

ATTESTATION PAPER.
81st Battalion, C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

237-68-2-18

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your name?..... Joseph Edward Labrie.
 - 2. In what Town, Township or Parish, and in what Country were you born?..... Gaspor, Quebec.
 - 3. What is the name of your next-of kin?..... Joseph Labrie, Father.
 - 4. What is the address of your next-of-kin?..... Rimouski, Quebec.
 - 5. What is the date of your birth?..... 19th., March 1887.
 - 6. What is your Trade or Calling?..... Steward.
 - 7. Are you married?..... Single.
 - 8. Are you willing to be vaccinated or re-vaccinated?..... and inoculated. Yes.
 - 9. Do you now belong to the Active Militia?..... No.
 - 10. Have you ever served in any Military Force?..... Yes. 89th Regt. 15 days. Que.
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.
- ✓ *Joseph Edward Labrie* (Signature of Man.)
H. S. Pretty (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Edward Labrie, 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.

✓ *Joseph Edward Labrie* (Signature of Recruit)
H. S. Pretty (Signature of Witness)

Date 29th September 1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Edward Labrie, 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.

✓ *Joseph Edward Labrie* (Signature of Recruit)
H. S. Pretty (Signature of Witness)

Date 29th September 1915.

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 Toronto this 29th day of September 1915.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
Alfred [Signature] (Approving Officer)

109 Reg.

Description of Joseph Edward Labrie. on Enlistment.

Apparent Age.....29.....years.....5.....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.....02 ins.

$\frac{1}{2}$ " scar on right knee

Chest measurement { Girth when fully expanded.....37 ins.
 Range of expansion.....2 ins.

$\frac{3}{8}$ " scar on left shin.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 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.....29th September.....191 5.

E. B. Howard

Place.....Toronto Canada.

Capt. -

Medical Officer.

Toronto Recruiting Depot.

*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 Edward Labrie......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.

Albion Major (Signature of Officer)

Date.....DEC 1- 1915.....191 .

81st. Battalion, C. E. F.



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... *23*

Declaration of change.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... *1*

Compulsory Stoppages.....

Casualty Forms..... *1*

Proceedings on discharge..... *1*

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... *2 sent to B.P.C. 9-3-18.*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... *1*

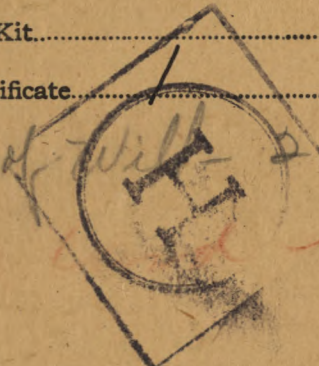
Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... *1*

Wrec. of Will

Pay



DISCHARGE DOCUMENTS



Name *Labrie Joseph Edward*

Regt. No. *139353* Rank *Pte.*

Corps *81st Bn. C.C.F.*
Send to Muskoka.

R. O. No.....

H. Q. No.....



00796

*MX
9/6/21*

V
SURNAME.

Labrie.

649-L-928.

S.O.S. Dis.

CHRISTIAN NAMES

Joseph Edward.

29-7-16 2.

REGL. NO.

15955 3

RANK

Pte

MC+

UNIT

81st.

Bn

FORMER CORPS

89th Regt. P. Q. 15 days.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Labrie Joseph.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Rimouski. P. Q.

COUNTRY OF BIRTH

Canada. Gasper P. Q.

DATE

Mar. 19, 1887

PLACE OF ATTESTATION

Toronto. Ont.

DATE

Sept. 29th 1915.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Steward.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

28. YEARS

5. MONTHS

HEIGHT

5 FEET

8 $\frac{3}{4}$ INCHES

CHEST MEASUREMENT

35 $\frac{1}{2}$ INCHES

EXPANSION

2. INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Dark Brown.

DISTINGUISHING MARKS

$\frac{1}{2}$ " scar on right knee. $\frac{3}{4}$ " scar on left shin.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

Sept. 29th 1915.

Present Address - Not stated

No. 159553

RANK. Pte.

NAME

Labrie, J

E.

