2nd. DEPOT BATTALION,
Eastern Ontario Regiment.

ORIGINAL

3 M. D. Depot Battalion Regiment

Regtl. No. 3320643

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: Lalonde
2. Christian name: Joseph Octave Lucien Alexandre
3. Present address: L'Annonciation Que.
4. Military Service Act letter and number: S.C. 260954
5. Date of birth: 9th August 1897
6. Place of birth (town, township or county and country): Montreal Que.
7. Married, widower or single: Single
8. Religion: R.C.
9. Trade or calling: Labourer
10. Name of next-of-kin: Mrs. J. Lalonde
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: 2423 Clarke Street, Montreal Que.
13. Whether at present a member of the Active Militia: No.
14. Particulars of previous military or naval service, if any: Nil.
15. Medical Examination under Military Service Act:—

(a) Place: Ottawa Ont. (b) Date: 21st Feby. 1918 (c) Category: All

DECLARATION OF RECRUIT

I, Joseph Octave Lucien Alexander Lalonde, do solemnly declare that the above particulars refer to me, and are true.

Lucien Lalonde (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 20 yrs. 6 mths.

Height: 5 ft. 2 ins.

Chest measurement: fully expanded 33 ins.; range of expansion 3 ins.

Complexion: Sallow

Eyes: Hazel

Hair: Brown

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

Nil

W. Lee Scott Major.
O. C. 2nd. DEPOT BATTALION, Eastern Ontario Regiment. Depot Btln.

Regt.

Place: OTTAWA Date: FEB 25 1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

2nd DEPOT BATTALION
Eastern Ontario Regiment

M.D. ..... Depot Battalion ..... Regiment

Regd. No. 2006 3

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ..... 2 .....)

1. Surname ..... Zaiouda
2. Christian names ..... Joseph Octave Lucien Alexander
3. Present address ..... Armouriation Co.
4. Militia Service Act serial number ..... S.D. 200364
5. Date of birth ..... 7th August 1897
6. Place of birth ..... Montreal Que.
7. Natural nationality or allegiance ..... Canada
8. Religion ..... R.C.
9. Trade or calling ..... Labourer
10. Name of next-of-kin ..... Mrs. J. Zaiouda
11. Relationship to next-of-kin ..... Mother
12. Address of next-of-kin ..... 2422 Clarke Street, Montreal Que.
13. Whether at present a member of the Active Militia ..... No.
14. Particulars of previous military or naval service, if any ..... Nil.
15. Medical Examination under Military Service Act—
(a) Place Ottawa Ont. (b) Date 21st July 1917. Category A11

DECLARATION OF RECRUIT

I, Joseph Octave Lucien Alexander Zaiouda, do solemnly declare that the above particulars relating to me are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Apparent age	20 years	5 inches	Distinguishing marks, including marks on face, neck, hands, or other parts usually exposed to view
Height	5 ft.	8 in.	
Chest measurement	Fully extended 40 in. Range of expansion 3 in.		
Complexion	Ruddy		
Eyes	Hazel		
Hair	Brown		

REGIMENTAL DOCUMENTS

Pte

NAME LALONDE, JOSEPH OCTAVE LUCIEN ALEX. REGT. NO. 3320643 UNIT 6 RES. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				104293	
4	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
12	misc.					
1	Record					
1	AFB 1337					
1	Pay Book					
1	Pension					

16-9
30 9
26 9
1

W. 2589
100M-11-18
1272-39-1377

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.

---

(1) Name of Overseas Unit which Soldier joins 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

(2) Regimental Number 3320643.

(3) Full Name of Soldier Joseph Octave Lucien Alexandre Lalonde

(4) Place of Birt Montreal Que.

(5) Are you married, or not? Single.

(6) If married, state,
(a) Full name of your wife nil

(b) Present Postal Address nil

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls nil

Also their names and ages nil

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Joseph Lalonde 2423 Clarke St Montreal Que

(10) Is your Mother alive? Yes

If so, state name and address Mrs. J. Lalonde
2423 Clarke St Montreal Que.

(11) If your Mother is a widow nil

Are you her sole support, or not? nil

(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.

nil

(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.

nil

(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.

nil

(15) Are you insured? no

If so, in what Company? nil

Have you made arrangements for payment of your Insurance premium nil

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

P. Woollcombe Capt
Adjt. 2nd Depot Batt. E. O. R.
Officer Commanding.

Date Feb. 21st 1918.

Form R 122.
2353—100M—9-12-16

LTR

Rank | Name LALONDE, Joseph Octave Lucien Alexandre | Reg'l No. 3320643

Unit Dft. 2nd Depot BN E.O.R. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Ottawa, Feb, 25th, 1918. | Place of Birth Montreal. Que.

