ORIGINAL

ORIGINAL

Class A 1/14

ATTESTATION PAPER.

No. 1105074

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	LANGLOIS
1a. What are your Christian names?	ALCIDE
1b. What is your present address?	7 St Antoine, St., St.Hyacinthe, Que.
2. In what Town, Township or Parish, and in what Country were you born?	Roxton Falls, P.Q.
3. What is the name of your next-of kin?	Jeremie Ste Marie
4. What is the address of your next-of-kin?	Roxton Falls, Que. Can. (Inf. ad. Dept.)
4a. What is the relationship of your next-of-kin?	Uncle
5. What is the date of your birth?	15th May 1890
6 What is your Trade or Calling?	Laborer
7 Are you married?	No
8 Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alcide Langlois, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Alcide Langlois X (Signature of Recruit)

Date 28th May 1917 191 . J. E. Girouard Jr (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alcide Langlois, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Alcide Langlois X (Signature of Recruit)

Date 28th May 1917 191 . J. E. Girouard Jr (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 28th day of May 1917.

Aulme Chasse (Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-89-341

Attested at St. Hyacinthe
By Lieut. A. Lachance.

Description of LANGLOIS, Alcide on Enlistment.

Apparent Age 27 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ~~5 ft. 8~~ 5 ft. 6 ins.

Chest measurement: Girth when fully expanded ~~36~~ 35 ins.; Range of expansion 5 ins.

Complexion ~~Fair~~ Dark

Eyes Grey

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic X
- Jewish
- Other denominations (Denomination to be stated.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Eyesight R. D.= 20
" L. D.= 20
Hearing R. Ear O.K.
" L. " O.K.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 28th May 1917 191 .

Place St. Hyacinthe, Que.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

MOBILIZATION CENTRE MAY 29 1917 MONTREAL P.Q.

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

Class A II

President, S. M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alcide Langlois having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer)

Lieut. Colonel
Comd'g 258th O's Batt. C.E.F.

Date 29th May 1917 191 .

LANGLOIS ALCIDE 1105074 258 BN 07725

MED UNFIT

a.f.e.

Number. 405074 Rank. Pte.

Surname. LANGLOIS

Christian Name. Alcide

Unit. C.R. Theatre of War. England

Date of Service. 17-10-17

Remarks. Ferdinand Langlois (B) Box 33, Georgianlee, R.S., U.S.A.

Latest Address. ~~Gen Del St Hyacinthe~~ Arctic Centre, R.S., U.S.A. 4/25

Roll No. A Page 608

B

D169

Bw.M. vol. 6 2/2

S.O.S. Med. unfit 31.7.18. M.D. 4.

T

649-L-15871

LANGLOIS, A. Leide No.1105074 Pte. 10th Reg. Bn. form 258 4th Bn.

M & D. brother, Ferdinand Langlois
Box 33, Georgiaville, R.I.
U.S.A.

M

P & S. " "
Ser. #987671.

Memorial X- Nil

Death due to service
with B.E.C

Not Eligible for 14.15 Star
" " " V.M.
Eligible " Bdm.

M.S.

Scroll Desp. 14/5/24 Reqn. No 57548

Plague Desp. 29/1/25 Reqn. No 15551

Form DMS 1401.

Local HOSPITAL.

A. & D. CARD

AT.

A. & D. No. T. 253. PL. OF ACTION.

RANK Pte REG. No. 110 5074 UNIT 10 Can Res. (238 Bn) SICK OR WOUNDED

NAME Langlois A. AGE 28 RELIGION R.C.

PLACE IN HOSPITAL

DIAGNOSIS Bronchitis. Conval.

ADMITTED 12 FEB 1919 FROM 12 G.H. Brumshott

DISCHARGED TO

TRANSFERRED No 4 G.H. Basingstoke. 15.3.18.

SERVICE ~~AT HOME~~ 8/12 ~~IN FIELD~~ 12 Bty

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

13. 2. 18. Patient has had cough & expectoration for the past 3 months - came on gradually. Condition not improving - expansion fair - rales throughout.

4/3/18. — Cough not improving - few rales scattered throughout. Dyspnoea on exertion - headache - He is very pale & weak - no improvement - Transferred to Basingstoke for Spec. Exam:.

T. A. Carpenter. Capt
RAMC

CARD NO. 505 Dup 31-7-18

SURNAME. Langlois

CHRISTIAN NAMES Alcide

M.V. 1 K Rd 3-77 C.M. 1917 M.D.4
22-2-2323
Pte 432 Jn Sd
Dis. by Dept. G.O. 106 8
auth. A.O. 109 of 5/5/18 D.D.

REGL. No. 1105074 RANK Pte

UNIT ~~258th~~ #4 D.D.

FORMER CORPS Mil.

NEXT OF KIN.

NAMES IN FULL Ste Marie, Jeremie

RELATIONSHIP TO SOLDIER Uncle

ADDRESS Routon Falls, Que.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Routon Falls, Que. DATE May 15th 1890

PLACE OF ATTESTATION Montreal, P.Q. DATE May 28th 1917

R/C. 4-6-18 178/14 - 4.