T. O. S. 1-10-15

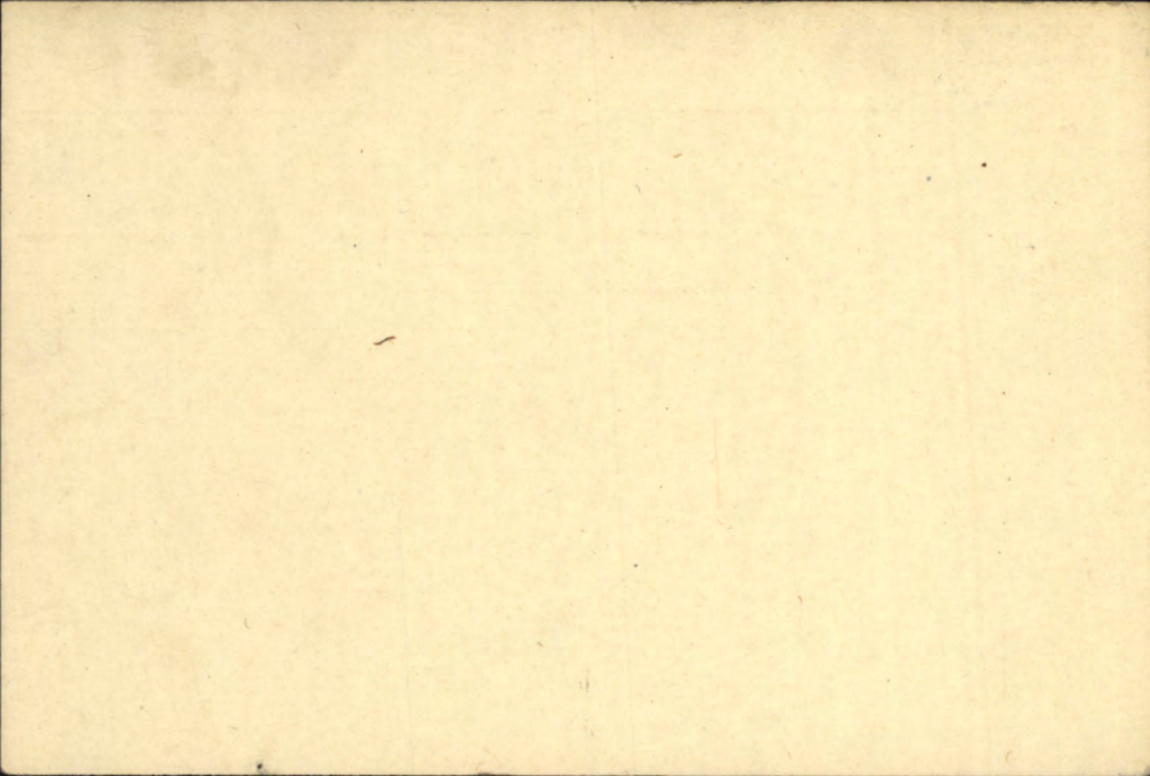
UNIT

81 ~~st~~ B. Battalion,

D.P. 20 of 11-15

M. D. 2

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|-----------------|---------------------|---|----------------|
| | | | PARTICULARS | AUTHORITY |
| 1915 Dec. 1 | 1915 Dec. 31 | ✓ | acting Sgt. from 1-10-15 | Sal of 1-10-15 |
| | Nov. Dec. | ✓ | Fined 79 3/4 hours | Det. Paylist |
| | 1916 Jan. | ✓ | | |
| Feb 9 | Feb. 18 | ✓ | Trans. to Muskoka 14-2-16 A.D. M.S. 34 2-69. | Feb. Paylist |



Labrie, Jos.E., Pte. 159553 1stBn. 649-L-928

Med. & Dec. (Father) Joseph Labrie, Esq.,
Rimouski, Que.

P. & S. (Father) Address as above.

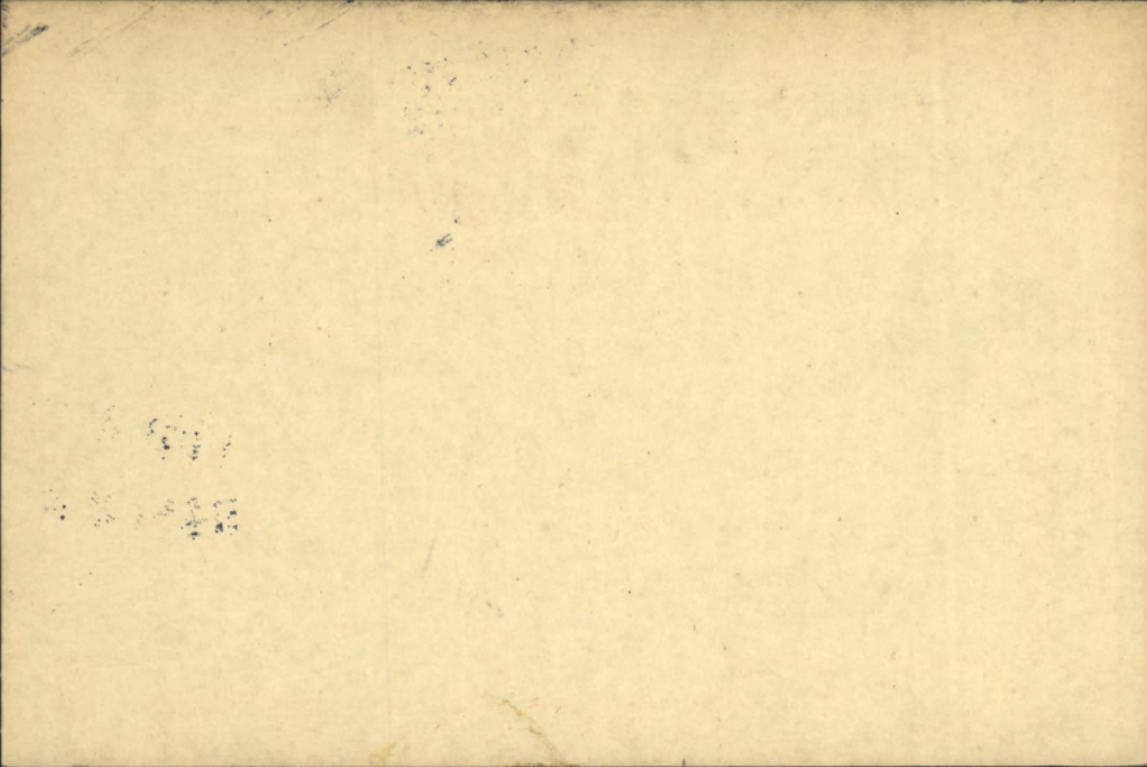
See # 807689

Mem. Cross. (NIL)

Serial Desp. 17-8-21 Reqn No 4 51774 54501

Issue Desp. JAN 13 1922 Issn. No. PL 3711

Canada only.
Mf.



Name Labrie Pte. Jr. Labrie

M. F. W. 41.
10m.-4-16.
1772-39-889.

Regimental No. 159553.

