capt. ave. M.O.

Apparent age 34

Trade or occupation Farmer

Height 5 Feet 3 Inches

Weight 145 Lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 36 inches

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left 1  
Number 3

When Vaccinated last 3 years ago

(a) Marks indicating congenital peculiarities or previous disease none

(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.

Date	Result	VACCINATIONS.
<u>15/11/15</u>	<u>Good</u>	<u>Wm Halkett</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/9/15</u>	<u>Good</u>	<u>Wm Halkett</u> M.O.
<u>3/10/15</u>	<u>Good</u>	<u>Wm Halkett</u> M.O.
<u>T.A.B. 1</u>	<u>27/7/16</u>	<u>Jas Seay</u> M.O.

Enlisted on 1<sup>st</sup> day of Aug 1915 at

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>77<sup>th</sup> B.C.E.F</u>	<u>145002</u>		<u>1 Aug 15</u>
Transferred to..	<u>38<sup>th</sup> B.C.E.F</u>	<u>145002</u>		<u>6 Dec 15</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.

Surname Gagnon

Christian Name Lee

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				
<u>Prospect</u> <u>Mt St Helia</u>	<u>May</u>	<u>11</u>					<u>Examined for active service found fit</u>			<u>R. R. <del>Heizer</del> <sup>W. J. Thom</sup></u>	

Duplicate Medical Certificate sent  
post to here.

99

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

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 38th Div (C.I.)

Regimental No. 145002 Rank Private Name Leo. Gagnon.  
C. E. F.

Enlisted (a) 1-8-15 Terms of Service (a) duration of war Service reckons from (a) 1-8-15

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

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

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>Embarked <del>St. John's</del></i>	<i>Bermuda</i>	<i>29/5/16</i>	<i>Det S. S. "Champion"</i>
		<i>Arrived</i>	<i>St. John's</i>	<i>9/6/16</i>	
		<b>PROCEEDED FOR SERVICE OVERSEAS.</b>		<i>13/8/16</i>	<i>Lieut. Colonel.</i>
		<b>DISEMBARKED</b>	<b>HAVRE</b>	<i>14/8/16</i>	
<i>11.11.16</i>	<i>Unit.</i>	<i>Killed in Action</i>	<i>Field.</i>	<i>18.11.16</i>	<i>Comd. 38th Batt. Can. Expeditionary Force</i> <i>Re 38th letter E-3-KI 137/2273.</i> <i>Des 45/d/26. 11.16.</i> <i>Pr. II O. 228/d/26. 11.16.</i>
<i>38th Div</i>					

CERTIFIED CORRECT.  
28 AUG 1916  
RECORDS, LONDON.

(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				
<del> </del>					



RL 259 1409

LTR

Rank Name GAGNON, Leo

Reg'l No. 145002

Unit 38TH. BN.

If in perm. Corps, What Unit? }

Married or Single Single

Place and Date of Enlistment Rockcliffe Camp. Aug 1. 1915. Place of Birth Murray Bay. Que. Can.

Name and Address, Next-of-Kin Henry Gagnon 503. Mazarin St. Montreal

Relationship Father Luc. Canada.

N/E. R.B. NS  
File R.L. 259-1409  
Category K.A.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

NE.R.B Serial No 3

Relationship

Discharge, Date and Place

Reason

Character

M

CIPOD

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.		9 JUN 1916	
11 8-16	38th.	Embarked For France	Bramshott	13-8-16	Part B D.O. 167
26.11.16	✓	Killed in Action	In the Field	18.11.16	Pt II D.O. 228
1.12.16	✓	Killed in Action	-	18 11 16	b.L-A 70

Q.H. 3103. Ch 21-8-16

M.V.  
6.11.20



33/ 2nd Contingent

L.L.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

223

To Whom *Nery Gagnon*  
 Address *508 Marier St*  
*Cote St Paul*  
*Montreal*  
 Rate *\$15.00*

By Whom Assigned *Gagnon Leo*  
 Regtl. No. *145002*  
 Rank *Pte*  
 Corps *77 Bn*  
*2<sup>nd</sup> Dgt.*

DEC 1-1915

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop payment 1<sup>st</sup> 1916</i> <i>Killed in action</i> <i>3 M Dec 3/16</i> <i>JR 23/1/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>An 11021</i>	<i>15</i>	
Jan.	1916	<i>O 12018</i>	<i>15</i>	
Feb.		<i>P 13946</i>	<i>15</i>	
March		<i>U 14750</i>	<i>15</i>	

1111

1111

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

274

Sheet No. 2.

