

PIÈCE D'ATTESTATION

258e Bataillon B.F.C.

No. 1105256

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... *Givard*
- 1a. Quels sont vos noms de baptême?..... *Léo*
- 1b. Quelle est votre présente adresse?..... *Cavellars, P. 2. Can.*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... *Cavellars, P. 2. Can.*
- 3. Quel est le nom de votre plus proche parent?.. *Monsieur Givard*
- 4. Quelle est l'adresse de votre plus proche parent? *Monsieur, in. Can.*
- 4a. Quel est votre degré de parenté avec icelui?.... *Demme*
- 5. Quelle est la date de votre naissance?..... *20 avril 1882*
- 6. Quel est votre métier ou profession?..... *Comptable*
- 7. Êtes-vous marié?..... *Oui*
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... *Oui*
- 9. Faites-vous déjà partie de la Milice active?.... *Non*
- 10. Avez-vous déjà fait du service militaire?..... *Non*  
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... *Oui*
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... *Oui*

13. Avez-vous été réformé du service militaire pour incapacité physique?..... *Non*  
 14. Si oui, quel était la nature de cette incapacité?..... *Mal au bras*  
 15. Avez-vous déjà offert vos services dans une des branches d'armes militaires de Sa Majesté, et avez-vous été refusé?..... *Non*  
 16. Si refusé, quelle en était la raison?..... *Mal au bras*

DÉCLARATION REQUISE DU SUJET

Je, *Léo Givard* déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le Corps Expéditionnaire Canadien d'outre-mer et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

..... *Léo Givard* (Signature de la Recrue)  
 Date *17 août* 1917 ..... *Raymond Savoury* (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, *Léo Givard* prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

..... *Léo Givard* (Signature de la Recrue)  
 Date *17 août* 1917 ..... *Raymond Savoury* (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence. J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à *Quebec, P. 2.* ce *17* jour de *août* 1917.

..... *J. P.* (Signature du Juge).....



**Signalement de Les Girard à l'Enrolement**

Age apparent 35 ans ..... mois.  
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille ..... 5 pieds..... 6 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 35 pouces  
 Marge d'expansion 39 pouces

Teint..... brun

Yeux..... brun

Chevelure..... brun

Confession religieuse { Anglican.....  
 Presbytérien.....  
 Méthodiste.....  
 Baptiste ou Congregationaliste.....  
 Catholique Romain..... R-C  
 Juif.....  
 Autres dénominations.....  
(Indiquer laquelle)

*Visions R : D 30  
 P : D 30  
 Hearing R : normal*

**CERTIFICAT D'EXAMEN MÉDICAL**

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère\* valide pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... 17 Aug ..... 1917

Lieu..... Quebec

*Leutnant G. G. G. G.  
 Dr. Stewart Campbell  
 Médecin-Officier.  
 Babington*

\* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

**CERTIFICAT DE L'OFFICIER COMMANDANT**

Les Girard ..... ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

*Joseph P. P.* ..... (Signature de l'officier.)  
 LT. COL.

Date..... 24-7-19 ..... 1917

QUEBEC RECRUITING DEPOT



REGIMENTAL DOCUMENTS

**S**

NAME *Busard Leo*

REGT. NO. *11 0 5256* UNIT

H. Q. FILE NO.

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<b>M</b>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				<b>13603</b>	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>K.A.</i>
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)		<b>H</b>			
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>2 copies</i>					
<i>1 full copy</i>					
<i>1 R-2</i>					
<i>1 pay cert</i>					

*mt  
13-12-20*











TIONS, &c.  
 EFFECTIVE DATE  
 AUTHORITY  
 IF IN PERMT. CORPS  
 WHAT UNIT  
 PERMANENT FORCE ALLOWANCES  
 PLACE OF ATTESTATION  
 DATE OF ATTESTATION  
 ASSIGNED PAY MONTHLY \$  
 PAYABLE TO  
 ASSIGNED PAY MONTHLY \$  
 PAYABLE TO  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)  
 DISCHARGE DATE AND PLACE  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