Name and Address, Next-of-Kin Mrs J. Lalonde

2423 Clarke St. Montreal. Que. | Relationship Mother..

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 7074
File R.L.
Category

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
C.		Arrived in England		3-4-18	S/S GRAMPIAN
5-4-18.	6th Resbn.	T.O.S. from Canada	Seaford.	3-4-18.	Pt. II No. 81. 6th Res. D/0173 d/24-7-18. 3rd CCD D/0173
C 25-7-18	E.O.R.D.	Posted from 6th Res. on Comd. to 3rd. C.C.D.	" "	22-7-18	— 188 d/25-7-18.
19-12-18	✓	Cancel on com to 3rd CCD & not on com to 1st C.C.D	" Witley	14-12-18	— 313 + 1st CCD D/0351 d/20.12.18 + 3rd CCD D/0295 d/14.12.18
1-1-19	6th Res	Posted from E.O.R.D. to 1 CCD	" "	31-12-18	D.O. 1 + E.O.R.D. D.O. 2 d 31/1/19 + 1st CCD D/0362 d/31.12.18
11 2 19	—	On Comd. Can Corps Camp Bishott	Seaford	10 2 19	— 32 CCC. D.O. 2 — 22.2.19
24 3 19	C.A.S.C.	Bishott 7 Days & P.N.O. 2 for hesitating to comply with an Order	" Bishott	15.3.19	— 71

Report. Date.	From whom received.	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
22.2.19	66	Leaves Attch^d + is Attch^d to HQrs 66 Sec	Pte B'shott	14.2.19	PH O 2
2.6.19	6th Res	SOS to NC & Regt Dep Grp Witley	Seaford	1.6.19	— 124
7.6.19	Eorb D	TOS from 6th Res + On Cont^d 66 B'shott	— Witley	"	— 133
18.7.19	Awipccc	SOS to Can	—	12.7.19	— 42
E.O.R.		506. B.8		12.7.19	

Number 332643 Rank Pte.

Surname LALONDE

Christian Name ~~Joseph Octave~~ Lucien

Units E.O.R. Theatre of War England.

Date of Service 3-4-18.

Remarks

Latest Address 2481 St Urbain
Montreal P.Q.

Roll No.

A. Page 5158

Jos. Lalonde, Esq. (F)
2481 St. Urbain St.,
Montreal, P.Q.

M.F.W. 192
150M—200m.-6-21.
1772-39-1243.

ate

Character on discharge

Date and place of enlistment

Date of Medical Boards

Remarks

Pt. 2 Order No.

DESP. MAY 20 1925

REGN. No. 136620

Qu'M. Pul. 4 26 5 Pr

rname first.

(over)

Reg. No.	Rank.	Surname	Category.	Dentally Unfit.
3 / 3320643	Pte	Lalonde	A II	

Christian Names (1) J. (2) [illegible] (3) A. O. Date

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Ottawa	18/2/18		R.C.	N/A	G
Province: Ontario.	Age on 20	Date		Vaccination	

On Command	Hospital	Permanent Cadre	Employed as
Camp Borden Brampton		Date taken on	
Date Proceeding 10-2-19	Date Admitted		

Record of Overseas Service: Local.

Reason for Return:

Profession or Trade (Civil) Laborer.

Transferred or Posted to

Date

Married or Single Single

Address of Next of Kin Mother.
Mrs Lalonde
2481 St Urbain
Country Montreal Que.

LEAVE.

No. of Pass Issued.	From.	To.	Free Transportation.

G. 10434

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
178	25.4.18	A7			
180	2.8.18	X			
183	6.8.18	H.A.			
183	6.8.18	H.D.			
188	12.8.18	H.A.			
191	15.8.18	H.A.			
196	21.8.18	H.D.			
198	23.8.18	P.6			
206	2.9.18	H.A.			
236	7.10.18	H.A.			
237	8.10.18	H.A.			
262	6.11.18	H.A.			
274	20.11.18	H.D.			
32	14.2.19	C.			
124	2.6.19	S.D.			

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

26.8.18. III
9.9.18 II
23.9.18 I
18.10.18 Fit

Service 31

P.C. 2080 15-10-20
Lt. Col.

CARD NO. 136

SURNAME. Lalonde (signs Lalonde)

CHRISTIAN NAMES Joseph Octave Lucien Alexandre

FOLIO 207

S.A. Rs 27-7-19 Demob
R.O. 26-7-19 & SAD

REGL. No. 3320643 RANK Pte

UNIT East Ont Regt 2nd Dpo Bn

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lalonde, Mrs. J

RELATIONSHIP TO SOLDIER Mother

ADDR 2481 St Urbain St. Montreal P.Q.

Saap 20-5-18

COUNTRY OF BIRTH Canada, Montreal, P.Q. DATE Aug. 9th, 1897.

PLACE OF ATTESTATION Ottawa, Ont. DATE Feb. 25th, 1918.

O/S. 25-3-18 1129/1

RIC 20-7-19 376/11 Pte

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Joseph Octave alexander

LALONDE, Pte. Lucien #3320643 649-L-13782

1st D.B. E.O.R.

M. & D.	Father	Jos. Lalonde, Esq., 2481 St.Urbain St., Montreal, P.Q.
P. & S.	"	as above
Memorial X	Mother	Mrs. A. L.Lalonde, as above

986250

Elig. for B-W.M.

M.S.
14/5/25

Scroll Desp. JUN 16 1925 Regn. No. 1618

Plague Desp. JUN 16 1925 Regn. No. 1969

R. T. S. rel d. 19 6/25

Mem 20 rel d. 23 6/25

DESP. JUN 18 1925

REGN. No. X.5.5140

Mem. 20 erased for re-engraving 9 3/26 - D

Form R. 149.

