OFFICER I/C. RETURNS & STATISTICS
M.D. No. 5
JAN 5 1918
QUEBEC, P.Q.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

DUPLICATE

PIÈCE D'ATTESTATION.

No. 328016

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ?	Lamontagne
1a. Quels sont vos noms de baptême ?	Simeon
1b. Quelle est votre présente adresse ?	340 Rue Richelieu Quebec
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?	Quebec, P.Q.
3. Quel est le nom de votre plus proche parent ?	Mde. Simeon Lamontagne
4. Quelle est l'adresse de votre plus proche parent ?	St. Bridget's Asylum Quebec
4a. Quel est votre dégré de parenté avec icelui ?	Mére
5. Quelle est la date de votre naissance ?	18 Fevrier 1870
6. Quel est votre métier ou profession ?	Garcon de table
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 ?	Oui
10. Avez-vous déjà fait du service militaire ? (En ce cas, mentionner les états de service)	Oui 13 mois 189th & 69th Battn
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

13. Avez-vous été réformé du service militaire pour incapacité physique ?
14. Si oui, quel était la nature de cette incapacité ?
15. Avez-vous déjà offert vos services dans une des branches du service militaire de Sa Majesté, et avez-vous été refusé ?
16. Si refusé, quelle en était la raison ?

DÉCLARATION REQUISE DU SUJET

Je, Simeon Lamontagne 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.

S Lamontagne (Signature de la Recrue)

Date 18 Dec 191 7 J W Woodley (Signature du Témoin)

OFFICER I/C. RETURNS & STATISTICS
M.D. No. 5
JAN 10 1918
QUEBEC, P.Q.

SERMENT REQUIS DU SUJET

Je, Simeon Lamontagne prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeur 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.

S Lamontagne (Signature de la Recrue)

Date 19 Dec. 191 7 J W Woodley (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

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

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

J'ai vu avec soin, à ce qu'il comprît 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 Quebec ce 19e jour de Decembre 1917.

(Signature du Juge)

LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

M. F. W. 23a
40M.—4-16.
1772-39-841.

N.B.—Les personnes faisant des réponses erronées aux questions posées ci-dessus sont passibles d'un emprisonnement de six mois.

Signalement de Simeon Lamontagne à l'Enrolement

Age apparent 47 ans .... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Taille 5 pieds 4 pouces

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

Teint fair

Yeux blue

Chevelure brown

Confession religieuse:
- Anglican.
- Presbytérien
- Méthodiste
- Baptiste ou Congregationaliste
- Catholique Romain x
- Juif
- Autres dénominations (Indiquer laquelle)

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

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

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 December 18th 1917. [signature] Capt. C.A.M.C.

Lieu Quebec. P. Que. J.-E. Grondin M.D.

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

Simeon Lamontagne 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.

[signature] LT. COL. (Signature de l'officier.)
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Date 22/12/17 191 .

Card E.D. 9-9-16

Duplicate 889916 ~~889591~~

PIÈCE D'ATTESTATION.

No. ~~889573~~

Folio

189e BAT., F.E.C.

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? Lamontagne
1a. Quels sont vos noms de baptême ? Simeon
1b. Quelle est votre présente adresse ? 23 Rue St Eustache
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? Quebec
3. Quel est le nom de votre plus proche parent ? Pierre Alfred Lamontagne
4. Quelle est l'adresse de votre plus proche parent ? 23 St Eustache
4a. Quel est votre dégré de parenté avec icelui ? Pere
5. Quelle est la date de votre naissance ? 29 Decembre 1883
6. Quel est votre métier ou profession ? Journalier
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

189 T.L.B.N

DÉCLARATION REQUISE DU SUJET

Je, Simeon Lamontagne 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.

Simeon Lamontagne (Signature de la Recrue)

Date 28 Aout 1916. J. A. Goulet Capt (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Simeon Lamontagne 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.

(Signature de la Recrue)

Date 28 Aout 1916. Simeon Lamontagne (Signature du Témoin)

J. A. Goulet Capt

CERTIFICAT DU MAGISTRAT

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

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

J'ai vu avec soin, à ce qu'il comprît 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 Quebec ce 28 jour de Aout 1916

Signé Thomas Vien J.P. (Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Duplicate

Signalement de Lamontagne Simeon à l'Enrolement

Age apparent 33 ans 8 mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille 5 pieds 3 pouces

Mesure de la poitrine
- Tour de poitrine, à pleine expansion 34 pouces
- Marge d'expansion 2 pouces

Teint Clair

Yeux Bleu

Chevelure Brun

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

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

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

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* Valide pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date Août 28 1916 [illegible] Capt

Lieu Québec [illegible] 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

Simeon Lamontagne 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.

[illegible] Major (Signature de l'officier.)

Lt. Colonel C.C. 189e Bataillon C.F. F.E.C.

Date SEP 2 1916 1916.

VALCARTIER

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

LAMONTAGNE SIMEON

3280076
889916

189 BN

05572

PERM UNFIT.

DESERTER

889916	LAMONTAGNE	SIMEON
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 5347

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC-1048 (r. 87/05)

7/3/20

SURNAME. Lamontagne.

CHRISTIAN NAMES Simeon

REGL. No. 889916. RANK Pte.

UNIT 189th. Bn.

FORMER CORPS Nil.

CARD No.

SOSDis 11-8-17-5

NEXT OF KIN.

NAMES IN FULL Lamontagne Pierre Alfred

RELATIONSHIP TO SOLDIER Father.

ADDRESS 23 St. Eustache St. Quebec P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Quebec P.Q. DATE Dec. 29th. 1883.

PLACE OF ATTESTATION Quebec. P.Q. DATE Aug. 28th. 1916.

Sailed from Halifax Pe[illegible] SS. Lapland 25-9-16. 549

R/C 21-1-17

L. L. 9058.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39-83.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Laborer. RELIGION Not stated

DESCRIPTION.

APPARENT AGE 33 YEARS 8 MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 34 INCHES EXPANSION 2 INCHES

COMPLEXION Clear EYES Blue HAIR Brown

DISTINGUISHING MARKS Not stated

MEDICAL EXAMINATION. PLACE Quebec. P.Q. DATE Aug. 28th. 1916.

Present Address - 23 St. Eustache St.
Quebec. P.Q.

REGT'L No 889916.

NAME Lamontagne, S.

RANK AND CORPS Pte 189th Bn.

H. Q. FILE No. 649-

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
T 308	11-1-17	Sailed from Liverpool for Canada per the S.S. Grampian on the 9th Jan. 1917. 'aged Asthma'

L/L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
35	M. D. C. C. Montreal	31-1-17	adm Savard Part Class 2.
92.	M. H. C. C. Montreal	27-3-17	Transferred Class 2".
126	" " " " Quebec.	26-7-17	Discharged

No. 889916 Rank Pte. Name Lamontagne, P.

