

150TH

ORIGINAL ROYAL

PIÈCE D'ATTESTATION

No.

Folio

877910

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... *Labelle*
- 1a. Quels sont vos noms de baptême?..... *Hector*
- 1b. Quelle est votre présente adresse?..... *2213 St. Urbain St. Mont.*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... *St. Rose, Qué.*
- 3. Quel est le nom de votre plus proche parent?..... *Fabien Labelle*
- 4. Quelle est l'adresse de votre plus proche parent?..... *2213 St. Urbain St. MONTREAL CANADA*
- 4a. Quel est votre degré de parenté avec icelui?..... *Fils*
- 5. Quelle est la date de votre naissance?..... *Aug. 12th 1895*
- 6. Quel est votre métier ou profession?..... *Chapelier*
- 7. Êtes-vous marié?..... *No*
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... *Yes*
- 9. Faites-vous déjà partie de la Milice active?..... *No*
- 10. Avez-vous déjà fait du service militaire?..... *No*
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... *Yes*
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... *Yes*

DÉCLARATION REQUISE DU SUJET

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

Hector Labelle (Signature de la Recrue)

Date *Aug. 3rd 1916* *A. Lavoie* (Signature du Témoin)

SERMENT REQUIS DU SUJET

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

Hector Labelle (Signature de la Recrue)

Date *Aug. 3rd 1916* *A. Lavoie* (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

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

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à *Montreal* ce *3rd* jour de *Aug.* 1916

[Signature] (Signature du Juge)

Signalement de Hector Labelle à l'Enrolement

Age apparent 21 ans mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

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

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

Taille 5 pieds 1 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 31 1/2 pouces
 Marge d'expansion 3 4/8 pouces

Teint..... Brown

Yeux..... Brown

Chevelure..... Brown

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

CERTIFICAT D'EXAMEN MÉDICAL

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

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

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

Date..... Aug. 3rd 1916 Montreal

Lieu..... Montreal Fit

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

Ry A. Lavigne M.D.
 Médecin-Officier.

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

CERTIFICAT DE L'OFFICIER COMMANDANT

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

A. Barry (Signature de l'officier.)

Date..... Aug. 3rd 1916 Lieut. Col.
O.C. 150th Overseas Bn. C.E.F.

20-9-19

Incomplete

REGIMENTAL DOCUMENTS



NAME Labelle, Hector. *pte* REGT. NO. 847 910 UNIT 160th Bn. H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3225)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