Joseph Octave Lucien Alexandre

Name Lalonde *Rank* Pte *Reg. No.* 3320643

Unit 6th Res. Bn. GP

Next of Kin Canada.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-4	14 C.G.H.	Eastbourne	Appendicitis	C/Ho	✓	16616
22-7	Discharged		Do	C264		6786

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

NAME Lalonde J. O. L. A.

REGT'L. No. 3320643.

H. Q. FILE No 649

RANK AND CORPS Pte E. Ont. Regt.

FOLLOWS No.

FOLLOWS

CABLE		NATURE OF CASUALTY
No.	Date	

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
C186	14 Can. Gn. Eastbourne	19-4-18	Appendicitis
C265	" " " " Dis	22-7-18	"

D M S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Lalonde.	J.O.L.A.	332064 3.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	E.O. Bk.			

HOSPITAL — DATE OF ADMISSION

14. G. G. Eastbourne. 19.4.18.

1. ..... HOSP.

2. ..... HOSP.

3. ..... HOSP.

4. ..... HOSP.

DIAGNOSIS Appendicitis at.

1.

2.

3.

DISPOSITION — Disch. 22.7.18 DATE

REMARKS

Ch. 22.4.18 C186.
" 26.7.18 C265

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.
350M.—5-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps Eastern Ontario Regiment.

Regimental No. 3320643 Rank Pte. Name Ladonde Joseph Octave Lucien Alexandre

~~Enlisted~~ Joined (a) 25-1-18 Terms of Service (a) C.E.F. Service reckons from (a) 25-1-18

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) Labourer

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				
		Embarked Canada 24-3-18			
		Disembarked England 3.4.18			
		H.M.T. Grampian			
5/4/18.	O.C.6th.Res.	T.O.S.6th.Res.Batt.	Seaford,	3/4/18.	Pt-11 B.O. 81.
24.7.18.	O.C.6th.Res.	S.O.S.6th.Res.Bn. on posting to E.O.R.D.	Seaford	22/7/18	Pt II BO 173
23/7/18	E.O.R.D.	To E.O.R.D. shown on command to struck off	Seaford	22/7/18	Pt II BO 168

[illegible]

DEPUTY Hd RECORDS [illegible] CAN. EXP. BN.

[illegible]

for Officer Commanding,
East Ont. Regt'l Depot.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
7.12.18.					7.12.18.
		DISCHARGED FROM 3RD C. C. D. Seaford	15.6.19.	TO DEN. PART II D. O. No. 28	
					For O.C. 3rd Canadian Command Depot
11-2-19	Ob bot Res	On Bond Ob Bramshott	Seaford	10-2-19	Pt II Bo 32
2.6.19	Ob 6th Res.	ceases to be shown on command & posting to No 3 Reg Depot Group.	Seaford	7.6.19	Pt II Bo # 124

Lieut.
Officer i/c Records,
6th Can. Res. Bn.

18

14th Canadian General Hospital
Eastbourne

Reg No. Rank & Name 3 3 2 0 4 6 3 Pte. Lalonde

Diagnosis. Scalies v. appendicitis Ward. C.H.

To:- Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of urine with special regard to Routine

Date April 19th. 1918

Capt. Beer
Officer i/c Ward

LABORATORY REPORT

Color. Amber

Reaction. acid

S.G. 1.020

Sugar. nil

Albumen. nil

Microspopic

Special

LABORATORY
EASTBOURNE
20 APR. 1918
SUSSEX
No. 14 CANADIAN GENERAL HOSPITAL

Date of Examination 4.9. 1918

J B Hetherington
Capt. CAMC
Officer i/c Laboratory.

Regl. No., Rank & Name 3320643 Pte. Lalonde, L. (22)

Diagnosis Scabies & Impetigo Can. Mil. Hospital, Eastbourne.

To Officer i/c Laboratory. Ward. F.I. (76)

Please carry out an examination of the accompanying specimen of blood with special regard to Wasserman Reaction.

Date 21/5/18

A.W. Tiefy, Capt., C.A.M.C.
Officer i/c Ward.

Laboratory Report.

History of Infection.

Previous Symptoms and Treatment.

Present Symptoms. Variety of skin eruptions. Enlargement of all lymphatics.

Present Treatment. Sulphur Oint. and Amm. Mercury Oint.

Result of Test. negative

Date of Examination. 29-5-18

N.B. Hetherington
Capt. C.A.M.C.
Officer i/c Laboratory.

LABORATORY No. 14 CANADIAN GENERAL HOSPITAL EASTBOURNE 30 MAY 1918 SUSSEX

1th Canadian General Hospital
Eastbourne

Reg No. Rank & Name 3320643 Pte Lalonde L.

Diagnosis Furunculosis Ward F. (70)

To:- Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of pus from boil above leg with special regard to making a vaccine

Date 31:5 1918

Geo. S. Kelly
Officer i/c Ward

LABORATORY REPORT

Autogenous Vaccine mixed staphylococcus aureus (1000 millions per cc) & streptococcus (30 millions per cc) Initial dose 4 mins. maximum 1 cc.)

Date 8/6/18 1918

N B Hetherington Capt. CAMC
Officer i/c Laboratory.

54.