REG'L. No. 1105256 RANK *Pte.* NAME *Girard, Leo*  
 IF IN PERMT. CORPS | *Nil* UNIT *258<sup>th</sup> Draft* TRANSFERRED TO *10<sup>th</sup> Div* DATE *1-10-17* AUTHORITY  
 PERMANENT FORCE ALLOWANCES *Nil* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY  
 PLACE OF ATTESTATION *Quebec* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY  
 DATE OF ATTESTATION *17-8-1917* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *October 1<sup>st</sup> 1917*  
 PAYABLE TO *Mrs. L. Girard, 2440 Drolet-st. Montreal.* RELATIONSHIP *Wife*

HOSPITAL, &c.  
 NAME OF HOSPITAL  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)  
 DISCHARGE DATE AND PLACE  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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) \_\_\_\_\_

QUITTANCE ROLLS

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4					CREDIT	DEBIT			
No.	DATE	No.	DATE	No.	DATE						
<i>Balance from Canada</i>						<i>500</i>					
<i>500</i>											
	<i>Feb.</i>										
		<i>PP</i>		<i>30 86</i>		<i>banasp</i>			<i>15</i>		
						<i>AK-1027. 10 Feb 6-2-18</i>	<i>24 33</i>				
				<i>30 80</i>		<i>" 1657 . 13 28</i>	<i>4 87</i>			<i>27 95</i>	<i>nil.</i>
<i>660</i>						<i>banasp</i>	<i>38 94</i>		<i>15</i>	<i>112 95</i>	
	<i>March</i>					<i>AK 1109 - 27.2.18</i>	<i>9 73</i>			<i>03 22</i>	
		<i>PP</i>		<i>34 10</i>		<i>" 1179 - 11.3.18</i>	<i>4 87</i>			<i>32 45</i>	
<i>109</i>						<i>" 1273 - 18 -</i>	<i>9 73</i>			<i>22 72</i>	<i>nil</i>
				<i>34 10</i>			<i>24 33</i>		<i>15</i>		















ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- GIRARD.
10.17.	EFFECTIVE DATE:-		NUMBER:- 1105256.
AMOUNT:-			PARTICULARS OF RANK OR APPOINTMENT

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.
Wife Drolet St. Montreal	

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		PR

UNIT AND TRANSFERS  
ORIGINAL UNIT:- 258 Bn.  
DATE ACCOUNT FIRST OPENED:- 1.10.17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
8	30.12.18	1.1.18	2. Q.R.D.
6 L A 320	1.9.18	21.9.18	12 Bn
			71. E.D

UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	10		

PAY BOOK CHECKED.  
Date 1/11/18  
By Humphreys

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Wid.								2272		
			AR 107 2nd Div wing 9/4	446				1826		
			Queos. 366 247 10 Res B 5/2/18	231				1595		
			AP ban				15	95		
	33							3395		
	33			677			15			
			AP ban				15	1895		
			AR 799 Pt. E.D M.T Co 18/5	803				1092		
	34 10							4502		
			" 556 2 Div wing 28/4	357				4145		
	34 10			1160			15			
			AP ban				15	2645		
	33							5945		
			AR 722 "	10/6	357			5588		
	33			357			15			
do	34 10		AP ban				15	7498		
			W3069 No 489 "	22/6	99			7399		
			AR 338 22 Bn 2/7	446				6953		
			" 429 "	15/7	357			6596		
			" 531 "	27/9	446			6150		
	34 10			1348			15			
"	34 10		ban a.p.				15	8060		
			AR 170 5 BSB 22/8	357				7803		
	34 10			357			15			

NON EFFECTIVE ACT.

NON EFFECTIVE ACT.











1105256

MEDICAL HISTORY SHEET

Surname Girard Christian Name Leo

Examined { on 17 day of Aug 1917  
 at Quebec  
 Birthplace { City or Town Canilau  
 County P. Q.