T. O. S. Unit Casualties, C. E. F.

M. D. 5.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1917 Feb. 1	1917 Feb. 28 Mar.	X. W.		

SURNAME. Lamontagne

CARD NO. α

SOS Des 23-4-18 auth 1/2 Q R HDL 88 of 7-7-18

CHRISTIAN NAMES Simeon

REGL. NO. 3280016 RANK Pte.

UNIT 1st. Depot (2nd. Que. Regt.) Bn.

FORMER CORPS 189th. (13 mos.) 69th. Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Lamontagne, Mrs. Simeon

RELATIONSHIP TO SOLDIER Mother

ADDRESS St. Bridget's Asylum, Quebec, P. Q.

COUNTRY OF BIRTH Canada, Quebec P. Q. DATE Feb. 18th. 1870

PLACE OF ATTESTATION Quebec P. Q. DATE Dec. 19th. 1917

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Waiter RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 47 YEARS MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Blue HAIR Brown

DISTINGUISHING MARKS nil.

MEDICAL EXAMINATION. PLACE Quebec P. Q, DATE Dec. 18th. 1917

Present address, 340 Richelieu St, Quebec P. Q.

No. 889916 RANK Pte NAME Lamontayne. A.

T. O. S. UNIT Casualties

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Apr. 1	Apr. 30	✓	Fine 3.00	D.B. 25.
			" 2.00	D.B. 25.
			2 days pay.	D.B. 33.

12092

REG. NO. 3280016. NAME (SURNAME FIRST) Lamontagne, —

RANK Pte CORPS 1st. Depot Batt. V

AGE 18. SERVICE 36/12 Can.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 22. 3. 18.

DISEASE Influenza.

DISCHARGE 3. 4. 18.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 889916 RANK Pte NAME Lamontagne Simeon

T. O. S. 28-8-16 UNIT 189th Battalion

D.O. 205 of 29-8-16

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 28	Aug 31	✓		
Sept		M		

UNIT SAILED
SEP 23 1916

Number 889916 Rank Pte

Surname LAMONTAGNE

Christian Name Simeon

Unit 189th Bn Can Inf Theatre of War Eng

Date of Service 6.10.16

Remarks 380 Richelieu

c/o Miss. S. Lamontagne
330 Richelieu St.
Que

Latest Address Quebec City

Roll No. A Page 694

DESP JAN 20 1922
REGN. NO. 1297

889916 Double enlistment

LAMONTAGUE, Pte. Simeon, #3280016, ~~189th~~ ~~BN.~~ 1st Depot Bn
649-L-5089. 2nd Que Regt.

Not elig for 14-15 Star.

MEDALS &
DECORATIONS.....Sister, Mrs. Anna Pelletier,
340 Richelieu St.,
Quebec, Que.

18759

NOTE;- The late soldier is survived by a widow, (2) children and several brothers and sisters. There is, however, no information available as to the whereabouts of the widow and children.

AL

Military District No. 5
Quebec, Que.
17-L-53
JUL 26 1917

M. F. W. 129.
20M.—6-17.
1772—39—1142.

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 Lamontagne Surname Siméon.-

Unit or Corps 69th. (If a soldier) Regtl. No. 889916

Born at Sillery, P.Q. on, (date) 18th of February, 1870.

Signature (for identification) S. Lamontagne

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. No.-

Weight 135 lbs. Colour of eyes Blue.-

Height 5 ft. 6 in. Identification Marks None.-

2. NUTRITION AND DIATHESIS?

Fair. No special diathesis.-

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

3. NERVOUS SYSTEM? Is there a history of previous disability?

No.-

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

History of asthma.-

5. HEART?

Abnormal Sounds? No.-

Abnormal Size? No.-

Pulse Rate? 75.- Intermittence or Irregularity? No.- Muscular Tone? Good.

6. ARTERIES.—(a) Any hardening or nodulation? No.-

(b) Blood Pressure. No instrument available.-

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included).

Fair. Had dental treatment. Artificial plates.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1024 Reaction? Acid Albumen? None Sugar? None.

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? Fair.

Examined at S.P.C.H. Signed J. D. Page Major AMC M.O.

Date July, 19th, 1917. Signed Emile Hodeau M.O.

S Lamontagne
Signature note of soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, 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.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

~~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 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Regimental No. 3280016 Rank Pte. Name Siméon Lamontagne

C. E. F.

Enlisted (a) 18 Dec/17 Terms of Service (a) C. E. F. Service reckons from (a) 18 Dec/1917

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) Waiter, x Soldier

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
20-8-18	1/2nd D.P.	Having been A.W.L. from 23-4-18 are S.O.S. having been Declared Deserter by Court of Enquiry held 27/5/18	Quebec	23/4/18	R.C.II D.O.# 188
13-12-21.	1/2 Q.R.	Pt II. A.O.# 188, d/20-8-18. Cancelled the following substituted: — S.O.S. as Medically unfit.	Ottawa.	23-4-18	after Order # 21. D. Guthrie Capt. for D.A.G.

Died while on Strength of the S.B.R. 7-5-20

(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				

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 189e BAT., F.E.C.

Regimental No. 889916 Rank Pte Name Simeon Lamontagne

C. E. F.

Enlisted (a) 28-8-16 Terms of Service (a) D of W. Service reckons from (a) 28-8-16

Date of promotion to present rank .... Date of appointment to lance rank .... Numerical position on roll of N. C. Os. ....

Extended .... Re-engaged .... Qualification (b) Laborer

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Canada	27-9-16	
		Disembarked	England	6-10-16	
8-10-16	B.O. 3796	Transferred to 69 Battn CEF	Dibgate	6-10-16	DP 11-0-248
					J. Brunault Maj. Adj. 189 Bn CEF
~~6-12-16~~	~~B.O. 1977/501~~	~~Transferred to 64th Bn.~~	~~Dibgate~~	~~6-12-16~~	~~Part II Order 200~~ ~~[illegible] Capt. Adj. 69th Bn.~~
20.12.16		Taken on strength C.C.A.C. Pt. II D.O. No. 561			
23.12.16	ATTACHED ~~TRANSFERRED~~	FROM C.C.A.C. TO C.C.D.D. PART II D.O. No.			
		DISCHARGED under Para 392, Sec. 16, K.R. & O. 1912. Being no longer physically fit for war service.			Lt. for O.C. C.C.A.C.
		W. H. Peedcapt. for Commandant. Canadian Casualty Discharge Depôt.			

(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				
		S.O.S. Med. Unfit	Quebec	11-8-17	H.Q. 649-L-5089 (MDS. No. 17-L-53 d/ 1-8-17)

[signature] Capt
for D of R.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

ORIGINAL

C.T

MEDICAL HISTORY SHEET.