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

8/1/30

L. L. Job 502 M. & D. 6578.

| 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. |
| <i>1/7/16</i> | <i>24/7/16</i> | | | | | | | | | | | | | <i>- Clear -</i> | <i>L.P.C. f. m. d. E.</i> |
| | | | | | | | | | | | | | | Pensioned | <i>P.C. Jr 30/7/16.</i> |

159553
PB Jos Ed. Labrie.
original to Jos. Labrie. 30th/₁₇

Je, soussigne, J. Edouard Labrie, declare par les presentes etre mes dernieres volontes; je desire que mon corps soit transporte apres ma mort au No. 140 rue Dorchester Est, chez mon cousin, marchand du nom de Stanislas Dionne et de la, avoir un enterrement civil et etre enterre au cimetiere de la Cote des Neiges.

J'autorise aussi Monsieur Stanislas Dionne de disposer de mes effets personels de la maniere suivante Monlinge, l'envoyer a Mde Joseph Labrie, Rimouski, excepte un Club Bag noir et son conteny que lui Monsieur Dionne pourra garder et en jouir comme etant sa propriete.

Quand a mon argent je desire qu'il en dispose de la maniere suivante, je legue Cent Cinquante Piastres a Monsieur Stanislas Dionne (\$150.00). A Melle Francoise Dionne, Vingt-cinq piastres (\$25.00. Quand a la balance je desire qu'elle soit envoyee a Madame Joseph Labrie ma belle mere a Rimouski, et elle pourra en jouir comme etant sa propriete.

J'autorise aussi Monsieur a Collecter l'argent qu'il m'est du dont il a les comptes et endosser les cheques qu'il recevra du Gouvernement comme pension jusqu'a mon deces et disposer de l'argent de la maniere mentionnee ci-dessus.

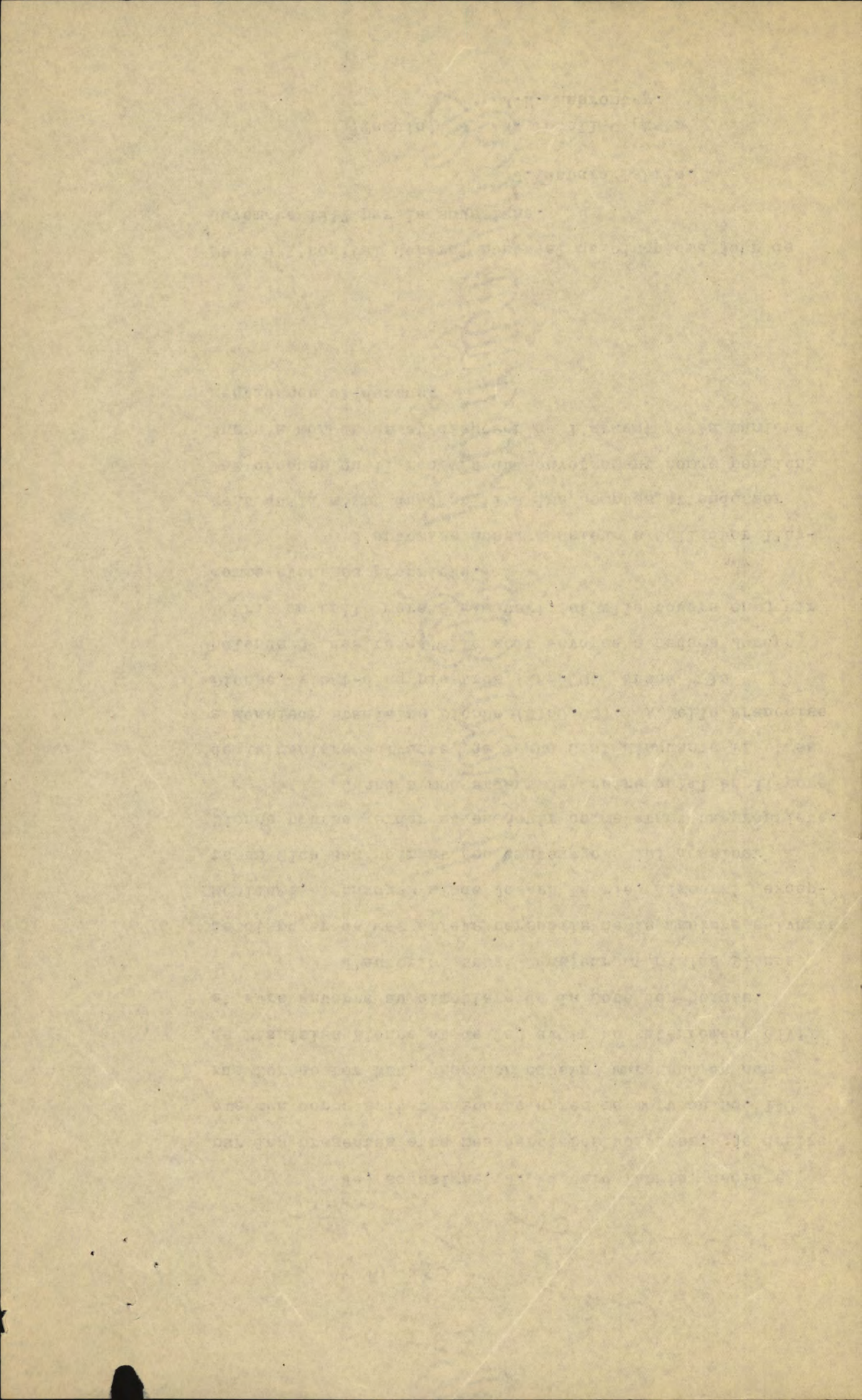
Fait a l'hospital General Montreal ce cinquieme jour de Novembre 1917 par le soussigne.

