

and  
20-1-17  
11/1-17

# ATTESTATION PAPER

No. A17161  
Folio. 411161

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?.....
2. In what Town, Township, or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your trade or calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

*Lafrance Narcisse*  
*Montreal - Que*  
*Mme Veut Indou Lafrance*  
*159 Wellington Montreal*  
*7<sup>th</sup> May 1894*  
*in men*  
*no*  
*Yes*  
*Yes 5<sup>th</sup> Eng Regt*  
*Yes*  
*Yes*  
*Mar. Lafrance* (Signature of Man.)  
*H. R. L. Meunier* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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 MAY 14 1915 191 . *Mar. Lafrance* (Signature of Recruit.)  
*H. R. L. Meunier* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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 MAY 14 1915 191 . *Mar. Lafrance* (Signature of Recruit.)  
*H. R. L. Meunier* (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 14 day of May 191 5

*Chellier Major* (Signature of Justice.)

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

*W. J. Steel* (Approving Officer.)

*Printed  
29-1-17  
189*

DESCRIPTION OF Lapance, Narcisse ON ENLISTMENT.

Apparent Age 21 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 4 ft. \_\_\_\_\_ ins.

Chest measurement { Girth when fully expanded \_\_\_\_\_ 34 1/4 ins.  
 Range of expansion \_\_\_\_\_ 3 ins.

Complexion \_\_\_\_\_ Brown

Eyes \_\_\_\_\_ Dark

Hair \_\_\_\_\_ Brown

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

(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.)

None left on

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 14<sup>th</sup> 1915

Place \_\_\_\_\_ Montreal

Hector Turby  
 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

Lapance, Narcisse 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 \_\_\_\_\_ May 22<sup>nd</sup> 1915

[Signature] (Signature of Officer.)

[Signature]

*a*

# ATTESTATION PAPER

No. *61089*

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? *Lafrance, Narcisse*
2. In what Town, Township, or Parish, and in what Country were you born? *Nicolet*
3. What is the name of your next-of-kin? *Mother Madame Victor Lafrance*
4. What is the address of your next-of-kin? *159 rue Watman Montreal*
5. What is the date of your birth? *May 7<sup>th</sup> 1893*
6. What is your trade or calling? *Laborer*
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? *no*  
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*

*N. Lafrance* (Signature of Man.)

*Gaston Heu* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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.

*N. Lafrance* (Signature of Recruit.)

Date *6 April* 191*5* *Gaston Heu* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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.

*N. Lafrance* (Signature of Recruit.)

Date *April 6* 191*5* *Gaston Heu* (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 *Stent Montreal* this *6* day of *April*, 191*5*.

*Alfred King* (Signature of Justice.)

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

*J. A. Gaudet* (Approving Officer.)

**Colonel**

O. C. 22ND F. C. BATTALION

DESCRIPTION OF Lafrance Narcisse ON ENLISTMENT.

Apparent Age 21 years 11 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. 4 1/4 ins.

Chest measurement { Girth when fully expanded 34 ins.  
 Range of expansion 3 1/2 ins.

Vaccination left arm

Complexion Medium

Eyes Dark brown

Hair Black

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 April 6th 1915

Place Montreal

A. Ward  
Ward  
 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

Narcisse Lafrance 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 14 MAY 1915 1915

J. A. J. (Signature of Officer.)  
**Colonel**

O. C. 22ND F. C. BATTALION

*gnd Div Cny*

*La France*

*189*

# ATTESTATION PAPER.

No.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

*(La France)*

1. What is your name?..... *Yves-Louis Lapramboise*
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?..... *Philomine Lapramboise (Mother)*
4. What is the address of your next-of-kin?..... *159 Woodmont Street Montreal*
5. What is the date of your birth?..... *May 7<sup>th</sup> 1894*
6. What is your Trade or Calling?..... *Driver*
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?.. *no*  
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*

*Yves-Louis Lapramboise* (Signature of Man).  
*J. B. Leduc* (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ....., 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 *Jan 20<sup>th</sup>* 1914. *Yves-Louis Lapramboise* (Signature of Recruit)  
*J. B. Leduc* (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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 *Jan 20<sup>th</sup>* 1914. *Yves-Louis Lapramboise* (Signature of Recruit)  
*J. B. Leduc* (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 *20<sup>th</sup>* day of *January* 1914.

*Robert M. Bullem* (Signature of Justice)

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

*Robert M. Bullem* (Approving Officer)

*Capt B B*

Description of N. Lapance on Enlistment.

Apparent Age 21 years.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height..... 5 ft. 4 ins.

Chest measure-ment { Girth when fully expanded..... 33½ ins. 30  
 Range of expansion..... 3½ ins.

Complexion..... Dark

Eyes..... Brown

Hair..... Dark

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

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.)

Weight 116

Head 21½

Teeth good

Wrist 28

Vaccination marks  
 1 on left arm

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..... Jan 20 1914.

Place.....

J. Ross Surgeon  
4th FIELD Coy C.E.  
 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.

N. Lapance.....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.

W. B. Cunningham Lieut C.E.  
 (Signature of Officer)

Date..... Jan 20 - 1914

ATTESTATION PAPER.

No. 937  
358

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?..... *Narcisse Lafrance*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *159 Workman Street, Montreal*
- 3. What is the name of your next-of-kin?..... *Isidore Lafrance*
- 4. What is the address of your next-of-kin?..... *159 Workman St. Montreal*
- 5. What is the date of your birth?..... *7th May 1896*
- 6. What is your Trade or Calling?..... *tin smith*
- 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?.. *no*  
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*

2nd Battalion

*Narcisse Lafrance* (Signature of Man).  
*J. Lamarche* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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 *Oct 29* 1914. *Narcisse Lafrance* (Signature of Recruit)  
*J. Lamarche* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Narcisse Lafrance*, 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 *Oct 29* 1914. *Narcisse Lafrance* (Signature of Recruit)  
*J. Lamarche* (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 *29* day of *October* 1914.

*J. H. Charmin* (Signature of Justice)

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

*J. Lamarche* (Approving Officer)

Description of Narcisse Laprade on Enlistment.

Apparent Age.....18.....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. 4 ins.

*scar left shoulder blade  
1 vac left arm*

Chest measurement { Girth when fully expanded.....34 ins.  
 Range of expansion.....1 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....BR Brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Wesleyan.....  
 Baptist or Congregationalist.....  
 Other Protestants.....  
 (Denomination to be stated.) yes  
 Roman Catholic.....  
 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.....October 29.....1914.

*[Signature]*  
 Medical Officer.

Place.....Montreal.....

\*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.

Narcisse Laprade.....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.....Set 29.....1914.

*[Signature]* (Signature of Officer)  
 Major.  
 for Lt. Col. M. G. LaRochelle,  
 Absent Temporary.



Card 229  
6/12/16

DUPLICATE



No. 2002058

Folio

BATN.  
B.A.F.N.  
N. ROLL

50TH

# PIÈCE D'ATTESTATION.

OVERSEAS BATTALION C.E.F.

## CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

### QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille ?..... *Lafrance*
- 1a. Quels sont vos noms de baptême ?..... *Hubert*
- 1b. Quelle est votre présente adresse ?..... *157 Workman*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... *N.Y.*
- 3. Quel est le nom de votre plus proche parent ?..... *Colonel Lafrance*
- 4. Quelle est l'adresse de votre plus proche parent ?..... *M. Mass*
- 4a. Quel est votre degré de parenté avec icelui ?..... *Mère*
- 5. Quelle est la date de votre naissance ?..... *7 mai 1895*
- 6. Quel est votre métier ou profession ?..... *Saisonnier*
- 7. Êtes-vous marié ?..... *non*
- 8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... *oui*
- 9. Faites-vous déjà partie de la Milice active ?..... *non*
- 10. Avez-vous déjà fait du service militaire ?..... *non*
- (En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement ?..... *oui*
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... *oui*

### DÉCLARATION REQUISE DU SUJET

Je, *H. Lafrance* 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.

*H. Lafrance* (Signature de la Recrue)

Date *24 Nov* 191*6* *G. Bouché* (Signature du Témoin)

### SERMENT REQUIS DU SUJET

Je, *H. Lafrance* 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.

*H. Lafrance* (Signature de la Recrue)

Date *24 Nov* 191*6* *G. Bouché* (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 prévues 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 *24* jour de *Nov* 191*6*.

*Amédée Thériault* (Signature du Juge)

*Commissaire C. Sup. District de Montreal*

*Thériault noté  
27.8.17.8.101*

TRANSFERED 13.0.16  
10.1.18  
ALPH.

**Signalement de N. Lafrance 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 approuvateur.

Taille ..... 5 pieds 4 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 36 pouces  
 Marge d'expansion 4 pouces

Teint..... brun

Yeux..... bleus

Chevelure..... brun

Confession religieuse { Anglican.....  
 Presbytérien.....  
 Méthodiste.....  
 Baptiste ou Congregationaliste.....  
 Catholique Romain..... RM  
 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 Nov. 24<sup>th</sup> 1916 ..... J. J. Mullet  
 Lieu Montreal Que ..... EM  
 Médecin-Officier.