~~42~~ (3)

Regl No.Rank & Name 408813 Pte Salonde

Diagnosis 14th Canadian Gen.Hospital Eastbourne

To; Officer i/c Laboratory. Ward. C.T.

Please carry out an examination of the accompanying specimen of urine with special regard to Complete

Date May 3rd

A. W. Wolfe for Major Wickham

Officer i/c Ward.

LABORATORY REPORT.

Color. Amber, clear.

Reaction Acid.

~~Sugar~~ S.G. 1020 429

Sugar. Negative.

Albumen Negative.

Microscopic (numerous) epithelial cells

Special Many spermatozoa

Date of Examination Dibbres

N B Hetherington

Capt C.A.M.C.

Officer i/c Laboratory

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 332064 Rank Pte. Surname Lalonde
(Given name in full) Joseph O. L. Alex

Unit or Corps 6th Res Bn Birthplace Montreal P.Q.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. **GENERAL DESCRIPTION:**

Physique Fair Weight 125 lbs. Height 5 ft. 2 in. Colour of Eyes Hazel

Nutrition Fair

Pulse 75 regular

Condition of arteries soft

Vision Rt. 6/12 Left 6/12

Hearing (conversational voice) Rt. 30 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar. Rt upper eyelid.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date July 6 1919 Signed R. B. Jenkins Capt. M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Irwin Lalonde

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank Pte. Name Lucien Surname Lalonde.

Unit or Corps 6 Res. (If a soldier) Regtl. No. 3320643.

Born at Ottawa Canada on, date 1st Feb. 1899.

Signature (for identification) Lucien Lalonde

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 125 lbs. est.

Height 5 ft. 3 ins.

2. NUTRITION AND DIATHESIS? Fair.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? normal.

4. RESPIRATORY SYSTEM. normal

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 72 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? normal

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1022 Reaction? Acid Albumen? Neg Sugar? Neg

9. SKIN, MIDDLE EAR, EYE or any other part? normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Seaford Signed J. McNichol, Capt. M.O.

Date 4-2-19 Signed R. J. McNichol Capt. M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3320643 (Rank) Pte.

Name (in full) Lalonde Joseph Octave Lucien enlisted in

the 2nd Dep Bn E O R

CANADIAN EXPEDITIONARY FORCE at Ottawa. on the 25th

day of February 1918.

HE served in 6 Res Bn in England

and is now discharged from the service by reason of Demobilization. ✓ ~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 21.

Height 5' 2"

Complexion Sallow

Eyes Hazel.

Hair Brown

J Lalonde
Signature of Soldier.

Marks or Scars Scar upper right eyelid

R R Hayes Capt
O. C. Dispersal Station "B", Major
Issuing Officer.

Date of Discharge

Dispersal Station "B" 1919 Military District No. 6

Rank

Date HALIFAX, N.S. JUL 20 1919 19

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

M.F.B. 39A.

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

C.A.D.C. 5009(A)

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

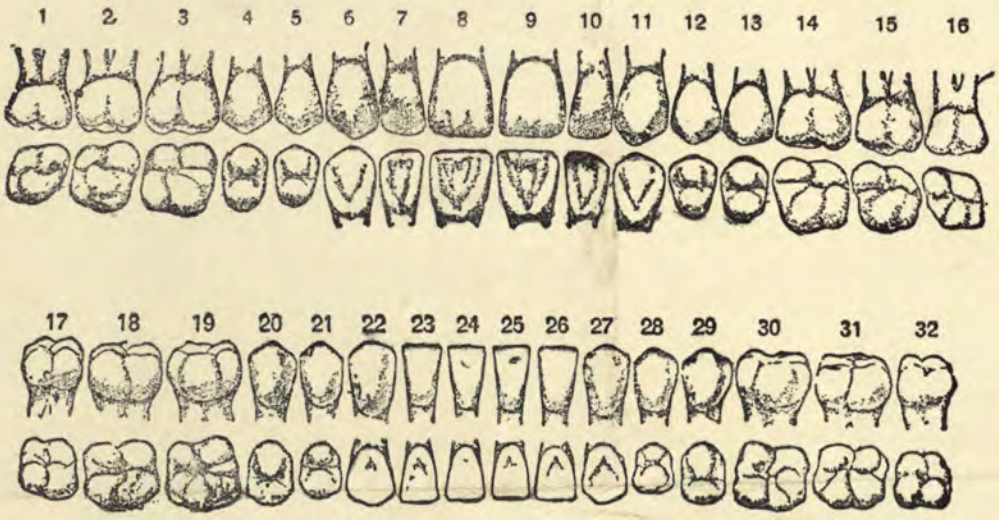
NAME OF SOLDIER (Block Letters) Labond. L.

REGIMENT 6th Res Bde RANK Pte No. 3320643

Date of Examination in England 7.7.19 | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower 1

ASSISTANT DIRECTOR OF DENTAL SERVICES
JUL 20 1919
M. D. NO. 6

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of *a*, *b* or *c*.)

- (a) In Canada
- (b) In England
- (c) In France

BRAMSHOTT CAMP

Signature of Dental Officer L D MacLaren Capt

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 .....