*Henry Gagnon*

Name of Soldier

*Gagnon Leo*

L. L. Job 89002.-Req. 6213.

PAYMENTS.

145002

*2nd Bn 77th Bde*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<del>5988</del>	<del>15</del>	
May		<del>73933</del>	<del>15</del>	
June		<del>U 2123</del>	<del>15</del>	
July		<del>Q 8811</del>	<del>15</del>	
Aug.		<del>R 12672</del>	<del>15</del>	
Sept.		<del>Q 16557</del>	<del>15</del>	
Oct.		<del>Q 21185</del>	<del>15</del>	
Nov.		<del>626100</del>	<del>15</del>	
Dec.		<del>H 32412</del>	<del>15</del>	
Jan.	1917	<del>837486</del>	<del>15</del>	
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*\$1500*

*Ac closed as per 3m 1/16  
 JM 23/19*

Casualties

F. X. Rend. Date *Total* \$ *210*  
 E.F.X. " Date *24-8-17* By *PM*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Surname

Christian Name or Names

Reg. No.

Gagnon  
Rank

L.  
Unit

145002  
Troop

Batty.

Pte  
Hospital

38th Bn.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 18-11-16

DISPOSITION

Date

C.L. 1-12-16 A70

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.



SURNAME. *Gagnon*

649-8-4560.

CARD NO. **D**

CHRISTIAN NAMES *Leo.*

FOLL.

REGL. NO. *145002*

RANK *Pte*

UNIT *47th (2nd R.D.)*

*Batt.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Gagnon, Henry*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *503 ~~Mazowin~~ St. Côte-St. Paul  
Montreal, Que*

COUNTRY OF BIRTH *Canada* *Murray Bay, P.Q.* DATE

PLACE OF ATTESTATION *Rockcliffe Camp* DATE *Sept 27, 1915*

*o/s. 3-12-15 <sup>289</sup>/<sub>3</sub>*  
*o/s. 23-5-16 <sup>439A</sup>/<sub>8</sub>*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

RANK AND CORPS

CABLE

No.

DATE

REGT'L NO 145-002

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

Pfc

38th Batt (form 47th)

b NATURE OF CASUALTY 7th A.D.

05663

30-11-16

Killed in action Nov. 18th. 1916

(Rec'd. 12-31)

A. F. B. 2090a

Raven 26-11-16.

Killed in action, 18-11-16.

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 70 - Rept. from Base -

18-11-16

Killed in action -

Name GAGNON

Rank Pte.

Reg. No. 145002

Leo

Unit

38th Battn.

1932. 145003 Pte. Gagnon, 38th Btn.

Next of Kin

Canada.

1425-G-1408

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916					No. 55	
18-11	REPORTED FROM BASE			A70.05663.1	1	12

KILLED IN ACTION

MAY



No. 145002

RANK

Pte

NAME

Gagnon, Leo.

T. 6-12-15- UNIT 38th. Battalion, C. E. F.

(D.O.# 227 of 16-12-15-)

M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 - Dec 1	1915 - Dec 31	L		
1916. Jan	1916.	L		
Feb		L		
Mar		L		
Apr		L	Drunk Fined <sup>to</sup> 2.00	5078 17-4-16
May		L	Drunk Fined \$ 6.00	5098 18-5-16
June		L		

