

448118

No. 448118
Folio.

ATTESTATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Hebert Joseph Louis*
2. In what Town, Township, or Parish, and in what Country were you born?..... *Montreal*
3. What is the name of your next-of-kin?..... *Ed. Hap. Hebert (Brother)*
4. What is the address of your next-of-kin?..... *505 Papineau*
5. What is the date of your birth?..... *27 Mars 1881*
6. What is your trade or calling?..... *Cook*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *No*
10. Have you ever served in any Military Force?..... *Yes R.C.R. 1 year*
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*

J. Louis Hebert (Signature of Man.)
H. J. Scott Capt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *18 May* 191*5*. *J. Louis Hebert* (Signature of Recruit.)
H. J. Scott Capt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hebert Jos Louis*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *18 May* 191*5*. *J. Louis Hebert* (Signature of Recruit.)
H. J. Scott Capt (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Montreal* this *19* day of *May* 191*5*.
 _____ (Signature of Justice.)

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

R. A. Patterson (Approving Officer.)

Ed. Hap. Hebert
Stool
oe 57 Bri.

DESCRIPTION OF Joseph Louis Hebert ON ENLISTMENT.

Apparent Age 34 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.

Height 5 9 1/4 ft. 4 ins.
 Chest measurement { Girth when fully expanded 35 1/4 ins.
 Range of expansion 1 3/4 ins.
 Complexion Brown
 Eyes Brown
 Hair Whit Blk

(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.)
Scars on left arm
(Bad foot)
Scars on left arm

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date May 19th 1915
 Place Montreal

Richard Capt. M.C.
~~XX~~ FA
 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

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

Date July 15th 1915

[Signature] (Signature of Officer.)
ae. 57. Bn.

ATTESTATION PAPER

No. 64168
Folio. 448118

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- (ANSWERS)
1. What is your name? Robert Joseph Louis
 2. In what Town, Township, or Parish, and in what Country were you born? Montreal
 3. What is the name of your next-of-kin? Ed. Nap. Hebert ('Brother')
 4. What is the address of your next-of-kin? 505 Papineau
 5. What is the date of your birth? 27. Mars 1881
 6. What is your trade or calling? Cook
 7. Are you married? no
 8. Are you willing to be vaccinated or re-vaccinated? yes
 9. Do you now belong to the Active Militia? no
 10. Have you ever served in any Military Force? yes R.C.R. 1 year
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
- J. Louis Hebert (Signature of Man.)
H. J. Scott Capt (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date 18 May 1911. J. Louis Hebert (Signature of Recruit.)
H. J. Scott Capt (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert J. Louis, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 18 May 1911. J. Louis Hebert (Signature of Recruit.)
H. J. Scott Capt (Signature of Witness.)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 19 day of May 1911.
(Signature of Justice.)

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

G. A. Patterson J. P. (Approving Officer.)

S. McLaughlin Local
ac 57/2007 F.C.C.

DESCRIPTION OF Joseph Louis Hebert ON ENLISTMENT.

Apparent Age 34 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.

Height 5 9/4 ft. _____ ins.

Chest measurement { Girth when fully expanded 35 3/4 ins.
 Range of expansion 1 3/4 ins.

(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.)

Bad Tooth
light varicose veins
Scar on left arm

Complexion Brown
 Eyes Brown
 Hair Black & wavy

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date May 19th 1915

Place Montreal

J. L. Hebert
XXXX FA
 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

Joseph Louis Hebert 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.

E. Theberge (Signature of Officer.)

Date July 14 1915

LT Col
OC 57th M. C. F. C.

~~CONFIDENTIAL~~
WAR SERVICE RECORDS DIV.

HEBERT JOSEPH LOUIS

448118

57 BN

18111

MED. UNFIT.



1874

1874

Name Hebert, J. L. Rank Private

Reg. No. 448118

Unit 14th Battalion

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1915						
31 12	No. 2 C. I. A.		Alcoholism	264		
6 1	Rptd fr. Base Rejoined Unit.		do	266		
1916						
23 1	{ No. 1 C. I. A. - Trans. to conv. camp			Nervous Debility	290	
26 1						
24 3	Rejoined Unit. Rptd fr. Base.				330	
13 4	No. 2 C. I. A. Sub. 7 Transf to No 3 C. I. A. Sub. 3		Gen. debility	351		
15 4	" " Det. Conv. Coy.		"	353		
21 5	Can. Base Hosp.		"	367		
3 6	Moore Bros. Hosp. St. Cliffe		Neuroasthenia	378		

Date 1976.	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
9 6	Canbon. Hoo.	Ramsgate.	Neurasthenia	B80		
A 7	Discharged		✓	97		

HCSPITALS

DATE

DIAGNOSIS

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

No. 448118. RANK

Pte.

NAME

Helbert. L.

J.

T. O. S.

UNIT

Discharge Depot. Inche.

M. D.

5

PAID
FROMPAID
TOSIG.
CR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

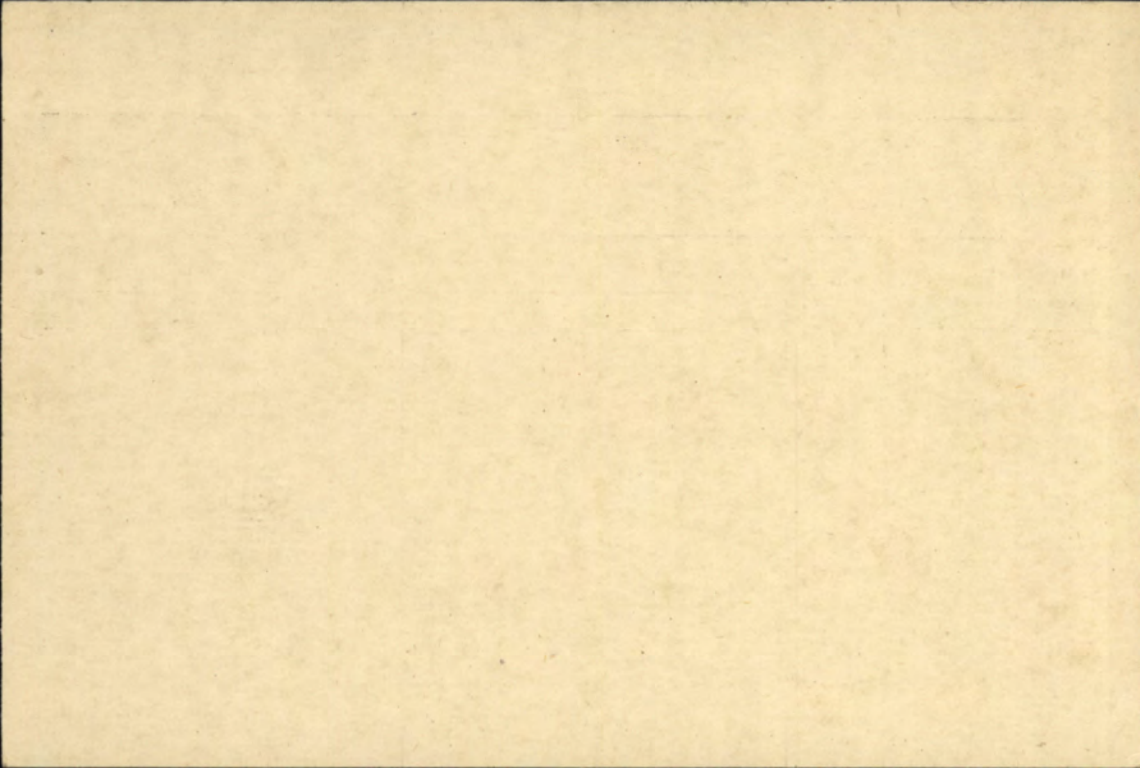
1916

1916

Aug. no date

✓

23rd. Bu.



No. 9

RANK

pte.