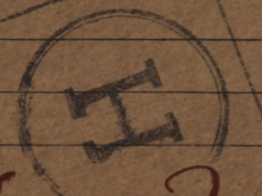
DISCHARGE

Category

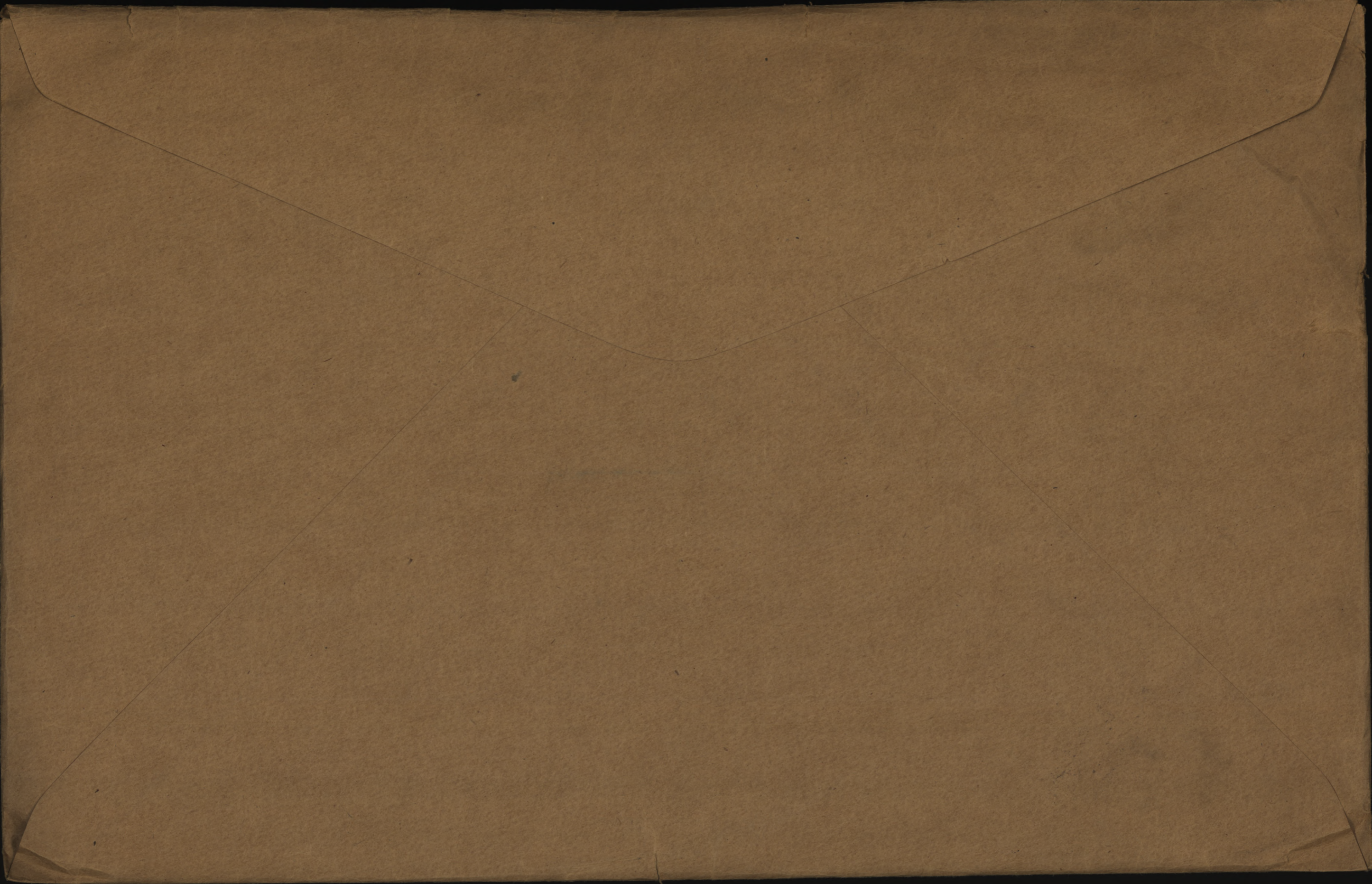
00237

DESERTION

*1/100 paid
7/14/19
1/1000
1/122
1/under bond*



M. 2/16/20



SURNAME.

Labelle.



CARD NO. *✓*

CHRISTIAN NAMES

Hector

FOLL.

REGL. NO. *847910*

RANK *pte.*

UNIT *150th.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Labelle Fabien.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*2213 St. Urbain St. Montreal
P.Q.*

COUNTRY OF BIRTH

Canada. Ste Rose. P.Q.

DATE

Aug. 12th 1895.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Aug. 3rd. 1916.

0/S 23-9-16 548
5
L L. 94504. M. & D. 6512.

M. F. W. 22. 250M. -2-16. H. Q. 1772-30-339.

From Halifax Per. S. S. Lapland 23-9-16

MARRIED

SINGLE Yes.

WIDOWER

TRADE OR CALLING

Carpenter.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

21 YEARS

MONTHS

HEIGHT

5 FEET

1 1/2 INCHES

CHEST MEASUREMENT

31 1/2 INCHES

EXPANSION

3 INCHES

COMPLEXION

Brown

EYES

Brown

HAIR

Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Aug. 3rd. 1916

Present Address: 2213 St. Urbain St. Montreal. P. Q.

HOSPITALS**DATE****DIAGNOSIS**

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

REGT'L NO 847910

NAME Labelle Hector.