J. Edouard Labrie.

) Temoin)

N. Powell Captain

J.N. Rabrontey.



I the undersigned, deposes and says that the presente is my last will and testament. I wish that after my death my body shall be transported at my cousin's house 140 Dorchester St. East., who is a merchant by the name of Stanislas Dionne, I want a civil burial at the Cote des Neiges Cemetery.

I authorise Mrs. Stanislas Dionne to dispose of my personal effects in the following manner.

My clothes to be sent to Mrs. Joseph Labrie Rimouski; except a black bag and what it contains, which Mr. Dionne can keep and use as his own.

as to my money I bequeath one hundred and fifty-(150.00) to Mr. Stanislas Dionne; twenty five (25.00) to Miss Francoise Dionne. As to the balance of my money I desire that it be sent to Mrs. Josphe Labrie, my step-mother Rimouski.

I also authorise Mr. (no name) to collect the money which is still due me, to endorse the Government's checks and to, dispose of the money as above mentioned.

Dated at the General Hospital Montreal, this 5th day of November 1917 by the undersigned.

Sgd. J. Edouard Labrie

Witness N. Powell, Capt. A.M.C.

J.M.Rabrontey.

1870

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1870

Attested Sept. 29-1915.
Separation allowance not claimed.

CANADIAN CONTINGENT EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE.

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 159553 Rank Pte. Name J. E. Labrie
Corps 81st. Battalion who was * discharged
On Feb. 18-1916 1915, to

* Insert "discharged" or "transferred".

The following is a statement of the account of the above-named to date of transfer or discharge inclusive :—

| DR. | | | CR. | | |
|--|----|----|--|----|----|
| | \$ | c. | | \$ | c. |
| Bal. Dr. from previous month..... | | | Regimental pay days at \$.....c..... | | |
| Total payments during period | | | Field allowance " \$.....c..... | | |
| from..... | | | Other allowances..... | | |
| Assigned Pay..... | | | Other Credits (give particulars)..... | | |
| Other Charges (give particulars)..... | | | Uniform stoppage | 10 | 00 |
| Bal. Cr. on discharge or transfer..... | 10 | 00 | Bal. Dr. on discharge or transfer..... | | |
| TOTAL..... | 10 | 00 | Total..... | 10 | 00 |

The amount shewn as Balance Cr. due on discharge or transfer has † not been paid.

Monthly stoppage on account of assignment of pay is....., and has been charged in Paylist for month of.....

† Insert "been" or "not been", as case may be.

REMARKS :—

State cause of discharge and authority D.O. 45(a) part 2

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the unit.

Date March 13-1916

Place Toronto Ont.

C. E. Harwood Captain
Paymaster, 81st Battalion

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

The following is a statement of the amount of pay and allowances due to you at the time of your discharge from the Canadian Contingent Expeditionary Force.

Name: _____
Rank: _____
On: _____

The following is a statement of the amount of pay and allowances due to you at the time of your discharge from the Canadian Contingent Expeditionary Force.

| Description | Amount |
|---|---------------|
| Basic pay for period of 5 months | 100.00 |
| Allowances for quarters, clothing, and other expenses | 20.00 |
| Travel expenses (from _____ to _____) | 10.00 |
| Unpaid leave (from _____ to _____) | 10.00 |
| Ref. Pay on discharge or transfer | 10.00 |
| Total | 150.00 |

The amount shown is payable to you on the date of discharge or transfer and is subject to the usual deductions for income tax and other charges.

This certificate is valid for the purpose of receiving pay and allowances from the Department of National Defence.

Signature: _____
Rank: _____

It is hereby certified that the above is a true and correct statement of the amount of pay and allowances due to you at the time of your discharge from the Canadian Contingent Expeditionary Force.

Date: _____

I have verified the above statement of pay and allowances and find it to be a correct statement of the amount of pay and allowances due to you at the time of your discharge from the Canadian Contingent Expeditionary Force.

Signature: _____
Rank: _____

Date: _____

MEDICAL HISTORY SHEET.

Surname Lebrun Christian Name Joe Edward

Examined { on 29th day of September 1915
at Toronto, Canada

Approved by E. E. Howard

Birthplace { City or Town Gaspé,
County Quebec

Rank Capt. - M.O.
Toronto Recruiting Depot

Apparent age 28 Years 5 Months

Trade or occupation Steward

Height 5 Feet 8 1/2 Inches

Weight 128 Lbs.

Chest measurement { Minimum 35 inches
Maximum expansion 37 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left 2
Number 2

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

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

| Date | Result | VACCINATIONS. |
|--------------------|--------|-------------------------|
| <u>OCT 11 1915</u> | | <u>[Signature]</u> M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|--------------------|--------|---------------------------------|
| <u>OCT 10 1915</u> | | <u>[Signature]</u> M.O. |
| <u>OCT 14 1915</u> | | <u>[Signature]</u> M.O. |
| <u>OCT 18 1915</u> | | <u>[Signature]</u> M.O. |

Enlisted on 29th day of September 1915 at Toronto Canada

| | CORPS. | REG'T NUMBER. | HABITS. | DATE. |
|----------------------|--------------------|---------------|----------------------------------|-----------------|
| Joined on enlistment | <u>109th Reg't</u> | <u>159553</u> | | |
| Transferred to.. .. | | | <u>81st. Battalion, C. E. F.</u> | <u>11/10/15</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION. | DATE. | DISEASE. | RESULT. |
|----------|-------|----------|---------|
| | | | |
| | | | |

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

Surname..... LAST CHRISTIAN NAME.....

Christian's Name

Approved by

Rate

M.O.

EXAMINED FOR RE-ENGAGEMENT

M.O.

M.O.

M.O.