NAME

Hebert, Joseph Lewis

~~48182~~

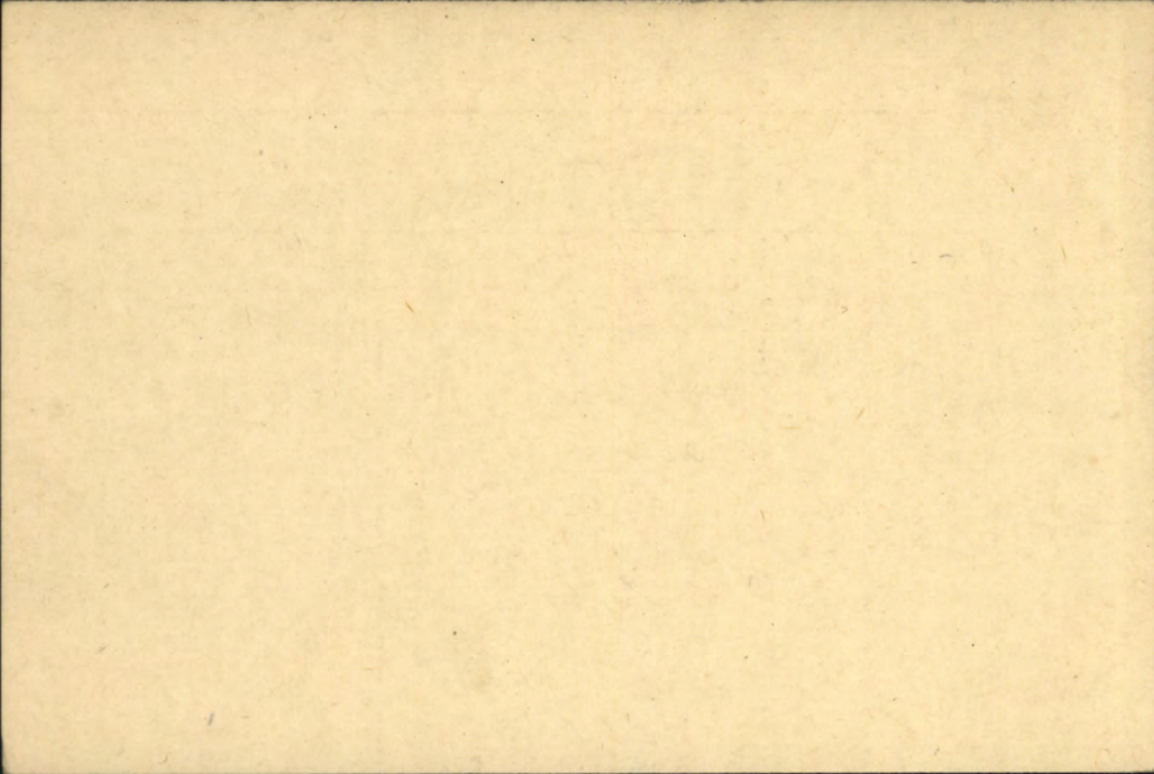
448118.

T. O. S.

UNIT 57th Battalion C. B. I.

M. D. S. - Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 May 18	1915 May 31	✓	Recruiting Station - 57 th Regt. Prom. Sgt. 24-6-15	May paylist D.O. # 13 of 26-6-15
	June	✓		
	July	✓		
UNIT SAILED JUN 2 1916				



NAME *Herbert Joseph Louis* ^{File no - 4} *649-H-3729-*

RANK & No. *PLC* *448118* ~~*48132*~~

CORPS *5-4th Battalion 1st Reinforcement Draft*

ENLISTMENT, PLACE *Montreal* DATE *May 19th 1915* *S*

FORMER CORPS *R. C. R*

COUNTRY OF BIRTH *Canada. Montreal*

NEXT OF KIN *Herbert Ed Napoleon (Brother)*

ADDRESS OF NEXT OF KIN *505 Papineau. Montreal P. Q.,
Canada.*

^{over} DISCHARGE, PLACE *Montreal* DATE *28-12-16.*

Sailed from Quebec, Pu S.S. Corsican 21-7-16 ¹⁵⁷/₂

R/C 9-8-16

Soldiers Can Address.
687 Champlain St.
letter 19-217 Montreal, P. Q.

REMARKS:

len ²⁰⁰⁶

Number 448118

Rank

pte

B

Surname

HEBERT

Christian Name

Joseph Louis

Units

14 Bn

Inf

Theatre of War

France

Date of Service

7-12-15

Remarks

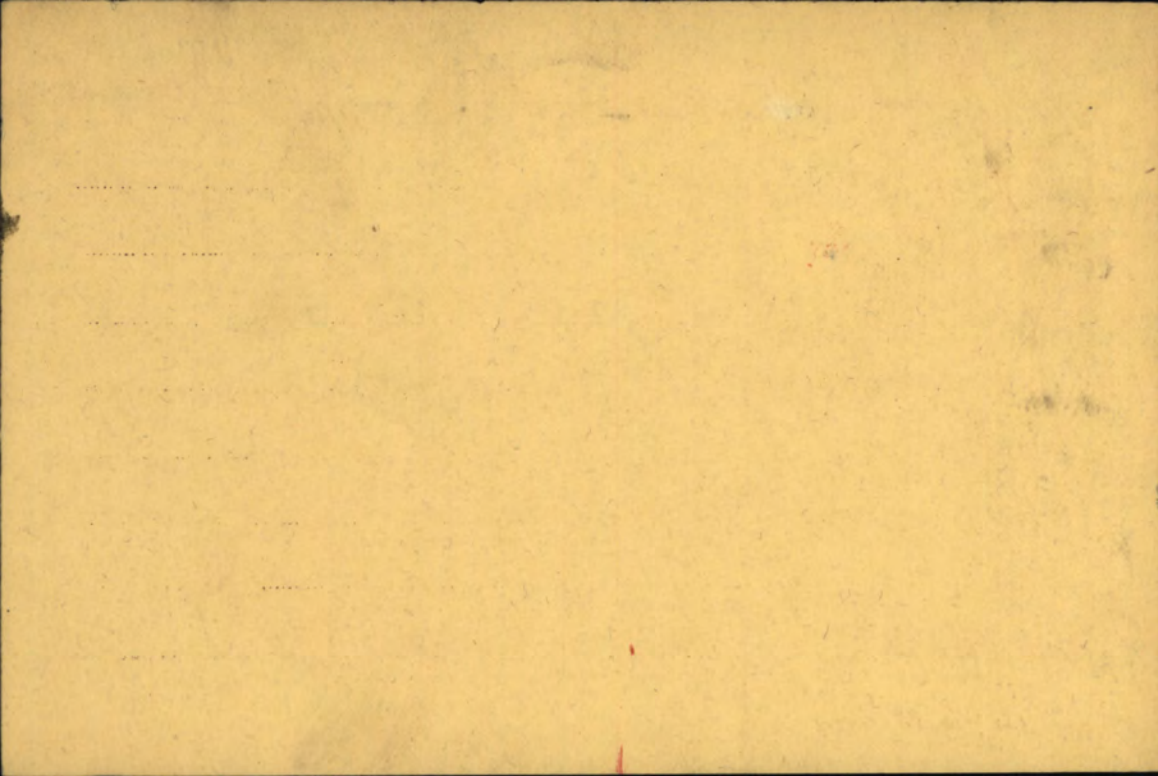
Latest Address

687 Champlain Avenue
Montreal

Roll No.

B. Page 14672

200m.-2-21.M.



Surname **Herbert.** Christian Name or Names **J. L.** Reg. No. **448118.**
 Rank Unit Co. Troop Batty.
Pte. 14th. Battn.
 Hospital *St. Thomas's* Date of Admission *16-9-15*
No. 2 Can. Fld. Amb. **31-12-15.**
 Transferred *#1 Can Fld Amb* Hosp.
To Con Camp Hosp. **26.1.16**
 Hosp.
 Hosp.

Diagnosis **Alcoholism.**
 (1) *Various Venis*
 Later Diagnosis (if changed) *Nervous debility*
 (2)
 (3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

C.L. 30-11-15
C.L. 18-1-16. 264.
C.L. 20-1-16 266
22.2.16 a 290

REMARKS

Dis 15-11-15
Returned Unit 6-1-16

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.G. London

B ✓

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname *Hebert* Christian Name or Names *J* Reg. No. *L 449118*
 Rank *Pa* Unit *14 Batt* Co. Troop Batty.
 Hospital Date of Admission

Transferred *N 2 to 7 Amb Hosp. 19-4-16*
N 3 to 7 Amb Hosp. 13-4-16
Div Camp Coy Hosp. 15-4-16
Gen Base Depot Hosp. 21-5-16
Moore Barracks - 3-6-16

Diagnosis

(1) Later Diagnosis (if changed) *Nervous debility.*
 (2) *General debility*
 (3) *Neurasthenia*
 Additional Diagnoses: If more than one state present

DISPOSITION

Date
Ret unit 27-3-16
Dis. 4-7-16

REMARKS

6th 12-4-16 A930
10-5-16 A351 *Relief of D.M.S. O.M.F.C. London.*
16-5-16 A955
30-5-16 A367 *Report from base.*
15-6-16 B380
4 12-6-16 B78
4 5-7-16 B97

Pa

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *Gran. Spec. Quercet*

9-6-16

2.

3.

4.

5.

6.

7.

POST DISCHARGE PAY OFFICE

30331/605

Three months pay and allowances after discharge.

Name **Hebert, Joseph Louis**
Surname Christian Name

8306-J-2

Regimental Number **448118** Rank **Pte.**

Address (in full) **687 Champlain St.,**

Unit **14th Bn.**

Montreal, P.Q.

