

B
TRIPPLICATE
ATTESTATION PAPER

No. 62202

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Remond Ernest*
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?..... *Remond Joseph (Father)*
4. What is the address of your next-of-kin?..... *206 Carrière St. Montreal*
5. What is the date of your birth?..... *26th Dec. 1887*
6. What is your trade or calling?..... *Quarrier*
7. Are you married?..... *Na*
8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
9. Do you now belong to the Active Militia?..... *Na*
10. Have you ever served in any Military Force?..... *Na*
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*

Ernest Remond (Signature of Man.)
W. Bousset (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Remond Ernest*, 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 *April 19* 1915 *Ernest Remond* (Signature of Recruit.)
Geo. Sistraver (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Remond Ernest*, 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 *April 19* 1915 *Ernest Remond* (Signature of Recruit.)
Geo. Sistraver (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 *19th* day of *April* 1915

Geo. Sistraver (Signature of Justice.)

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

Geo. Sistraver (Approving Officer.)
Colonel

DESCRIPTION OF Nemond Ernest ON ENLISTMENT.

Apparent Age 28 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 4 1/2 ins.

*1 Birth mark left shoulder
 1 Scar left knee*

Complexion Robust

Eyes Blue

Hair Brown

Religious Denominations { Church of England
 Presbyterian
 Wesleyan
 Baptist or Congregationalist
 Other Protestants
(Denomination to be stated.)
 Roman Catholic R.C.
 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 April 19 1915

Place Montreal

[Signature]
 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

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

[Signature] (Signature of Officer.)

Date 14 MAY 1915 1915

Colonel

O. C. 22ND F. C. BATTALION

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HEMOND ERNEST

62202

22 BN

19176

DIED 17-4-16



CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

Box #
406168

STANDARD TIME
MAY 20 1914

H
H

4244

(649 - H - 2179) **D**

NAME *Himond, Ernest*

RANK & No. *Pte.*

62202

CORPS *22nd*

Battalion

ENLISTMENT, PLACE *Montreal*

DATE *April 19, 1915* **S**

FORMER CORPS *Nil.*

COUNTRY OF BIRTH *Canada. Montreal, P. Q.*

NEXT OF KIN *Himond, Joseph*

ADDRESS OF NEXT OF KIN *206 Carrière St.
Montreal, P. Q.*

DISCHARGE, PLACE

DATE

Sailed from Halifax ^{per} **SS "Saxonia" 20-8-15th**

REMARKS:



Name Hemond E. Rank Private.

Reg. No. 62202.

Unit 22nd. Battalion.

RR-25. No. 697.

Next of Kin Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O. M	W.O. List 1916
17-4	No. 10. Cas. Clearing Station. Died of wounds.		GSW. Abdomen	204	5706	26-4
	Burial report made out <i>Reg. of Grave made out.</i>					

NAME

Hemond Ernest

REG'TL NO

F. 62202

H. Q. FILE NO. 649-

RANK AND CORPS

Pte. 22nd Batt.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

M5706

25-4-16

Died of Wounds at No. 10 Casualty
Clearing Station April 17th '16. ✓

B2090a

20-4-16

" " " " " " " " " "

Rollen

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 204 No. 10 bas. bl. Stat.

Died of wounds 17-4-16
G. S. W. abdomen

Number 62202

Rank

Pvt.

~~B~~

Surname

HEMOND

Christian Name

Crest.

Units

22nd Bu Can Def Theatre of War France

Date of Service

15.9.15

Remarks

D
Father

Latest Address

Joseph Hemond

2335 Chabot St.

Roll No.

B. Page 14769.

Montreal,

200m.-2-21.M.

P. G.

DESP. JUL 13 1922

REQN. NO. *GV 45766*

Hemond Pte Ernest 6220 ✓
Elig. for 1914-15 Star. 22nd Bn. Pte. 22nd nd Bn. Pte. ^{Ad. P.}

Medals +
Decorations

See next below 4450 *m*

Plaque + Scroll

Joseph Hemond (father)
2335 Ghabot St.
~~206 Carrière St~~

(Serial no. 767324.)