M.O.

| 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 | | | | |
| | | | | | | | | | | | |

RECEIVED 10/10/1914

157

This space to be for numbers.

Proceedings on Discharge.

649-L-928

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

| | |
|---|--|
| No. 159553. | NO. 2 MILITARY DISTRICT MAY 15 1916 |
| Rank Private | |
| Name Edward Joseph Labrie | 35-La-18. |
| NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority. | |
| Corps (Squadron, Battery or Company) | 81st Battalion, C. E. F. |
| Date of Discharge | February 18th 1916. July 29/16 |
| Place of Discharge | Toronto Ontario Toronto |
| 1. DESCRIPTION AT THE TIME OF DISCHARGE. | |
| Age 28 years 10 months. | Descriptive Marks $\frac{1}{2}$ " Scar on right knee. $\frac{3}{4}$ " Scar on left shin. |
| Height 5 feet 8 $\frac{3}{4}$ inches. | |
| Complexion Dark | |
| Eyes Brown | |
| Hair Dk Brown. | |
| Trade Steward | |
| Intended place of residence | / |
| (To be given as fully as practicable.) | |
| 2. The above-named man is discharged in consequence of | |
| Sent to Muskoka. | |
| 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 handwriting 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. |
| | 1 Entry |
| | Good |
| 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.) | |
| W. H. Kerry | |

M. F. B. 218.

15m.—10-15.
H. Q. 1772-39-113.

(OVER)

9
Issued
5-10-16
MS

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

None

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

6. Medals and Decorations.....

None

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) *Toronto Ont.*

C. E. Harwood
..... Captain

(Date) *MAR 20 1916*

Paymaster, 81st Battalion
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) *Toronto Ont. Refused to* (Signature of Soldier.)

(Date) *Feb. 18. 1916. sign here.* (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.
- 143
Total..... years..... days.
- 143

11. Confirmation of Discharge.

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

(Place) *Toronto Ont.*

Alfred Henry Mason
(Signature)

(Date) *Feb 18. 1916.*

Prova 81st Battalion, C. E. F.

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.)

x *Refused to sign
here.*

List of Discharge Documents.

| | |
|--|--|
| Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company } | Attestation Paper, Militia Form B. 235. Proceedings on Discharge " B. 218. |
| Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 313 Medical Report for Invalid* " B. 227. Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877. *Only if discharged "Medically unfit." | In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.) |

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.

Second
Divisional Area
DEC 17 1915
2.D.34-1-69

MEDICAL HISTORY OF AN INVALID.

DEPT. OF MILITARY & DEFENCE

DEC 31 1915
H.Q. CANADA
649-1-928

1.—Station. *Exhibition Camp*
 2.—Regiment of Corps. *81st B's. Bn. C. E. F.*
 3.—Regimental No. and Rank. *#159553. Private.*
 4.—Name. *Labrie, Jos. Edward.*
 5.—Age last Birthday. *28*
 6.—Enlisted { on *Sept. 27. 1915.*
 { at *Toronto.*
 7.—Former Trade or Occupation. { *Waiter on C.P.R.*

8.—General remarks on his:—
 (a) Conduct. *good*
 (b) Habits. *good*
 (c) Temperance. *good*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date *Dec. 15. 1915.*

| 9.—Service. | Years. | Days. | | |
|--|------------------------|----------------|----------|----|
| | | | PERIODS. | |
| | | | From | To |
| <i>81st B's. Battⁿ. C. E. F.</i> | <i>Sept. 27. 1915.</i> | <i>present</i> | | |

10.—Disease or Disability. *Pulmonary Tuberculosis*

11.—Date of origin, cause, present condition and whether the same is the result of service or climate. *Last winter developed a cough which lasted about 2 months as a severe ailment and afterwards remained as a slight hacking cough, with a small amount of sputum. Thinks he was able to do hard work until a month ago. At present complains of shortness of breath and cough. Sometimes has severe pains in chest. Has lost about 7 lbs. in last 6 weeks. Is anaemic. Upper lobe of right lung shows typical signs of cavity-formation. Sputum has twice revealed the presence of tubercle bacilli. Condition was not primarily caused by service or climate but has been aggravated by service.*

Has it been aggravated by intemperance, vice or misconduct?
No.

Second
Division Area
DEC 1917
S.D. 4-4-17

MEDICAL HISTORY OF AN INVALID

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

13.—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.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Long marches or heavy work of any kind has overstayed his strength and made him feel very weak and unwell.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

Yes. He will never be fit for severe physical work or privations of any sort again. But disease may be checked by Sanitarium treatment.

16.—Full particulars of medical treatment of case up to date of invaliding.

Rest + Hospital treatment.

7.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

2034-168

HISTORY OF AN INVALID.

18—State if for discharge on account of unfitness for service.

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

The Board concurs fully in the above report and recommends that he be given treatment in a sanitarium.

Signatures :—

Sw. Achary Lt Col President.

Station *Exhibition Camp.*

R.N. Blenahan Capt } Members.

Date *Dec. 15. 1915.*

A.A. Ralph Capt. }

Date *18. 12. 15-*

C.A. Warrington Assistant Director of Medical Services.

Approved.

Date

APPROVED
JAN 2 1916
Director of Medical Services.
[Signature]
D.G.M.S.

11—All previously proposed for discharge on medical grounds, state the date, the disability for which recommended for discharge, and the cause of remand of Corps.

(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 | | | |
| Date | | | | | |
| | | | | | |

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

[Faint, illegible handwriting in the summary section]

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

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227,
 20th. — 10-15.
 H. Q. 1772-39-117.

| Station | Corps | Regimental No. | Rank | 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.

MD.3, 88-L-43.