Original Unit **57th Bn. 1st R.D.**

District where paid **M.D.4.**

Date of Discharge **28-12-16.**

P. D. P. Filing Number **18-4-4.**

E

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
100 10	79	25-7-17	33 00	79	9-8-17	33 00	82	27-9-17	34 10		100 10

Remarks:

M. F. W. 127.
 50M-617.
 1772 89-1140.

1-5-19
Worm

Dec'n No 2033/604 S. G. File No 8306-926

Award 122 days at \$ 70 per day \$ 280.00

S. A. months at \$... per mo. \$ \$ 100.00

Less P. D. P. Credited \$ \$

Less further debit balance \$ \$

Net due paid as below 179.90

TO SOLE DEPENDENT			
0	Ag. No.	du	Amount
1	<u>4038460361</u>	<u>179.90</u>	
3			
4			
5			
6			
Total			total

1915/19

Joseph L Hebert.
141 A 6th Ave.
Lachine, Quebec.

GEN'L AUDITOR
Posting checked by
[Signature]
Date 1919

Name.....

Regimental No.

Name and address of next-of-kin

Unit

Date of enlistment

Place of “

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					

Rank CCAC Name HEBERT Joseph Louis

Reg'l No. 448118

Unit ~~Draft 57th to 23rd Bn~~ If in perm. Corps, X
What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, Que. 18th May 1915. Place of Birth Montreal.

Name and Address, Next-of-Kin Ed. Nap. Hebert, 505 ^{Papineau} ~~Papineau~~ Montreal.

Relationship Brother.

Assigned Pay-Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.			
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date									
1915	Aug. 1-31	31	1.35	41 85	31	.15	4.65	10	56 50								56 50	10. Bal. f. ord.		
	Sept 1-30	30	1.35	40 50	30	.15	4 50	56 50	101 50			243.					243.99	07		
	Oct. 1-31	31	1.35	41 85	31	.15	4 65	99 07	145 57								145 57			
	Nov 1-30	30	1.00	30	30	.10	3	145 57	178 57			10219.		3680.			2400.	162 99	15 58	Paid no pay from L.P.C. in 1915. Diff. 3 months. 162 99 days F.P. 2. 18 p. 283. Jan 1/16
	Dec 1-31/15	31	1.00	31	31	.10	3	10 15	58 49	68							49 68			
	Jan 1-31/16	31	1.00	31	31	.10	3	10 49	68	83 78			2 61		20 90	23 51	60 27	152 det. forfeit wages. Per R.M. absent. 601/16		
	Feb 1-29/16	29		29	29		29	90	60 27	92 17							92 17			
	Mar 1-31/16	31		31	31		31	10	126 27			6 98			6 98	119 29				
				276 20			29	00	10	315 20			114 21		81 70	195 91	119 29			
		244		276 20			29	10	315 20			114 21		81 70	195 91	119 29				

BALANCE TRANSFERRED TO NEW LEDGER.

747 13642

CERTIFICATE OF SERVICE

Army Form B. 103.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 23RD RES. BATT. C.E.F.

Regimental No. 448118 Rank Private Name Herbert J. Herbert

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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) _____

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				

8.12.15 C.E.F.

Arrived from England and taken on strength 14th Canadian Battalion.

France.

8.12.15. Hon. Roll.

24.12.15 do

Left for Unit.

Field.

24.12.15. do 101/BD/3/167.

25.12.15 do.

Avd 15 days detention, 23.12.15 for ① Absent without leave from 9 pm. 19.12.15 until applied by W. F. P. at 8.30 am. 27.12.15 about 59 1/2 hours ② Drunkenness.

③ Being in possession of a bottle containing liquor (contrary to Base Order Para 981 dt-19.8.15. Forfeits 4 days pay by R.O.

Ashonelles 19.12.15.

Avd

DISCHARGED.
under
Para 392, Sec. 16, K. R. & O. 1912.
Being no longer physically fit for war service.

[Signature]
Commandant.
Canadian Casualty
Discharge Depot,
BATH.

31.12.15 Unit

Joined Battalion.

Field.

26.12.15. B 213.

2.1.16. 26. F. A.

Alcoholism. Adv.

26. F. A.

31.12.15 a 36 - (216)

7.1.16 Unit

Rejoined from hospital.

Field

5.1.16. B 213.

30.1.16 Unit

newborn disability ad

16. F. A.

23.1.16 } a 26 227

(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 Corporations.

[P.T.O.]

9/7/16

ATTACHED

TRANSFERRED FROM C.C.A.C. TO Can Dis Report PART II D.O. No.

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					
29. 1. 16	36. F. A.	newly betability. Ad	36. F. A.	23.1.16.	A 36.	v 8
do.	bon bank in field.	Admitted by order Adm.	bon bank in the field	26.1.16	A 36.	v 9.
25. 2. 16.	Unit.	Discharged from Hospital and attached to bon. boy	Field.	26.1.16		Dr 12 Anshy. Letter of 22.2.16 from the bon boy. (680 1108).
31. 3. 16	Unit	Rejoined for h. & d.	Unit	27.3.16.		Dr 13. v 50. Anshy. Camp Comd. 15.2.24. 24/16.
1. 4. 16.	16an Unit bon. boy	Discharged to Unit.	Field	26.3.16.	A 36.	251.
15. 4. 16	do	By order of A.D.M. S. Ad.	16an bon: bon boy.	15.4.16	A 36/8876.	v 9.
13. 4. 16.	Unit.	14 days F.P. no 1, 13/16, for ① drunkenness. ② breaking area.	Field.	13 7/16.		Probaq. P. v. no 18. of 30 7/16.
16. 4. 16.	36. F. A.	General betability. Adm 2fd	36. F. A.	13 7/16		A 36/8809. v 3.
			36. F. A.	13. 4. 16		
18. 4. 16	36. F. A.	do do Ad	36. F. A.	13. 4. 16	A 36/8808.	v 3.
22. 4. 16	do	do do Ad	do do	do		A 36/9084. v 5.
			bon: bon boy	15. 4. 16		
29. 4. 16	do	Sen: betability. Ad	36. F. A.	13. 4. 16		A 36/9316. ↗
			bon: bon boy	15. 4. 16		
21. 5. 16	b. S. D.	On strength from Unit	b. S. D.	21.5.16	D. 3.	v 22.
20. 5. 16	1 st bon boy	Discharged to				v 25.
31. 5. 16.	01. Unit. bon.	Shell Shock. Classified "b" and transferred to 6. a. b. Foldestone	England	30.5.16		

N.B. bon det. of 1/16. hol. P. v. 23. 7/16. (A.P. 10. 3339). P. v. 20. 7. 6. 16.

Cler. Sinclair
 FOR LT COL.
 A.A.G.

Rank

Name HEBERT Joseph Louis

Reg'l No. 448118

R-122.

Unit Draft 57th to 23rd Bn

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal. Que. 18th May 1915. Place of Birth Montreal.

Name and Address, Next-of-Kin Ed. Map. Hebert. 505 ^{Papineau} ~~Papineau~~ Montreal.

Relationship Brother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
2.8.15	Ob. 23	Taken on strength	Shorncliffe	31.7.15	Part II 181
6.8.15	Ob. 23	Reduced to ranks, pay withheld 3 mos ea \$2.50 pm. Drunk & Absent	Shorncliffe	6.8.15	PE II 185
30.11.15	C-L 74	adm. Military Hosp.	..	16.9.15.	Varicose Veins
"	"	disch.	15.11.15	"
27.11.15	Ob. 23	Fine \$10. 14 days #2FP Drunk W Sandling	"	27.11.15	Pt II 283
7.12.15	"	Trans. to 14th Bn Overseas	"	7.12.15	" 291
8.12.15.	Ob. 14.	Taken on strength 14th Bn France	"	18.12.15.	do 50