3280016

Surname Lamontagne *Christian Name* Simeon

Examined { on ..... day of Dec 1917
at Quebec

Birthplace { City or Town Quebec
County Quebec

Apparent age 47

Trade or occupation Waiter

Height 5 Feet 4 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 32 inches.
Maximum expansion 4 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. Left.
Number 0 1

When Vaccinated last 1915

(*a*) Marks indicating congenital peculiarities or previous disease

Vision O.D O.S Hearing OK

(*b*) Slight defects but not sufficient to cause rejection

Chr. Bronchitis overage

Approved by

Dr. Desrosiers Capt. C.A.M.C.

Rank J. E. Grondin M.O.

Date	Fit or Unfit	Examined for Re-engagement.
19/12/17	C1	M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
18-1-18		Rev Nelson M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18-1-18	OK	Rev Nelson M.O.
28-1-18	OK	[illegible] M.O.
7-2-18	OK	[illegible] M.O.

Enlisted on 18th *day of* Dec 1917 *at* Quebec

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st. Depot Bn. 2nd Quebec Rg't.	3280016		18-12-17
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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Staff.

Surname Lamonta Christian Name Sim

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Quebec		26	3	16	3	4	18	Influenza	9	Fit for duty Back to Unit	D.D. Devonshire

Reg. No. 3280016

Rank, Pte

Name, Lamontagne S.

Unit 1st Hqt. Bn. 2nd D.R.

This form to be completed and filed with the M/N Pte documents.

H.Q. File Reference, 652-L-414

Date Struck Off Strength, 25-5-18

Reason, Deserter

Military District, M.D. 5.

Auth. H.Q. file Letter MD5. 17-L-628. d. 16.8.18.

Clerk's Initials, R.S

Date, 9.9.18

Doc, S.F. 10.
1000-9-18
LHP

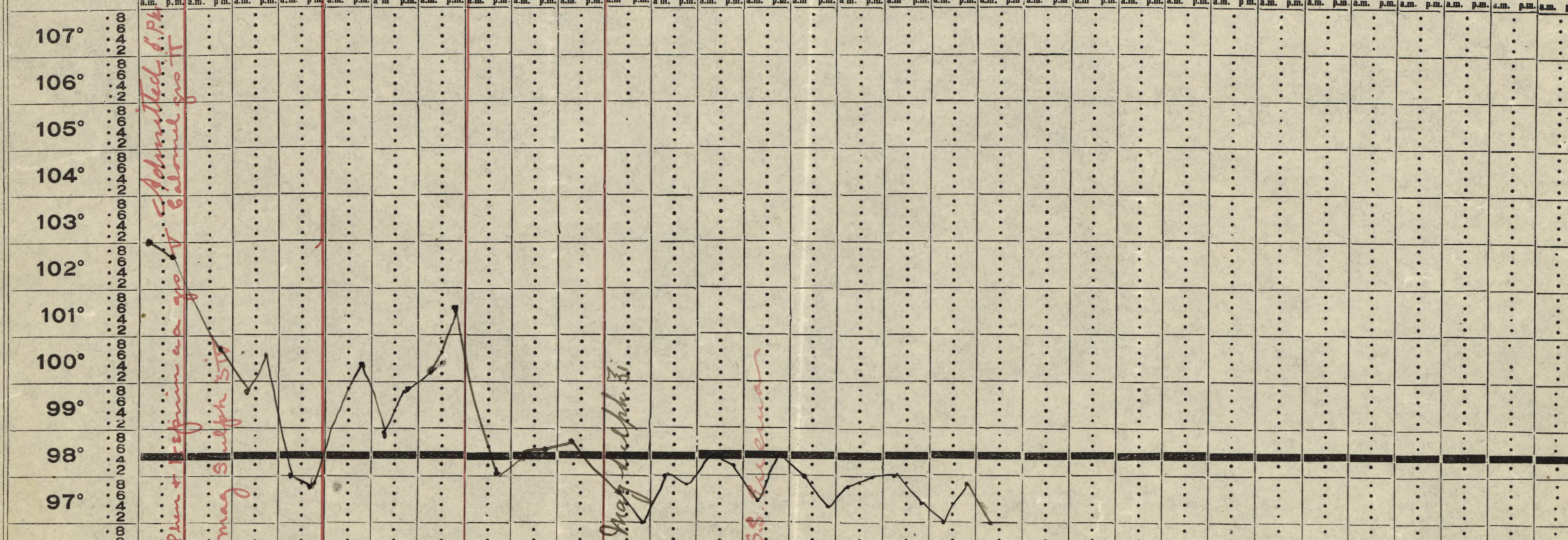
CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps: 1 Depot　　Hospital Station: Quebec

No. 3280046　Rank and Name: Pte Lamontagne S　Age: 48　Service: 3 y

Disease: Influenza　Date of Admission: 22/3/18　Date of Discharge: 3-4-18　Result: fit for duty　Case Book: 36 B　Folio



Dates of Observation	22		23			24			25		March 26	27	28	29	30	31	April 1	2	3
Days of Disease	5 9	1 5	9 1	5 9	1 5	9 1	5 9	1 5	9 1	5 9									
Pulse per Minute	84 96	asleep 96	64 68	58 66	asleep 88	78 82	86 86	asleep 88	80 64	64	84 80	68 80	72 60	76 72	68 76	62 68	80 78	78 80	78
Respirations per Minute	24 24	24	24 24	18 19	20	20 20	20 20	22	24 20	14	20 20	20 20	20 20	20 18	18 20	20 20	20 20	20 20	20
Motions		I	II			I			0		I I	I	0	0	I I	I I	I I	0 I	

M. F. B. 288.
50m.—7-16.
H. Q. 1772-39-513.

Signature: D. V. Derrosiers Capt. [illegible]　In charge of case.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12. yes.

15.

16.

17.

18. Is he unfit for Military Service.

yes.

Recommendations:

The Board having examined Ste. L. Lamontagne, No 899916, 69th Res. concurs in the above report and recommend that he be discharged as unfit for any category but E, further treatment in this Convalescent Home being useless.

Signatures:—

J. Sage Major A.M.S. President.

Emile Gadeau

Members.

Station. Quebec

Date. 9/7/17

Date. JUL 23 1917

Approved.

Date.

Asst. Director of Medical Services.

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital ..... Arrived from .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date of final Medical Board or decision. .....

Administrative Medical Officer.

Militia Form B. 227.

200m. 8-16.
H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station .....

Corps .....

Regimental No. ..... Rank .....

Name .....

Disability .....

Date .....

Hospital or Station transferred to for final disposal. .....

Date of final disposal .....

How finally disposed of .....

The original Report is invariably to accompany the discharge documents of invalids.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

FORM OF WILL

I, Simeon Lamontagne (Name in full)

Regimental Number 3280016 serving in 1st. Depot Bn. 2nd Quebec Rg't.