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

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

**CERTIFICAT DE L'OFFICIER COMMANDANT**

N. Lafrance.....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.

R. G. Maxim (Signature de l'officier.)

Date Nov. 24<sup>th</sup> 1916.

DISCHARGE DOCUMENTS

R. O. No. \_\_\_\_\_  
H. O. No. \_\_\_\_\_

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Restation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

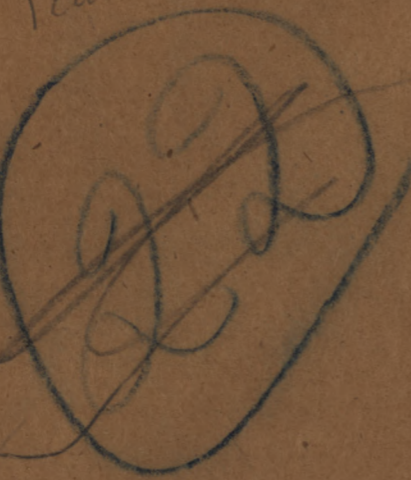
#927 2485  
#189. 5' Hld Coy

Name Lafance, Narciso  
Regt. No. 2002058 Rank 417161-61089  
Corps 15'0" 720

5 Enlistment

Rayward

3

1 case card  


02844

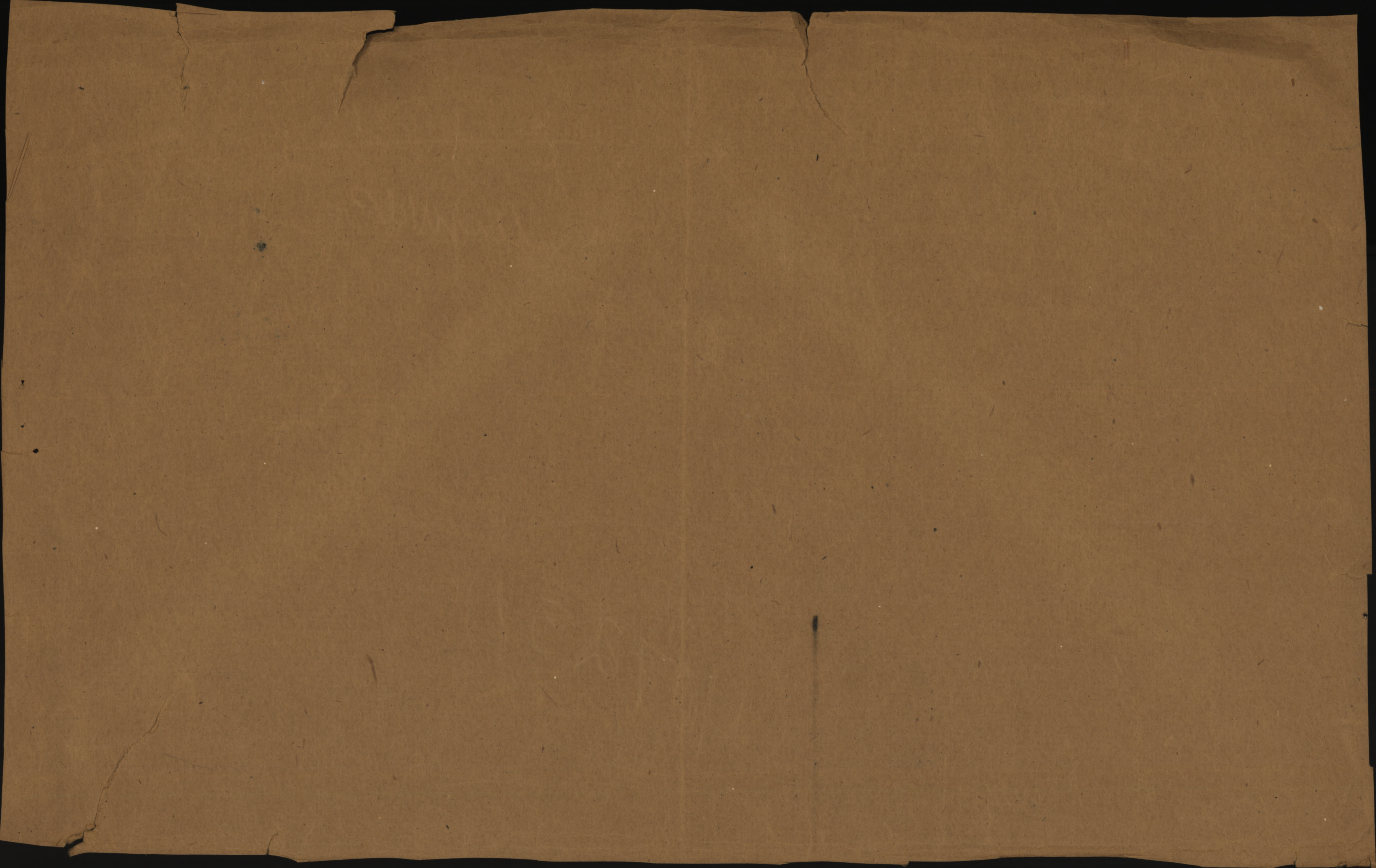


CANADIAN FORCES  
RECORDS CENTRE  
PERS. JACKET  
ROOM

Box  
407231

cas. card - 1  
Field Conduct - 1  
7P419 - 1  
M. F. W. 62  
50M-9-16  
H. Q. 1772-30-935  
M. F. W. 62  
50M-9-16  
H. Q. 1772-30-935

7  
2  
9



1) 189  
2) 927  
3) 2002058  
4) 411161  
5) 61089

**I.D. number**  
**No. d'identification**

Lafrance  
**Surname**  
**Nom de famille**

NARCISSE  
**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu** 5305





NAME *Lafrance Narcisse*  
RANK & No. *41116T. 937*  
CORPS *23<sup>rd</sup> Battalion*  
ENLISTMENT, PLACE *Montreal* DATE *Oct. 29<sup>th</sup> 1914.*  
FORMER CORPS *nil*  
COUNTRY OF BIRTH *159. Workman St., Montreal, P. 2. Canada.*  
NEXT OF KIN *Lafrance Isadone*  
ADDRESS OF NEXT OF KIN *159. Workman St., Montreal,  
P. 2. Canada*

DISCHARGE, PLACE DATE  
*3-12-14. Drapier*  
*Sd's Dec Pay Lst*

REMARKS:

---





*Rafraunce Pl. Narcisse #2502038-22*  
Name & Address of Legatee

Scroll Desp. JAN 19 1921 Reqn. No. *710990*

Plaque Desp. DEC 21 1921 Reqn. No. *PL 374*

~~Name & Address of Next of Kin~~

*R.S.  
97*

Name & Address of Female Next of Kin

*W*

Lafrance Pte Narcisse 2002058 649-1-5943  
Not Elig for 1914-15 Star 22nd Bn 261

Mother Mrs. Philomene Lafrance

160 Workman Ave

Montreal

P. Q. 50308

P. Y. Mother as above  
Serial No 767966

C. D. Mother as above

Not married

Res 27 3/4 C 35-97

Sum

No. 927

RANK

Pvt.

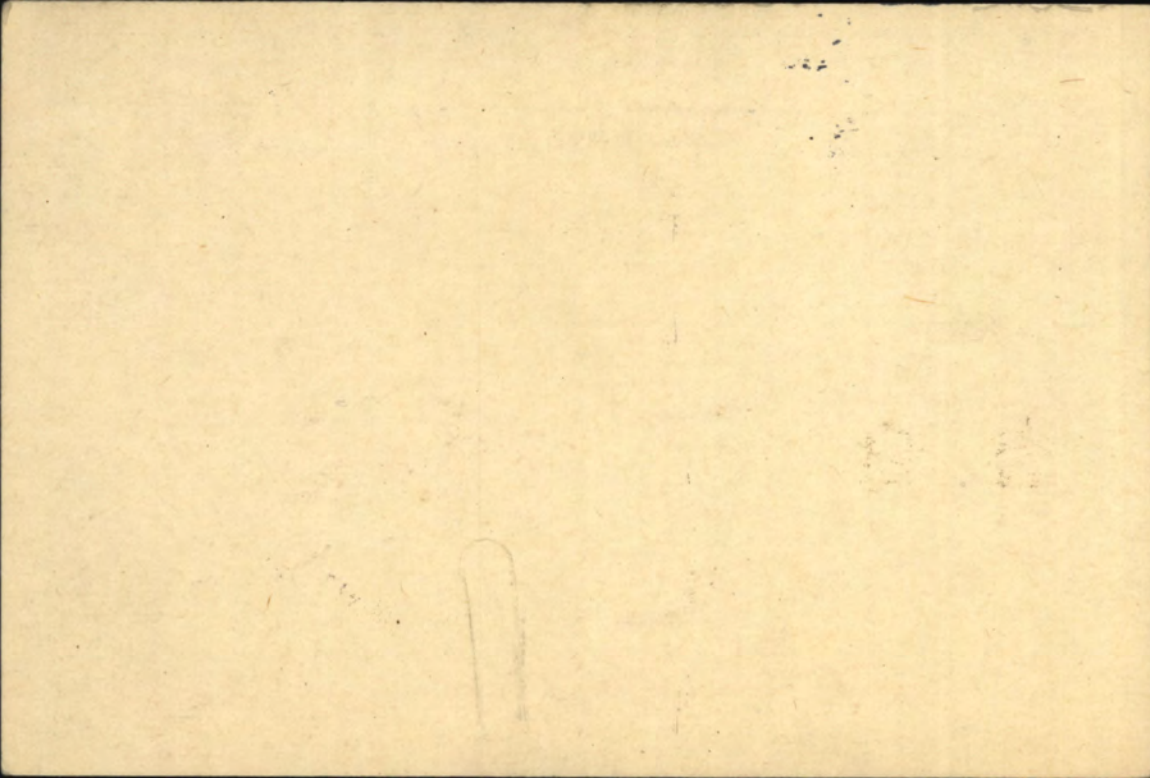
NAME

Lafrance N.