40769

C

L 28

351



X

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				
23.12.15.	Ob. 14 th	15 days Detention.	In the Field.	1.1.16.	Part of order. 1.
31.12.15.	W.O.	No. 2. Can. Fld. Amb.	do	18.1.16.	Gas L. 264.
6.1.16.	do	^(alcoholism) Rejoined unit	do	20.1.16	do 266.
23.1.16.	do	No. 1. Can. Fld. Amb.	do	22.2.16.	Ob. A290. Nervous Debility
26.1.16.	do	Trans to Can. Camp.	do	22.2.16.	do A290.
31.3.16.	Ob. 1 st D. Hq.	Attached to 1 st D. Hq.	do.	13.3.16.	P. B. N. order. 14.
12.4.16	Ob. 14 th Bn	Rejoined unit from hosp.	do	29.3.16	C. L. A. 330
30.4.16	"	14 days No. 1 F.P. "Desert"	do	13.4.16	P. II O. 18
10.5.16	14 th Bn	Adm. No. 2 Can. F. Amb.	do	13.4.16	C. L. A. 351 "Gm. Debility"
"	"	Trans to No. 3	do	13.4.16	"
15.5.16	"	Trans to Adv. Conv. Co.	do	15.4.16	Ch. A 355
30.5.16	"	To Can. Base Depot	do	21.5.16	C. L. A 364
7.6.16	Ob. 14 th	Classified P. B. transf. to C.P.A.C.		30.5.16	P. II O. 23
3-6-16	CCAC	Adm. Moore Bks Hosp for treatment	Fistone	2-6-16	H. I. O. 198 Neurasthenia
15-6-16	14 th Bn	Trans Granville Hosp	Ramsgate	9-6-16	C. L. B80
12-6-16	"	Adm. Moore Bks Hosp	Shorncliffe	3-6-16	C. L. B78 Neurasthenia
5-7-16	"	Discharged Granville Hosp	Ramsgate	4-7-16	PR. B97
1-6-16	CCAC	Taken on strength.	Fistone	1-6-16	P. II O. 193
24-8-16	"	S.O.S. + cons to be aff. C.D.O. Bnly discharge Canada	"	31-7-16	" 353

15/6/16

~~Second Sheet~~

2nd Page of Records.

R-122

Rank _____ Name **Hebert, Joseph Louis.** Reg'l No. **448118.**
 Unit _____ If in perm. Corps, }
 What Unit? } Married or Single _____

Place and Date of Enlistment _____ Place of Birth _____

Name and Address, Next-of-Kin _____ Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E. R.B. No. **7689**
 File R.L. _____
 Category **Moran**

CCAC

1st Page Filed in Envelope.

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.				
		Perm. grade... <i>Pte.</i> Acting Rank... <i>Nil.</i>			<i>Will Can. H.</i>
	<i>Dis. Depot.</i>	<i>To bonval, Home</i>	<i>Mil. Dist. No. 4.</i>	<i>9.8.16.</i>	<i>Nom. Roll No. 20.</i>
CHECKED. 5th Dec, 1916.					

ORIGINAL MEDICAL HISTORY SHEET.

Surname Hebert Christian Name Joseph Louis

Examined on 18 day of May 1915
 at Montreal

Birthplace { City or Town _____
 County _____

Apparent age 34

Trade or occupation cook

Height 5 Feet 9 1/4 Inches

Weight 155 Lbs.

Chest measurement { Minimum 33 1/2 inches
 Maximum expansion 35 1/4 inches

Physical development Good

Small-Pox Marks _____

Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection _____

Scar on left arm

Enlisted on 18 day of May 1915 at Montreal

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>57</u>			<u>18/5/15</u>
Transferred to.. ..	<u>3rd Reserve</u> <u>Batt. C.</u>	<u>44168</u> <u>448118</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.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding the unit to the Record Office when they leave England.
 Lt. Col. In Charge of Records, Canadian Contingent.

14 JUN 1916

AI

64168

D. C. P. M.

Christian Name

Surname

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>Grange, Deal</i>		<i>16</i>	<i>9</i>	<i>15</i>			<i>Alcoholism</i>			<i>CAPT Campbell</i>	
<i>A. W.</i>					<i>5</i>	<i>12</i>	<i>15</i>	<i>Lumbago</i>	<i>Res Bul</i>		
<i>Moore Barracks Hpt. Shorncliffe</i>		<i>2</i>	<i>6</i>	<i>16</i>	<i>8</i>	<i>6</i>	<i>16</i>	<i>neurasthenia</i>	<i>7</i>	<i>convalescent Transf to Ramsgate</i>	

Duplicate Medical History Sheet
posted to here.
Medical Registrar
Record Office.

G. Mackenzie
CAPT C.A.M.C.
REGISTRAR.

Unofficial

448118

MEDICAL HISTORY SHEET

Surname Hebert Christian Name Jos. Louis

Examined	{ on day of 191..... at	Approved by	
Birthplace	{ City or Town..... County	Rank	M.O.
Apparent age.....		Date	Fit or Unfit
Trade or occupation.....		EXAMINED FOR RE-ENGAGEMENT	
Height..... feet..... Inches.....			M.O.
Weight..... lbs.....			M.O.
Chest measurement {	Minimum..... inches.....		M.O.
	Maximum expansion..... inches.....		M.O.
Physical development.....			M.O.
Small-pox Marks.....			M.O.
Vaccination Marks {	Arm..... Right..... Left.....	Date	Result
	Number.....	VACCINATIONS	
When Vaccinated last.....			M.O.
(a) Marks indicating congenital peculiarities or previous disease.....			M.O.
			M.O.
(b) Slight defects but not sufficient to cause rejection.....		Date	Result
		ANTI-TYPHOID INOCULATIONS, ETC.	
			M.O.
			M.O.
			M.O.

Enlisted on day of 191..... at

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Christian Name

Su_name

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				
Montreal	M.G.H.	3	9	16	9	9	16	no disease	6	no disease made out during admission for morphine - no evidence of resuming habit -	Al. Powell
Montreal	S.H.C.H.	9	9	16.	31	10	16.	Shell Shock	52.	To St. Bonoit Joseph Hospital	P. Oshy Major, A. M. C. M/O i/c Grey Nun Convalescent Home
Grey Nuns Conv. Home		27	11	16	13	12	16	" "	16	To O.C. "A" Unit, M.H.C.C. "Unfit"	

MEDICAL CASE SHEET.*



No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.	
	<u>448118</u>	<u>Pte</u>	<u>Lebert</u>	<u>Joseph Louis</u>	
Year	<u>C.E.F</u>	Unit.	<u>23rd Res Batt</u>	Age.	<u>36</u> Service. <u>15 mths</u>
<u>1915</u>					

Station and Date.	Disease
<u>Nov 24/15 -</u> <u>Glack Hospital</u> <u>Deal</u> <u>Shorncliffe</u> <u>M. Hos.</u>	<u>Varicose Veins</u>
<u>J. A. Hulke</u>	
<u>done</u> <u>15/11/15</u>	

Station
and Date.

MEDICAL CASE SHEET

EXAMINATION

BY

STANDING MEDICAL BOARD, SHORNCLIFFE.

No. 44818 Unit 14th Bn 23RB Rank Plt ^{June 1} 1916.
 Name Herbert, L. Age 43

Examination held at SHORNCLIFFE C.C.A.O.
 (19, Westbourne Gardens, Folkestone.)

DISABILITY.

Overseas—Local.
 (scratch one out)

Shell shock

Present Condition :

In hospital for treatment

Board recommends :

1. Fit for Duty.
2. Fit for duty after.....weeks physical training.
3. Fit for light duty.....weeks.
4. Fit for permanent Base duty.
5. Discharge.

Signatures :

Members *Samson Cuff* Pres.

Approved.

Shorncliffe _____ 1916. _____ Capt.

EXAMINATION
BY
STANDING MEDICAL BOARD, SHORNCLEIFFE

1914
Unit
No.

Signature
Date

Signature
Date

Signature
Date

Signature
Date

Signature
Date

Signature
Date

Signature
Date

NOMINAL ROLL OF WOUNDED AND MEN FOR EXAMINATION BY A MEDICAL BOARD

THE 8 BATTAL

C. A. M. C.

1st

1st Batta. 44818 Pte. Robert L. ... 4300 ... 1st Batta. Shell shock

C. A. M. C. ...

Have May 28th 1918.

JR

Major ... C. A. M. C.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No. 948118 45686	Rank. Pfc	Surname. Herbert Grant	Christian Name. Frank Louis
Year	Unit. 29 th Bn 14 th Bata		Age. 27 43	Service. 19/12
Station and Date.	Disease Hallux Rigida. Hands. Neurasthenia - Height. 154			
Occupation: Machinist				
Arrived in France: Nov. 1915				
Wounded (Shell Shock) May 20 th 14				
Hospitals: Tafferunge. C.C. - 3 days				
Base - La Havre - 1 week				
England - C.C. & C. Folkestone - 2 days				
Wool Parachute - 5 "				
G.C.S.D. - Jan 18				
Complaint:				
Nervousness: Pains in both great toes & across small of back				
History: Buried at Bell 60. Was unconscious but 'came to' on way to hospital. Was very shaky & vomited for 2 days after any attempt to eat. Had a ringing in left ear & had difficulty in hearing. Has been bothered suffered with 'Rheumatic' pains across small of back & pain in great toes ever since being at Gallantier. April 1915. Toes had given trouble before enlistment.				
Present Condition: Nervous, sleeps poorly & has troublesome dreams. Has difficulty in hearing - cannot concentrate.				