Regimental No. 3320643 Rank ..... C. E. F. Name Lplonde

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

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				
26-7-19	OS	T. O. S. No. 6 D. D. from 12-7-19 and posted ~~Dept~~ 31-7-19 Do 207			
26-7-19	SOS	m Desclange		27-7-19	" 207
				Lieut. Officer i/c Records No. 6 D.D.	

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

2481 St Arbum
Montreal
Que

FORM OF WILL

I, Joseph Octave Lucien Alexandre Lalonde (Name in full)

Regimental Number 3320643 serving in 2nd. DEPOT BATTALION, Eastern Ontario Regiment.

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

2481 St Arbum

I devise all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs. J. Lalonde (Mother) 2423 Clarke Street, Montreal. Que.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 21st day of February A.D. 1918

Lucien Lalonde Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness: T. Cole

Address of Witness: 2nd. DEPOT BATTALION, Eastern Ontario Regiment. OTTAWA

Occupation of Witness: Soldier C.E.F.

Signature of Second Witness: Alex J. McIntosh

Address of Witness: 2nd. DEPOT BATTALION, Eastern Ontario Regiment. OTTAWA

Occupation of Witness: Soldier C.E.F.

M. F. W. 82.
300M.-12-16.
1772-30-983.

Retd. undelivered
Nom Roll 99.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

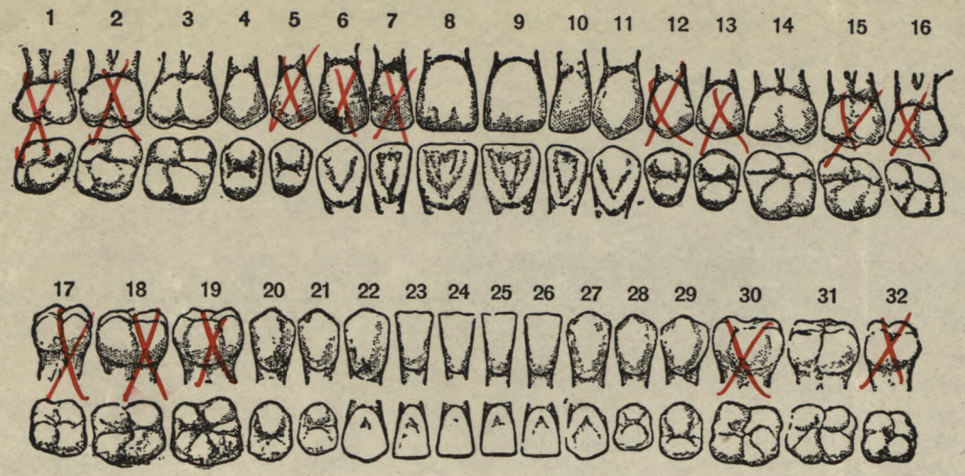
District 3

Name of Soldier Pte Helmcke L

Rank Pte

Regiment C O R

No. 332064 3



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918 Feb 22									12-3-6-7-12-13-15-16-30-32 17-18-19	12									Examined By Capt Eaman	3	Pat. O.K.
	Feb 22																			W.R. Eaman	3	

M.F.B. 465
2'10M 1-17
1772-39 950

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1) *Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname Lalonde	2nd Dft. Depot Bn E.O.R.	3320643
(5) Christain Names Joseph Octave-Lucien-Alexandre		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*) (11) Engagement (*c*)

(12) Service reckons from (*date*) Feb 25th 1918 (13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

(Authority) (*date*)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin Mrs J. Lalonde (mother)

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P?1150 1M 5/18 G.W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and ranks of an officer
			arrived in England		3-4-18	S.S. Grampian
5-4-18	6th Res.		T.O.S. from Canada	Seaford	3-4-18	Pt II 81
25-7-18	E.O.R.D.		Posted from 6th Res. on	— " —	22-7-18	— 180 & 6th Res 173 d/24-7-18
			con'd to 3rd E.C.D.			& 3rd E.C.D. 173 d/25-7-18.
14-12-18	— " —		ceases on con'd to 3rd	Witley	14-12-18	— 313 & 1st E.C.D. 351 d/20-12-18
			E.C.D. & now on con'd to 1st E.C.D.			& 3rd E.C.D. 295 d/14-12-18.
1-1-19	6th Res.		Posted from E.O.R.D. to 1st E.C.D.	— " —	31-12-18	— 1 & E.O.R.D. 2 d/3-1-19
						& 1st E.C.D. 362 d/31-12-18
11-2-19	— " —		on con'd C.E.C. B'Shott	Seaford	10-2-19	— 32 & E.C.C. - 2 d/22-2-19
24-3-19	C.A.S.C. B'Shott.		7 dys F.P. No 2 for hesitating to comply with an order	B'shott	15-3-19	— 71
22-2-19	E.C.C.		ceases attch & is attch	— " —	14-2-19	— 2
			to H.Q. C.A.S.C.			
2-6-19	6th Res		S.O.S. to No 3 Regt Dep	Seaford	1-6-19	— 124
			grp Witley			
7-6-19	E.O.R.D.		T.O.S. from 6th Res &	Witley	1-6-19	— 183.
			on con'd C.E.C. B'Shott			

Nothing to be written in this margin.