Montreal Que

Cross of
Sacrifice

Home

(Remarried. no other predecessors)

tl

D

Small set.

Name & Address of Patient

Name & Address of Next of Kin

Plague Desp. *13.8.21* Regn. No. *02299*

Scroll Desp. Regn. No. *10/118*

Name & Address of Female Next of Kin
Msy M. G. St. & 497

JAN 18 1921

2

No 62202

RANK

1st Lt

NAME

Himond Ernest

T. O. S. 19-4-15-

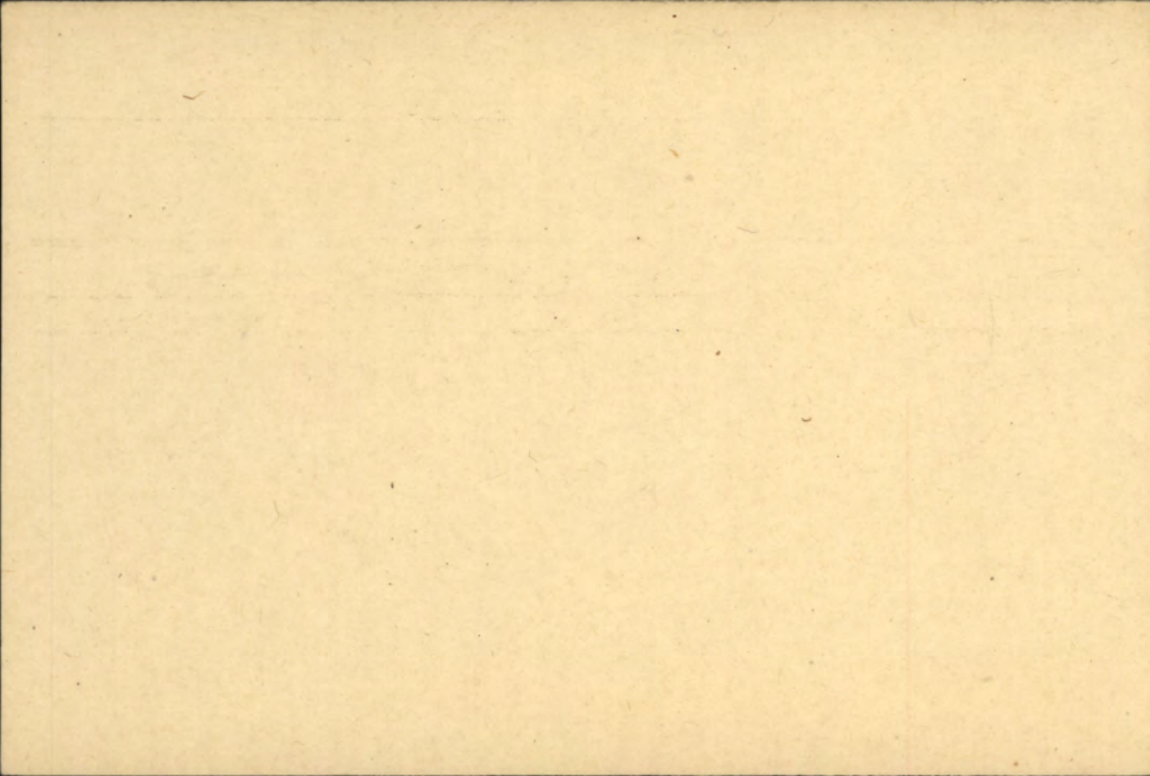
May payroll

UNIT

22nd Battalion French-Canadian

M. D. 4

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 May 1	1915 May 31 June	N	1 day pay forfeited	DU 176 June payroll
UNIT SAILED MAY 20 1915				



CERTIFIED CORRECT.

Canadian Record Office,
Westminster House,
7, Millbank, S.W. *SP6*

Casualty Form—Active Service.