T. O. S. 29-10-14 UNIT 24th. Battalion  
Nov. Paylist.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 1 Nov. Dec 11	1914 30 Nov. Dec. 3	V OS.	Discharged 3-12-14	O.O. of 3-12-14 UNIT SAILED MAY 11 1915
			a/c closed by payment O.S.	



No.

RANK

Pte.

NAME

Lafrance. M.

T. O. S.

UNIT

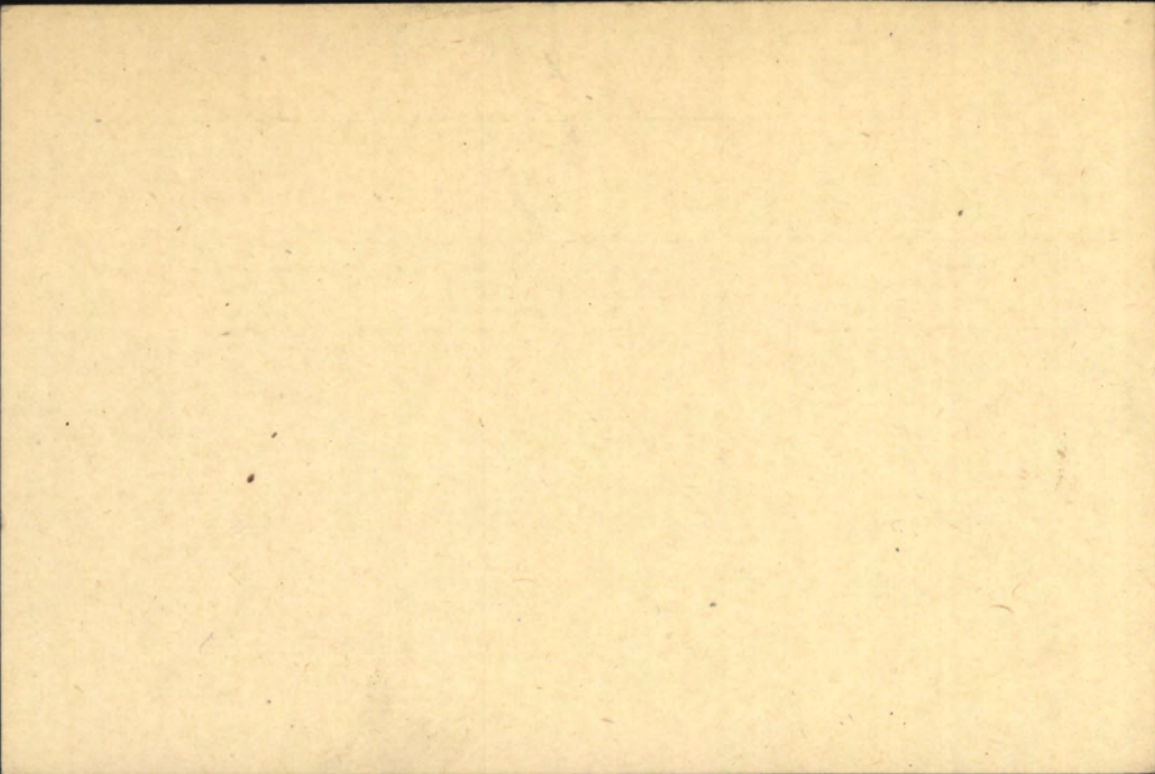
23rd. Bn. (85th. Regt.) 2nd. Co. A.

M. D.

4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct. 29	1914 Oct. 31	✓		

UNIT SAILED  
FEB 23 1915



No. 61089. RANK *Private*

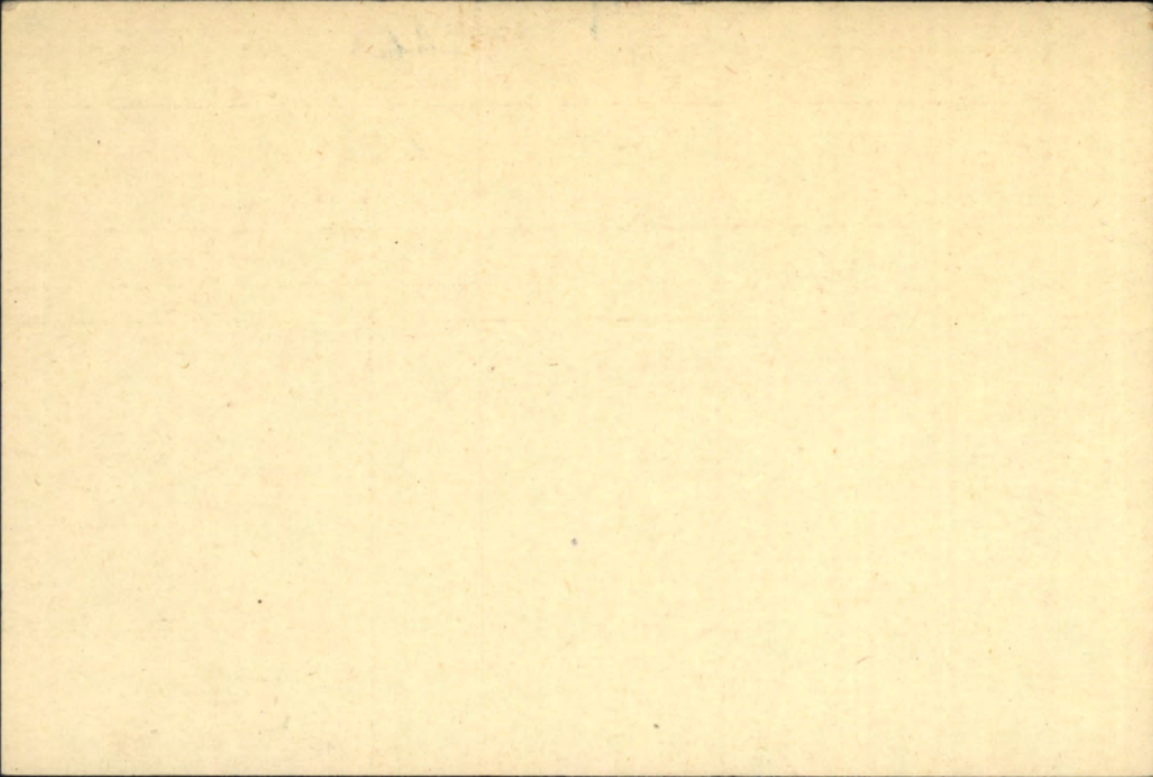
NAME *Lafrance Narcisse*

T. O. S. 6-4-15  
*after pay list*

UNIT *22<sup>nd</sup> Battalion French Canadian*

M. D. *4*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>Apr 6</i> <i>May 1</i>	<i>1915</i> <i>Apr 30</i> <i>May 15</i>	<i>c</i> <i>og</i>	<i>See Desenter</i>	<i>DD 165 May pay list</i>
<b>UNIT SAILED</b> <b>MAY 20 1915</b>				
<i>a/c closed by charges o/s</i>				





D 27  
18

(64925943)

CARD NO. ✓

SURNAME. *Lafrance*

CHRISTIAN NAMES *Narcisse*

REGL. NO. *2002058* RANK ~~Pt~~ *Cpl.*

UNIT ~~150th~~ *(No 4, Co.) 178th*

*Bn.*

FORMER CORPS *nil*

NEXT OF KIN. *Philomena*

CHANGE OF ADDRESS

NAMES IN FULL *Lafrance, Mrs ~~Philomena~~*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS ~~Wister, Mass., U. S. A.~~

*185 Delisle St., St. Cunezonde, Montreal,  
(Tel: 30-9-18) P.Q.*

COUNTRY OF BIRTH *U. S. A. N. Y.*

DATE *May 7th 1895*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *Nov. 24th 1916*

*Transferred from 150th (No. 4, Co.) to 178th Nov. 1916. auth 178th S. I. 17-2-17.*

From Halifax Per S.S. "Canada" 3-3-17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Tinsmith*

RELIGION

*Roman Catholic*

DESCRIPTION.