Certified Correct

Lieut.

for Adt Gen i/c Records. OMM

Embarked 12 7 19
Liverpool
Disembarked 21 7 19
at Halifax H M T Royal George

Struck off proceeding to Canada 12/7/18.
Part II orders 2040 allowing 666.

Thos Newnham

FORM P. 559
8248-180M.-7/8/17

Joseph Octave

Reg'l No. 3320643 Rank Pte. Name LALONDE, Lucien Alexandre.

Place of Attestation Ottawa Date of Attestation 25/2/17 25/1/18 Original Unit 2nd Depot Bn C.O.R.

6th CANADIAN RESERVE BATTALION.
Present Unit.....

Married or Single Single.

Place of Birth Montreal

Name of Next of Kin J Lalonde Relationship Father

Address Montreal.

Name of Next of Kin Relationship

Address

APPOINTMENTS.
Promotions and Reversions

Particulars	Effective Date	Authority

Date Admitted	Admissions Date Disch'd	V. or A.	To Hospital, &c. Name of Hospital

ASSIGNED PAY

(1)
Per Month $ 20.00 Date Effective 1/4/18 Authy.
Payable to Mrs J Lalonde 2423 Clarke St. Montreal Que.
Relationship
Stopped Effective
Cause
Date A3M Forms rend.

(2)
Per Month $ Date Effective Authy.
Payable to
Relationship
Stopped Effective
Cause
Date A3M Forms rend.

(3)
Per Month $ Date Effective Authy.
Payable to
Relationship
Stopped Effective
Cause
Date A3M Forms rend

(4)
Per Month $ Date Effective Authy
Payable to
Relationship
Stopped Effective
Cause
Date A3M Forms rend.

Discharge date and place
Reason and Authority
Account Transferred to N.E. Branch (date)
Account Transferred to Officers' Pay Branch (date)

Particulars of Transfers

To Unit	Effective Date	Authority

SEPARATION ALLOWANCE

Separation Allowance Monthly $ Effective (Date) Stopped Effective (Date
Payable to Reason
Relationship Authority
Authority for issue Remarks

Separation Allowance Monthly $ Effective (Date) Stopped Effective (Date)
Payable to Reason
Relationship Authority
Authority for Issue Remarks
New Paybook Issued New Paybook Issued

Period From	Period To	Pay and Field Allowance No. of Days	Pay and Field Allowance Rate	Pay and Field Allowance $ c.	Working Pay No. of Days	Working Pay Rate	Working Pay $ c.	Separation Allowance $ c.	Assigned Pay Credits $ c.	Any Other Credits $ c.	Total Credits $ c.	Separation Allowance $ c.	Cash Payments During the Month 1 $ c.	2 $ c.	3 $ c.	4 $ c.	Assigned Pay $ c.	Other Charges $ c.	Total Debits $ c.	Balance Carried Forward Credit $ c.	Balance Carried Forward Debit $ c.	Number of Acquittance Rolls 1	Number of Acquittance Rolls 2	Number of S.A. and A.P. Cheque	Remarks. All Casualties, Promotions, &c., to be Noted, also Particulars of "Other Credits" or "Other Charges"
MONTH		PARTICULARS		CR. 1	CR. 2		PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.								
Due from Canada as per LRL															~~28.70~~ 29.50										

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY			SEPARATION ALLOWANCE	ASSIGNED PAY CREDITS	ANY OTHER CREDITS	TOTAL CREDITS	SEPARATION ALLOWANCE	CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE	REMARKS. ALL CASUALTIES, PROMOTIONS, &c., TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	$ c.	No. OF DAYS	RATE	$ c.	$ c.	$ c.	$ c.	$ c.	$ c.	1 $ c.	2 $ c.	3 $ c.	4 $ c.	$ c.	$ c.	$ c.	CREDIT $ c.	DEBIT $ c.	1	2		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:– 1.4.18		EFFECTIVE DATE:–	
AMOUNT:– 20.00		AMOUNT:–	

NAME: LALONDE. Joseph Octave Lucien Alex.

NUMBER:– 332643.

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.

Mrs J Lalonde (mother) N/R
2423 Clarke St
Montreal PQ
Stopped eff. 1/7/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Can Lgb		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT 2nd Draft 2nd Depot Bn Eok

DATE ACCOUNT FIRST OPENED:–

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
6			6th Res Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
17/6	753		~~24~~				
24/6	11682		~~38 93~~			L.P. Right	48
			39.17			Ledger Bal.	38 69

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Can RPC	1 -	10		4 P.C.

PARTICULARS OF RENDERING NON-EFFECTIVE: Transferred Can. 1/7/19. NRB 11143 Brantford Wing 21/6/19 MD 5 Wing A