62202 Regiment or Corps *22nd (A.C.) Battalion*

Regimental No. ~~*62292*~~ Rank *Private* Name *Hemond Ernest*

Enlisted (a) *19.4.15* Terms of Service (a) *For war* Service reckons from (a) *19.4.15*

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) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<i>5¹⁰/₁₅</i>	<i>O.C. Bn</i> <i>O.C. Bn</i>	<i>Disembarked absent without leave from 4 pm 3¹⁰/₁₅ to 7 pm 4¹⁰/₁₅. Awarded 28 ds A.P. No. 2. Profits 2 ds pay.</i>	<i>Boulogne</i> <i>In the field</i>	<i>15⁹/₁₅</i> <i>5¹⁰/₁₅</i>	<i>Now Roll</i> <i>B2069-5¹⁰/₁₅</i> <i>23-2¹¹/₁₅</i>
<i>24¹²/₁₅</i>	<i>So</i>	<i>Prof. 7 day pay for absent from period</i>	<i>So</i>	<i>26¹¹/₁₅</i>	<i>B2069</i>
<i>21⁴/₁₆</i>	<i>10 CCS</i>	<i>Died of typhoid abdomen</i>	<i>10 CCS</i>	<i>17⁴/₁₆</i>	<i>A 30659-17⁴/₁₆</i> <i>tdy Can Sect. C6357-21⁴/₁₆</i> <i>Part 11 orders 18 d/30-4-16</i> <i>101-22⁴/₁₆</i>

[Signature]
Lieutenant
for Lt. Col., A.A.G.
Canadian Section

(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. [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				

Rank Name HEMOND, Ernest. Reg'l No. 62202. ✓
 Unit 22nd Bn. If in perm. Corps, }
 What Unit? Married or Single Single.
 Place and Date of Enlistment Montreal 19th Apl 1915. Place of Birth Montreal
 Name and Address, Next-of-Kin Joseph Hemond, 206 Carrure St Montreal
 Relationship Father.

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				
					D. W. W. H. H.
2.6.15.	O.C. 22nd.	arrived in England per S.S. Bayonia 1 days Pay forfeit. A.W.L.	East London	29-5-15. 2.6.15.	Pr. II O. #176.
5.7.15	do	2 do do do	do	5.7.15	do #206.
4.8.15.	do.	Forfeits 2 Pay. A.W.L	do	4.8.15.	do #236.
19 SEP 1915		Embarked for France.	Folkestone	15.9.15	Emb. Memo #288
6/11/15.	O.C. 22nd	Sent. 16 28 days F.P. No 2 Forf. 2 days pay under R.W. A.W.L. from 4. P.M. 3.10.15 10 7 P.M. 4.10.15.	In the field	5-10.15.	P.T. O. 7.
1. 1. 16.	O.C. 22nd	Forf. 1 days pay for abs for parade	In the field	26.11.15	P.T. II O #1(3)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
29. 1. 16	9c 25 th	Sentenced 7 days extra fatigue A.W.L. from 5 P.M. 15.12.15 to 2-30 P.M. 17.12.15 and forfeits 3 days pay under R.W.	In the Field	17.12.15	Pt. II - 5(3)
26. 4. 16	22 nd Rev.	Died of wounds in 10 Cas. Col. Station	"	17.4.16	C. R. No. A 204 "G. I. W. abdomen" on:
30. 4. 16	"	"	"	17.4.16	Pt. II - 18

Hemond
MEDICAL HISTORY SHEET.

Surname *Hemond* Christian Name *Ernest*

Examined { on *19th* day of *April* 191*5*
 at *Montreal*
 Birthplace { City or Town *Montreal*
 County _____

Approved by *R. Tessier*
 Rank *Capt. Amle* M.O.

Apparent age *28 years 4 mos.*
 Trade or occupation *Laborer*
 Height *5* Feet *6 1/4* Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum *34* inches.
 Maximum expansion *38 1/2* inches.
 Physical development *Good*
 Small-Pox Marks _____

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

Vaccination Marks { Arm _____ Right _____ Left _____
 Number _____
 When Vaccinated last _____

Date	Result	VACCINATIONS.
<u><i>Aug 15</i></u>	<u><i>Chickweed</i></u>	M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____
 (b) Slight defects but not sufficient to cause rejection _____

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u><i>Aug 15</i></u>	<u><i>Chickweed</i></u>	M.O.
		M.O.
		M.O.