H. Q. FILE NO. 649-

RANK AND CORPS Pte. 22nd Bn. Norm 150

FOLLOWS

No. Bn.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	C.	NATURE OF CASUALTY
M 5946 52-2	25-8-17	C.	Adm. 3 Aust Gen Hosp, Abbeville Aug 16 th /17. GSW. left arm.
N.K.			Labelle Fabien (Father) 2213 St. Urbain St. Montreal P. Q.
G.D. 11177 2-5	19-6-18		D. of W. . 4 Field Amb. Dep. June 14. 1918 G.S.W. Perforation eyeballs, incisions,
(A 243-1	18-6-18)		face, head, shldrs, hands, leg, comps Trac. Hand.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 471 ²	No 26 Gen. Etaples	22-3-17.	Myalgia
A 482 ²	No 6 Conv. Dep. Etaples	6-4-17.	P. U. O.
A 484	No 5 Conv. " Cayeux	7-4-17.	" " "
A 513	Discharged	11-5-17.	P. U. O.
A 593 ⁶	3rd Aust. Gen., Abbeville	16-8-17	G. S. W. L. Arm
A 600	#5. Conv. Dep. Cayeux	22-8-17	G. S. W. L. Arm.
A 9 (2)	Discharged	2-9-17.	" " "

No. 847910 RANK Pt

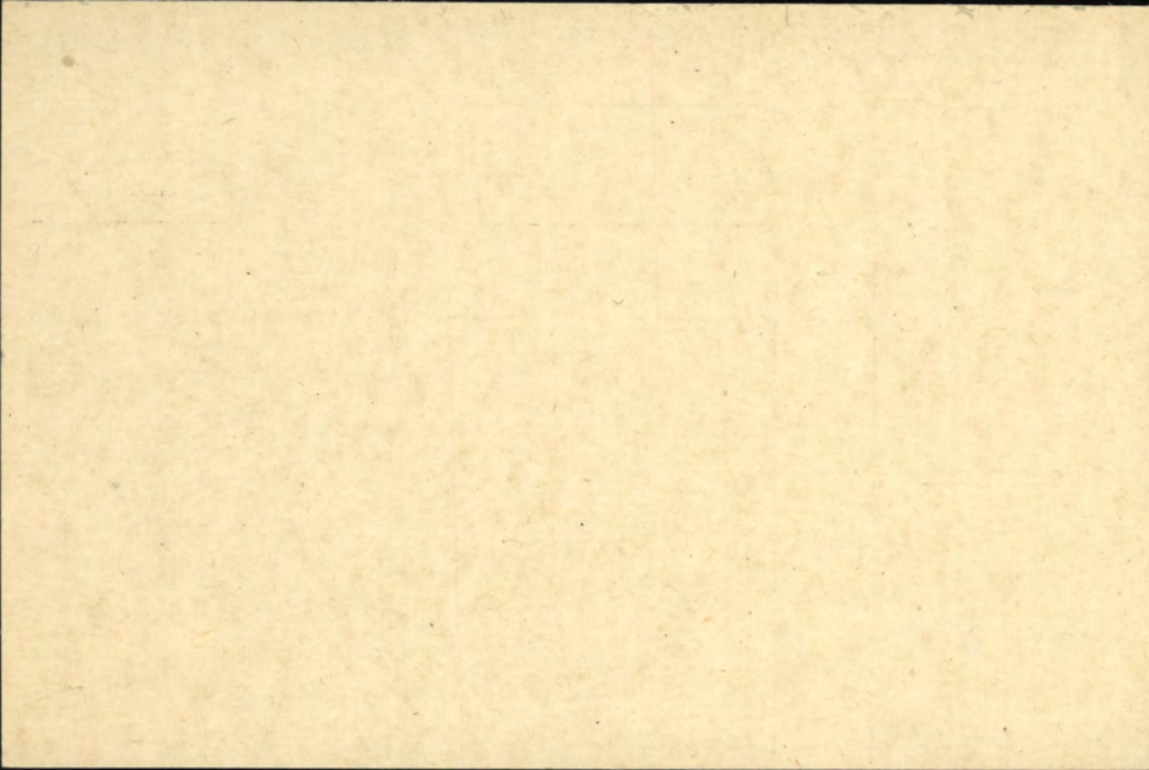
NAME Labelle. H.