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918											
Mch 31	Bal. forward								29 60		
Apl.	P.P.	33						20	42 60		
		33						20			
May	"	34 10						20	56 60		
		34 10						20			
		33									
June	"							20			
				AR 8411 14 6 GH 13/6/18	7 30						
				" 10410 " 26/6/18	2 43				59 87		
		33			9 73			20			
July	"	34 10						20			
				" 1256 " 15/7/18	2 43						
				" 3704 " 28/7/18	4 87				66 67		
		34 10			7 30			20			
Aug	"	34 10									
				Awd 4 days ST/102 22/8/18 for 4							
				leaving 11.15 hrs payable without							
				permission & remaining absent							
				until 30 hrs 20 19 8 3 CBD 23 8 8		4 40					
		34 10		AR 4924 6 CBD 29 8 18	4 87				71 60		
		33			4 87	4 40		20			
Sept	"			6 ar				20			
				AR 5700 13/9/18 3 clerk	29 20						
				" 5987 23/9/18 ✓	29 20				26 10		
		33			58 40			20			
Oct.	✓	34 10		C.A.P.				20			
				AR 6870 15/10/18 3 CCD	9 73						
				7403 28/10/18 ✓	4 87				75 60		
		34 10			14 60			20			
Nov.	✓	33		C.A.P.				20			
				AR 7731 19/11/18 3 CCD	9 73						
Dec	✓	34 10		8225 29/11/18 ✓	4 87			20			
1919				8595 13/12/18 ✓	14 60						
Jany	✓	34 10		~~7885~~ 6/12/18 1 rec'd	4 87			20	32 73		
		101 70			34 07			60			

COMPILED BY A.M. Fletcher

CHECKED BY [illegible]

NUMBER 3320643 RANK Pte NAME LALONDE, J. O. L. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	Forward								32 73		
Feby.	P.P. Feby Mch	64 90		AR. 7595 9/1/19. 6 Res.	4 87				24 90		
									57 63		
				8213 23/1/19 ✓	7 30				31 88		
				257 17/2/19 ✓	4 87						
				Q187 9/3/19.	24						
				C.A.P. Feby Mch				40			
				1413 27/3/19. Case	4 87						
					22 15						
				1473 12-3-19 ✓	7 30						
					29 45						
				1587. 22-3-19 ✓	2 43				25 75		
		64 90			31 88			40	25 75		
Apl.	P.A	33		7 days FP#2. 13-3-19 Do 71. 24-3-19 Case.		7 70					
				(Apl) C.A.P				20			
May.	✓	34 10		✓				20			
				AR 189 26.4.19 Case B'shott	9 73				35 42		
		67 10			9 73	7 70		40			
June	✓	33 —		C.A.P.				30 —			
				503 31/5/19 C.A.C.	9 73						
				753 19/6/19 ✓	12						
				11684 24/6/19 ✓	38 93						
		33 —			48 78			20 —	— 36		

S.O.S. to Canada 12.7.19 MD 6.
SL 4506. EOR

7152

206834

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Da B
O.G.7.

1. No. 3320643

2 Rank. Pte.

3. Name. Lalonde. Joseph. octave Lucien aax.

4. Unit. 6 Res. Bn.

5 Date of Discharge 27.7.19 Place Halifax

6 Reason for Discharge Demob.

7. Authority. R.O. 1420

8. Proposed Residence after Discharge

2481. St Urbain. Montreal Que.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

L Lalonde

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date HALIFAX, N.S. JUL 20 1919

Signature R R Hayes Capt.

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). & dup
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 15

Date 10 JUL 1919

J.O.L.A. Lalonde.

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

F1-70

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	3320643	Pte.	Lalonde L.	
	Unit.		Age.	Service.
Year 1918	6th Can Res.		20	1/12

Station and Date. Disease Scabies ? Appendicitis

Apl 19/18.

Admitted with above diagnosis - scabies is very marked - very slight evidence of appendicitis - not complaining of abdominal pain - no vomiting - on deep palpation slight tenderness complained of over McBurney's point - no muscular rigidity - rectal exam.n - negative - urine neg. W.B.Cs - 10,000.

Recommended for transfer to medical side - E C Beer Capt

3-4-18 Improved to medicine. Few scabies lesions, some impetigo & on his back slight seborrhoea - He complains that it is itchy at night - Ung. Sulphur applied after a hot bath once daily.

3.5.18. Considerable desquamation from Sulphur ointment

30-5-18 Wasserman - negative.

14.6.18 Is almost clear but has a boil on his buttock.

20.7.18 Skin Cured, Improved, Had Influenza (Epidemic) here

22-7-18 C C H Capt Cured

DISCHARGED
22 JUL 1918
To

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

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[1185] W11203/M1150 50m 12/16v 5 89 Forms/I. 1237/12

P.T.O.

Station and Date.	

Form R. & O. 6045
1288-190M-29/11/15.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford 6th April 1916.

No. 3320643 Rank Pte. Name LALONDE L.

Local Unit 6th Res Bn Overseas Unit Original 2nd Depot Bn Age

Examination held at Medical Board Office, Seaford.

DISABILITY.
~~Overseas~~ Local.
(scratch one out)

NIL.

PRESENT CONDITION.

No complaints.
Exam: "Good development for his size height 5 ft 3 ins.
All systems normal.

BOARD RECOMMENDS:—

1. Fit for Duty A
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty ..... weeks.
4. Fit for Permanent Base Duty
5. Discharge

Signatures:—

President.

Members { Capt.
Capt.

APPROVED

Dated at ..... 1916.

For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY:
(Overseas, Local,
Pension Case, etc.)

PRESENT CONDITION

BOARD RECOMMENDS:—

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

Signature:—

Members

..... President.

.....

.....

APPROVED

Dated at ..... 1916.

For A.D.M.S.