HEADQUARTERS, MILITARY DISTRICT NO.3.

Kingston, Ont., 25th Jan., 1917.

From - The Assistant Director Medical Services,
Military District No.3.

To - The Assistant Director Medical Services,
Military District No.2,
Exhibition Camp, Toronto.

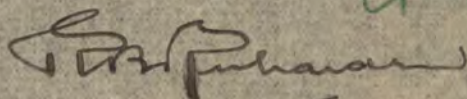
Medical Report -

No.159553, Pte.E.Lebrie,
81st Battalion, C.E.F.

Sir:-

Adverting to my communication of 4th December, attached find copy of proceedings of Medical Board held in the case of the private marginally named, who was transferred from the C.C.G.P.B Hospital, Ottawa, to Ste.Agathe Sanatorium on December 30th., presumably on the authority of the Secretary, Military Hospitals Commission. I would suggest that documents and Last Pay Certificate in this case be forwarded for transmission to the O.C., "A" Unit M.H.C Command, Montreal.

Copy of proceedings of Medical Board with information as to action taken and suggested, in this case, are being forwarded to Militia Headquarters, this date.



Captain A.M.C., D/A.D.M.S.,

For A.D.M.S., Military District No.3.

10-11-41

MEMORANDUM FOR THE RECORD

DATE: 10-11-41

TO: THE ASSISTANT ATTORNEY GENERAL

FROM: [Illegible]

SUBJECT: [Illegible]

[Illegible]

[Illegible]

10-11-41

NO. 10-11-41

[Illegible text block]

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* 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 Ottawa.
on the 30th Dec. 1916.
by order of A.D.M.S., 3rd Division.
for the purpose of examining and reporting upon the
present physical condition of No. 159553 Pte.
Edonard Labrie, 81st Battalion. C.E.F.

PRESIDENT.

Lt-Col. J.E. Argue, R.M.S.

MEMBERS.

Capt. A.F. MacLaren A.M.C.

Lieut. J.H. Laidlaw, A.M.C.

The Board. having assembled pursuant to order, proceed to
examine the above named man. General physical condition only fair. Right lung shows chief focus of disease which is inactive at present time. Voice husky, some expectoration, T.P.R. normal most of time. There is a small sinus of appendix scat from which there is a slight discharge. This has been cured and should soon heal up. He is being transferred to St. Agathe sanitarium for tuberculosis to-day.

PRESIDENT. *J. E. Argue*
Lt-Col. R.M.S.

MEMBERS. *A. F. MacLaren*
Capt. A.M.C.

J. H. Laidlaw
Lieut. A.M.C. 56

DEPT
MILITARY & AIR FORCE
JAN 29 1917
H. C. ...
CANADA

S-207" 26.1.17

R. C. JAN 29 1917

649-L-4639

MILITIA & DEFENCE
CANADA

Assistant Adjutant-General, M.D., No. 3.

Forwarded -



I concur in this report -

Capt., A.M.C., D/A.D.M.S.,

For A.D.M.S., Military District No. 3.

Secretary, Militia Council,

Forwarded -

Colonel A.A.C.
For G.O.C., Military District No. 3.

(A.O.D.)

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

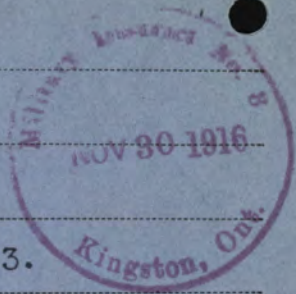
The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * MEDICAL BOARD.

assembled at Ottawa

on the 23rd Nov. 1916.

by order of The A.D.M.S., M.D., NO. 3.



for the purpose of examining and reporting on the present physical condition of No. 159553 Pte. Edward Lebric, 81st Battalion. C. E. F.

PRESIDENT.

Lt-Col. B.F. Argue, R.M.S.

MEMBERS.

Capt. R.H. Ellis, A.M.C.

Lieut. J.H. Laidlaw, A.M.C.

The Board having assembled pursuant to order, proceed to examine the above named man. He is suffering from pulmonary tuberculosis and is absent from Muskoka sanitarium, as far as this board can learn, with leave. He is in receipt of a pension and was admitted to the C.C.G.P. Base Hospital, on July 10th 1916. He received orders from Headquarters here. He also had his chest removed about a year ago, and for past two months has been a small sinus in the centre of the scar which has discharged slightly. During the past week this sinus has increased and this board recommends that it should be explored and free drainage provided in order that it may heal up.

It is also recommended that this man be discharged.

President
Members } *R. H. Ellis, Capt. C. E. F.*

MILITIA & DEFENCE
CANADA

Assistant Adjutant-General, M.D. No. 3



Forwarded.

I concur in this report.

Capt., A.M.C., D/A.D.M.S.,
For A.D.M.S., Military District No. 3.

Secretary, Militia Council,

Forwarded.

Brig-General,
G. O. C., Military District No. 3.

Approved 28th/16
W. S. Richards
for A.D.M.S.

from the Hospital as soon as possible. The right lung shows chief focus of disease which is inactive. He should be sent to his home, or to a sanitarium for treatment.