T. O. S.

UNIT 150th. Battalion.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 aug 3	1916 aug 31	L r	old pay list only.	



a-7 E.
5mm6

~~100~~
R

Number... 847910 Rank... Pte

Surname... L. A. B. E. L. L. E.

Christian Name... Hector

Unit... 22nd Bn Can. Inf. Theatre of War, France

Date of Service... 29-11-16.....

Remarks,

Latest Address... Fabien Labelle (Father) ..

3167 St. Dominique St 2213, St. Urbain St.
Montreal 18th

Roll No. 3 Montreal P.O.

Page 5383

42538-1/2
SEP 27 1921

B. & W. Medals Rtd 10/21

R
DESP. APR 24 1922

REGN. NO. 10913

Not elig. for 1914-15 star. H.Q. 649-L-8542

LABELLE, H. #847910. Pte. 22nd Bn.

Medal

Fabien Labelle, (Father),

~~2213 St. Urbain St.~~

Montreal, P.Q.

M

3167 St. Dominique
St. $\frac{12}{5}$
 $\frac{12}{22}$

Orders
Decorations
P. & S.

Fabien Labelle, (Father),
Address as above.

Serial No 767932

11307

Memorial
Cross.

Nil.

JAN 19 1921

Scroll Desp.

Reqn. No.

710965

Plague Desp.

Reqn. No.

P10579

OCT 6 1921

m.R.

Plaque retd 17-10-21

Plaque redesp. 26 4/22 E 364

FORM OF WILL.

1. **Hector Labelle** (Name in full)

Regimental Number **847910** serving in **150th Overseas Battalion; C.E.F.** of the
the Overseas Military Forces of Canada, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

RECORDS REGISTRY C.M.F. OF C.	
GREEN ARCADE HOUSE,	
OLD BAILEY LONDON, E.C. 4	
R.L.	H. Fabien Labelle,
REF TO Q2A1	2213, St. Urbain St.
12 JUL 1918	(father) MONTREAL.
% A	1/R
FILE CHARGED	SINCE
TO	
ACTED ON	

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

In Witness whereof I have hereunto set my hand
this **23rd** day of **November** A.D. 191**6**.

Hector Labelle. Signature.

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

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

Name of Witness **Albert Provost, Lieut.**
Address of Witness **150th Overseas Battalion C.E.F.**
Occupation of Witness
Name of Witness **J. O. Bamorten Cpl.**
Paymaster
Address of Witness **150th Overseas Bn. C.E.F.**
Occupation of Witness

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date **5th July, 1918.** *W. B. Ratnam* Lieut.
For OFFICER I/C ESTATES.

NOTE Died of wounds 14-6-18 - 375/1.
Transferred 27-6-18

REGISTERED
WILLS-SECTION
10 JUL 1918
ESTATES, O.M.F.C., LONDON

Labelle Hector **847910** **150th Overseas Batt. C.E.F.**

J.P. Rank Name LABELLE, Hector - Reg'l No. 847910. -
 Unit 150th Bn. If in perm. Corps, } M
 What Unit? } Married or Single Single. -
 Place and Date of Enlistment Montreal. 3rd Aug. 1916. Place of Birth Ste. Rose. Que.
 Name and Address, Next-of-Kin Fabien Labelle. -
 2213 St. Urbain St. Montreal. Canada. - Relationship Father. -

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents
Date.	From whom received.				
		Arrived in England S.S. Lapland		6-10-16	
28.11.16	150 th Bn	Transf. to 22 nd Bn	Bramshott	28.11.16	P. U. O. 232
23-12-16	22 nd "	I.O.S. from 150 th "	Field	29.11.16	" 60
30.3.17	"	Adm. 26 Gen Hqptl.	Etaples	22.3.17	G.L. 4471 Myalgia
16.4.17	"	Transf 6 Com. Hqptl	"	6.4.17	" 482 P.U.O.
18.4.17	"	" 5. Com. Depot.	Cayeux	7.4.17	" 484 "
22-5-17	"	Dis 5 Com Depot	"	11-5-17	" 513 "
25.8.17	"	Adm 3 Aust Gen Hqs	Aberville	16.8.17	" 593 G.S. to h arm
2-9-17	"	Trans 5 Com Dep	Cayeux	22.8.17	" 600