APPARENT AGE

*21* YEARS

MONTHS

HEIGHT

*5* FEET

*4 1/2* INCHES

CHEST MEASUREMENT

*26* INCHES

EXPANSION

*4* INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Brown*

DISTINGUISHING MARKS

*not stated*

MEDICAL EXAMINATION.

PLACE

*Montreal, P. Q.*

DATE

*Nov. 24<sup>th</sup> 1916*

*Present address: - 157 Workman St., Montreal, P. Q.*

No. 2002058 RANK

2002053

Pte

See pay list

NAME

Lafauce D.

T. O. S. 24-11-16

UNIT

No 4<sup>th</sup> Coy 100<sup>th</sup> Battalion R.E.F.

2013 29-11-16

M. D. 4

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

1916

1916

Nov 24

Nov 30

C

Dec

1917 Jan 1917

IV

Feb 1

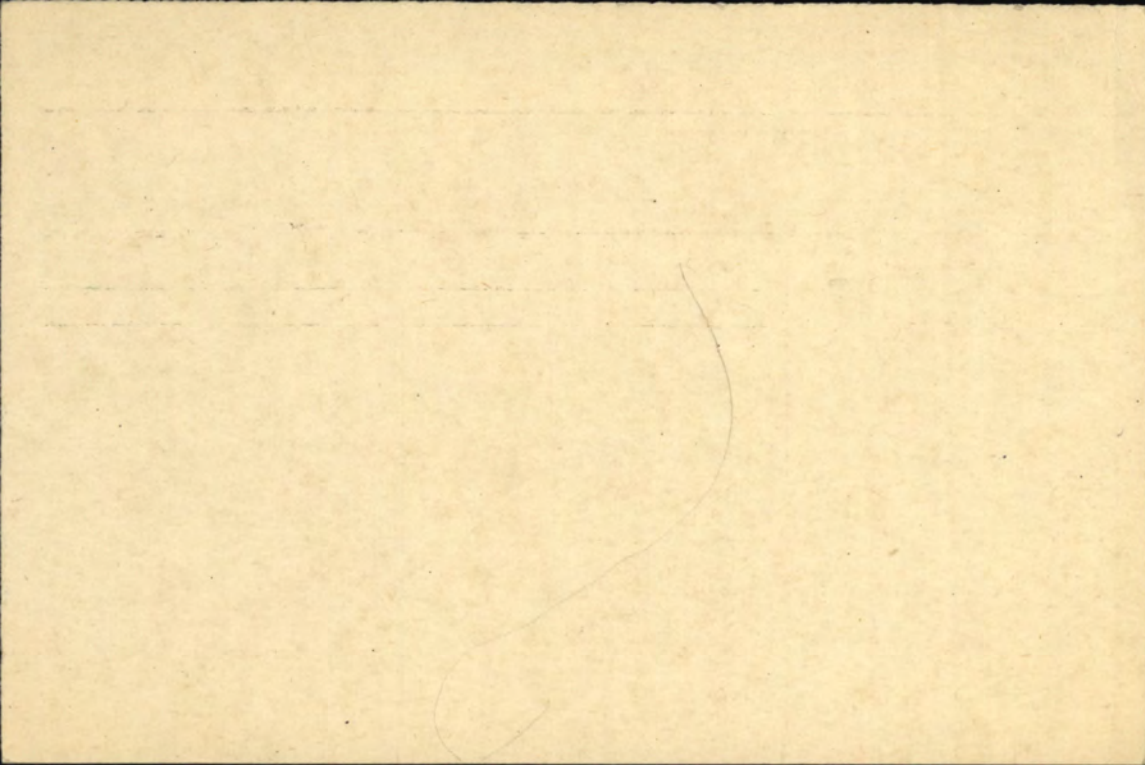
Feb 15

N

a w l . 28 days pay forfeited  
Transfd to 178<sup>th</sup> Bn 15-2-17

D.O 19 19-1-17

D.O 46. 15-2-17





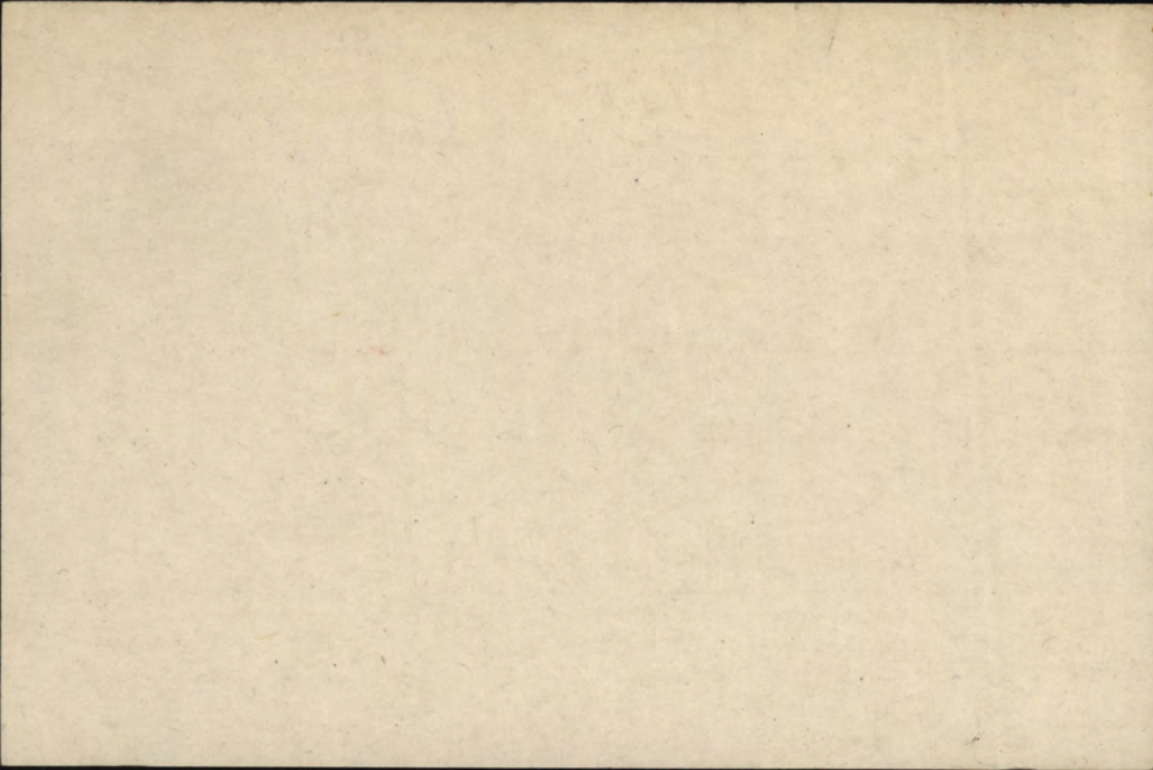


✓

Surname *Lafrance*..... H. Q.....  
Christian names *Narcisse*..... M. D. No.....  
Regtl. No. .... Rank..... T. O. S..... 19.....  
Unit *Can Eng Dps*..... D. O. Pt. II..... of.....  
S. O. S..... 19.....  
Reason.....  
Auth.....

Next of kin *Lafrance Mrs Philomena* Relationship *mother*  
Address *159 Westman St.* Also notify:  
*Montreal, P.Q.*  
*905 29-3-15*  
*7-1-15*

BORN—Place *Canada Montreal* Date *May 2<sup>nd</sup> 1894*  
ATTESTED—Place *Montreal P.Q.* Date *Jan 6<sup>th</sup> 1915*  
O/S..... R/C.....





REGT'L No. 2002058

NAME

Lafrance - Narcisse

H. Q. FILE No. 649.

RANK AND CORPS

Pte. (150<sup>th</sup> Bn). form. 178<sup>th</sup> Bn.FOLLOWS  
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

22<sup>nd</sup> Bn.  
 Lafrance Mrs <sup>Philomena</sup> ~~Clara~~ (mother)  
 198 Delisle St St Genevieve Montreal P. Q. (aunt-letter 309-18)  
~~St. Louis, Mo. U. S. A.~~  
 64-1.  
 76296 9-9-18 I. of wds. 42 C. C. S., Aug. 27<sup>th</sup>  
 H. A. 311<sup>1/2</sup> 5-9-18 1918. I. S. W. Abdomen.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
54	military Isol. Aldershot	15-6-17.	Parotiditis
61.	Discharged	4-7-17	"