Approved by Lea Blaise  
Dr. St. Laurent  
 Rank 1st Lieut

Apparent age 35  
 Trade or occupation Accountant  
 Height 5 feet 6 Inches  
 Weight 150 lbs.  
 Chest measurement { Minimum 35 inches  
 Maximum expansion 39 inches  
 Physical development good  
 Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>23/8/17</u>	<u>A II</u>	<u>1st Lieut Capt M.O.</u> <u>Regt B Coy. M.O.</u> <u>St. Lawrence M.O.</u>
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left arm  
 Number childhood  
 When Vaccinated last 17-8-17  
 (a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>17-8-17</u>	<u>SPM</u>	<u>Dr. St. Laurent M.O.</u>
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17-8-17</u>	<u>SPM</u>	<u>Dr. St. Laurent M.O.</u>
<u>28-8-17</u>	<u>SPM</u>	M.O.
		M.O.

Enlisted on 17 day of August 1917 at Quebec P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>258 M</u> <u>CF-1-16</u>	<u>1105256</u>		<u>17-8-17</u>
Transferred to	<u>22 Bn</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

*Good*

Christian Name

*Leo*

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	
<i>1st Lt. 1st Bn. 1st Div. 1st Army</i>	<i>10/10/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>2nd Lt. 1st Bn. 1st Div. 1st Army</i>	<i>11/10/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>3rd Lt. 1st Bn. 1st Div. 1st Army</i>	<i>12/10/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>4th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>1/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>5th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>2/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>6th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>3/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>7th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>4/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>8th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>5/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>9th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>6/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>10th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>7/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>11th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>8/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		
<i>12th Lt. 1st Bn. 1st Div. 1st Army</i>	<i>9/11/1914</i>				<i>Scarlet fever</i>	<i>10</i>		



5-3a

QUEBEC RECRUITING DEPOT

# FORM OF WILL.

I, Les Girard (Name in full)

Regimental Number 11052516 serving in 258th Bn C.E.F.

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

Mde Caronne Girard (Wife)  
2440 Drolet-  
Montreal P.Q. Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Madame Caronne Girard (Wife)  
2440 Rue Drolet-  
Montreal P.Q. 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 22 day of Sept. A. D. 1917

Les Girard 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.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness Paul Pescher

Address of Witness Valcartier Camp: Que

Occupation of Witness Stenographer.

Signature of Second Witness Fred Martin, Priv.

Address of Witness Valcartier Camp

Occupation of Witness Lieutenant 25th Batt. C.E.F.







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

QUEBEC RECRUITING DEPOT

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

# Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 258<sup>th</sup> Battalion C.F.C.  
 Regimental No. 1105256 Rank Plk Name Leo Edward  
 Enlisted (a) 17-8-17 Terms of Service (a) EX Dof 76 Service reckons from (a) 17-8-17  
 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) Comptroller

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		4-10-17			
Disembarked, England		17-10-17			

17-10-17	10 <sup>th</sup> Res Bn	10.5 from 258 <sup>th</sup> Bn	Witley	17/10/17	D.O.P. 2/6
----------	-------------------------	--------------------------------	--------	----------	------------

28-3-18	O.S.	10th. Res Bn. Transf. to 2nd Bn, C.F.	Witley	28-3-18	D.P. 11. O. 78
---------	------	---------------------------------------	--------	---------	----------------

29-3-18	2 C.S.D.	arrived in France and taken on strength 922 <sup>nd</sup> Bn.	2 C.S.D.	29/3/18	N.R/606. C.II.O.36/1918
---------	----------	---	----------	---------	----------------------------

3-4-18	2 C.I.B.D. C.C. Rein. C.	Left for C.C. Rein. C.	Fined	3/4/18	N.R/
--------	-----------------------------	------------------------	-------	--------	------

22/4/18	52	Not stated	To Fed. Amb.	21-4-18	" 13V3. " 182.579.
---------	----	------------	--------------	---------	-----------------------

52	13C.F.A.	Dermatitis	Adm. 13C.F.A.	21-4-18	} 66891
----	----------	------------	---------------	---------	---------

52	52	52	To 11 52	21-4-18	} 66891
----	----	----	----------	---------	---------

27-4-18	57 C.S.	52	Adm. 57 C.S.	24/4/18	64716
---------	---------	----	--------------	---------	-------

(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.

8-3-18

[P.T.O.]