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

I devise all my real estate unto

Mde. Anna Pelletier
340 Rue Richelieu
Quebec

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

absolutely, and my personal estate I bequeath to

Mde. Anna Pelletier
340 Rue Richelieu
Quebec

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 18th day of Dec. A.D. 1917

S Lamontagne Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness S R Woodley

Address of Witness Drill Hall, Quebec.

Occupation of Witness Clerk O.R.

Signature of Second Witness F. W. Cooke

Address of Witness Drill Hall, Quebec

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

ORIGINAL

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.

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(1) Name of Overseas Unit which Soldier joins 1st. Depot Bn. 2nd Quebec Rg't.

(2) Regimental Number 328016

(3) Full Name of Soldier Simeon Lamontagne

(4) Place of Birth Quebec, p.q.

(5) Are you married, or not ? No

(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 ? Nil

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? Yes

If so, state name and address Mde. Simeon Lamontagne

St. Bridget's Asylum Quebec

(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.

$20 to $25

(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 ? Yes

If so, in what Company ? Metropolitan Life Ins. Co

Have you made arrangements for payment of your Insurance premium Yes

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

LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
Officer Commanding.

Date 22/12/17

No Card
Cf. 45

189e BAT., F.F.C. — Original

MEDICAL HISTORY SHEET

Surname Lamontagne *Christian Name* Simeon

Examined on 28th. day of August 1916 at Quebec	Approved by [signature] Rank Capt M.O.
Birthplace: City or Town Quebec; ~~County~~ Prov. Quebec	
Apparent age 33 Years 8 Months	
Trade or occupation Laborer	
Height 5 feet 8 Inches	
Weight ... lbs.	
Chest measurement: Minimum 34 inches; Maximum expansion 2 inches	
Physical development	
Small-pox Marks	
Vaccination Marks: Arm Right Left; Number	
When Vaccinated last	
(a) Marks indicating congential peculiarities or previous disease	
(b) Slight defects but not sufficient to cause rejection	

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

(1)

Date	Result	Vaccinations
Oct/12/16		J. Paquette M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Oct/17/16		J. Paquette M.O.
Oct/26/16		J. Paquette M.O.
		M.O.

Enlisted on 28th. *day of* August 1916 *at* Quebec

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	189th Batt.	889916		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Shorncliffe	11/12/16	Average asthma	Discharge for Ill health & poor
Discharged 12 DEC 1916	2-11/11/16	Approved S. L. Walker FOR A.D.M.S. CANADIANS, SHORNCLIFFE.	PRESIDENT, STANDING MEDICAL BOARD. CAPT.

APPROVED [signature] CAPT. C.A.M.C. for G.O.C. CANADIANS.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Lamontagne Christian Name Simeon

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				
S.P.C.St.		6	2	17	11	8	17	Bronchitis + Asthma.		Discharged as medically unfit.	[illegible]

DISCHARGED.
under
Para 392, Sec. 16, K. R. & O. 1912.

Being no longer physically fit for war service.

W. H. Reed Capt.
for Commandant.
Canadian Casualty
Discharge Depôt,

CANADIAN CONTINGENT EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

M. D. 5

P. O. No.

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25[illegible] F., 1916).

Regimental No. 3290016 Rank Private Name Lamontagne

Corps 1st Depot Battalion, 2nd Que. Regt. who was* S.O.S. by Court of Inquiry

On May 25th 1918 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-5-[illegible] 9 191... 191...., to 25-5-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	17	70
Advances by Cheques No.			Regt'l Pay 25 days at $ 1.20	25	00
No.			Field Allow. 25 days at $ .10 c	2	50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges 33 dys. AWL. 23-4-18 to 25-5-18	36	30	Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Balance Cr. (to be paid by the new unit)	8	90	Bal. Dr. (to be deducted by new unit)		
Total	45	20	Total	45	20

*Give particulars.

A monthly stoppage of $ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of May 1918 191.... and Sep'n Allce. for month of 191.... (to) Assignee Mrs. Simeon Lamontagne

(Address) St. Bridget's Home

254, Grand Allee, Quebec.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 19-12-17

(2) if married and if a Separation Allowance Card has been submitted Single, Yes

(3) cause of discharge S.O.S. Court of Inquiry authority D.O. 23-5-18

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date May 25th 1918.

Place Quebec, P.Q.

Captain.

1st Depot Battalion, 2nd Que. Regt.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M.—2-18.
H. Q. 1772-39-903.

Duplicate

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.

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(1) Name of Overseas Unit which Soldier joins..... 189e BAT., F.E.C.

(2) Regimental Number..... 889916

(3) Full Name of Soldier..... Siméon Lamontagne

(4) Place of Birth..... Quebec Que

(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.....

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

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

(10) Is your Mother alive? Yes

If so, state name and address Mrs Marguerite Vermette = Lamontagne
244 St Denis St Quebec

(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.

$5.00 per month Being the only boy single- other Married and having heavy families

(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.

This has been done

(15) Are you insured? Yes

If so, in what Company? Metropolitan Life Insurance Co

Have you made arrangements for payment of your Insurance premium Yes

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

J. A. Leclaire major
for *Officer Commanding.*

Date SEP 18 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122. 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 889916 Rank Pte Name S.Lamontagne

Corps 189th Batta. who was* Discharged

On 11-8-17 191..., to Class I

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7-17 191..., to 11-8-17 191..., the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 42 days at $ 1 c 00	42	00
Advances by Cheques No. 1006	19	10	Field Allow. 42 days at $ c 10	4	20
Assigned Pay No. & Sep.All 943	35	00	Other Allowances* Sep.All	20	00
Other Charges*			Other Credits* Clothing	8	00
Payment on transfer or discharge No. 9997	20	10			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	74	20	Total	74	20

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has been (‡) been paid on account of Assigned Pay for the month of July 191... to (Assignee) Mrs.M.V.Lamontagne

(Address) 244 Rue St.Olivier

Quebec

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 25-10-15

(2) if married and if a Separation Allowance Card has been submitted Yes Paid up to 31-7-17 same as Ass.Pay.

(3) cause of discharge and authority

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

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

Date 27-7-17

Place Quebec.

[signature] Capt.
Paymaster Casualties M. D. No. 5.
Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.

For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150M.—4-17.
H. Q. 1772-39-903.

M. F. W. 41
10 M.—5-16.
1772-39-889.

Name Lamontagne A. S.

226

Regimental No. 889916

Unit 189 th.

Date of enlistment 25-10-15

Place of " Quebec

Married (yes or no) Yes.

Amount of pay assigned monthly $ 15.00

To whom payable Mde M. V. Lamontagne
244 St Olivier Quebec

Name and address of next-of-kin
Mde M. V. Lamontagne
244 St Olivier
Quebec.

Date and place discharged 11-8-17 Quebec.

Reason for discharge Unfit Class "1"

Character on discharge M. D. 5 No 17-2-53 of 26-7-17

Job 2376. M. & D. 6692.