No. 17161

RANK Pte

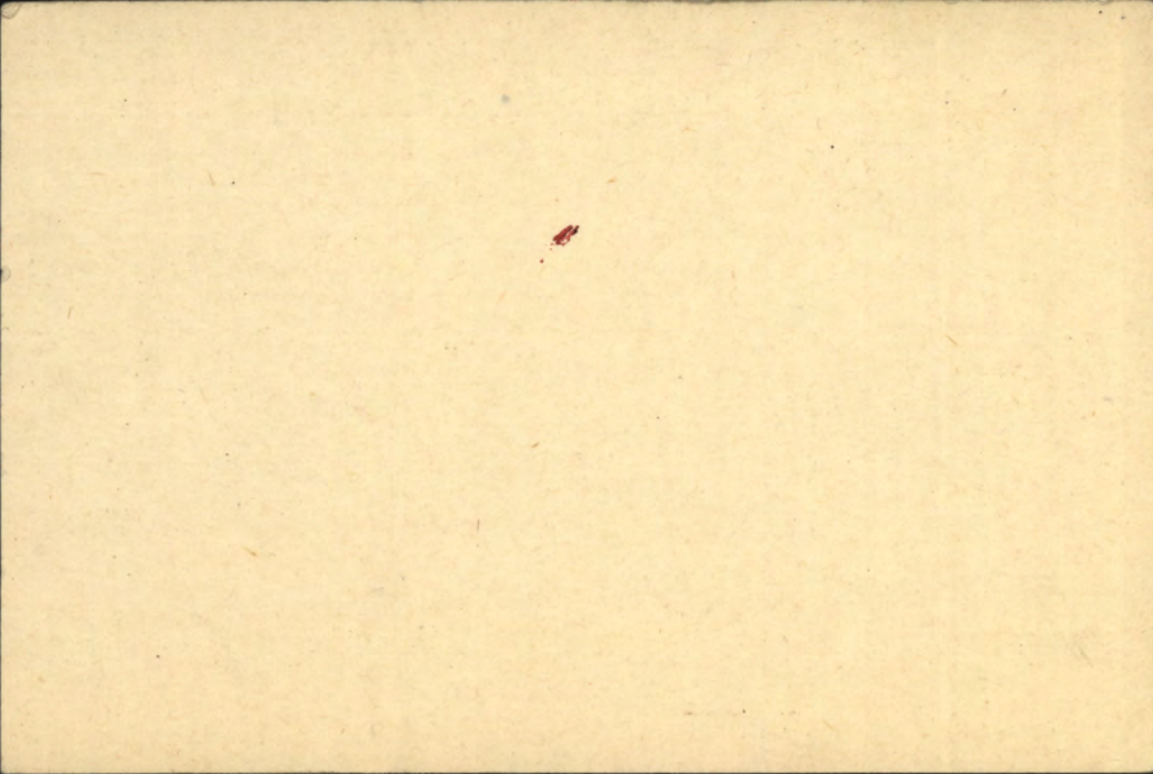
NAME Lafrance, Narcisse

T. O. S. 14-5-15  
(D.O. #64 of 24-5-15)

UNIT 41st. Battalion

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
May 14	May 31	✓	awh 7-7-15	
June		✓		
July		??	Deserter 20-8-15.	Do. 148 of 20-8-15.
Aug.		??	Des 7-7-15	
				UNIT SAILED OCT 18 1915
			of Closed by Charges. ??	







SURNAME.

*Lafrance*

*64925943*

CARD NO.

✓

CHRISTIAN NAMES

*Narcisse*

*SOS 2005-7-15-5*

REGL. NO.

*411161*

RANK

*Pte.*

UNIT

*41st.*

*Bn.*

FORMER CORPS

*5th. Eng Derby*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Lafrance, Mrs. J.*

RELATIONSHIP TO SOLDIER

*mother*

ADDRESS

*159 Wellington St., Montreal P.Q.*

COUNTRY OF BIRTH

*Canada, Nicolet P. Q.*

DATE

*May 7th 1894*

PLACE OF ATTESTATION

*Montreal P. Q.*

DATE

*May 14th 1915*

*DOB*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Jin Smith

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

21

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Brown

EYES

Dark

HAIR

Brown

DISTINGUISHING MARKS

Vacc. L. arm.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

May 14th. 1915

Present address, not stated.



Number 2002058 Rank Pte

Surname LAFRANCE

Christian Name Narcisse

Unit 22nd Battalion Theatre of War France

Date of Service 8-4-18

Remarks Mother

Latest Address Mrs. Philomena Lafrance

160 Workman Ave

Roll No. B. Montreal, P.Q.

Page 4501

B  
K

9a. 51767 ~~200~~

AUG 18 1928

Surname

Christian Name or Names

Reg. No.

LaFrance

N.

2002058

Rank

Unit

Co.

Troop

Batty.

Pte

15 0th Bn

22 *Lue*

Date of Admission

Hospital

Aldershot Isol 15-6-17

Transferred

Hosp.

42 *b. b. S.*

Hosp.

*27-8-18*

Hosp.

Hosp.

Diagnosis

Mumpā

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Died of Wounds 27-8-18*

DISPOSITION

Date

C.I. 22-6-17 54

REMARKS

*14-7-17 61 Dis 4-7-17*

*5-9-18 2311*

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

30766

61.13

115750

**FORM OF WILL.**

Name in full.

I Narcisse Lafrance

Regimental Number 2002058 serving in 150th Overseas Battalion C. E. F.

of the Canadian Expeditionary Force do hereby revoke all former Wills made by me and declare this to be my last Will.

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

I DEVISE and BEQUEATH all my real estate unto

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my mother.  
Mrs. Philomene Guilbeault Lafrance  
# 92 Irving St.  
Worcester, Mass. U.S.A.

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 18<sup>th</sup> day of April A.D. 1917.

Narcisse Lafrance  
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness J. Sauvignon Paymaster  
Address of Witness 150th Overseas Bn. C. E. F.

Occupation of Witness  
Name of Witness A. Bonest  
Address of Witness 150th Overseas Battalion C. E. F.  
Occupation of Witness

ESTATES BRANCH  
NOV 20 1918  
MILITIA DEPT.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

CANADIAN.  
28 OCT 1918

1875

FORM OF WILL

I, the undersigned, of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ as the same appears from the records of the \_\_\_\_\_ Court of the County of \_\_\_\_\_ State of \_\_\_\_\_

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 1875

Notary Public for the State of \_\_\_\_\_

To be made out in duplicate.



H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

*Original*

(1) Name of Overseas Unit which Soldier joins..... 150th B'n C.E.F......

.....

(2) Regimental Number..... ~~200258~~ 200268.....

(3) Full Name of Soldier..... Lafrance, Narcisse.....

.....

(4) Place of Birth..... Ogdensburg, New York.....

.....

(5) Are you married, or not?..... No......

(6) If married, state,

(a) Full name of your wife..... -----.....

.....

(b) Present Postal Address..... -----.....

.....

(7) Are you a widower?..... -----.....

(8) Have you any children?..... -----.....

If so, give number of boys and girls..... -----.....

Also their names and ages..... -----.....

.....

.....

.....

.....

(9) Is your Father alive?.....**No**.....

If so, state name and address.....

(10) Is your Mother alive?.....**Mrs F. Gilbert**.....

If so, state name and address.....**92 Irving St. Worcester, Mass.**.....

(11) If your Mother is a widow.....**Yes**.....

Are you her sole support, or not?.....**Yes**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....**\$15.00 a month, No other sons.**.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....  
.....  
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....

(15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*R. G. Marion Capt.*  
.....  
Officer Commanding.

Date.....**February 5th, 1917.**



Original Not Available  
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

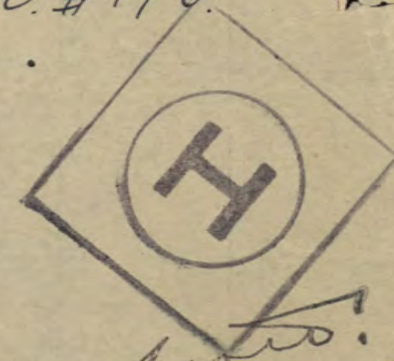
# Casualty Form—Active Service.

Unit, Regiment or Corps. 41<sup>st</sup> Battalion  
 Regimental No. 411161 17161 Rank. Pte Name. Lafrance Narisse  
 Enlisted (a) 14-5-15 Terms of Service (a) D of War Service reckons from (a) 14-5-15  
 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				
20-8-75	41 <sup>st</sup> Bn.	A. W. L from 7-7-15. S.O.S. Deserter	Quebec	7-7-15	D.O. # 140

4<sup>th</sup> enlistment



*Handwritten signature/initials*

*Handwritten initials: D Y R*

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.



*Original not available*  
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)  
350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps *24th Bn C & J*

Regimental No. *927* Rank *Pte* Name *Laprance R.*

Enlisted (a) *29.10.14* Terms of Service (a) *C. E. F. 6 Mts 10 Mns* Service reckons from (a) *29.10.14*

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>11.14.</i>	<i>24th Bn</i>	<i>T.O.S. up</i>	<i>Montreal</i>	<i>29.10.14.</i>	<i>Auth. Non-Alie R.</i>
<i>3.12.14.</i>	<i>24th Bn</i>	<i>S.O.S. Discharged Misconduct.</i>	<i>do.</i>	<i>3.12.14.</i>	<i>ALO - -</i>

**H**

*Charles S. S.*  
*For R. G.*

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

## Casualty Form - Active Service

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				

J.P. Rank

Name LAFRANCE, Narcisse ✓

Reg'l No. 2002058. ✓

Unit 178th Bn. ✓

If in perm. Corps, }  
What Unit? }

Married or Single Single. ✓

Place and Date of Enlistment Montreal. 24th Nov. 1916. ✓

Place of Birth Ourdenbeur. N.Y. ✓

Name and Address, Next-of-Kin Philamen Lafrance. ✓

92 Irving St. Worcester Mass. Relationship Mother. ✓  
u.s.a. Cathy. S.C.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

NJE. R.S. No. 13729  
File R.L. 25-L-2840  
Category OF WOUND

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd. - 9546-16.