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				
13-5-18.	57cds.	<i>Demeritis still a patient</i>	<i>57c.c.s.</i>	13-5-18	<i>K. I. 17-681.</i>
19-5-18.	57cds.	<i>5- Jo</i>	<i>Depot.</i>	19-5-18	<i>7 2901.</i>
24-5-18.	cclb.	<i>Arrived from 57c.c.s.-</i>	<i>Field</i>	20-5-18	<i>85.1350.</i>
17.6.18	" " " "	Despatched to 22nd Bn.	Field	17.6.18	NR. I055
22.6.18	22nd Bn.	Joined Unit	"	19.6.18	B 213
7-9-18	22nd Bn.	KILLED IN ACTION	Field	27-8-18.	K. I. 17-1182. Pt. II. O. 90/1918.

*W. Hogan* Major for Lt.-Col., A. A. G.  
Canadian Section, G. H. O. 3rd Echelon R. E. F.





LTR

Rank

Name GIRARD, Leo ✓

Reg'l No. 1105256 ✓

Unit 258th Bn to 2nd Quebec

If in perm. Corps, }  
What Unit? }

Married or Single Married ✓

Place and Date of Enlistment Quebec, 17th August 1917. ✓

Place of Birth Cavillan, P.Q. Can. ✓

Name and Address, Next-of-Kin ~~Clorine~~ <sup>CORINNE</sup> Girard ✓

2440 DROLET ST. Cath. ap.

Montreal, Quebec, Canada, ✓

Relationship

Wife. ✓ 25-9-18  
2009

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

NE FB 13936  
File R.L. 25-9-3045  
KILLED IN ACTION  
Category

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

am +  
3-12-20  
ac.

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		17-10-17	S/S Metagama
11/1/17	10 <sup>th</sup> Res. B.	Taken on strength.	Witley.	17.10.17	Pl. II DO. 271
28 3 18.	10 <sup>th</sup> Res	S.O.S to 22nd Res Bn	"	28 3 18	DO 78 v DO. 30 of 12418
16-9-18.	Q.R.	Killed in Action.	Field.	27-8-18.	Col. 320.
13.9.18	22 <sup>nd</sup> Res Bn	"	"	27.8.18	Pl. II. 90

A.F.B. 103 CHECKED  
9 APR 1918







No. 110 0256 RANK *Pte*NAME *Girard. Leo*

T. O. S.

UNIT

*258th Battalion C.C.V**transfd from Gas Recd Spec M.D.S.  
27-9-17  
20155 of 27-9-17*M. D. *X*PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1917**1917**a.**kept work*















NAME

Girard Leo

REGT'L. No.

1105256

RANK AND CORPS

Plt 22nd En Form 258th En

H. Q. FILE No 849

FOLLOWS  
No.

FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

NO.	DATE
#322	14-9-18
#336	25-9-18

kin A. Aug. 27<sup>th</sup> 1918  
 Not. Corine Girard. Montreal P.Q.  
 Also notify! Mrs Corine Girard 244 St. Drolet St.  
 Montreal. P.Q.



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A199-1	#11 Can Old Amt	21-4-18	Dermatitis (Rue Dept.)
A202 <sup>(2)</sup>	#570 C Satal.	22-4-18	" "
A223-1	Disch to Unit.	19-5-18	" "
A320	Rep from Base	27-8-18	Kein A.



No. 1105256 RANK *Pi.*

NAME *Arvid Leo.*

T. O. S. *17. 8. 14.*

UNIT

*Quebec Recruiting Depot.*

*S. O. 194 of 27. 8. 17.*

M. D. *5'*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917.</i>			
<i>Aug 17</i>	<i>Aug 31</i>	<i>m</i>		
	<i>Sept.</i>	.	<i>Trans. to 258th M. D. 4</i>	<i>D. O. 2 23 of 26. 9. 17.</i>









SURNAME.

*Guard,*

CARD NO.

CHRISTIAN NAMES

*Leo,*

FOLL.

REGL. No.