*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

has attention. Has joins across small of both
Exam: Has Hallux Rigidus of both
great feet. Painful at Metatarsal
phal joint. 2nd toes over rides &
tendency to hammer toe.

10/6/16:

1/2 cords of Lumps - Reg. Feet - O.K.
Operated on for varicose vein left leg. 6 hrs. ago.
To return Tuesday. to see major Smith
re. toes.

By Russell

17/6/16

Sold Smith douche daily.
Cannot carry on gym. work
and account of pain at base toes.
To see Major Smith 20/6/16
Exam. room.

June 20 16
Russell

A.F. B 179.

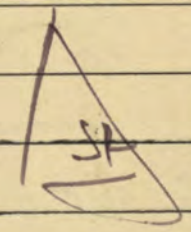
MRB June 22nd 16

22/6/16

M. Bond 26/6/16.

2 Discharge

26/6/16



Discharge

15347

MEDICAL CASE SHEET.*

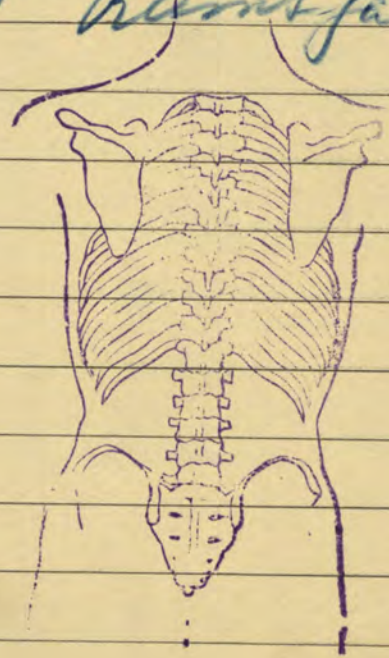
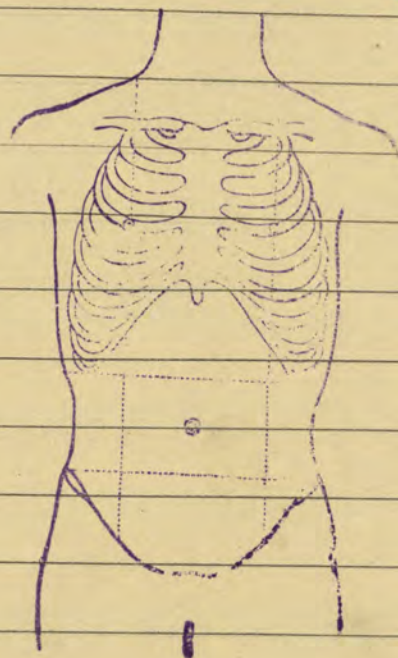
No. in Admission and Discharge Book. 15347 Year 1916.	Regimental No.	Rank.	Surname.	Christian Name.
	448118.	Plt	Hebert	Lewis
	Unit.	Age.	Service.	
	14 Batt	43	17 1/2	

Station and Date.
30-16.
Moore
Barracks
Can. Hosp
I. H.

Disease
Complaints: General nervousness:
Duration: 2 months.
P. H. Has always been nervous, and has suffered a good deal from stomach trouble. Otherwise has been fairly healthy.
History
About one month ago in Belgium a shell explosion buried him. He was covered with an hour. He was severely buried around abdomen but not seriously injured. Was sent to the base and sent direct from there to C. C. S. H.

TRANSFERRED
8 - JUN 1916

Granville Special Hospital
Ramsgate



Station
and Date.

RECEIVED
JUN 1911

14

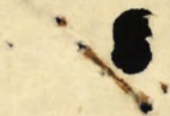
Number 448118 Rank Plt Name Herbert L
 Service Unit 141st Reserve Unit 23rd
 Former Occupation Tracheist Date Med. Bd. 1-6-16

FINDING:- Fit for former occupation?
 Unfit for former occupation?

SUITABLE FOR:-

Clerk is sent to Hospital for
 Stenographer treatment & working
 Hut Orderly Orderly
 Cook Police
 Fatigue Man
 School of Stenography

Director of Nursing



..... Bank

.....

.....

SPECIAL REPORT ON

Regimental No. 448118	Name Hebert L. Pte.	Battalion 14th Batt.	Date26.6....1916
-----------------------	---------------------	----------------------	------------------------

DISABILITY

Double Hallux rigidus.
Myalgia of over one years duration.

PRESENT CONDITION

The hallux rigidus seems to be part of a general condition which seems to indicate that this man is not a good physical type for service - for this reason I did not suggest operation for his toes.

PROGNOSIS

I advise discharge from the service.

(Sgd.) S. Alwyn Smith

C.A.M.C.

Surgeon.

1-c Granville C.S.H.

SPECIAL REPORT ON

Regimental No. 44818

Name Hebert L. Pe...

14th Bar...

26.6.1911

DISABILITY

Double Helix rings.
Myopia of over one year duration.

PRESENT OPINION

The Helix rings seems to be part of a general condition which seems to indicate that this man is not a good physical type for service - for this reason I did not suggest operation for his feet.

I advise discharge from the service.

(Sgt.) R. A. Wynn Smith

Surgeon.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL

To: President Standing Medical Board.

FOLKESTONE. 6/7/18.

AURAL EXAMINATION.Pte Herbert, L.
448118.

RIGHT		LEFT.
30 Ft.	VOICE.	10 Ft.
	SCHWABACH	Hor.
	RINNE	Minus
	UPPER LIMIT	C 2048.
	LOWER "	C 128.

This man's right ear drum is slightly retracted, yet it is practically normal.

The left ear is a case of chronic catarrhal otitis media, which I think can be somewhat improved by regular use of the eustachian catheter. He could attend as an out-patient, as it seems possible to improve the ear.

Would consider him fit.

S. J. Macpherson Captain. C.A.M.C.
for O.C. West Cliff Canadian Eye & Ear Hospital.

2-1-18

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL.

Folkestone. 6.7.16.

To :-
The President, Standing Medical Board.

AURAL EXAMINATION.

Pte. Hebert. L.
448118.

RIGHT.		LEFT.
30 ft.	VOICE.	10 ft.
	SCHWABACH	Nor.
	RINNE.	Minus.
	UPPER LIMIT.	C. 2048.
	LOWER "	C. 128.

This man's right ear drum is slightly retracted, yet it is practically normal. The left ear is a case of chronic catarrhal otitis media, which I think can be somewhat improved by regular use of the eustachian catheter. He could attend as an out-patient as it seems possible to improve the ear.

Would consider him fit.

S. J. MacLellan. Capt. C.A.M.C.

for O.C. West Cliff Can. E & E Hosp.

WEST GIFT CANADIAN EYE AND EAR HOSPITAL
Toronto, Ont. V. 16.

To: The President, Standing Medical Board.

AURAL EXAMINATION.

Dr. Robert J.
448118.

LEFT.		RIGHT.
10 ft.	VOICE	30 ft.
10 ft.	SOHWACH	
10 ft.	RING	
0.2048	URINE LIMIT	
0.128	10 ft.	

This man's right ear drum is slightly retracted, yet it is practically normal. The left ear is a case of chronic catarrhal otitis media, which I think can be somewhat improved by regular use of the eustachian catheter. He could attend as an out-patient as it seems possible to improve the ear. Would consider him fit.

J. MacLellan, Capt. C.M.C.
for O.C. West Hill Can. E. & H. Hosp.

EFFECTIVE DATE
 AUTHORITY
 IF IN PERMT. CORPS
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 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)

REG'L No. 448118 RANK
 NAME Herbert Joseph Louis
 UNIT 14th Batt TRANSFERRED TO 6606 DATE June 6th AUTHORITY B023 7/16
 TRANSFERRED TO Nb. DATE 14.7.16 AUTHORITY
 PLACE OF ATTESTATION Montreal Que. TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION 18th May 1915 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) White Down EFFECTIVE REASON
 DISCHARGE DATE AND PLACE To Canada July 13th REASON AND AUTHORITY C.C. List 75. 11/7/16. L.P.C. to Bath 13/7/16.
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 15.8.16
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



NAME OF HOSPITAL
 22. fgm

ATTENDANCE ROLLS

2		3		4	
DATE	No.	DATE	No.	DATE	No.
28-4	3321				
	3321				
Aug 31/15	680	13-5-16	183	1-6-16	1210
5/7/16	1210	14-6-16	1360	29-6-16	593
	593	25-4-16			

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
			114 21		81 70	195 91	119 29			45		
261	262				1540	2063	131 66					14 days FP. 4. 13-4-16 B. 18. 30-4.
		476				426	161 50					
							167					
							194 50					
		26. 76					26 76	182 04				£5.10/- paid at Sibgate 31 Aug/15 not previously charged. Extracted from Pay Book.
		2.43					12 28	169.76				Pay Book verified.
							2.62	167.14				
								167.14				
	2432						2432	142 81				\$2432 pd by Cdn Bank Bath 20 July 16
	973						973	133 08				\$973 pd by PM Cash Bath 20 2-8-16
					13308	13308						Transd to "Canada Disc'ge a/c"
							2 62					262 AR 12.16.28/4/16 bhd in error. April 1916. Should have been chgd to 2608675. Herbert. Dis. No. 44
					262	262						Transd to "Canada Disc'ge a/c"

See Over

WP

448118

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS					
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS				RATE	AMOUNT		1		2		3		4		1	2	3
			\$	c.			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE	No.	DATE			

1914
Aug

n. e.