N/E. R.B. No. 13026

File R.L. 25 L 2524

Category D of W

A.F.B. 103 CHECKED

8 DEC 1916

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.				
12-9-17	2QR	Dis 5' on Depot	Bayeux	2-9-17	Sta. 9. Gdw Larn
17.6.18	22 B ⁿ	Died of Wounds rec'd	the Field	14.6.18	50 59
18.6.18	—	Died of Wounds <small>in Action</small>	Field	14.6.18	50 59 243

847910 Pte Labelle. H.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4	TOTAL DEBITS	CREDIT				DEBIT						
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE																
Sept 30	1 ⁰⁰	33		368.50										27.50	396.00	339	4/8	266	11/7					57.38	17.40	15.15		2.20	92.13	303.87	163.90								
																								5.36	331.51		178.90	152.61											
1917	PARTICULARS											CR.1	CR.2	PARTICULARS				DR.1	DR.2	DR.3	DR.4	BALANCE	CASH PAYMENTS								BALANCE		PAY WITHHELD OR DEFERRED		PAY AVAILABLE FOR ISSUE		REMARKS		
1918	PARTICULARS											CR.1	CR.2	PARTICULARS				DR.1	DR.2	DR.3	DR.4	BALANCE	CASH PAYMENTS								BALANCE		PAY WITHHELD OR DEFERRED		PAY AVAILABLE FOR ISSUE		REMARKS		
1917	Bal B.Y.											331.51								331.51																			
1918	Oct. Pay Pte											34.10		u: 2 c.r.b.o. 510 4/9/17 ✓				4.46		361.15		194 ⁰⁰																	
1918	Nov											34.10		ad. 115 m.c.m. 5/10/17 ✓				4.46																					
1918	Dec											34.10						4.46		423.79																			
1918	Jan											34.10								457.89																			
1918	Feb											34.10																											
1918	Mar											30.80		Jan. 727-226m-13/12/17 ✓				4.46																					
1918														829- --- 6/1/18 ✓				3.57																					
1918														866- --- 24/1/8 ✓				4.46																					
1918														701- --- 2/12/17 ✓				3.57																					
1918														4406 Stair Rais 26/1/17 ✓				4.46																					
1918														644- 21 B.D. 24/1/17 ✓				4.46																					
1918														248- 26 A+C. 24/1/17 ✓				3.57																					
1918														753- 22 Bm 27/1/17 ✓				8.92																					
1918														652- --- 18/1/17 ✓				4.46																					
1918														5442 Stair Rais 31/1/17 ✓				26.77																					
1918														3126 . . . 20/1/17 ✓				4.46																					
1918														3579 . . . 22/1/17 ✓				4.46																					
1918														2674 O.S.B. 22/1/17 ✓				1.78																					
1918														480- 2 Air Mng 22/1/17 ✓				3.57		285.27		239																	
1918														919 2/18 22 B ✓				4.46		280.81																			
1918														4537 20R. 1/3069 cap of hull ✓				30		280.51																			
1918																				314.61																			
1918														958 2/18 22 B ✓				4.46		311.04																			
1918														999 2/18 22 B ✓				4.46		306.58																			
1918														1171 2/18 " " ✓				1.78		304.80		254 ⁰⁰																	
1918																		14.57																					

Carried forward to Charge Ledger sheet

MAR 1918

P.P.