Enlisted on *19th* day of *April* 191*5* at *Montreal Que.*

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u><i>22nd (76)</i></u>	<u><i>62702</i></u>		
Transferred to.. ..	<u><i>Battalion</i></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.

81
815

Register No. *DH 1233*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *8413-E-14*

Reg'tl No. *62202* Name *Ernest Hemond*
(Christian Name) (Surname)
Unit *22 Bn* Rank *Plé* Date of enlistment
Date of casualty *17/4/16* B.P.C. File No. *15-2932*
Was service performed overseas ?

DEPENDENT

Name *Joseph Hemond* Relationship *Father*
Address *2335 Rue Chabot*
Montreal

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

EMB
Amount of Special Pension Bonus \$ *nil* Abstracted by *M. J. Colan*

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$

Total deductions \$

Balance due \$

Cheque No. Date issued

Clerk *R. J. Sturges*

REMARKS : *Not eligible*
to La Patis

Audited by
Date

"Noted" Dy 17
23/8/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments 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		

M. F. W. 127
 300M-1-19
 1772-89-1140

Remarks:

27

M. F. W. 12.
20m.—5-15.
H. Q. 1772-39-819

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Ernest Hemond
To Whom *Mrs Joseph Hemond*
Address *206 Carrier St.*
Montreal
Que

By Whom Assigned *Ernest Hemond*
Regtl. No. *62202*
Rank *Pte*
Corps *22nd Battalion C.E.F.*
B. Co

Rate *15⁰⁰* JUN 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Casualties</i>
Sept.				
Oct.				
Nov.				
Dec.				<i>Diid of wounds Apr 17/16 as per Y-X 25-10-14 J.H.</i>
Jan.	1915			
Feb.				<i>2403-14</i>
March				
April				<i>Cancelled</i>
May				
June		763280	15 -	<i>Cheques to be issued for 45⁰⁰ Covering May June & July</i>
July				
Aug.		05867	60 -	<i>to go forward as soon as possible</i>
Sept.		Q 6316	15 -	
Oct.		R 8164	15 00	
Nov.		T 8006	15 -	
Dec.		U 9605	15 -	
Jan.	1916	W 9351	15 -	
Feb.		X 12839	15 -	
March		Z 16144	15 -	

Handwritten initials or mark, possibly "H. 20" or similar, enclosed in a small circle.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

29

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

Sheet No. 2.

Mrs Joseph Hemond

Name of Soldier

Hemond Ernest
"B" Co. 22 Bn.

L. L. Job 8502.—Req. 6213.

PAYMENTS.

(Red)

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ <u>15.00</u>
April	1916	<i>1377</i>	<i>15</i>	<i>Account closed. loss.</i>
May				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>180⁰⁰ x 16.00</i> <i>7.10</i> <i>5.10</i> <i>11.10</i> </div>
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

Handwritten red scribbles in the table area.

Rank

Name

HEMOND, Ernest.

Reg'l No.

62202

Unit

22nd Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Montreal 19th Apl 1916.

Place of Birth

Montreal

Name and Address, Next-of-Kin

Joseph HemonD. 206 Carrure St Montreal

Relationship

Father.

Assigned Pay Monthly \$

75.00

S.P.R. 4/1/16
eff. 11/1/16
A.S.