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 ENGLAND S S CANADA			15 MAR 1917	
19-3-17	10th Res Bn	Taken on Strength	Shoreham	14-3-17	PT 2 O Nc62
4. 4. 17	"	S.O.S. to 150th Bn.	"	4. 4. 17	Do. 97 97 417 150 Bn. 77
22. 6. 17	150 Bn	Adm Mil Isolation Hosp	Aldershot	15.6.17	B.L. 54 Parotiditis
14. 7. 17	✓	Dis. from above Hosp	✓	4. 7. 17	- 61
25. 2. 18	Chgo.	Awarded 6 wks. H.L. on 22. 2. 18.	Pt. Witley.	✓	PT No. 32.
		at Surrey Arizes for Shop-breaking at Tin Town Witley on 1. 12. 17. Forfeits pay & all. under R.W. from 1-2-18 till 2-4-18.			
3. 3. 18	10 Res.	S.O.S. from 150 Bn	Pt. Witley	1. 3. 18	Do. 55 42035 2/150 Bn 1. 3. 18
8-4-18	"	S.O.S. to 22nd Bn	"	7-4-18	Do. 30. 4/2 48 22nd Bn 80.

A.F.B. 113 CHECKED 11/11/18

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.				
25-4-18	10 Mes.	Released from Det. Barracks, <sup>Wandsworth</sup>	St. Bishott	24-3-18	Dr. 95.
4-9-18	22 Bn	Quid of Wounds	Field	27-8-18	W.O. 868 Jubla 3114/5-9/18

3  
14  
10  
1

**Casualty Form—Active Service.**

Regiment or Corps 178<sup>th</sup> Bn. C.E.F.  
 Rank Pte Surname Lafance Christian Name Narcisse  
 Religion R.C. Age on Enlistment 21 years  months.  
 Enlisted (a) 24-11-16 Terms of Service (a) O. of War Service reckons from (a) 24-11-16  
 Date of promotion to present rank  Date of appointment to lance rank   
 Extended {  } Re-engaged {  } Qualification (b) Ferblanter  
 or Corps Trade and Rate

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 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 <u>Canada</u>	<u>3-3-17</u>	
<u>19-3-17</u>	<u>O.C. 10th, Res. Bn</u>	<u>Taken on from 178th Bn.</u>	Disembarked <u>England</u> <u>Shoreham, W.</u>	<u>15-3-17</u>	<u>D.O.P. 11-62</u>
<u>4-4-17</u>	<u>O.C. 10<sup>th</sup> Res Bn</u>	<u>Transf to 150<sup>th</sup> Bn</u>	<u>Shoreham</u>	<u>4-4-17</u>	<u>D.O.P. 2. 77</u>
<u>7-4-17</u>	<u>O.C. 150<sup>th</sup> Bn.</u>	<u>Taken on Strength</u>	<u>Witley</u>	<u>4-4-17</u>	<u>D.O.P. 11-62</u>
<u>1-3-18</u>	<u>O.C. 150th Bn.</u>	<u>S.O.S. on heavy posts</u> <u>to 10th Cdn. Res. Bn.</u>	<u>Witley</u>	<u>1-3-18</u>	<u>D.O.P. 11-62</u> <u>no 35-18</u>
<u>3/3/18</u>	<u>O.C. 10th, Res Bn,</u>	<u>T.O.S. on posting from 150th,</u> <u>Bn,</u>	<u>Witley</u>	<u>1/3/18</u>	<u>11<sup>53</sup>) 55</u> <u>D.O.P.</u>
<u>27-3-18</u>	<u>O.C. 10th, Res. Bn.</u>	<u>Transf. to 20<sup>th</sup> Bn. C.E.F.</u>	<u>Witley</u>	<u>27-3-18</u>	<u>D.P. 11. 0 77</u>
			<u>Ass-Adj. 10th Can. Res.</u>		

(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, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
8/4/18	10th Res. Bn.	D.O. P.T. 77 is hereby cancelled.	Bramshott	28/3/18	D.O. P.T. 50
<del>8/4/18</del>	<del>C.O. 10th Res. Bn.</del>	<del>Transf. to 22nd Bn. A.E.F.</del>	<del>Bramshott</del>	<del>28/3/18</del>	<del>D.P. 110 50</del>
CERTIFIED 22 APR 1948	CAN. RECORDS LONDON	Balardian Lt. Ass-Adj. 10th. Can. Res. battn.			
		Awarded 6 weeks H.L. on 22.7.18. at Surrey hospital for Shrap. Breaking of the femur. Witley on 1.12.17 forfeits pay & allowances until 1.1.18. all H.H.18.			
			Witley		32. WIT
					LIEUT. FOR LT. COL. VC RECORDS G.O.M.F.
	2 C.I.B.D.	Arrived & I.O.S. 22nd Bn.		8/18	NR 1055/18
	2 C.I.B.D.	Left for C.C. Rein. C.		10/18	" 395
	C.C. Rein. C.	Arrived.		"	"
17.6.18	" " "	Despatched to 22nd Bn.	Field	17.6.18	NR. 1055
22.6.18	22nd Bn.	Joined Unit	"	19.6.18	B 213
28.8.18	S.A.A. 2. SHQ. 3rd Ech.	Died of wounds received in action	42nd C.B.S.	27-8-18	Letter N. 9. 18-17592 P. II. O. 85/1918
		Whogan	Major for Lt. Col. A.A.G. Canadian Section. G. H. Q. 3rd Echelon B.E.F.		



ACCOUNTING OF DISCLOSURE OF INFORMATION  
AS REQUIRED BY BILL C-25  
CANADIAN HUMAN RIGHTS ACT - PART IV  
PROTECTION OF PERSONAL INFORMATION

COMPTE-RENDU DE LA COMMUNICATION DES  
RENSEIGNEMENTS TEL QUE DEMANDE PAR BILL C-25  
LOI CANADIENNE SUR LES DROITS DE LA PERSONNE  
RENSEIGNEMENTS PERSONNELS

Individual's Name (Last, First, Middle)/Nom de l'individu (Nom de famille, prénoms)

*Lafrenca Narcisse*

SIN/Reg. No./NAS/Numéro matricule

*20020058*

Date of Disclosure/Date de la communication

Nature of Disclosure/Nature de la communication

Vérification de certaines données du dossier

Purpose of Disclosure/But de la communication

Dossier étudié dans le cadre d'un projet de recherche historique

Name and Address of Person, Department or Agency Requesting Record(s)/ Nom et adresse ministère ou agence demandant le(les) dossier(s)

Jean-Pierre Gagnon  
Service historique  
Défense nationale  
101, Colonel By  
Ottawa

Signature

*Jean-Pierre Gagnon*

NOTICE: This form must be completed by the user or person having access to this record. THIS FORM MUST REMAIN WITH THE ATTACHED RECORDS.

AVIS: Cette formule doit être complétée par l'utilisateur ou la personne ayant accès à ce dossier. CETTE FORMULE DOIT RESTER ANNEXÉE AUX DOSSIERS.



Register No. DL810

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 12518-N-2

*WAR*

Reg'tl No. 200 2058 Name Marcisse Lafance  
(Christian Name) (Surname)  
Unit 22<sup>nd</sup> Inf 178<sup>th</sup> Bn Rank Ote Date of enlistment.....  
Date of casualty 27-8-18 B.P.C. File No. 54634  
Was service performed overseas? yes

DEPENDENT

Name Mrs Philomen Lafance Relationship w. mother  
Address 160 Warkman Street  
Montreal

M.F.W. 2652  
23M-6-20.  
H.Q. 1772-89-1473

Amount of Special Pension Bonus \$ nil Abstracted by E. Lafancee

Eligible for Gratuity ..... \$ 180- ✓  
Less amount of Special Pension Bonus paid ..... \$ .....  
Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ .....  
Balance due \$ 180<sup>00</sup> ✓

Cheque No. 9.1901443 ✓ Date issued 19/8/20 ✓

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

Clerk AT weal

Audited by  
Heut  
Date 13/8/20

180<sup>00</sup>

*meb*

# 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  
 1772-39-1140

Remarks.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-6-16.

1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

*Mrs Philomene Lafrance*

*Lafrance Philomene  
Pte 178<sup>th</sup> Bu.*

Sheet No. 2.

# Name of Soldier

PAYMENTS.

*2002058*

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

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup> May '17</i>
April	1916			
May				
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				

*mc*

*105-0.*

*2143793*

*105*

*105<sup>00</sup> Nov. mailed 7/11/17*

Dec.

*T 60927*

*15*

*15<sup>00</sup> future*

Jan.