*1105256*

RANK

*Pte,*

UNIT

~~*Que. Rec. Depot.*~~ *258th P*

*Bw*

FORMER CORPS

NEXT OF KIN

CHANGE OF ADDRESS

NAMES IN FULL

*Guard, Mrs Clorine*

RELATIONSHIP TO SOLDIER

*Wife,*

ADDRESS

*2440 Drolet St.  
Montreal, P. Q.*

*300P 25/9/18*

COUNTRY OF BIRTH

*Canada, Caillon P. Q.*

DATE

*Apr 20th 1882*

PLACE OF ATTESTATION

*Quebec, P. Q.*

DATE

*Aug 17th, 1917*

*Trans. from Que. Rec. Dep. to 258th Bw. 24/9/18 auth. 258th Bw. N. R. 26/9/17.*



FROM HALIFAX PER

S.S. METAGAMA 6/10/17

MARRIED *yes,*

SINGLE

WIDOWER

TRADE OR CALLING

*Accountant,*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*35'*

YEARS

MONTHS

HEIGHT

*5'*

FEET

*6* INCHES

CHEST MEASUREMENT

*35;*

INCHES

EXPANSION

INCHES

COMPLEXION

*Dark*

EYES

*Brown,*

HAIR

*Brown,*

DISTINGUISHING MARKS

*Point of left nostril operated.*

MEDICAL EXAMINATION.

PLACE

*Quebec, P. Q.*

DATE

*aug 17, 1917.*

*Present Address, Coarillon, P. Q.*



MR

Number

1105256 ✓

Rank

4<sup>th</sup> Lt B

Surname

GIRARD ✓

Christian Name

Leo ✓

Units

22nd Bn. Can. Inf ✓

Theatre of War

France ✓

Date of Service

28/3/18 D ✓

Remarks

Latest Address

(W) Madame Corinne Girard,  
Carillon, ✓

Roll No.

B Page 14478 Argenteuil Co.,  
PQ ✓

200m.-2-21.M.



ESP. AUG 22 1922

REGN. NO.

*W 2237*



FRENCH.

649-G-14704.

✓ Girard, Leo, Pte. ✓ #1105256, ✓ 22nd Bn. ✓

Med. & Dec. (Widow) Madame Corinne Girard,  
Carillon,  
Argenteuil Co., P.Q.

P. & S. " "  
Serial No 766883 " "  
Mem. Cross " "

Mem. Cross (Mother) Madame Girard,  
Address same as above.

*not elig. for 14-15 star*  
*E. .. V.M*  
*B. .. B w on.*

35550

*a*



W/M

W. C 35590

DEC 9 - 1920

M. C 35591

DEC 9 - 1920

DEC 9 - 1920

871

JAN 14 1921

Scroll Desp. Regn. No. 710517

Plate Desp. Regn. No. 70



URNAME

CHRISTIAN NAME OR NAMES

REG. NO.

GIRARD

A.L.

1105256.

RANK

UNIT

Co.

TROOP

BATTY.

1<sup>st</sup> te.

Q.22.

HOSPITAL

DATE OF ADMISSION

11 C. S. Amb.

21-4-18

57 C.G.S.

22-4-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

Dermatitis. at.

DIAGNOSIS

1.

R. TB. Killed in action 27-8-18

2.

3.

DISPOSITION

27-4-18 4199.

CL. 1-5-18 A202-2.

" 25-5-18 A2230

16.9.18 Q 320'

Dis. to Unit. 19-5-18

DATE

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.	



Register No. 04525

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 06967-L-6

Regt'l No. 1105256 Name Leo Girard  
(Christian Name) (Surname)  
Unit 22 Bn Rank pte Date of enlistment.....  
Date of casualty 27/8/18 B.P.C. File No. 48660  
Was service performed overseas? yes

DEPENDENT

Name Mr. Constance Girard Relationship widow  
Address 2440 Drolet St.  
Montreal

Amount of Special Pension Bonus \$ 80<sup>00</sup> Abstracted by M. M. Colan

Eligible for Gratuity ..... \$ 180

Less amount of Special Pension Bonus paid..... \$ 80

Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ 80

Balance due \$ 100.00

Cheque No. 5.1899340 Date issued AUG - 5 1920

Clerk R. J. Herrier

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

Audited by  
[Signature]  
Date 6/8/20

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-89-1473

24.24







*D/E 17. 8. 17*

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-4-16.  
1772-30-818.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Corinne Girard*

*Wife*  
PAYMENTS.