1916	Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Fev	1	28	28	1.00	28 00	28	.10	2 80	L.P.C. 14 91 20 00	65 71		2744 2792	14 21 1 50	50 00		65 71	1.50 Note to order on wood Marshale for transportation
Mar	1	31	31	1.00	31 -	31	.10	3 10	20 00	54 10		3042	19 10	29 62 35		54 10	
Ap	1	30	30	"	30 -	30	.10	3 00	20 00	53 00		225	13 00	101 35 00	2 20 3 00 2 00	55 20	Debit $7.20 Fine 2.00 DO 25 Fine 2.00 DO 20. 2 days pay DO 33
May	1	31	31	1.00	31 00	31	10	3 10	20 00	54 10		505	11 40	25 80 35 00	5 50 2 20	54.10	2 day's Pay DO 37 120 hrs Det DO. 37.
June	1	30	30	"	30 00	30	"	3 00	20 00	53 00		760	4 80	641 35 00	11 00 2 20	53 00	
July	1-7-17	11-8-17	42	"	42 00	42	"	4 20	8 00 20 00	74 20		997 1066	20 10 19 10	943. 35 00		74 20	Disch. 11-8-17
					192.00			19.20	142.91	354.11 →			103.21	225.00	28.10	356.31	Auth M.D.5. No 17-2-53. of 26-7-17

A.C. 2.20
354.11 →

Sep. All.

Discharged. (11-8-17)

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2. M.V. Lamontagne Mother

PAYMENTS.

Name of Soldier Lamontagne Simeon
PK

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.		A 21269	42	42	
Nov.		J 23614	20	20	acct closed. Ret'd
Dec.		Q 27262	20	20	Grampian 9/1/17.
Jan.	1917	V 28909	20	20	Jan. 59
Feb.					
March				1 02	
April					Dis 11/8/17 Domk #5 4/8/17
May					
June					Sauer 10/8/17
July					ACCOUNT CLOSED
Aug.					
Sept.					DATE ..... PER W
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

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.				

28/8/16

L. L. J. 1503.—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-318.

104

SEPARATION ALLOWANCE

Name Mrs M. V. Lamontagne

Address 744 Rue St Olivier
Quebec
Que.

Relation to Soldier wife, child or mother: Mother.

Name of Soldier Lamontagne Simson

Regtl. No. 889916

Rank Pte

Corps 189th Battn

To what Corps belonging when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COPIED FOR CASUALTIES.

ACCOUNT CLOSED
DATE ..... PER .....

79

M. F. W. 12a.
50m.—7-16
1772—39—819.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. M. V. Lamontagne
(Assignee)

PAYMENTS.

Name of Soldier Lamontagne, S.
889916 pte. 189th. Bn.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15.00 OCT 1916
April	1916			C.W.P. 29-8-17 J.A.E.
May				
June				
July				
Aug.				
Sept.				
Oct.		B 23971	15	
Nov.		OW 29289	15	
Dec.		M 35467	15	a/c closed
Jan.	1917			Rtd Grampian 9/1/17 [illegible]
Feb.				
March				45.00 FX 16/1/17 [illegible]
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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.				

L. L. Job 4503.—M. & D. 6332.

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MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs. M. V. Lanontagne,

Address 244 rue St. Olivier,
Quebec, Que.

Rate 15.00 OCT 1915

By Whom Assigned Lanontagne, S.

Regtl. No. 889916

Rank pte.

Corps 189th Batta.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			COPIED FOR CASUALTIES.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Stop payments Jan 1/17
Feb.				3 M. 30-12-16 J.A.M.
March				Discharged
April				
May				
June				
July				
Aug.				
Sept.				Cp closed.
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

M. F. W. 41
1 0M—7-16
1772-39 889.

644

Name Lamontagne (Pte) S.

Regimental No. 889916

Home ~~Name~~ and address of next-of-kin 244 St Oliver St Quebec - Que

Unit 189 Btn.

Date of enlistment

3/2/17 Med Bd Rec Com Home -

Place of "

Married (yes or no) Yes.

Date and place discharged

Amount of pay assigned monthly $15.00 31/12/16

Reason for discharge

To whom payable SA $20.00 31/1/17

Character on discharge

Grampian 19-1-17

Class II H.Q. 649-L-5089

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
																LtC Eng
30/12/16	29/12/16 31/1/17	33	1-	33 00	33	10	3 30	33 21	69 51					×~~40.00~~ 4 87 °9 73	54 60	×ado. in Eng °paid on boat. ×DO Quebec Paid.
												Cr Bal			×4 91	
									69 51						69 51	

P. D. 8/1/17 ...

Trans. to M.D. 5 Fr. 1/2/17 with Cr Bal.

M. F. W. 41
1 0M—7-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

10568-S-1

Name Lamontagne, Simeon
Surname Christian Name

Regimental Number 889916 Rank Pte.

Unit 189th Bn.

Original Unit

District where paid M.D.5

Date of Discharge 11-8-17

P. D. P. Filing Number 5 -3 -5

Address (in full) % A.E.Pelletier,
340 Richilieu St.
Quebec, P.Q.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 20.00 per month.

L. L. 22573—M. & D. 8000.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
160 10	26	10-9-17	53 00	26	10-10-17	53 00	26	2-11-17	54 10		160 10

Remarks:

M. F. W. 127.
60M—6 17.
1772 30-1140.

File No.....

WAR SERVICE GRATUITY.

Register No.....

Reg. No. .....

Name.....

Address.....

Dependent.....

Address.....

Dec'n No ..... W. S. G. File No .....

Award ... days at $ ... per day $

S. A. .....months at $ .... per mo. $..... $

Less P, D. P. Credited $.....

$

Pay Soldier $.....

Less further debit balance

Net due paid as below

Pay Dependent $..... $.....

TO SOLDIER TO DEPENDENT

O	Ag. No	Ch No	Amount	Ag No	Ch No	Amount

Total Total

Days..... Rate..... Due.....

Less P.D.P. credited.....

Clerk.....

Less further Dr. Bal. or overpayment.....

Net.....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

P. 559.

Married or Single: Single

Place of Birth: Quebec.

Name and Address of Next of Kin: Pierre A. Lamontagne
23 St Eustache Quebec

Relationship of Next of Kin: Father

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ **Effective (Date)**

Payable to

Relationship of Dependant

Casualties, Promotions, &c.