Payable to

Jr. HemonD, 206 Carrure St - Montreal.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Died of Wounds 17/4/16

Reason

B.O. 15 30 1/2

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																		
June 1																		
	1-30	30	1.	30.	30	1.0	30.		33.			10	15.	110	2610	1690	1.10 - 1 day pay	
1-7-15	31-7-15	31	1.	31.	31	1.0	310		3410			1250	15	220	2970	2130	2.20 - 2 days pay for'd B.O. 106.	
									60							2190		
																2190		
1-8-15	31-8-15	31	1.	31	31	1.0	310		2410			1217	15	220	2937	7663	2.20 - 2 days pay for'd B.O. 236	
1-9-15	30-9-15	30	1.	30	30	1.0	30		33			1338	15		2838	3125		
1-10-15	31-10-15	31	1.	31	31	1.0	310		3410				15		15	5035		
1/11/15	30/11/15	30	1.	30	30	1.0	30		32			535	15	28	5058	3280	2.20 - 2 days pay for'd B.O. 106	
1/12/15	31/12/15	31	1.	31	31	1.0	310		3410			872	15		3372	4318		
1/1/16	31/1/16	31	1.	31	31	1.0	310		3410			523	15	330	2463	5265	1.10 - 1 day pay for'd 3.30 - 3.30 1/1/16 B.O. 106	
1/2/16	29/2/16	29	1.	29	29	1.0	290		3190			785	15		2285	6170	Sent to Ottawa for settlement see large sheet	
1/3/16	31/3/16	31	1.	31	31	1.0	310		3410			523	15		2023	7557	15-19-16	
									33610							27053	7557	
									10									
									34610									

Statement of
AUG 16 1916
Account rendered

Cash found in
effects to report

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Montreal P.Q.*
 NAME AND ADDRESS OF NEXT OF KIN *Jos. Hemond*
206 Carriere St. Montreal P.Q.
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTH.

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE
<i>1916</i>																					
<i>1-17/4</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>	<i>17</i>			<i>346 10</i>							
															<i>18 70</i>						
															<i>Bal on left to N. B. Bel.</i>						
															<i>7665</i>						

D. E. Branch Sept. 11/16.

Statement of
 AUG 20 1916
 Account rendered

Cash found in
 effects *Noneport*

CTIONS, &c.

EFFECTIVE DATE	AUTHORITY

REG'L. No. 62102 RANK *Plt* NAME *Leonard Ernest* *OJ* ✓

IF IN PERMT. CORPS | UNIT *27th Bn* TRANSFERRED TO DATE AUTHORITY
 WHAT UNIT

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Montreal Qc.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *19/4/15* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE

PAYABLE TO *Joe Leonard, 206 Currier St. Montreal Qc.* RELATIONSHIP *Father*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

HOSPITAL, &c.	NAME OF HOSPITAL

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *4/5/16* EFFECTIVE *1/5/16* REASON *Died of wounds 17/4/16* *Bo. 18 30.4.16*

DISCHARGE DATE AND PLACE *Died of wounds 17.4.16* REASON AND AUTHORITY *Bo. 18 30.4.16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18/4/14*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
						270.53	75.57				
				<i>15</i>		176.2	76.65				
						76.65	76.65				

76.65 sent to Ottawa for settlement, 15.19.16.

PAYMENTS

BALANCE

ASSIGNED
PAY

OTHER
CHARGES

TOTAL
DEBITS

CREDIT

DEBIT

PAY
WITHHELD
OR
DEFERRED

PAY
AVAILABLE
FOR
ISSUE

REMARKS

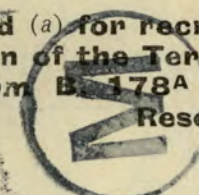
3

4

DUPLICATE

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 HEMOND Christian Name Ernest

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Montreal County _____

Examined ... { on 19th day of Apr. 191 5,
at Montreal

Declared Age ... 28 years 4 Mos. days.

Trade or Occupation ... Labourer

Height ... 5 feet 6 1/4 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 38 1/2 inches.
Range of Expansion 4 1/2 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)

Approved by (Signature) R. Pessier,
(Rank) Capt. A. M. C.
Medical Officer.

Enlisted ... { at Montreal, Quebec.
on 19th day of April 191 5.

Joined on Enlistment	Corps.	Regtl. No.
	<u>22nd (F.C.) Batt.</u>	<u>6 2 2 0 2</u>
Transferred to		

Became non-effective by ...
on _____ day of _____ 191 .

(Signature)

(Rank)