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	

NAME:- **LABELLE Hector**

NUMBER:- **847910.**

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- **150 Bⁿ**

DATE ACCOUNT FIRST OPENED:- **1-9-16.**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
			22 Bⁿ

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
March 31	Bal Forward								304 20	284 25	
Apr.				AR 25 22 Bn 5/4/18	1 78				303 02		
				AR 67 " 15 1/8	4 46				298 56		
				AR 99 " 26/4	3 57				294 99		
	P.P.	33							327 99	269	
		33				9 81					
MAY	P.P.	34 10							362 09	284	
				7 days F.I. 12/5/18 20.50 22 Bn	7 70				354 39		
				AR 222 22 Bn 29/5	3 57				350 82		
		34 10				2 57	7 70				
JUN	do	35							383 82	299	
Sept	Co. No. 1756 I 952 Co E	38	07						383 89		
	Int on Ar Pay	6/13/18	07						397 01		285 8 10.18
		13/12	07								397 01
Oct				DN 874909 Bal Trans Ottawa	397 01				Nil		
					397 01						

M

DEC 5 1918

Done with

6 18

Done with

Fill in Only.—Unit, Number, Rank and

Casualty Form—Active Service

Unit, Regiment or Corps 150th Overseas Bn. C.E.F.

Regimental No. 847910 Rank Pt Name Labell Hector

Enlisted (a) 2-8-16 Terms of Service (a) 2 1/2 W Service reckons from (a) 2-8-16

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) Carpenter

Date	Report From whom received	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.
11 DEC. 1916	LONDON.				
		Embarked Canada	Halifax	23-9-16	
		Disembarked England	Liverpool	6-10-16	
28/11/16	CAN. RECORDS.	For service overseas with 22 nd Bn	Braushett	28/11/16	D.O. Part II No. A232/16-28/11/16 Lieut. Labell Hector for O.C. 150th Overseas Bn. C.E.F.
29 ¹¹ / ₁₆	CBN	Reinf from 150 th Bn	Camp Base Dep.	29 ¹¹ / ₁₆	WR. Pt 1/16 60-5/23 ¹² / ₁₆
1 ¹² / ₁₆	"	Left CBN	DO.	1 ¹² / ₁₆	"
8 ¹² / ₁₆	Old. Bn	Joined Unit	Field -	4 ¹² / ₁₆	B213 206-5/23 ¹² / ₁₆
22 ³ / ₁₇	26 Genl	Myalgia adm	26 Genl	22 ³ / ₁₇	W 3034 - 226 -
25 ³ / ₁₇	2 CFA.	Genl Myalgia { adm 9 transf.	2 CFA.	18 ³ / ₁₇	} a 36 - Wtd. 2430713 ⁴ / ₁₇
			42 Cbs.	18 ³ / ₁₇	
24 ³ / ₁₇	42 Cbs.	Myalgia { adm 9 transf.	DO. 12 H Grain	18 ³ / ₁₇ 19 ³ / ₁₇	} a 36 - Wtd. 2430713 ⁴ / ₁₇

(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.]

Private Labelle H.

Date	From whom received	Authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
6 ⁴ / ₁₇	26 Gen'l	P. U. O.	Adm	26 Gen'l	6 ⁴ / ₁₇ W 3034-241.
6 ⁴ / ₁₇	6 Cons Dep.	P. U. O.	Adm	6 Cons Dep.	6 ⁴ / ₁₇ W 3034-242.
7 ⁴ / ₁₇	5 ⁰⁰	5 ⁰⁰	to	5 Cons Dep.	7 ⁴ / ₁₇ W 3034-244.
7 ⁴ / ₁₇	5 Cons Dep.	5 ⁰⁰	Adm	5 ⁰⁰	7 ⁴ / ₁₇ W 3034-243.
13 ⁵	C.B.S.	arrived (class a)		Can. S. Dep.	11 ⁵ / ₁₇ nk
9 ⁶ / ₁₇	22 ⁰⁰ Sn.	Joined Unit	Field	7 ⁶ / ₁₇	B213. S.D. 268-29 ⁶ / ₁₇
17 ⁸ / ₁₇	5 ⁰⁰	wounded	5 ⁰⁰	15 ⁸ / ₁₇	649-X. 9.16-18434- S.D. 280.
22 ⁸ / ₁₇	3 Aus Gen	S. S. W. 1 arm	adm	3 Aus Gen	22 ⁸ / ₁₇ W 3034/
5 ⁰⁰	5 ⁰⁰ Cons. Dep.	5 ⁰⁰	to	5 ⁰⁰ Cons. Dep.	22 ⁸ / ₁₇ 5 ⁰⁰ 4390.
3-9-17	26 ⁰⁰ S. Dep.	Taken on strength of		26 ⁰⁰ S. Dep.	3-9-17 nk
26/9/17	2 C. I. B. D.	Left for C.C. Rein. C.	Field	26/9/17	nk
27-9-17	C. C. Rein. C.	Arrived.	5 ⁰⁰	27-9-17	5 ⁰⁰
9-11-17	C. C. R. C.	Despatched to		22 nd Bn.	9-11-17 5 ⁰⁰ /34.
2x-11-17	Ov 22	JOINED UNIT.	Field	17-11-17	B213
22-12-17	5 ⁰⁰	GRANTED 14 DAYS LEAVE.		18-12-17	B213. P.F. II. O. 142/1917.
12-1-18	5 ⁰⁰	Returned from leave	Field	3-1-18	B213