Particulars	Effective Date	Authority

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 889916 **Rank** Pte **Name** Lamontagne Simeon

If in Permt. Corps What Unit **Unit** 189th Bn. **Transferred to** 69th Bn. **Date** 6.10.16. **Authority** A0248

Permanent Force Allowances **Transferred to** C.C.A.C. **Date** 16-12-16 **Authority** CCIL588 27-12-16

Place of Attestation Quebec P.Q. **Transferred to** Non Eff. **Date** 30/12/16 **Authority** CCIL588 27/12/16

Date of Attestation 28-8-16 **Transferred to** **Date** **Authority**

Assigned Pay Monthly $ 15.00 **Date Effective** 1-10-16

Payable to Mrs Margaret V. Lamontagne 244 rue St Olivier Quebec **Relationship**

Assigned Pay Monthly $ **Date Effective**

Payable to **Relationship**

Stop-Payment Form (Assigned Pay) Rendered (Date) 29/12/16 **Effective** 1/1/17 **Reason** Discharged to Canada CCIL588

Discharge Date and Place 29/12/16 Canada **Reason and Authority** Discharged to Canada CCIL588 27/12/16

Account transferred to Non-Effective Branch (Date) 30/12/16.

Entered on N.E. Card Index.

Account transferred to Officers' Pay Branch (Date)

Checked by J. Williams

Pay Office, Canadian Contingents (stamp)

Checked M Ross Dec

Checked [illegible]

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Roll 1 No	Acquittance Roll 1 Date	Acquittance Roll 2 No.	Acquittance Roll 2 Date	Acquittance Roll 3 No.	Acquittance Roll 3 Date	Acquittance Roll 4 No.	Acquittance Roll 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay 61	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
																								balce from canada							23 -				
Oct 1-5	5	1.00	5	00	5	.10		50							5 50													15 00		15 00	13 50				
6-31	26	"	26	-	26	"	2	60							28 60																42 10				
Nov 1-30	30	"	30	-	30	"	3	.							33 -	661 607 766 724	30/10/16 23/11/16 29/11/16 22/11/16							4 86 9 73 4 87 4 87				15 -		29 59	45 51				
Dec 1-15	15	"	15	-	15	"	1	50							16 50													15 -		24 74	37 27				Tfs to C.C.A.C. 16/12/16 C.C.I.L. 588 27-12-16
16-29	14		14		14		1	40							15 40	1785	20/12	~~801~~	~~16/12~~	801	16/12			9 73 *		9 73 *				19 46	33 21				*Extracted from AB Pay Book. Pay Book Verified. Discharged to Canada CC1 L588 27/12/16 29/12/16
																								Balance transferred to N. E. Branch.							33 21				S rendered 29/12/16 Eff 1/1/17 Trans to N.E. 30/12/16 Cr Bal *33.21
																Vou. 8657	H2079							4 87						4 87	28 34				L.P.C. 29.12.16
Feb. 1917																													28 34	28 34	Nil		Trans'd to Canada Discharged		Li adv. by P.M. Buston Can. Disc. P.L. No. 25 9/1/17 Bush. L.P.C.

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 $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			

Absent 6294 BPC 201391 30

CERTIFICATE RE DISCHARGE DOCUMENTS

A 90 Grampian 19/1/17

Reg'tl No 889916

Name in full La Montagne, Simeon Rank Pte

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 889916 Army Rank Pte.

Name La Montagne, Simeon

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps C C A C

Battalion, Battery, Company, Depôt, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 11th August 1917

Place of discharge Quebec

1. *Description at the time of discharge.*

Age 26 years 8 months

Height 5 feet 3½ inches

Chest measurement { girth when fully expanded ____ ins. / range of expansion ____ ins.

Complexion Dark

Eyes Blue

Hair Dark

Trade Waiter

Intended place of residence (To be given as fully as practicable) { c/o Miss J. S. Lamontagne, 330 Richelieu St. Quebec

Descriptive marks.

3 Vacc Lt Arm

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Medically Unfit.

Being overage & having disability pre-existing enlistment.

Para. 322 Sec. V K. R. & O. 1910 (Can)

Authority MD 5 No 17-L-53 of 26-7-17

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

To be filled in on the soldier quitting the Colours.

3. Military character :— ~~Good~~ Fair

A J Lawson LIEUT. for O.C. Discharge Depot, Quebec.

4. Character awarded in accordance with King's Regulations :— W D McLennan LIEUT. O. C. "E" UNIT M. H. C. C.

CANADIAN DISCHARGE DEPÔT,

Lieut.-Col.,

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Officer Commanding,

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

D. D. & L., London, E.C.

A4508 Wt. W17176/M291 500,000 8/16 Sch. 39 Forms B. 268 40

[OVER.

Disch Sect 15-8-17

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... ... ... Class _____

6. Campaigns, Medals and Decorations — Local Casualty

Certificate of education ..... _____

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

CANADIAN DISCHARGE DEPOT JAN 1 1917 FILE

(Place) _____

(Date) _____

CANADIAN DISCHARGE DEPOT,

Lieut.-Col.,

Commanding _____ *Battn.* _____ *Regiment.*

Officer Commanding.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

H. Q. E. UNIT M. H. C. C. JUL 27 1917 QUEBEC.

(*Place*) _____

(*Date*) _____

_____ (*Signature of Soldier.*)

_____ (*Signature of Witness.*)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (*Signature of Soldier.*)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) ... ... _____ " _____ "

Total ... _____ " _____ "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for 11/17 (date)

H. Q. E. UNIT M. H. C. C. JUL 27 1917 QUEBEC.

(Place) _____

(Date) _____

Signature _____ LIEUT.

O. C. "E" UNIT M. H. C. C.

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

None.

V Lamantia

LIST OF DISCHARGE DOCUMENTS.

1. Proceedings on discharge. (Army Form B. 268.)
2. Proceedings on transfer to reserve (if any). (Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any). Army Form B. 136).
7. Authority for continuance, or extension, of service (if any). Army Form B. 221.)
8. Court of Inquiry on an injury (if any) (Army Form A 2.)
9. Regimental conduct sheet. (Army Form B. 120).
10. Company conduct sheet. (Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet. (Army Form B. 178).
13. Medical report on invalid (if any). (Army Form B. 179).
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depot for discharge).
18. Descriptive return (Army Form D. 400), where required.

See section 11 on second page.

19 Active service casualty form. (Army Form B. 103).
20. Employment sheet. (Army Form B. 2066).

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation. (On third page the date and cause of discharge will be entered and signed by the competent military authority).
2. Medical history sheet (if any). (Army Form B. 178).

Instructions as to the preparation, dispatch, and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery,

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms :—

(*a*) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
(*b*) Character Certificate (Army Form B. 2067) if entitled.
(*c*) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office,

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

To be filled in on the soldier quitting the Colours.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

	a1	a2
20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.	no	no
(*b*) If due to one of these causes, to what specific conditions do the Board attribute it ?	not applicable	
21. Has the disability been caused or aggravated by		
(*a*) Intemperance ?	no	
(*b*) Misconduct ?	no	
22. Is the disability permanent ?	yes	
23. If not permanent, what is its probable minimum duration ? *To be stated in months.*	not applicable	
24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present ? *In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.*	nine compared with capacity on enlistment	
25. If an operation was advised and declined, was the refusal unreasonable ?	not applicable	
26. Do the Board recommend		
(*a*) Fit for duty ?	no	
(*b*) Fit for base duty ?	no	
(*c*) Invalided to Canada ?	no	
(*d*) Discharge as permanently unfit ?	yes.	
27. Remarks.		