1 22 1 22

Sté Hebert Joseph Louis

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
				1 22	1 22				Transd to "Canada Disc'ge a/c"
									67 Bal # 1 22 Int Ref Pay 27

Certificate Re Discharge Documents.

A

2 0118.

Reg'tl, No.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>448118</u>	Army Rank <u>Private</u>
Name <u>Hebert Louis G Joseph</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)	
Corps <u>C. C. A. C.</u>	
Battalion, Battery, Company, Depôt, &c. (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	
Date of discharge	
Place of discharge	
1. Description at the time of discharge.	
Age <u>43</u> years <u>4</u> months	Descriptive marks. <u>2 Vasc. Pt. Arm.</u> <u>1 Tattoo Wk. Lt. Wrist</u> <u>Varicose Veins</u>
Height <u>5</u> feet <u>10 1/2</u> inches	
Chest measurement { girth when fully expanded <u>35 1/2</u> ins. range of expansion <u>1 1/4</u> ins.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Mechanic</u>	
Intended place of residence (To be given as fully as practicable)	
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Para. 392, Sec. 10, K. R. & O. 1912.</u> <u>Being no longer physically fit for war service.</u> Commandant, <u>Canadian Discharge Depot, BATH.</u>	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— <u>Fair</u>	
Character awarded in accordance with King's Regulations:—	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

Service in Flanders.

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____

Paul Hannon Col
THE CANADIAN DISCHARGE DEPOT, Col. Commanding, Battn. Recruiting Regiment. ASS. PRIOR PARK, BATH. and Organization, C.E.F.

8. Certificate to be signed by the soldier on discharge.

hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) _____ (Signature of Soldier.)

(Date) _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____

Signature _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

LIST OF DISCHARGE
DOCUMENTS.

1. Proceedings on discharge
(Army Form B. 268)
2. Proceedings on transfer to re-serve (if any)
(Army Form B. 2056)
3. Duplicate attestation
4. Army Form B. 97 (if any)
5. Declaration of change of name
(if any)
6. Re-engagement paper (if any)
(Army Form B. 136)
7. Authority for continuance, or extension, of service (if any)
(Army Form B. 221)
8. Court of Inquiry on an injury
(if any)
(Army Form A. 2)
9. Regimental conduct sheet
(Army Form B. 120)
10. Company conduct sheet
(Army Form B. 121)
11. Copies of convictions by Civil Power (if any)
12. Medical history sheet
(Army Form B. 178)
13. Medical report on invalid (if any)
(Army Form B. 179)
14. Copy of receipt for purchase money (if any)
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any)
16. Detailed statement of former service allowed to reckon towards pension (if any)
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge)
18. Descriptive return (Army Form D. 400), where required
See section 11 on second page
19. Active service casualty form
(Army Form B. 103)
20. Employment sheet
(Army Form B. 2066)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.
(On third page the date and cause of discharge will be entered and signed by the competent military authority)
2. Medical history sheet (if any)
(Army Form B. 178)

Instructions as to the preparation, despatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The Officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

6447

Class 3

49688

553

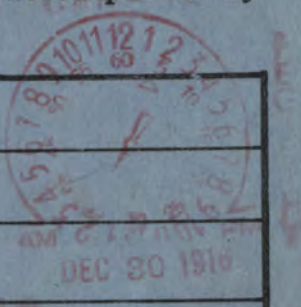
This space to be for numbers.

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	448118
Rank	Private
Name	Hebert Joseph Louis
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	57th Battalion, C. E. F.
Date of Discharge	December 28, 1916.
Place of Discharge	Montreal, Que.



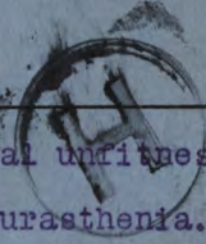
1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....34.....years.....months.
 Height.....5.....feet.....9½.....inches.
 Complexion Brown
 Eyes Brown
 Hair Black and white
 Trade Machinist

Descriptive Marks

Small mark on face
 One left leg operation scar
 4" long (varicose veins)
 On left thigh operation
 scar 4" long (Varicose veins)

Intended place of residence } 687 Champlain St
 (To be given as fully as } Montreal, P. Q.
 practicable.)



2. The above-named man is discharged in consequence of **Medical unfitness**
 due to **Chronic Hallux Valgus rigidus, Neurasthenia.**
 H. Q. Authority dated December 12, 1916, 4D 22-H-248.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Fair.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Civil Service

*W. S. H. Comp.
1-4-19 E. O. N.*

(OVER)
*Sand m. 9th
2.1.17.*

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... Montreal, Que. (Signature of Soldier.)

(Date)..... December 28, 1916 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total. 2 years. 220 days.

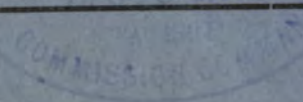
11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal, Que.

(Signature)..... G. L. Hall

(Date).....



Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations.

J. H. [unclear]

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

DUPLICATE.

448118

G.C.

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname HERBERT Christian Name J. L.

TABLE I.—GENERAL TABLE.

Birthplace D. Parish County

Examined ... { on 18th day of May 1915,
at Montreal

Declared Age ... 34 years days.

Trade or Occupation ... Cook

Height ... 5 feet 9 1/4 inches.

Weight ... 155 lbs.

Chest Measurement { 35 1/4 inches.

Range of Expansion { 2 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left

{ Number

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

(b) Slight defects but not sufficient to cause rejection ... { (b) Scar on left arm.

Approved by (Signature) _____
(Rank) _____

Medical Officer.

Enlisted ... at Montreal

on 18th day of May 1915 .

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>57th Bn.</u>	<u>448118</u>
Transferred to ...	<u>23rd Res. Batt; C.E.F.</u>	

Became non-effective by _____

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on _____ day of _____ 191...

(Signature) _____

(Rank) lieut.-Col.

List in the case of Warrant Officers treated in quarters.

Records bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

F.T. Campbell Capt.
C.A.M.C.

unit and light duty.

F.V. Campbell Capt.

Res Batt:

Convalescent. Transferred to Ramsgate.

G. MacKeen, Capt.

From France

16
18642 *Info*

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

G.C.A.C.

MEDICAL HISTORY of

Pte Surname *Herbert* Christian Name *L.*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... _____

(b) Slight defects but not sufficient to cause rejection ... _____

Approved by (Signature) _____
(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191

Corps.	Regtl. No.
<i>14th Bn Buffs</i>	<i>448118</i>
DISCHARGED.	

Became non-effective by _____ Para 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service on _____ day of _____ 191

(Signature) _____
(Rank) _____ Commandant.

Canadian Casualty Discharge Depot, BATH P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
Inver Barracks Can. Hosp.	2	6	16	8	6	16	neurasthenia	6	
	8	6	16	4	7	16	do.	27	



List in the case of Warrant Officers treated in quarters.

facts bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Sherr Shoen. Symptoms largely nervous.

S. G. Drummey

Adm. to CAC

J. B. Mison ^a Capt. & Registrar,
GRANVILLE CANADIAN SPECIAL HOSPITAL,
RAMSGATE.

MEDICAL HISTORY OF AN INVALID.

Handwritten signature/initials

1. Station. **Montreal**
2. Regiment or Corps. **57th Battalion**
3. Regimental No. and Rank. **448118, Private**
4. Name. **J. Hebert**
5. Age last Birthday. **42 years**
6. Enlisted on **May 20th, 1914** at **Montreal**
7. Former Trade or Occupation. **Machinist** Date. **November 28th, 1916**
8. General remarks on his :—
 (a) Conduct.
 (b) Habits.
 (c) Temperance.
- (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
- Red stamp: DEC 14 1916*
Handwritten: H 3729

9. Service. **2** Years. **192** Days.

	PERIODS.	
	FROM.	TO.
57th Battalion	May 20/14	Nov. 28/16

10. (a) Disease or disability. **Chronic hallux valgus rigidus, neurasthenia**
 (b) Date of origin. **February 1915**
 (c) Place of origin. **In France**
 (d) Cause. **Cold and dampness in trenches**

11. Present Condition. (Most Important). **General condition: good. Heart and lungs negative. Neurasthenic condition cured at present. Large toes slightly rigid, but no pain on pressure or motion, with a slight hallux valgus and overlapping of the second toe of each foot on the large toe of each foot. Invalid had rheumatism previous to enlistment.**

(To include full description of present disabling condition or conditions.)