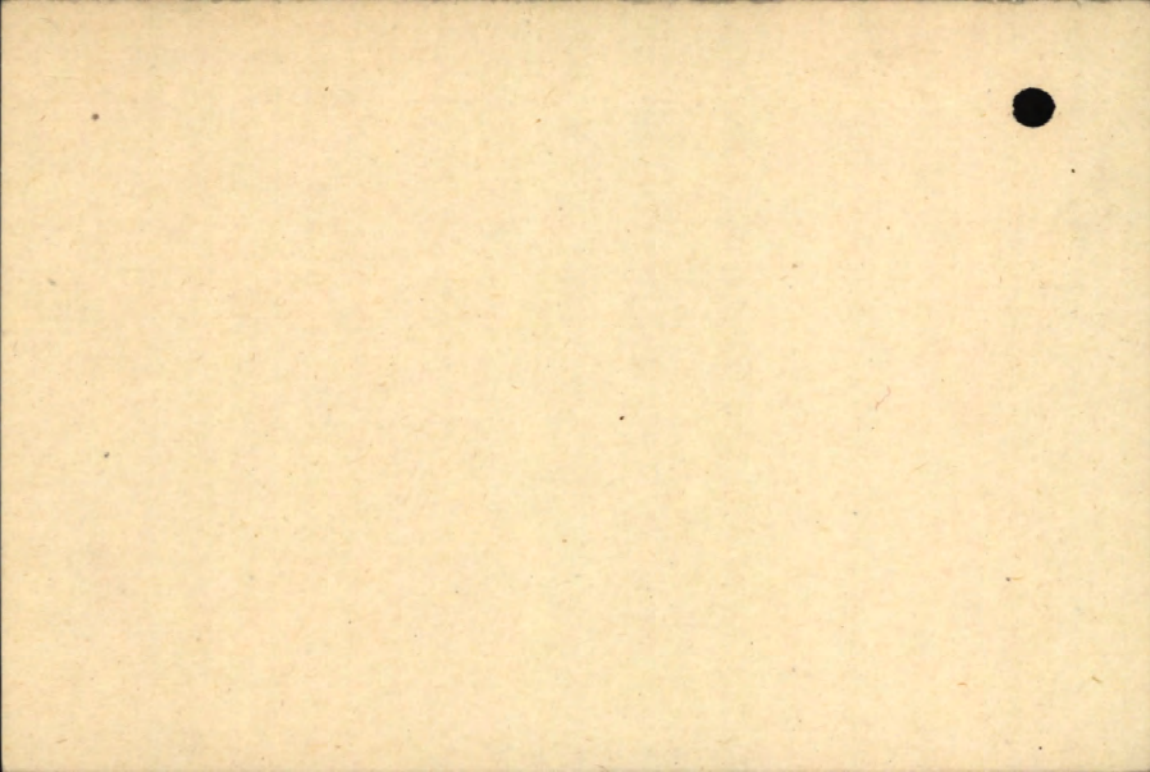




No. 145002 RANK PteNAME Gagnon, Leo.T. 27-8-15 (No. 19 of UNIT 77<sup>th</sup> Battalion, C.E. F.  
27-8-15)

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug. 27	1915 Aug. 31	✓		
Sept.		✓		
Oct.		✓	Forfeits 2 days pay	NO. 53 of 4-10-15
Nov.		✓	Transf'd to 38 <sup>th</sup> Bn. Bermuda	D.O. 95 of 18-11-15 Nov. Paylist.



649-G-4560

Gagnon, Leo. Pte. 145002 38th Bn. *M*

Med. & Dec. (Father) T.H. Gagnon, Esq.,  
503 Mazarin,  
Ville Emard, Montreal, P.Q.

P. & S. (Ser #761536) T.H. Gagnon, Esq.,  
address as above.

Mem. Cross (Mother) Mrs. E. Gagnon,  
address as above.

*Not elig. for 14-15 Stars*

*E. elig. for v. m.*

*" " B. W. m.*

*JUN 3*  
Scroll Desp.

Reqn. No 245903

Plaque Desp.

Reqn. No *P 182*

*SEP 20 1942*  
Desp 16-17-20 (M) @ 30886 *B*

496

M

11/11

*One*  
Number

1415-002

Rank

*Private*

Surname

GAGNON

Christian Name

Leo

Units

38<sup>th</sup> P.M. Camp

Theatre of War

France

Date of Service

19-8-16

Remarks

Latest Address

Mr. J. H. Gagnon (P)

503 Magarin St.

Roll No.

B Page 165-72

Ville Emard:

Montreal, P.Q.

200m.-2-21.M.