APPROVED
[illegible]
CAPT. C.A.M.C.
for G.O.C. CANADIANS.

Signatures :—

[illegible] President.

[illegible] Members.

Station Shorncliffe

Date Dec 11-16.

Approved.

Station Shorncliffe [illegible]

Administrative Medical Officer.

Date

12 DEC 1916

FOR A.D.M.S. CANADIENS, SHORNCLIFFE.

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, *Grimston Avenue, Folkestone, this* *day*

of , 191 .

President.

13-11-18-A.D

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Tibgate.

Date December 4th 1916.

1. Unit. 69th Bn. 189th Bat.
2. Regimental No. 089916
3. Rank Pte.
4. Name Lamontagne, S.
5. Age last birthday 46 yrs.
6. Enlisted { on Aug. 1916. / at
7. Former Trade or Occupation { Quebec Can. / Waiter.

8. Disability.

(1) Overage

(2) Asthma

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Previous to enlistment.

10. Place of origin of disability. Quebec Canada

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man sufferd from pneumonia in 1913, and since then his health has never been good. He had several attacks of asthma since arriving in England, and apparently, he has to make considerable efforts to carry on, as a waiter here. He is totally unfit for drill or route marching.

Yes.

12. (*a*) Give your opinion as to the causation of the disability.

Not caused by service.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

(1) No

(2) No.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He appears to be about the age stated, weight is about 130 lbs. He has frequent attacks of asthma, and also suffers from pulmonary emphysema and is unfit for any work in this Battalion. Other systems normal.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy?

(*b*) On active service?

(*c*) On duty?

(*d*) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

Not applicable.

17. If not, was an operation advised and declined?

Not applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

Yes.

J. Paquette, Capt

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Dutgh

J. Jordan Capt

Officer in charge of Hospital.

Date Dec 5/6

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

CASE HISTORY SHEET.

No. 32800 16 Rank Pte Name Lamontagne Age 48

Unit 1 Depot Completed years of service Where and how long } Canada 3 y

Date of admission 22-3-18 Date of discharge

Diagnosis Influenza Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Temp 103. pulse 84 - 24

Patient has all the cardinal symptoms of Influenza. Heart normal, ~~Cap~~ moist rales at bases of both lungs posteriorly. High pitched rales higher up dull note on percussion at bases.
25 - Antiphlogistine applied. cough troublesome
26 - Cough less distressing, slept well, being transferred to Jeffray Hales Hosp.
(26) Complains with neuralgic pains left side of chest. Rales at chest both sides —
April (3) All symptoms disappeared

FAMILY HISTORY neg. Mag sulph ʒiv Phenacetin & aspirin
(Tuberculosis, mental or nervous diseases.) aa gr V OH VI Cough mixture
24-3-18 Phenacetin & aspirin discontinued
(26) mustard plasters applied on chest —

TREATMENT Cred. terpin ʒ V every 4 hours —
(Especially any specific or special form.) mustard plaster applied left side of chest. Cod liver oil 1/2 oz. 3 t. a day —

CONDITION ON DISCHARGE, aII fit for duty C
(and disposal made of case.)

Date 3-4-18

D. A. Desrosiers Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

C/ 12092

Date of Enlistment

OR
BofA 18-12-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00		

1-12-17

2172

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 3280016

Rank Pte Promoted Reverted Discharge

Soldier's Name Simeon Lamontagne

Battalion 1 St Depot Bn. 2 Quebec Sgt.

Beneficiary Mrs ~~Simeon~~ Marguerite Lamontagne

Relationship Wid Mother.

Address 254 Grand Allis Quebec. P. Qe.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Jan	U70519	35		35	A	Mailed 25/1/18.

Mailed envelope D.S.

Paymaster Paying
From 1-2-18
To.....

M.D.H. 5.

M. F. W. 128.
(OM. 6-7-1-179-39-1141
L. L. 22320—M. & D. 1933.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

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'Om. 6-7—1 72-38-1141
L. L. 22220—M. & D. 7993.

17-I-628

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

DEP'T MILITIA & DEFENCE
H.Q. CANADA

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

No.	3280016
Rank.	Private
Surname	LAMONTAGNE
Christian Name	Simeon

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1st Depot Battalion 2nd Quebec Regiment.

Date Struck Off 23.4.18 ~~May 25th 1918~~.

Place Struck Off QUEBEC P.Q.

1. DESCRIPTION AT THE TIME STRUCK OFF.
TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

Age	47 years 5 months.
Height	5 feet 4 inches.
Complexion	Medium
Eyes	Blue
Hair	Dark Brown
Trade	Waiter.

Descriptive Marks.

None.

2. The above man is struck off in consequence of ~~being a deserter~~ "Medically unfit"

(a) Date to be struck off 23-4-18. ~~May 25th 1918~~. 19

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

3. Conduct and character while in the service have been, according to the records, etc.

J. A. Lodan Major
O.C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
LT. COL.

M. F. B. 479.
10M.—4-18.
1772-39-1160.

5

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

Not Applicable

5. Medals and Decorations.....

Not Applicable

6. His account is as stated on last pay certificate attached to proceeding.

(Place) Quebec P.Q.

(Date) 25th May 1918

J. A. Lectran Major
LT.-COL.
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT.
Commanding.....

7. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days. 158 Days

Total.....years.....days. 158 Days.

8. **Confirmation.**

The above named man is struck off as a deserter which is hereby confirmed.

District Casualty Office
AUG 15 1918
M. D. No. 5, QUEBEC

(Place) ~~QUEBEC P.Q.~~

(Signature) [signature]

(Date) ~~May 25th 1918~~ Gen. officer Commanding No. 5 Brig. General Military District.

Remarks.

4

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. 249
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.D. 259 (two copies).

G.C.

R—122
8,401—50,000—21-10-16.

Rank | Name LAMONTAGNE. Simeon. | Reg'l No. 889916.

Unit 189th. Batt. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Quebec. 28th. August 1916. | Place of Birth Quebec.

Name and Address, Next-of-Kin Pierre Alfred Lamontagne.

23. St. Eustache St, Quebec, P.Q. | Relationship Father.

Assigned Pay Monthly $ | Payable to | CCAC

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character TC 257

N/E. R.B. No. 7846
File R.L.
Category M.U. Can

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.
		Arrived in England. S.S. Lapland.		6.10.16	
11.10.16	6 Q Ah	Taken on strength.	Debgate	6.10.16	Pt II O. 248.
11-1-17.	— do. —	So.S. to CCAC.	— do —	20-12-16.	Pt. II Do. 5.
20-12-16	CCAC.	Having Rep in SOS.	Hastings	20-12-16	" " 561
27-12-16	"	On Com to CDD Buxton for Dis	"	26-12-16	" " 571
9-1-17	CDD	SOS Dis to Can M.U.	Buxton	9-1-17	" " 7
			CCAC	Pt II O	38 d/- 23-1-17
	Dis Dep	Finally discharged	Quebec	absent	N.R. 170, " 184. Quebec

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.					