12. (a) Is the disability the result of service or climate? **Yes**
 (b) Has it been aggravated by intemperance, vice or misconduct? **Yes by intemperance**

Handwritten note:
 card made
 21.12.16.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Smallpox marks on face.

On left leg operation ~~xxxx~~ scar 4" long (varicose veins)

On left thigh operation scar 4" long (varicose veins)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

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

Not applicable

14. Treatment **Rest in Convalescent Home, nerve tonics, special diet**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not applicable

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent for foot condition

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

1/8 for foot condition

18. State if for discharge on account of unfitness for Service.

Yes, medically unfit.

Jacobus Kaptans

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. **Yes**

11. **Yes**

12. **Yes**

15. **Yes**

16. **Yes**

17. **Yes**

18. Is he unfit for Military Service. **Yes**

Recommendations :

The Board having met and examined Pte. J.L. Hebert, #448118, 57th Battalion, C.E.F., concur with the above report, and recommend his discharge as medically unfit for Military Service.

Signatures :—

P. Ostryer
President.

Station. **Montreal,**

Date. **November 28th, 1916**

Date. **6/7/16**

Approved.

Date. **20/12/16**

W. G. G. G. G.
Members.

W. G. G. G. G.
Ass't. Director of Medical Services.

W. G. G. G. G.
Director-General of Medical Services.

R. C. DEC 14 1916

9/21/16
13/12/16
8/22/16

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

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

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

The board having met and examined the J. I. Hebert, 44818, 5th Battalion, C.E.F., concur with the above report, and recommend his discharge as medically unfit for military service.

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.

150 m-6-16
H. O. 1772-89-117

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

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

Medical Report on an Invalid.

Station Granville Canadian Special Hospital.

Date 26/6/16.

- 1. Unit 14th Battalion. 23rd Reg 5. Age last birthday 43
- 2. Regimental No. 448118 6. Enlisted on Aug. 20th 1914.
- 3. Rank Private 6. Enlisted at Montreal.
- 4. Name Hebert L. 7. Former Trade Machinist.
or Occupation

8. Disability.

Hallux Rigidus (Double) and Neuræsthenia.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. May 20th 1916.
- 10. Place of origin of disability. Hill 60.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the unconscious but recovered on his way to Hospital. Complained of nervousness. Had an attack of Rheumatism some two and a half years ago, and about six months later saw a doctor on account of pains in both great toes, was told he had "gouty rheumatism".

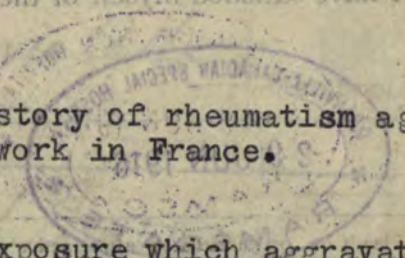
Since at Valcartier has complained of pains in small of his back and great toes. States his condition was aggravated by trench work in France, when he was admitted to Granville Canadian Special Hospital. He complained of nervousness, pains in both great toes and across small of back. Also complained of sleeping poorly and had troublesome dreams.

Officer in medical charge of case.

- 12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3.)

Previous history of rheumatism aggravated by trench work in France.

- (1.) Yes.
- (2.) Yes. Exposure which aggravated his condition.



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

A well nourished man of 43 years of age. Does not sleep or eat well. Hallux rigidus of both toes and over-riding second toes. Complains of pain above and below. Metatarsal phalangeal joints of both great toes. Is not able to dorsi flex toes. On account of pain he walks on heels. Has defective hearing of left ear.

14. If the disability is an injury, was it caused

- (a) In the presence of the enemy?
- (b) On active service?
- (c) On duty?
- (d) Off duty?

Not Applicable

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

Not applicable

16. Was an operation performed? If so, what?

No.

17. If not, was an operation advised and declined?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable

(a) Fit for duty?

No.

(b) Fit for base duty?

No.

(c) Invalided to Canada?

No.

(d) Discharge as permanently unfit?

Yes.

W. F. Seely

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station

Date



Officer in charge of Hospital,
Special Hospital, Ramsgate.

* Loss of teeth on, or immediately after, active service should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

a1
a2
Yes **Yes**

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

General service conditions

21. Has the disability been caused or aggravated by

(a) Intemperance? **No**
(b) Misconduct? **No**

22. Is the disability permanent?

Yes - military life only

23. If not permanent, what is its probable minimum duration?

Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

1/4 for 6 months and then none compared with capacity on enlistment

In defining the extent of his inability to earn a livelihood, estimate it at 1/4, 1/2, 3/4, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

Not applicable

26. Do the Board recommend

(a) Fit for duty?
(b) Fit for base duty?
(c) Invalided to Canada?
(d) Discharge as permanently unfit?

Yes

27. Remarks.

APPROVED
[Signature]
FOR D. W. & C. FOR
MEDICAL
COMMISSION
CANADA

Signatures:—

[Signature]
President.

Station *[Signature]*

[Signature]
Members.

Date **7 JUL 1916**

Approved.
[Signature]
Station

[Signature]
Administrative Medical Officer.

Date **7 JUL 1916**

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at
Prior Park, Bath, England, on the 11th day of July 1916

Members of Board.

Lt. Col. Sir H. Montagu Allan. President.
Lt. Col. W. Grant Morden.
Major R. Raikes. C.A.M.C.
Major Hume Blake.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

NO. 448118.
Pte. Louis Joseph Hebert.
14th. Battrn.

Recommends :-

When this man is discharged he be granted a gratuity of One Hundred Dollars under Class 6 of the Pay and Allowance Regulations 1914 as amended by P.C 1334 of June 3rd. 1916.

Signed at Prior Park, Bath, this 11th day
of July, 1916.

H. Montagu Allan Lt. Col. President.
W. Grant Morden Lt. Col.

R. Raikes Major C.A.M.C.
Hume Blake Major.

Proceedings of Medical Board at Discharge Depot.

Number, Rank, Name and Corps of disabled soldier:-
4481B, pte. Hebert Joseph Louis, 14th Bn.

Previous civilian occupation:- Machinist

AUG 18 1916

Cause of Disability

Neurosthenia
Hallux Rigidus (double)

DEPT MILITIA & DEFENCE
AUG 17 1916
649-N-3729
H.Q. CANADA

Condition: in detail, which prevent the soldier earning a full livelihood.

Present condition is one of considerable nervousness. Hallux Rigidus (double) marked, dorsiflexion of great toes impossible and are over-riden by second toes; has slight deafness of left ear (not a disability).
History of Rheum. 2 1/2 years ago. pain in toes 2 years ago consulted a doctor for same diagnosed Dorsal Rheumatism. Has buried in a dugout in Flanders. since then has been very nervous.
Opinion of the Board.

Degree of Incapacity, (Please state in fractions).

Total { 3/4 for nervous condition
1/4 for Hallux

Probable duration of incapacity:-

Permanent for Hallux rigidus.
Neurosthenia - 6 months

Does it render him permanently unfit for Military Service? *Yes.*

Would operation, special treatment, or the use of appliances, etc., lessen incapacity? *Convalescent Home.*

Signature:-

W. H. Carrick Major President

Station *Quebec*

E. A. Robertson Capt

Members

Date *Aug 14/16*

W. A. Coghlan Capt

Approved.

Date *Aug 14/16*

W. H. Carrick Major
Asst. Director Medical Services.

Date *19/16*

Deane Flannery
Director General Medical Services.

4

Proceedings of Medical Board at Discharge Depot.

22

Number, Rank, Name and Corps of disabled soldier:-

Previous civilian occupation:-

Cause of Disability

Condition: in detail, which prevent the soldier earning a full livelihood.

Opinion of the Board.

Degree of Incapacity. (Please state in fractions).

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?
Would operation, special treatment, or the use of appliances,
etc., lessen incapacity?

Signature:-

President

Station

Members

Date

Approved.

Asst. Director Medical Services.

Date

Director General Medical Services.

Date

WH-248

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

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

PROCEEDINGS of a * MEDICAL BOARD

assembled at The Grey Nuns Convalescent Home,

DEPT MILITIA & DEFENCE

on the 14th day of October 1916

OCT 22 1916

H.Q. 649-H-3729 CANADA

by order of The A.D.M.S., Military District #4

for the purpose of Examining

Pte. J. Hebert, #448118, 57th Battalion, C.E.F.