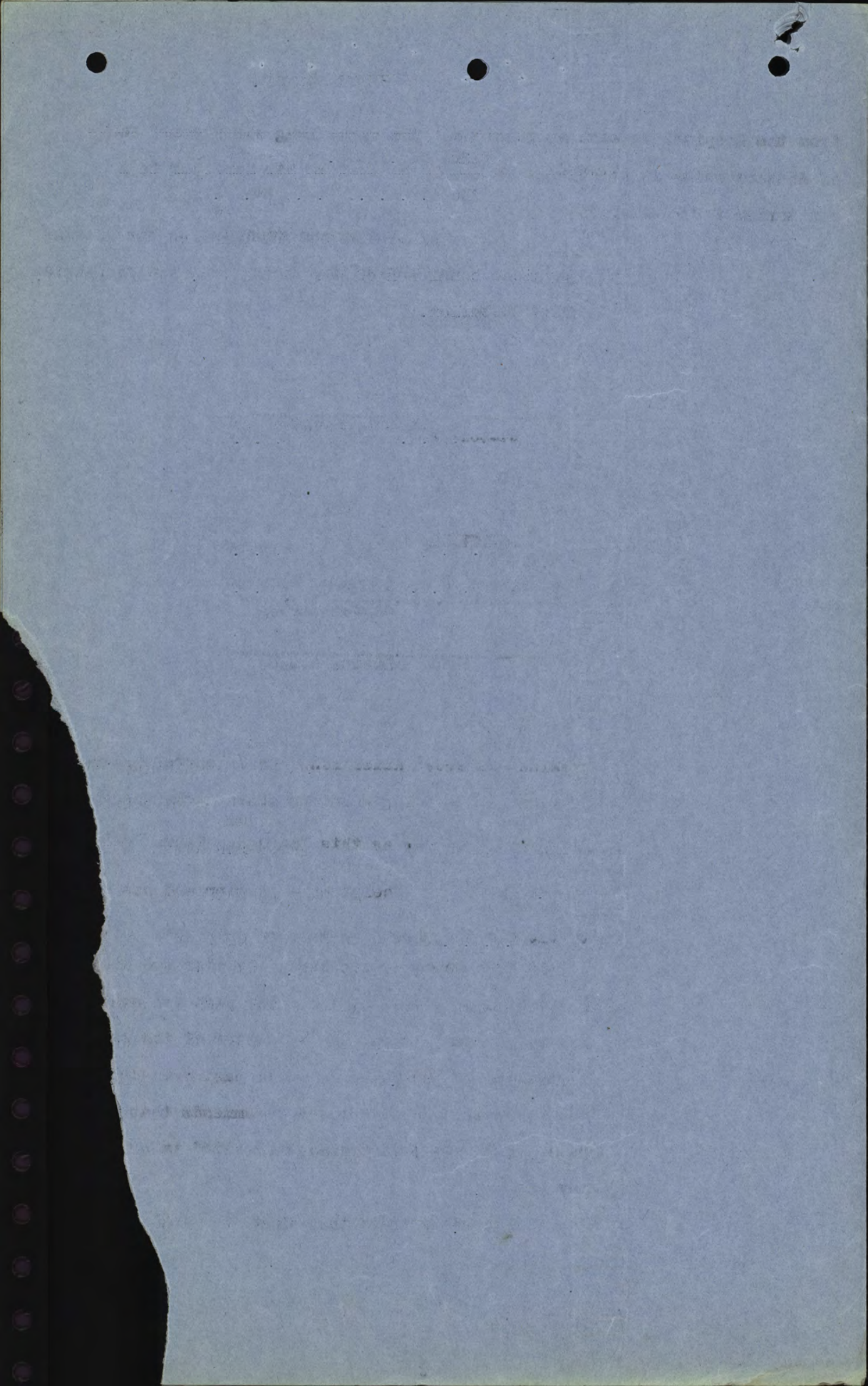
PRESIDENT.

Hudson Tappan
Lt-Col. R.M.S.

MEMBERS.

A. H. Ellis
Capt. A.M.C.

J. H. Lawless
Lieut. A.M.C.



* 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 The Montreal General Hospital.

on the 11th day of October 1917.

by order of The O. C. M. D. #4.

for the purpose of examining the Late #159553 Private Joseph Edward Labrie, 31st Battalion, C.E.F.

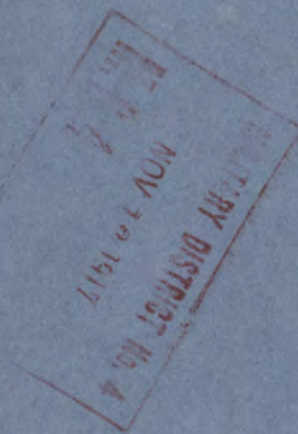
PRESIDENT.

Major W.H.P. Hill, A.M.C.

MEMBERS.

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

Lieut. A.M.J. Tanney, A.M.C.



The Board having assembled pursuant to order, proceed to examine the Late #159553 Pte. Joseph Edward Labrie 31st Battalion, C.E.F.

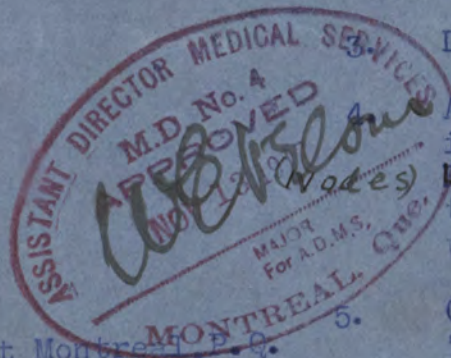
and find:-

1. He was in this Hospital for the past nine months suffering from Pulmonary and Peritoneal Tuberculosis and a Fecal fistula of the Cecum.
2. In spite of every endeavour to improve this man's condition by heliotherapy and open air treatment, he became progressively worse.

Death occurred at 12.00 a.m., November 11th 1917.

Autopsy shows extensive tuberculosis involving both lungs, Larynx and Peritoneal Lymph. The fecal fistula connecting with the cecum result of an old appendectomy wound.

Cause of death was Toxaemia from advanced Tuberculosis.