1918

*120*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

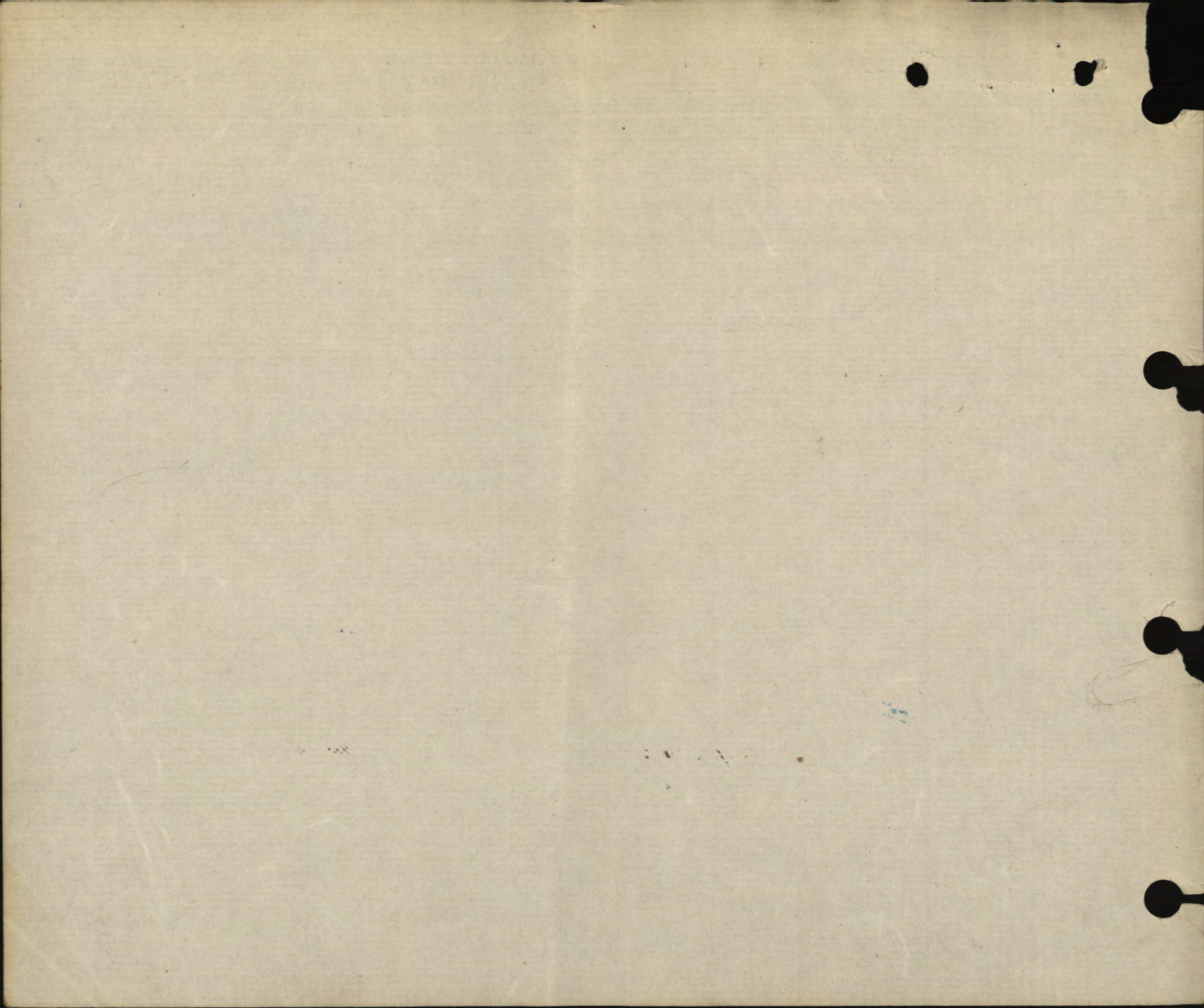
To Whom *Mrs Philomene Lafrance* By Whom Assigned *Lafrance Philomene*  
Address *198 Delisle St.,* Regtl. No. *2002058*  
*Montreal Que.* Rank *Pte*  
Corps *178<sup>th</sup> Bn*  
Rate *15<sup>00</sup> May '17*

*Narcisse*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Cable P3222 710818-11-2 ARR 2-11-17</i> <i>Narcisse Lafrance. Nom. R. 158<sup>th</sup> Bn. O.S. 28-1-17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	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			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.	MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	BALANCE	DEFERRED PAY	SER. ALLOC. ENG.
1917	Balance Forw.								63 84	90 <sup>00</sup>	✓										
Oct-15	A.P.							15		30 <sup>00</sup>	✓										
31	P.P. 4x 15 <sup>00</sup>	34 10		AR 712-150 <sup>00</sup> - 24/9	12 17																
				AR 694-150 <sup>00</sup> - 16/9	4 87				65 90	30 <sup>00</sup>	✓										
				AR 814 " " - 10/10	4 87				15												
Nov	P.P. 16	34 10		" 939 " - 13/11	4 87				15												
Dec	P.P. 16	34 10		A.P. Dec.					15												
				Q 220-150 <sup>00</sup> - 11/8	26																
				Q 220 " - 3/8	10																
				Q 226 " - 12/10	4 01																
				5 days FP <sup>2</sup> Dec 4-8, 20, 29, 4 <sup>th</sup> 17	26 28				5 50												
1918	Jan P-P 16	34 10		A.P.																	
				Q 476-150 <sup>00</sup> - 20/10	05																
				Q 113 " - 13/12	4 79																
				AR 1049 " - 27/11	12 17																
				" 1179 " - 17/12	7 30																
				" 1120 " - 5/12	4 87																
				14 days FP <sup>2</sup> Dec 28-Jan 10 cont. 5 days Dec 21-25 DD. 311, 28 <sup>th</sup> 19 x 1 <sup>00</sup>	29 18				20 90	15 <sup>00</sup>	40 24	30 <sup>00</sup>	✓								
Feb	P-P 16	30 80		A.P. Jan.					15												
				AR 1258 150 <sup>00</sup> - 9/18	2 43				15 <sup>00</sup>	53 61	30 <sup>00</sup>	✓									
Mar	P-P 16	34 10		A.P. Jan.					15	38 61											
				In arrears Feb. 1 (Monday assigned) 6 weeks. Hand labor Feb 22 80 37-12.3.18-150 <sup>00</sup> Jan. Feb 1-April 3-63 days x 1 <sup>00</sup>	nil				69 30	15 <sup>00</sup>	3 41	80 <sup>00</sup>	✓								

Restricted pay 4 mt. off 6<sup>th</sup> 20<sup>th</sup> per diem (S.R.O. 7 5<sup>th</sup>) Do u. 9<sup>th</sup> (Jan 5 - May 4)

ASSIGNED PAY.	* ENGLAND or CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.	NAME: LAFRANCE Marcette			
EFFECTIVE DATE: 1.5.17.		EFFECTIVE DATE: -		NUMBER: 2002058			
AMOUNT: 15 <sup>00</sup>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT			
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.		AUTHORITY			
M <sup>rs</sup> Isidore Lafrance (Mother)				100th Regt of Inf., affect 5/1/18 207 <sup>th</sup> Regt. Inf. 100 <sup>th</sup> H. 9/1/18. 150 <sup>th</sup> Bn.			
198 Delisle Street							
Ste Lanioude							
Montreal							
UNIT AND TRANSFERS							
ORIGINAL UNIT: 178 <sup>th</sup> Bn							
DATE ACCOUNT FIRST OPENED: 1.3.17.							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO				
			150 <sup>th</sup> Bn				
30. 8-4-18	1-4-18	25-4-18	22 <sup>nd</sup> Bn				
Cal 311	1.9.18	19.9.18	R.E.X.				
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					

6394

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mch 31	Bal fwd.								3 41	R.F. 6 80	30 00
Apr				AR 161 #2 G.S.D.E. 9/4/18	2 68				73		
				AR ban			15		14 27		
				AR 303 2 D W 28/4	2 68				16 95		
	P P	33							16 05	6 80	30 -
		33				5 36		15			
MAY				AR ban				15	1 05		
				AR 376 4 <sup>th</sup> " 16/5	2 68				1 63		6 80
	P P	34 10							32 47	30 -	
				AR 4005/B11 10 Rn May/18	2 27				30 20		
				AR 558 2 <sup>nd</sup> D W 28/5	3 57				26 63		
		34 10				8 52		15			
JUN	do	33		AR ban				15	44 63		
				AR 724 " 10/6	3 57				41 06	8 80	30 -
		33				3 57		15			
JUL	do	34 10		AR ban				15	60 16	6 80	30 -
				W3069 18 487 " 22/6	18				59 98		
				" 7 <sup>th</sup> 493 " 22/6	74				59 24		
				AR 339 22 B 2/7	4 46				54 78		
				" 430 " 15/7	3 57				51 21		
				" 532 " 29/7	4 46				46 75		
		34 10				13 41		15			
AUG	do	34 10		AR Can				15	65 85		
				AR 170 56 D.R. 22. 8. 18.	3 57				62 28	6 80 R.F.	30 -
		34 10				3 57		15			
SEP	Monopay	267							64 95	NES 31.17	31.17
		267		Manfred to Ottawa Oct 30 27/19	64 95				64 95	64 95	64 95
					64 95						
<p>Resid Pay 4 Months affect 5-1-18. 20<sup>th</sup> per 100<sup>th</sup> H. 9/1/18. 150<sup>th</sup> Bn</p>											

Died of Wounds 27/8-18 char 21

5-9-18



ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET

2002858

Surname

J. J. J. J. J.

Christian Name

J. J. J. J. J.

Original

Examined { on 24th day of Nov. 1916 at Montreal  
Birthplace { City or Town systemburg  
County d y

Approved by E. J. Mulleney  
Rank 4th M.O.