Name of Soldier

*Girard Leo.*

L. L. Job 310.—Req. 6574.

*Plc. 1105-256 Qu. Rec. Depot*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		<i>A 11420</i>	<i>29</i>	<i>29. R mailed 29/9/17</i> <i>R</i> <i>Pro</i> <i>Pro</i> <i>#89.00</i>
Oct.		<i>C 23132</i>	<i>20</i>	
Nov.		<i>L 25667</i>	<i>20</i>	
Dec.		<i>J 28870</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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.				



*DE. 17. 8. 17.*

MILITIA AND DEFENCE

M. F. W. 11.  
50m.-4-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

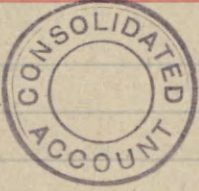
Name Corinne Girard  
Address 2441 Drolet St.  
Montreal  
Que.

Name of Soldier Girard Leo.  
Regtl. No. 1105-256  
Rank Pte.  
Corps ~~Que. Rec. Depot.~~

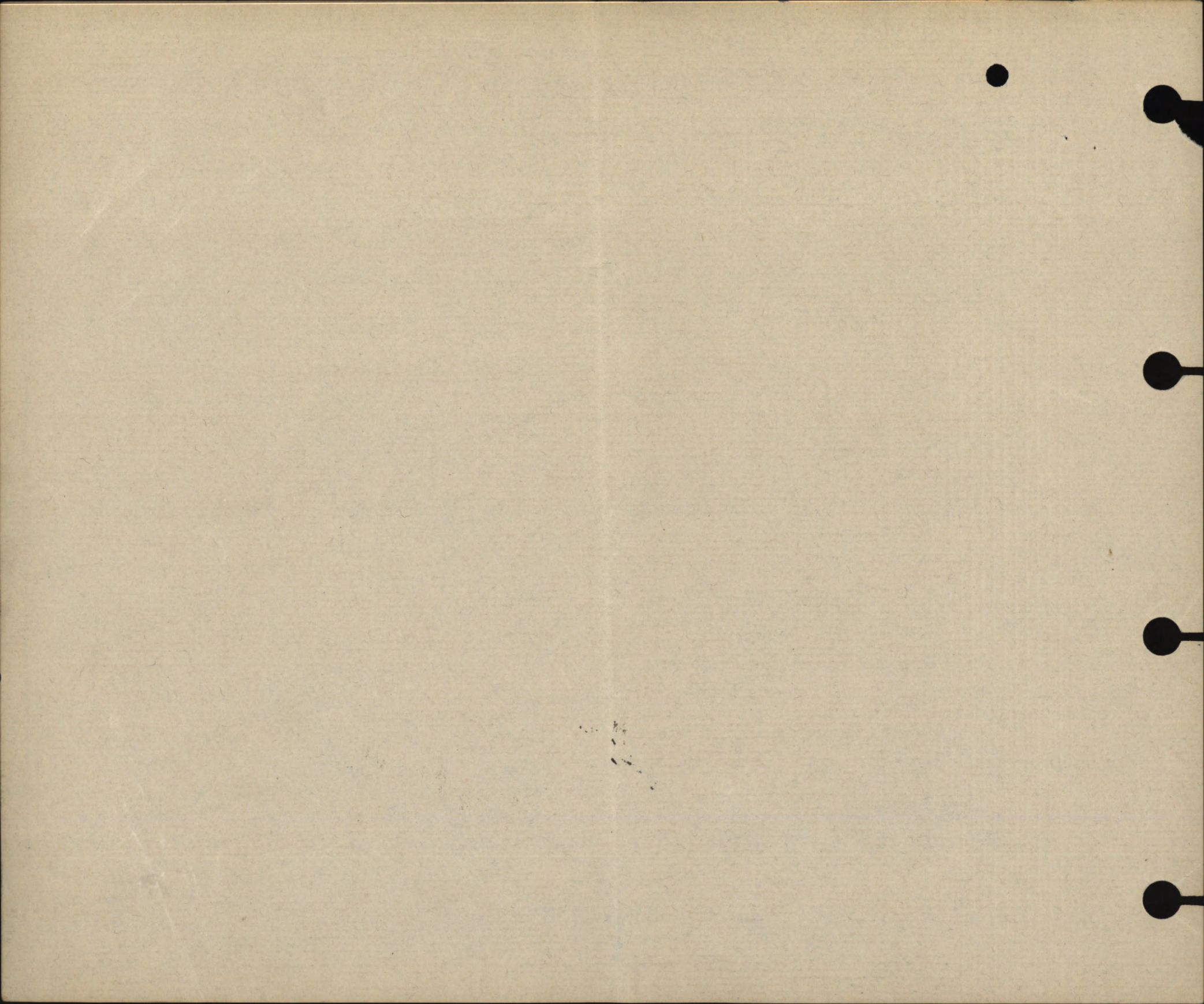
Relation to Soldier }  
wife, child or mother } wife