Dated at Montreal, P. Q. November 11th 1917.

M F. B. 393.

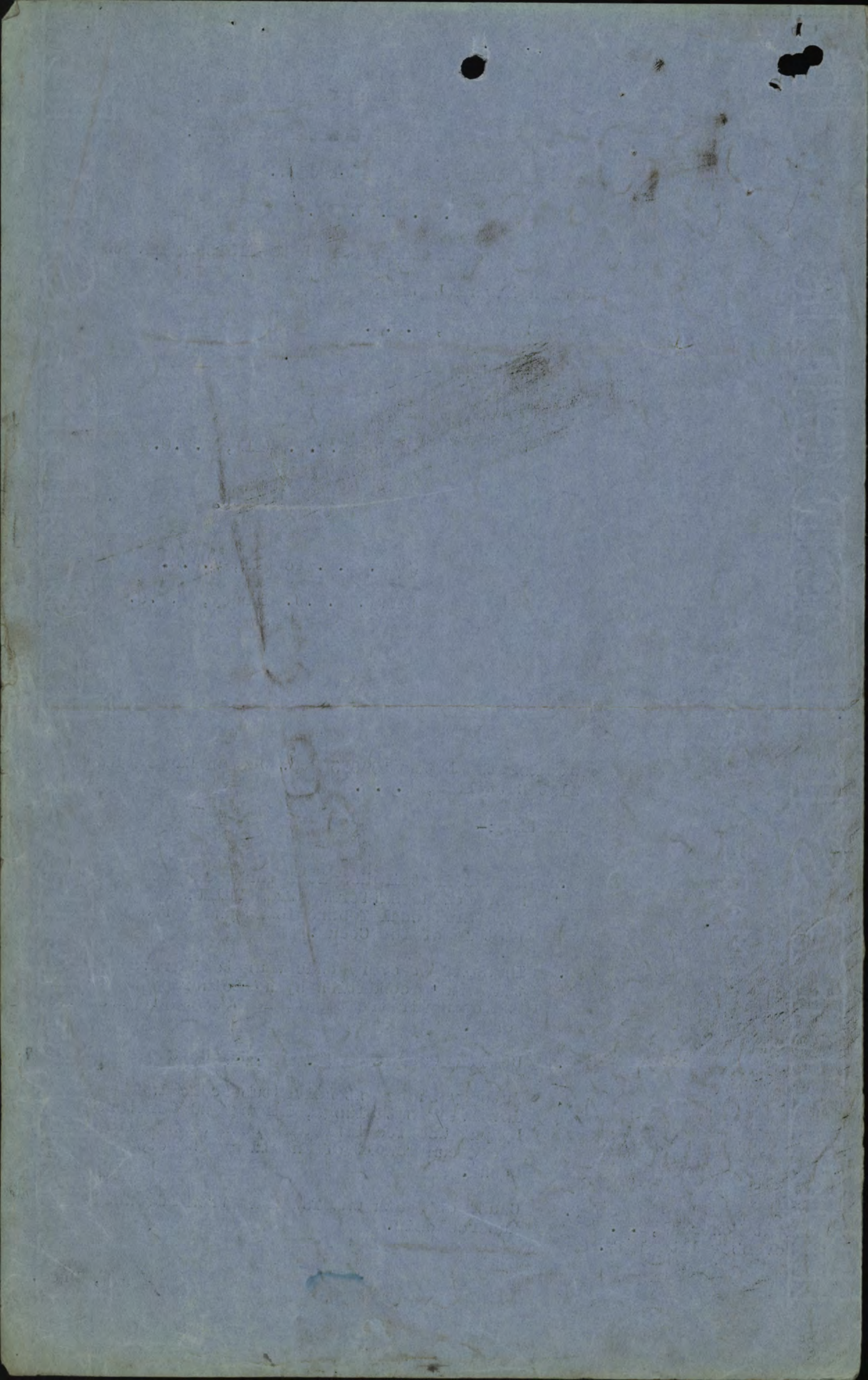
100m.-4-16.
H. Q. 1772-39-138.

W. H. P. Hill
R. E. Powell
A. M. J. Tanney

Major, Pres.

Capt. Members.

Lieut.



* 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 The Montreal General Hospital

on the 20th March 1917.

by order of The O. C. M. D. No. 4.

for the purpose of examining #159553 Pte. Edward Labrie,
81st Battalion, C.E.F.

DEPT
MILITIA & DEFENCE

MAR 26 1917

H.Q. 149-2-928
CANADA

PRESIDENT.

Major W.H.P. Hill, A.M.C.

MEMBERS.

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

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

The Board having assembled pursuant to order, proceed to
examine #159553 Pte. Edward Labrie,
81st Battalion, C.E.F.
and find:-

1. He has Pulmonary Tuberculosis.
Fecal Fistula of the Cecum.
2. Operation for closure of same has
been recommended by the surgeons
of this Hospital. They feel that
it is the only chance of his recovery.
3. Minimum disability one year.
4. Hospital treatment until the abdominal
conditon is well.
Sanitarium treatment after it.

Dated at Montreal, P.Q.
March 20th 1917.

M F. B. 303.

100m.-4-16.
H. Q. 1772-39-183.

W. H. P. Hill
W. Powell

Major, Pres.

Capt.

Members.

C. R. Bourne

Capt.

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To the Secretary Militia Council,
Ottawa, Ont.

APPROVED AND FORWARDED.

[Handwritten signature]

Lieut-Colonel, A.D.M.S., M.D.#4
for Major-General, G.O.C., M.D.#4

M^Untreal P.Q.
Mch. 24:1917.

APPROVED
APR 3 1917
[Handwritten signature] D.G.M.S.