3320643

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

2nd. DEPOT BATTALION, E.O.R. (Ontario Regiment)

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Lalonde Christian name Lucien

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule L 253

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of Feby. 1918 by the undersigned ~~medical board~~ sitting at Ottawa

5. Age as stated 20 Years 6 Months. 6. Apparent age 20 Years Months

7. Height 5 Feet 2 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 30 Ins. Maximum 33 Ins. 10. Complexion Sallow { Eyes Hazel. Hair Brown.

11. Physical development good. { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 Left arm 1 14. When vaccinated last childhood

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A ii

17. (a) Vision R. normal L. normal

(b) Hearing. R. normal L. normal

J. W. Shillington Lt. Col. President.

Member. Member.

Signature of Man. Lucien Lalonde

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
21-2-18		J W Shillington M.O.	21-2-18		J W Shillington M.O.
		M.O.	25-2-18		J W Shillington M.O.
		M.O.	2-3-18		J W Shillington M.O.

Joined 25th day of January 1918 at Ottawa

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd Depot Bn. E.O.R.	3320643		25-1-18
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Seaford	6-4-18	Inf	A J Gillies Capt. President, Standing Medical Board
19-7-18	D T	James Tyte. Major C.A.M.C.	

No. 1 Canadian General Hospital, Eastbourne, Subs

N.B.—This sheet is 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.

3rd C.D. Seaford 18-10-18 Fit for Duty Can. Geoffrey Dowling Major C.A.M.C.

M. F. B. 313.
300M.—10-17.
1772-39-439.

St Leo Bailey. 27-12-18. Fit. A. Lalonde

Surname Laloude Christian Name J. O. L. A.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				
		18	4	18	22	7	18	Appendicitis & Scabies	96	Marked Scabies & Complications. Appendicitis Doubtful. Chronic Case C.C.D. [redacted] D I	W. Hes Capt. Genie

10-L-3-L-2
Mr. R.

Date of Enlistment: 25-1-18

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 883

Date of Assignment: ~~1334~~ aprilst 1918

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3320643

Rank Pte Promoted Reverted Discharge

Soldier's Name Lucien Lalonde

Battalion 2nd Depot Bn E.O. Regt 2nd Draft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jos. Lalonde

Address ~~2423 Clark St.~~

Change of Address Montreal Que

1 MRS.JOS.LALONDE,

2 ~~2423 CLARK ST.~~, MONTREAL,QUE. 20 20.00

3 % 3320643 PTE LUCIEN LALONDE TWENTY DOLLARS

4 2481 St Urbain MR.O.1B 10/5/18 jlb.

10537-L-11.

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Apr.	K 12908		20	20	✓	
May	L 13092		20	20	✓	
June	F 18800		20	20	✓	
July	P 29986		20	20	✓	
Aug	J 34526		20	20	✓	
Sept	K 44685		20	20	✓	
Oct	N 55744		20	20	✓	
Nov.	E 60344		20	20	✓	
Dec	O 64103		20	20	✓	
Jan	K 70824		20	20	✓	
Feb	K 78452		20	20	✓	
March	G 90349		20	20	✓	
April	H 4378		20	20	✓	
May	W 7526		20	20	✓	
June	T 9705		20	20	✓	
July	R 12248		20	20		
			320	320		

A/c Closed 31-7-19

Ret'd per Royal George

Date 22/7/19 M.F.W.187 28/7/19.

Clerk A.G. Blythe

M. D. #6 MRO. 107016.

M. F. W. 128.
40M. 6-17—(172-30-1141
L. L. 22320—M. & D. 7993.

AUDITED.

AUTHORITY FOR NEW ACC'T. MR, M.D.3. B-1. 3-4-18 ak Scrivens

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

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.
4'0M. 6-7—1772-39-1141
L. L. 22320—M. & D. 1893.

Royal George. 22.7.19

AUDITOR	PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. NO. 3320643 | RANK Pte | NAME (IN FULL) Lalonde J.O.L. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Paid

EXPB

PARTICULARS	EFFECTIVE DATE	AUTHORITY
20-8	2-7-19	DO 207

ORIGINAL UNIT C.E.F. 6 Res. Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1.8.19

PAYABLE TO Mrs Jas Lebrude | RELATIONSHIP Mother | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 2481 St. Urbain Montreal Que.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Halifax | DATE JUL 27 1919 | REASON Demob | AUTHORITY DO-207 | IF ENTITLED TO POST DISCHARGE PAY

1027

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Dr Bal Clo Office Adv W.S.G. Left on boat Bal o Bal on Dis. A.P. July.
30.6.19					35	00																							45								
27.7.19	27	1.10	29	70	70	00			134	70							4 87	5 00	10	35	20	00									134	70					
																																			S		
W.S.G. S.A.																																					1st. Inst. W.S.G.
122 days					280	00			280	00													70	00									210	00			1128233 23-8-19
																							70	00									140	00			1496713 23-9-19
																							70	00									70	00			22-10-19 # 1514744
																							70	00							280	00	bal				
									280	00													280	00							280	00					

WAR SERVICE GRATUITY W.S.G. S.A.

Payments completed

Completed

AUG 15 1919

2005-3-19.—L. ... 58786-11, & D. 9983.
M. F. W. 2596.
1772-39-1390.