B.P.C

MEDICAL HISTORY OF AN INVALID.

Military District No. 5
Quebec, Que.
JUL 26 1917
17-2-53
M. D. No. 5

1. Station. S. P. C. A.

2. Regiment or Corps. 69th Res.

3. Regimental No. and Rank. 889916 Pte.

4. Name. Simin Lamontagne

5. Age last Birthday. 46 years

6. Enlisted on Aug. 1916
at Quebec

7. Former trade or occupation. Machinist.

8. General remarks on his:—
(a) Conduct.
(b) Habits. Fair
P.O.Address: c/o Octave Pelletier, Letter Carrier
340 Richelieu St. Quebec, P.Q.
(c) Temperance.

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

DEPT. MILITIA & DEFENCE
AUG -2 1917
H.Q. CANADA

Date. 9-7-17.

9. Service.

	Years.	Days.	PERIODS From	PERIODS To
England.				
189th Bn.			Aug. 1916	
69th Res.				Present.

10. (a) Disease or disability. (1) Over age (2) Asthma.
(b) Date of origin. (2) Prior to enlistment.
(c) Place of origin. (2) Quebec
(d) Cause. (2) Indeterminate.

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Has had many attacks of asthma. Since a patient of this Home, has been living well and attacks are less frequent and lighter, although bronchial condition remains unchanged and patient has breathlessness on exertion.

12. (a) Is the disability the result of service or climate? No. 12.
(b) Has it been aggravated by intemperance, vice or misconduct? No.

M. F. B. 227.
200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

/

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

Ordinary.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

To no extent.

18. State if for discharge on account of unfitness for Service.

Yes.

Emile Nadeau

Medical Officer by whom the case is brought forward.

B.P.C

MEDICAL HISTORY OF AN INVALID.

Military District No. 5
Quebec, Que.
JUL 26 1917
17-2-53
M. D. No. 5

1. Station. Savard Park Conv.Hospital

2. Regiment or Corps. 69th.Res.

3. Regimental No. and Rank. 889916- Private

P.O.Address: c/o Octave Pelletier, Letter Carrier, 340 Richelieu St. Quebec, P.Q.

4. Name. Simeon Lamontagen

5. Age last Birthday. 46 years

6. Enlisted on August 1916

at Quebec

7. Former trade or occupation. Machinist

8. General remarks on his:—

(a) Conduct.

(b) Habits. Fair

(c) Temperance.

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

Date. 9-7-17.

9. Service.

	Years.	Days.	PERIODS	
			From	To
England				
189th.Bn.			Aug.1916	
69th.Res.				Present

10. (a) Disease or disability. (1) Overage. (2) Asthma.

(b) Date of origin. (2) Prior to enlistment.

(c) Place of origin. (2) Quebec.

(d) Cause. (2) Indeterminate

11. Present condition. (Most Important.)
(To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

Has had many attacks of asthma. Since a patient of this Home, has been doing well and attacks are less frequent and lighter, although bronchial condition remains unchanged, and patient has breathlessness on exertion.

12. (a) Is the disability the result of service or climate? No.

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

M. F. B. 227.
200M. 8-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held ?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment.

For asthma.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent ?

No.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes ?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market ? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

To no extent.

18. State if for discharge on account of unfitness for Service.

Yes.

Ernest Henderson

Medical Officer by whom the case is brought forward.

Army Form B. 179.
Canada.

Medical Report on an Invalid.

Station Dibgate.

Date December 4th 1916.

1. Unit. 69th Bn. 189 Bat
2. Regimental No. 889916
3. Rank Pte.
4. Name Lamontagne, S.
5. Age last birthday 46 yrs.
6. Enlisted { on Aug. 1916. / at Quebec Can.
7. Former Trade or Occupation { Waiter.

8. Disability.

(1) Overage

(2) Asthma

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Previous to enlistment.

10. Place of origin of disability. Quebec Canada

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

This man suffered from pneumonia in 1913, and since then his health has never been good. He had several attacks of asthma since arriving in England, and apparently, he has to make considerable efforts to carry on, as a waiter here. He is totally unfit for drill or route marching.

12. (*a*) Give your opinion as to the causation of the disability. Not caused by service.

(*b*) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (*See notes on page 3*).

(1) No

(2) No.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He appears to be about the age stated, weight is about 130 lbs. He has frequent attacks of asthma, and also suffers from pulmonary emphysema and is unfit for any work in this Battalion. Other systems normal.

14. If the disability is an injury, was caused

(*a*) In the presence of the enemy?

(*b*) On active service?

(*c*) On duty?

(*d*) Off duty?

Not applicable.

15. Was a Court of Inquiry held on the injury?

If so—(*a*) When?

(*b*) Where?

(*c*) Opinion?

Not applicable.

16. Was an operation performed? If so, what?

Not applicable.

17. If not, was an operation advised and declined?

Not applicable.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

Not applicable.

19. Do you recommend

(*a*) Fit for duty?

(*b*) Fit for base duty?

(*c*) Invalided to Canada?

(*d*) Discharge as permanently unfit?

Yes.

Deguerbe Capt

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except*†

Station Deguerbe

Date Dec. 5, 11

J Jordan Capt

Officer in charge of Hospital.

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 641 to 648 of the Canadian Pay and Allowance Regulations).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (*a*) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. — a1 No a2 No

(*b*) If due to one of these causes, to what specific conditions do the Board attribute it? — Not applicable

21. Has the disability been caused or aggravated by

(*a*) Intemperance? No

(*b*) Misconduct? No

22. Is the disability permanent? Yes

23. If not permanent, what is its probable minimum duration? — Not applicable

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? — None compared with capacity on enlistment.

In defining the extent of his inability to earn a livelihood, estimate it at ¼, ½, ¾, or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable? — Not applicable

26. Do the Board recommend

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalided to Canada? No

(*d*) Discharge as permanently unfit? Yes

APPROVED
[signature]
CAPT. C.A.M.C.
for G.O.C. CANADIANS.

27. Remarks.

Signatures :—

[signature] President.

Station [illegible] [signature] Members.

Date 11-12-16

Approved.

Station Shorncliffe [signature: S. L. Walker]

Date 12 DEC 1916

Administrative Medical Officer.

CAPT.
FOR A.D.M.S. CANADIANS, SHORNCLIFFE.

stated,
of asthma,
nfit for
se.
erewith,
tal.
due to some

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the day of 191

Members of Board.

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

Signed at 41, Grimston Avenue, Folkestone, this day

of , 191 .

President.