Apparent age 22  
Trade or occupation S. J. J. J. J.  
Height 5 feet 4 1/2 Inches  
Weight 132 lbs.  
Chest measurement { Minimum 32 inches  
Maximum expansion 34 inches  
Physical development Good  
Small-pox Marks None

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Rows for various medical checks.

Vaccination Marks { Arm Right Left  
Number 1

Table with columns: Date, Result, VACCINATIONS. Row: 5.11.16 OK. E.C.

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

(b) Slight defects but not sufficient to cause rejection Dental decay

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows: 6/4/17 T.A.B. E.C., 4.1.17 E.C., 5.2.17 E.C., 13.6.17 T.A.B. E.C.

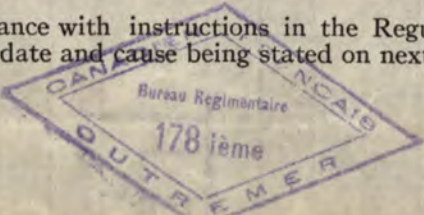
Enlisted on 24th day of Nov. 1916 at Montreal

Table with columns: Corps, REG'TL NUMBER, HABITS, DATE. Rows for enlistment and transfers to 179th, 10th, 150th, 15th, 22nd Battalions.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: STATION, DATE, DISEASE, RESULT. Rows: Montreal 8-12-16, do 5-2-17. Diseases: Fi, Fi for C & F, C.H. Chancr. Capi. Pu.

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

Christian Name *Marechal*

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>Isolation Dept Asht</i>		<i>14</i>	<i>6</i>	<i>17</i>	<i>4</i>	<i>7</i>	<i>7</i>	<i>Mumps</i>	<i>21</i>	<i>Recovery</i>	<i>J. Kennedy Capt. R.A.M.C.</i>

Original Not-Available  
Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 22<sup>nd</sup> Battalion

Regimental No. 61089 Rank Pte Name Lafrance Narcisse

Enlisted (a) 6-4-15 Terms of Service (a) D of War Service reckons from (a) 6-4-15

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				
<u>15-5-15</u>	<u>22<sup>nd</sup> Bn.</u>	<u>S. O. S. Deserter.</u>	<u>Montreal Que.</u>	<u>15-5-15</u>	<u>D.O. # 165.</u>

3rd enlistment



Clyde [unclear]  
JR

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

Fill in only four figures, rank and name

Generally Form Active Service

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				



Original Not Available  
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16  
 H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. *5<sup>th</sup> Field Coy. C.E.*

Regimental No. *189* Rank *Pte* Name *Lapran ce Narisse*

Enlisted (a) *20-1-15* Terms of Service (a) *D of War* Service reckons from (a) *20-1-15*

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>29-3-15</i>	<i>5<sup>th</sup> Field Coy C.E.</i>	<i>S. O. S. Mis conduct.</i>	<i>Ottawa Ont</i>	<i>29-3-15</i>	<i>March Pay list.</i>

Red Enlistment



*Oblyde Scott*

*for  
DGR*

(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, Sholing Smith, etc., etc., also special qualifications in technical Corps duties.



41161  
A 17 15

B

# MEDICAL HISTORY SHEET.

Surname Lafuance Christian Name Varcisse

Examined { on 14 day of May 1915  
 at Montreal  
 Birthplace { City or Town Tricolet  
 County Quebec

Approved by \_\_\_\_\_  
 Rank \_\_\_\_\_ M.O.

Apparent age 21 years  
 Trade or occupation Tin-smith  
 Height 5 Feet 4 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 31 1/2 inches.  
 Maximum expansion 34 inches.

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

Physical development \_\_\_\_\_  
 Small-Pox Marks \_\_\_\_\_  
 Vaccination Marks { Arm Right Left   
 Number \_\_\_\_\_

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/6/15</u>	<u>Bon</u>	<u>J. P. Gauthier</u> M.O.
<u>2/16/15</u>	<u>"</u>	<u>J. P. Gauthier</u> M.O.
		M.O.

Enlisted on 14 day of May 1915 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>41st B</u>	<u>411161</u>		
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.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*May 1, 1917.*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

*File away*

No. *200205-8*

Rank *Pte.* Promoted                      Reverted                      Discharge

Soldier's Name *Marcisse Philomene Lafrance*

Battalion *178<sup>th</sup> Batta*

Beneficiary

Relationship

Address

Name *Mrs. Philomene Lafrance*

Address *198. Delisle St, Montreal*

Change of Address *Due*

- 1
- 2
- 3
- 4

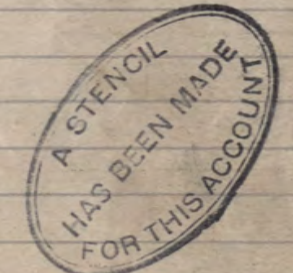
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

<i>1917</i>					
<i>Dec 3/</i>			<i>120</i>	<i>120</i>	
<i>Jan 1918</i>	<i>C-22828</i>		<i>15</i>	<i>15</i>	

*Cable P 3222. 7-10518-72-2. 5-11-17.*

*Duplicate cancelled 25-2-18 gcl*

M. F. W. 128.  
407M-5-17-1773 39-1141  
L. L. 23220-M. & D. 1903.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.  
 400M. 17-1772 39-1141  
 L. L. 23220-M. & D. 7993.

Date of Enlistment

O.K. 13th R.

5-17

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

# L

Date of Assignment

979

530

1-5-17

### RATE OF SEPARATION ALLOWANCE

\$20.00	\$ 25.00		
	1 12 17		
	P.O. 3257		

### RATE OF ASSIGNMENT

\$15.00			
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23

### PARTICULARS OF SEPARATION ALLOWANCE

No. 2002058  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Narcisse Lafrance  
 Battalion 17th Bn.  
 Beneficiary Mrs. Philomene Lafrance  
 Relationship W. Mother  
 Address 198 Delisle St. Montreal P.Q.

### PARTICULARS OF ASSIGNMENT

Name Philomene Lafrance  
 Address 198 Delisle St. Montreal P.Q.  
 Change of Address

- 1
- 2
- 3
- 4

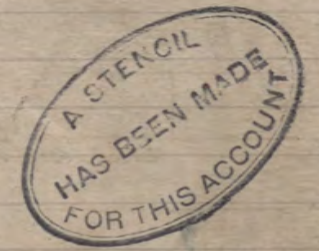
M.F.V. 2554. 10/8/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Nov	E 50242	35	105	140	100 18 - 71.2 - mailed 15/11/17
Dec	D 58266	35	15	50	Pay arrears S.A. rate of \$15.00 per month
Jan	F 6655	45	15	60	Pay A.P. in full.
Feb		xx	xx	xx	owing to dup. overpayment \$20. on A.P. Hold arrears on S.A.
March	G 2626	25	10	35	adjustment made to 31st 1-17 - leaving balance in our favor \$35.
Apr.	G 6671	25	15	40	no cheque in Feb
May	L 12758	25	15	40	no cheque in March and \$35 in March to adjust -
June	F 18483	25	15	40	m. 9/4/18. Sp.c. ordered for April 40 - 28/4/18 - 25/4/18.
July	A 26387	25	15	40	9973 cane. 30-4-18. @ E.P. 5-4-19 526
Aug	H 41561	25	15	40	
Sept	K 44311	25	15	40	
			235		
March 1918		5.00	2	5.00	
		395	255	650	

KILLED IN ACTION  
 DIED OF WOUNDS DATE 27-8-18  
 C. L. No. 298 DATE 11-9-18  
 M.R.O. 10231 TO DESTROY RENDERED 19-8-18  
 B. P. C. Form 1 & C. F. X. COMPLETED ON FILE  
 Surgeon closed 30-9-18  
 CLERK [Signature] DATE 19-9-18

acc - 14460 - 22-3-19 526 - 81 - 1-4-19

M. F. W. 128.  
40m. 6-7-172-30-141  
L. L. 22220-M. & D. 7093



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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### PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_  
Rank Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_  
Soldier's Name \_\_\_\_\_  
Battalion \_\_\_\_\_  
Beneficiary \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_

### PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Change of Address \_\_\_\_\_  
1  
2  
3  
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.  
40M. 6-7-172-58-1141  
L. L. 22230-M. & D. 1903.