Casualty Form - Active Service.

22nd CANADIAN BATTALION.

Regiment or Corps.....

Rank Private

Surname LABELLE

Christian Name Hector

Religion.....

Age on Enlistment..... years..... months

Enlisted (a) 13-8-16.

Terms of Service (a) D. of W.

Service reckons from (a) 13-8-16.

Date of promotion to present rank.....

Date of appointment to lance rank.....

Extended {

Re-engaged {

Qualification (b) Carpenter.

or Corps Trade and rate.....

Occupation.....

Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported in Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked		
			Disembarked		
15-5-18	22nd Battn.	Sentenced to 7 days F.P.No.1, 12-5-18, for when on active service : improperly dressed in the trenches, 9-5-18.			A.F.B.2069. Pt. II. Orders 50 of 1918.
14-6-18	4 C.F.A.	DIED OF WOUNDS RECEIVED IN ACTION.	4 C.F.A.	14-6-18.	H.59.-K.I.17- 1182.
m do	dp	GRAVE LOCATION ? Q.31.D.3.8.Sheet 51C.			Pt. II. O.59 of 1918. K.I. 17-1182.
<i>Whogau</i> Major, for Lieut-Colonel, A.A.G., Canadian Section, General Headquarters, 3rd Echelon.					

(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) Signaller, Shewing Smith, & Co.

W. 2898-12733 2000m. 9/17 (5-311) C. F. & S., Ltd., Form B/103 E/1807.

P. I. O.

150TH

ORIGINAL
CANADIAN ROYAL
OVERSEAS INFANTRY BATTALION C.E.F.

847910

MEDICAL HISTORY SHEET.

Surname Labelle Christian Name Hector

Examined on 3rd day of Aug. 1916
at Montreal
Birthplace { City or Town St. Rose
County Que

Approved by C. H. M. L. G.
Rank LT M.O.

Apparent age 21
Trade or occupation carpenter
Height 5 Feet 1 1/2 Inches.
Weight 117 Lbs.
Chest measurement { Minimum 31 1/2 inches.
Maximum expansion 34 1/2 inches.
Physical development good
Small-Pox Marks none

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

Vaccination Marks { Arm Right Left
Number 1911

Date.	Result.	VACCINATIONS.
<u>2/8/16</u>		<u>2 Cooker Capt</u>
		M.O.
		M.O.
		M.O.

When Vaccinated last
(a) Marks indicating congenital peculiarities or previous diseases

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/10/16</u>	<u>1/2 cc</u>	<u>TAB 2C</u>
<u>2/10/16</u>	<u>1 cc</u>	<u>TAB 2C</u>
<u>1917</u>	<u>1/2 cc</u>	<u>Rd. 6.48.18</u>
		M.O.
		M.O.
		M.O.

Enlisted on 3rd day of Aug. 1916 at Montreal

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>150th</u>	<u>847910</u>		
Transferred to	<u>22nd. Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname *Salvella* Christian Name *Becker*

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>Valcartier Camp Hospital</i>	<i>SEP 4</i>	<i>1916</i>		<i>SEP 18</i>	<i>1916</i>	<i>Indigestion</i>	<i>15</i>	<i>Fit -</i>	<i>R. B. Pearl Major, U. S. A. M. C. Training Depot No. 4.</i>	