L. L. 6945. M. & D. 6994. O/S. 6-10-17.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

FROM HALIFAX PER

S.S. METAGAMA 6/10/17

MARRIED SINGLE Single WIDOWER

TRADE OR CALLING Laborer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 27 YEARS MONTHS

HEIGHT 5 FEET 6 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Dark EYES Grey HAIR D. Brown

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Montreal, P. Q. DATE May 28th 1917

Present Address 7 St. Antoine St. St. Hyacinthe, Que.

Reg. No. 1105274 Name Dunylois A

Rank Pte Corps 258 Bn Age 27 Service

Ledger No. Serial No.

6

HOSPITALS	DATE	DIAGNOSIS
Royal Victoria	7.6.17	Gonorrhoea
Trans Clem. Station	26.6.17	

P. T. O.

HOSPITALS	DATE	DIAGNOSIS

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

Form DMS 1401.
8289 100M 9/3/17.

CANADIAN SPECIAL HOSPITAL,
LENHAM, KENT. HOSPITAL.

A. & D. CARD

AT

A. & D. No. T179 Bk II PL. OF ACTION
1105074
RANK Pte UNIT 10th Res Batt SICK OR ~~WOUNDED~~
NAME Langlois A. AGE 28 RELIGION R.C.
PLACE IN HOSPITAL See Regn III
DIAGNOSIS Tubercle of Lung
ADMITTED 18.4.18 FROM 4 G.H. Basingstoke
DISCHARGED 25-5-18 TO Hosp Ship Araguaya
TRANSFERRED
SERVICE AT HOME 10/12 IN FIELD
RESULTS
Inv to Canada.

(See Document Card for M.H. Sheet and other Documents.)
(P.T.O.)

REMARKS.

Form R. 149.
7106—250m—7/2/17.

Alias

Name LANGLOIS Rank Pte Reg. No. 1105074

Unit 10th Res

Next of Kin Canada CB

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
15.12	17	12 Can Gen Hosp	Trowbridge	Bronchitis	C84			
R 22.5		844						
21.	12	Discharged		do	C89			Ser 2055
CB								
5-1-18		12 C Gen Hosp	Brockton	Bronchitis	C99			9889
12-2	18	Mil Con Hosp	Epsom	do	C131			12481
16-3		4 Can Gen Hosp	B Stoke	do	C157			14449
19-4		Can Spec Lenham		do	C192			16620
25-5		Invalided to Canada		do	C205			9267.

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

No. 1105074 RANK Pte NAME Langlois. C.

T. O. S. 28-8-17 UNIT 258th Battalion C.E.F.
20 36 of 29-8-17.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
May 28	May 31	"		
June		"		
July		"	a/w R. 30-6-17. forfeits 6dys pay	20 68
Aug.		"	a/w R. 2-8-17. forfeits 13dy pay	20 113 & 103
Sept.		"	forfeits 2dys pay	20 154

NAME Langlois A.

REGT'L No. 1105 074

H. Q. FILE No. 649.

RANK AND CORPS Pte. (I.D.R.)

FOLLOWS No.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

MD4 - 13

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.84.	No. 12. Can. Gen. Bramshott.	15/12/17.	Bronchitis
C.89	Discharged	21/12/17.	"
C99-1	No. 12 Can. Gen. Bramshott	5-1-18	"
C.131	To Mil. Conv. Wood at Pk. Epsom.	13-2-18	"
C.157	" " 4 Can. Gen. Basingstoke.	16-3-18	"
C193-1	Can. Spec. Lenham.	19-4-18	" Aux. Regt.
C225	Invalided to Canada.	25/5/18	Bronchitis " "

Name LANGLOIS, A. Rank Pte. Regt. No. 1105074 Unit 4. [illegible]

Battn. 258th Camp or O. S. File M. H. C. C. H. Q. File

Next of kin

Discharged to Class D. of D. Conduct

Pension awarded Date of first payment

Address on discharge. Boxton. Falls. P.Q.

Diagnosis Date boarded

DATE	CLASS	REMARKS	Part 2 Order
T.O.S. 25-5-18.		Posted to Hosp. Sect. 6-6-18. Leave to 21-6-18.	53.
2-7-18 5-7-18		A.W.L. Ffts. 4 days pay.	84.
24-7-18		Discharge Sec. Cat. E.	98.
31-7-18		DISCHARGED TO I.S.C.	106

L. L. Job 24571 M.H.C. F. 29. 75-7-17.—50M.

DATE	CLASS	REMARKS	Part 2 Order

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Langford	A.	110507 4.

RANK	UNIT	CO.	TROOP	BATTY.
Gte.	2nd Que.	10th Res		

HOSPITAL — DATE OF ADMISSION

12 Can Gen Hosp. Bramshott. 15. IV. 17.

1. 12. Can. Gen. Bramshott. HOSP. 5-1-18.

Military Can. Gen. Hosp. Woodcote P. Epsom. HOSP. 13-2-18

2. 4. Can Gen. Basingstoke 16-3-18

3. Can. Sp. Denham. HOSP. 19-4-18

4. HOSP.

DIAGNOSIS Bronchitis l/s

1 Bronchitis. acu.

2.