To what Corps belonging } 258 Bn. 26/9/17 # 58 MWK 29/9/17  
Am 05/10/17  
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June	1916			
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.				
Feb.				
March				







*Wife*  
MILITIA AND DEFENCE

M. F. W. 12a.  
50m.-6-16.  
1772-39-819.

# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Corinne Girard*

PAYMENTS.

Name of Soldier

*Girard Leo.*  
*258 1st*

L. L. Job 4503. - Req. 6332.

*Pte.*

*1105256.*

Remarks.

*OCT 1 1917*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>E 48894</i>	<i>15 -</i>	<i>ln</i>
Nov.		<i>A 40768</i>	<i>15</i>	
Dec.		<i>Z 56513</i>	<i>15</i>	
Jan.	1918			<i>→ \$45.00</i>
Feb.				
March				
April				
May				
June				
July				



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.				



Wife

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

50m.-6-16.

H. Q. 177-39-513.

## SEPARATION ALLOWANCE

Name

Mrs Corinne Girard

Name of Soldier

Girard Leo.

Address

2440 Drott  
Montreal  
Que.

Regtl. No.

1105256

Rank

Plt

Corps

258 Stu.

Relation to Soldier

wife, child or mother

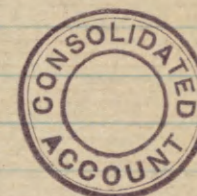
\$15.00 OCT 1 1917

To what Corps belonging

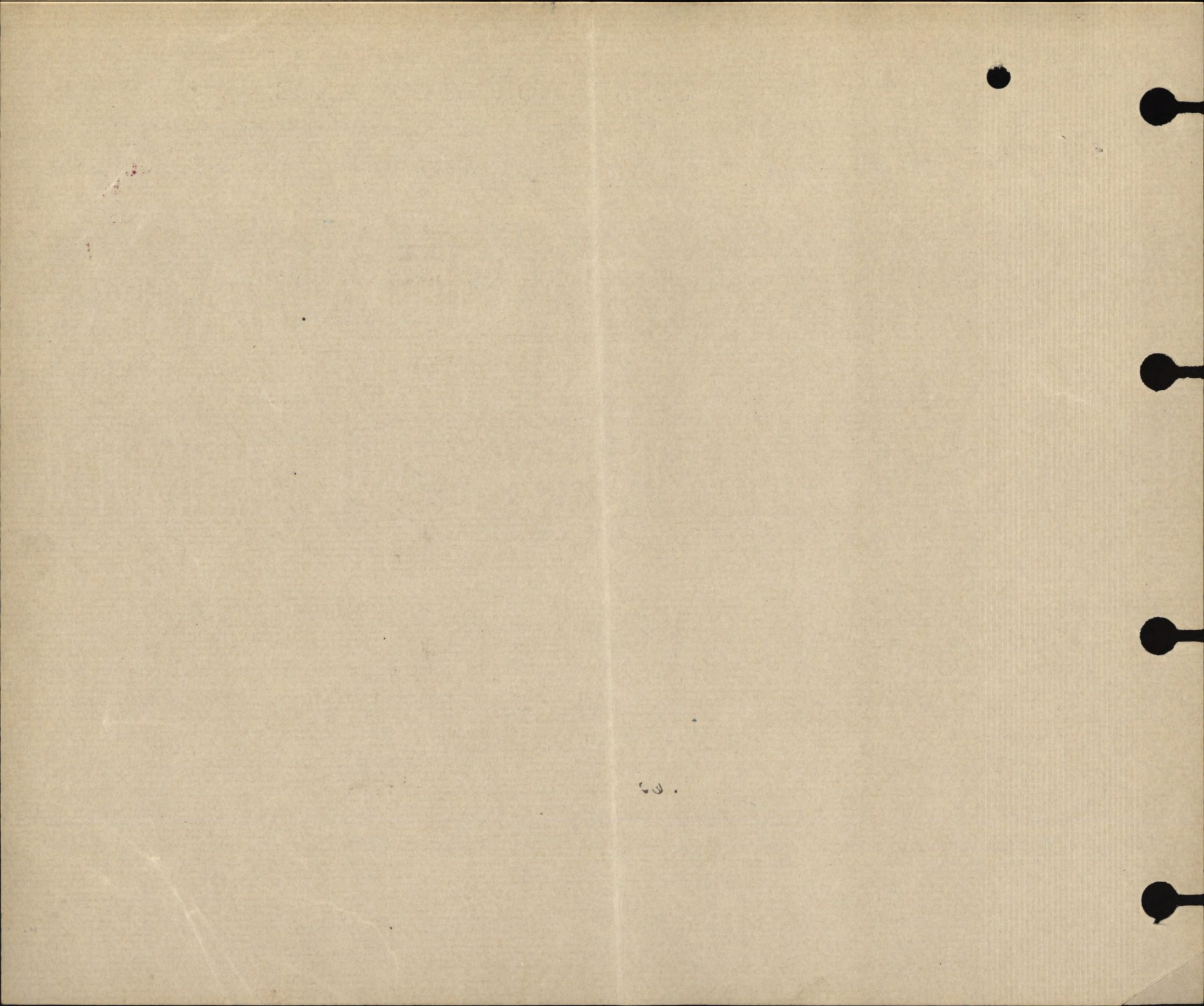
when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

G

3563 Oct 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 <sup>00</sup>		
----	------------------	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 1105256  
 Rank *pte* Promoted Reverted Discharge  
 Soldier's Name *Leo Girard*  