DESP SEP 19 1922  
REG. N. *10738061*

MARRIED OR SINGLE ~~M~~ *Single*  
 PLACE OF BIRTH *Murray Bay Que. Canada*  
 NAME AND ADDRESS OF NEXT OF KIN *Henry Gagnon  
 503 Mazarin St. Montreal Que*  
 RELATIONSHIP OF NEXT OF KIN *Father*  
 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
<i>Killed in Action</i>	<i>18/11/16</i>	<i>Cl. A 70. 1<sup>12</sup>/<sub>2</sub></i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
---------------	-----------------	----------	------------------

REG'L No: *145002* RANK *Pvt* NAME *Gagnon, Louis Leo?*   
 IF IN PERM. CORPS | WHAT UNIT *38th Batt.* TRANSFERRED TO *N.E. Br* DATE *19/11/16* AUTHORITY *Cl. A 70. 1<sup>12</sup>/<sub>2</sub>*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Rockcliffe Camp* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *1 Aug 15* TRANSFERRED TO DATE AUTHORITY



ASSIGNED PAY MONTHLY ~~\$15.00~~ *15.00* DATE EFFECTIVE *June 16*  
 PAYABLE TO *Henry Gagnon, 503 Mazarin St. Cote St Paul, Montreal P.Q.* RELATIONSHIP *Father*

*P.B. 10665'*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *1/12/16* EFFECTIVE *1/12/16* REASON *Killed in Action 18<sup>12</sup>/<sub>2</sub> (P.O. nos. 16<sup>12</sup>/<sub>2</sub>)*

DISCHARGE DATE AND PLACE *18/11/16. Field* REASON AND AUTHORITY *Killed in Action. 18<sup>12</sup>/<sub>2</sub>. Cl. A 70. 1<sup>12</sup>/<sub>2</sub>*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *19/11/16*

*Entered on N.E. Card Index. See...*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

*Checked by J.B. Heuler.*

COMPILED BY *J.P.P.*  
 CHECKED BY

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.	DATE	NO.
1916																																				
June	30	1.00	30.00		30	10	3.00							3300		18	13 <sup>1</sup> / <sub>16</sub>	67	37 <sup>1</sup> / <sub>16</sub>						9.73	7.30			15.00	32.03	97					
July	31	"	31-		31	"	3.10							3410		106	15 <sup>3</sup> / <sub>16</sub>								7.30				15-	22.30	12.77					
Aug	31	"	31-		31	"	3.10							3410		157	18 <sup>8</sup> / <sub>16</sub>								7.30				15-	30.00	16.87			2 days for. pay. P.O. 164 8/8/16		
Sept	30	"	30-		30	"	3-							33-		206	21 <sup>8</sup> / <sub>16</sub>								2.61				15-	17.61	32.26					
Oct	31	"	31-		31	"	3.10							3410		306	30 <sup>9</sup> / <sub>16</sub>								5.23				15-	20.23	46.13					
Nov	30	"	30-		30	"	3-							33-		421	24 <sup>1</sup> / <sub>16</sub>								2.62				15-	20.24	58.89			<i>Killed in Action 18/11/16. Cl. A 70. 1<sup>12</sup>/<sub>2</sub></i>		
Dec																480	15 <sup>11</sup> / <sub>16</sub>								3.49					16.69	42.20			<i>Trans to N.E. Br. 19/11/16</i>		
																201	30								40.90	7.30			90.00	20.90	159.10			<i>Of. exp. = 12 d. @ 1<sup>12</sup>/<sub>2</sub>. Pay Ce. to 30/11/16</i>		
																																			<i>Dr. \$42.20 To Ottawa for sett. chkd 1/13/16 dated 23/7</i>	

Checked *J.B. Heuler*

*N.E. Br. Aug 17*

Statement of  
 JUN 5 1917  
 Account rend





Perforated sheet for Will from Pay Book of Reg.  
No. 145002.

Name Leo Lagron.  
Unit 38<sup>th</sup> Batt<sup>y</sup> C.E.F.

Military Will.

In the event of my  
death I give the whole  
of my property to my  
father, Henry Lagron.  
503 Magasin St.  
Montreal, Canada.

Signature Leo Lagron  
Rank and Regt. Private 38<sup>th</sup> Batt<sup>y</sup>  
C.E.F.  
Date July 26<sup>th</sup> 1916.

32820