PRESIDENT.

Captain H.R.D. Gray A.M.C.

MEMBERS.

Captain C.C. Gurd A.M.C.

Captain L.A. Chabot A.M.C.

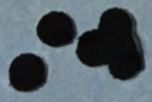
The Board having assembled pursuant to order, proceed to Examine Pte. J. Hebert, #448118, 57th Battalion, C.E.F., find and report:-

1. Present condition-
General condition: fair only, still very nervous as last attack of alcoholism as late as one week ago.
Feet, hallux rigidus (double) marked, and great toes overridden by second toes.
Diagnosis, marked neurasthenia with alcoholism. When under influence of alcohol takes tonic and clonic spasms and on verge of delirium tremens. Seems unable to resist taking alcohol whenever gets the opportunity. Was sent to Montreal General Hospital from Khaki League Home to be treated for morphinism as well as alcoholism. Has been on verge of delirium tremens on three occasions within last 6 weeks, i.e. no control due to neurasthenia.
2. Disability on general labour market 50% for 3 months.
3. ~~Disability~~ Minimum duration of disability permanent for Military Service.
4. Recommend- removal to Institute for treatment of alcoholism and nervousness for period of three months. Would suggest Hospital St. Benoit Joseph as only suitable institute in Montreal District.

H.R.D. Gray
President

L.A. Chabot
Members.

C.C. Gurd
Members.



A. A. G.

M. D. No. 4.

I CONCUR

[Handwritten Signature]
Major.
for A. D. M. S., M. D. No. 4.

Secretary, Militia Council

Ottawa, Ont.

FORWARDED

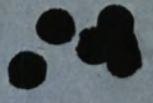
[Handwritten Signature]
Lieut-Colonel, A. A. G., M. D. #4.
for Major-General, G. O. C., M. D. #4.

Montreal, P. Q.
20th October, 1916.

APPROVED
OCT 28 1916
[Handwritten Signature]
/D. G. M. S.
[Handwritten Initial]

21-01-21
AMS

2172 23/10/16



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

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

PROCEEDINGS of a * Standing Medical Board

assembled at Montreal General Hospital,

on the 1st of September 1916.

by order of O. C. Military District No. 41

for the purpose of examining 448118 Pte. Jos. Louis Hebert

57th Battalion C.E.F.

PRESIDENT.

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

MEMBERS.

Capt. C.R. Bourne, A.M.C.

Capt. Armour Robertson, A.M.C.

The Board having assembled pursuant to order, proceed to

examine #448118 Pte. Jos. Louis Hebert, 57th Battalion C.E.F. and find that:-

1. He was admitted on August 19th 1916 suffering from chronic morphinism. He had a marked tremor, insomnia. He was restless and verging on acute morphinomia.
2. He has two or three scars on his legs which are now healed, result of shrapnel.
3. There is slight hammertoe bi-lateral of the 2nd phalanges.
4. His condition is now good.
5. The disability is 100% for two weeks, at the end of which time he should be FIT.
6. The Board feels that the history of morphinism would contra indicate sending him again Overseas.
7. Convalescent Home treatment necessary for his two weeks disability.

Dated at Montreal P.Q.
September 1st 1916.

M F. B. 303.

100m.—4-16.

H. Q. 1772-39-133.

R. Powell
C. R. Bourne
A. Robertson

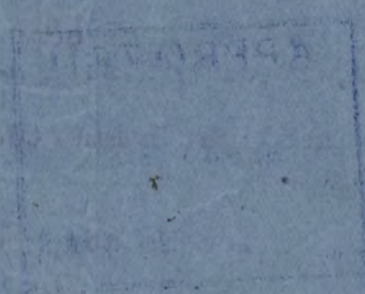
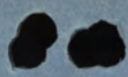
Capt. Pres.

Capt.

Capt.

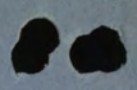
Members.

Contd. 21/12/16.



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

m H 218

PROCEEDINGS of a * Standing Medical Board
assembled at Montreal General Hospital,
on the 23rd August 1916.
by order of O. C. Military District NO. 4.
for the purpose of examining #448118 Pte. J.H. Hebert, 157th
Battalion C.E.F.

DEPT.
MILITIA & DEFENCE

SEP 21 1916

649-21-3229

PRESIDENT.

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

MEMBERS.

Capt. C.R. Bourne, A.M.C.

Capt. Atmour Robertson, A.M.C.

The Board having assembled pursuant to order, proceed to
examine #448118 Pte. J.H. Hebert, 157th Battalion
C.E.F. and find that he has:-

1. Morphinism acute. Apparently, he is not getting any of the drug at present. He is on Specific Treatment.
2. He is very nervous and his general condition is much below par.
3. It would not be advisable to send him Overseas with this habit even if, apparently, cured and this Board considered he should be invalided on M.F.B. 228

M Powell Capt. Pres.

C.R. Bourne Capt. Members.

A. Robertson Capt.

Dated at Montreal P.Q.
August 23rd 1916.

To The A.A.G,
M.D. No. 4.

I CONCUR.

R. Macleod

Major,

A/A.D.M.S., M.D. No. 4.

To The Secretary, Militia Council,
Ottawa, ont.

FORWARDED.

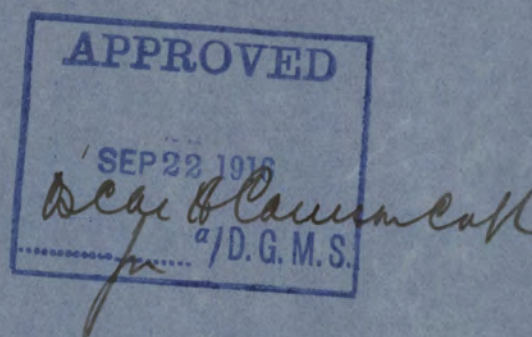
J. Macleod

Lt. Colonel,

Commanding, M.D. No. 4.

Montreal, P.Q.

16/9/16.



Declaration made by Soldier before Pensions and Claims Board, Canadian Expeditionary Force.

Name

Regimental No.

LOUIS JOSEPH HEBERT
Rank Unit

Date of Birth ?

448118

Place of Birth ?

14th Bn. (23rd Res.)

Occupation or trade previous to enlistment ?

26th March 1873**Montreal.**

Date of enlistment ?

Machinist.

Place of enlistment ?

August 20th 1914.

Are you married or single ?

Montreal.

If married, how many children have you ?

Single.*(Boys)**(Girls)*

What are their ages ?

Have you a widowed mother dependent on you solely for support ?

What was the condition of your health at the time of your enlistment ?

No.**Good.**

Where and when did your disability originate ?

Hill 60.**May 20th 1916.**

Is your disability the result of wounds, injuries or illness contracted in action, in the presence of the enemy, or on active service during training or other duties ?

Hallux rigidus**(double) Neurasthenia.**

What is your present condition of health ?

Fair.

What work, if any, are you fit for ?

Old work.

Have you any civil employment open to you at present ?

No.

What is your present address ?

C.D.D. Bath.

Where do you wish to take your discharge ?

Canada.

I, having been duly sworn, declare that I have read the answers given by me to the above questions which are true and correct, and I have signed—

Witnessed by

G. H. May

L. J. Hebert

NAME

Hebert, Joseph L. ⁴

REGT'L No.

448118

RANK AND CORPS

pte.

(14th Battalion) 57th Br.

see card 2.

CABLE

NO.

DATE

NATURE OF CASUALTY

7256.

Sailed for Canada per
1916. (Neuphritis)

NO.

1114

FOLL.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓ 264	No. 2 Can. Fld. Amb.	31-12-15	Alcoholism
266.	Rep. from the Base	6-1-16	" Rejoined unit.
A 290	No. 1 Can. Fld. Amb.	23-1-16	
A 290	Trans. to combat camp	26-1-16	Nervous debility
A 330	Reported from the Base	27-3-16	(Nervous debility) Rejoined unit
a 351	No. 2 Can. Fld. Amb.	13-4-16	General debility
a 351	Trans. to No. 3 Can Fld. Amb.	13-4-16	" "
a 355	To Divisional combat. Coy.	15-4-16	" "
A. 367	Can. Base Depot.	21-5-16.	(" ") -
B. 80 24.	Boore Bks. Shorncliffe to Granville Can. Conv. Campsgate	9-6-16.	neurasthenia

LIST No

HOSPITAL

DATE OF
ADMISSION

RESIDENCE

74.	Mil. Shorncliffe	16-9-15	Varicose Veins.
74.	Discharged	15-11-15	Varicose Veins
B 78.	Moore Sts. Shorncliffe	3-6-16.	Neurasthenia
B 96	Granville Lane, Spc. Ramsgate. Discharged	4-7-16	Neurasthenia

41468 name