 Battalion *258 Bn (Que. Reg. Dep.)*  
 Beneficiary *Corinne Girard*  
 Relationship *Wife* *M. F. W. 2504-24 1/2*  
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Corinne Girard*  
 Address *2440 Drolet St. Montreal*  
 Change of Address *Lue*  
 1  
 2  
 3  
 4

*M. F. W. 2504 Ret'd O. N. 25/11/18. B. F.*

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1914</i>				
<i>Dec. 31</i>		<i>\$89.</i>	<i>\$45.</i>	<i>\$134.</i>
<i>Jan</i>	<i>A 60110</i>	<i>30</i>	<i>15</i>	<i>45</i>
<i>Feb. 4</i>	<i>90184</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>March</i>	<i>90829</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>April</i>	<i>10030</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>May</i>	<i>S 17383</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>June</i>	<i>0 19942</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>July</i>	<i>K 28536</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>Aug</i>	<i>0 35893</i>	<i>25</i>	<i>15</i>	<i>40</i>
<i>Sept</i>	<i>1 46233</i>	<i>25</i>	<i>15</i>	<i>40</i>
		<i>3 19</i>	<i>18 0</i>	<i>4 99</i>

REMARKS

*06967-L-1*

KILLED IN ACTION }  
 DIED OF WOUNDS } DATE *27-8-18*  
 C. L. No *315* DATE *28-9-18*  
 M. R. O. *4252* TO DESTROY IF DERED *2-10-18*  
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE  
*06967-L-1*  
 CLERK *H. Hamilton* DATE *2-10-18*

*Rem 8/8/18*

*15473*

*Mar*

*10*

*5*

*-*

*5*

*On Loady. Sept. Sa re P.C. 2753*

M. F. W. 128  
4001 6-17-1772-39-141  
L. L. 2220-M. & D. 1888.