3

DISPOSITION		DATE
Ch. 19. IV. 17	684	Dis. 21-12-17
" 28-12-17	C 89	
9-1-18	C. 99 ①	
15-2-18	C 131	
19. 3-18	C 157	
" 22-4-18	C 193 ①	
" 29-5-18	C 225 ①	

REMARKS

Inv. to Canada 25-5-18

D. TO C. PER HS. ARAGUAYA SAILING NO. 57. FROM AVONMOUTH 25-5-18.

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. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 258th. Bn. C.E.F.

Regimental No. II05074 Rank Pte. Name Alcide Langlois

Enlisted (a) 22-8-17 Terms of Service (a) D of War Service reckons from (a) 22-8-17

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) Labour

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 4-10-17 Disembarked England 14-10-17					
1.11.17	O/C 10th Res Bn	T.O.S from 258th Bn	Witley	17.10.17	D.O.P. 2. 271
12.2.18	O/C 10th Res Bn	S.O.S on posting to 2nd Q.R.R.	Witley	12-2-18	D.O.P II. 37
		Now in Branch Mil Hosp	J. Palandean		Lieut Asst Adjt 10th Res Bn
9/5/18	TAKEN ON STRENGTH Quebec Regt'l. Depot,		J. Shott Capt. A.D.O.	7/8.	28. 3. 18

Admitted to No 4 GH Basingstoke with effect 16/3/18

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Geo. Duckett Capt
QUEBEC REGT'L. DEPOT.

HOSPITAL REPRESENTATIVE,
CANADIAN SPECIAL HOSPITAL, LENHAM.

(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				
MAY 25 1918	T. O. S. District Depot No. 4	AUTHY. PT. H.D.O. No. 53-10/6/18			
1-8-18.	S.O.S.	Discharged. July. 31st. 1918. Medically Unfit.			Cat"E". K.R.&.O. 377
		(10) C.M. 1917. M.D.4. 22-L-2323. P.C.433.			In . Sol. Comm.

Lieutenant,
Officer i/c Discharge Section, District Depot No. 4

FORM OF WILL.

I, Alcide Langlois (Name in full)

Regimental Number 1105074 serving in 258th. Batt.

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Ferdina Langlois U.S.A.	Name and Address of person or persons to receive personal estate* *(See note).*

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

this 29th day of May A. D. 1917

his × mark Alcide Langlois 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 P. E. Toupin

Address of Witness 285 St Andre St

Occupation of Witness Mechanical Engineer

Signature of Second Witness E Duchesne

Address of Witness 471 St Antoine St Montreal

Occupation of Witness Sergt

F. W. 82
00M-5-16.
1772-39-983.

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. 1105274 Rank Private Name A. Langlois Unit 258th Battn

Diagnosis Gonorrhoea Admitted June 7th 1917 Discharged

Medical Officer i/c Case Alexander Collum Capt.

M. O. i/c of Troops Royal Victoria Hospital.

HISTORY

No. of previous attacks 0

Where and when acquired Montreal

Date and character of symptoms

Slight mucoid discharge

DATE (Day of disease)	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
June 7.	neg	sl cloudy					Silver 1-2%	
9		"					"	Ant & post
11th		both cloudy					"	" "
16th		"	"				"	" "
18th		" clear					"	" "
20		" "					"	"
23rd		" "					Sol. Protargol	
26th		" "					Sol. Ant	

M. F. W. 101.
3,500-11-16.
1772—39—1053.

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.

---

(1) Name of Overseas Unit which Soldier joins 258th. O's. Batt. C.E.F.

(2) Regimental Number 1105074

(3) Full Name of Soldier Alcide Langlois

(4) Place of Birt Roxton Falls P.Q.

(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.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

(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.

(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.

Jeremie St. Marie

Roxton Falls.

P. Q.

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

(15) Are you insured?

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

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

L. Daly. Surgeon

Major Officer Commanding.

Date 29-5-17.

Lieut. Colonel
Comdg., 258th O's Batt. C.E.F.

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. 1105074 Rank Pte. Name Lancelot Alcide

Corps 258th Bn. who was* Discharged

On 31st July 1918, to I.O.D.

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st July 1918, to 31st July 1918, the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month	120	66
Advances by Cheques: No. 641	25	00	Regt'l Pay 31 days at $ 1.00	31	00
Advances by Cheques: No. 1709	5	00	Field Allow. 31 days at $ c. 10	3	10
Advances by Cheques: No. 2674	38	00			
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Forfeits 4 dys D.O.96/5	4	40	Other Allowances* Civ. Clothing	35	00
Payment on transfer or discharge No. 2700	194	76	Other Credits* Sub. 6 dys @ .80	6	40
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	264	16	Total	264	16

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned Pay for the month of Nil 191 and Sep'n Allce. for month of Nil 191 (to) Assignee Nil

(Address)

(†) 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 28-5-17

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge ..... authority [illegible]

(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 JUL 31 1918

Place

A Chisholm

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.

19-L-131

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District .....

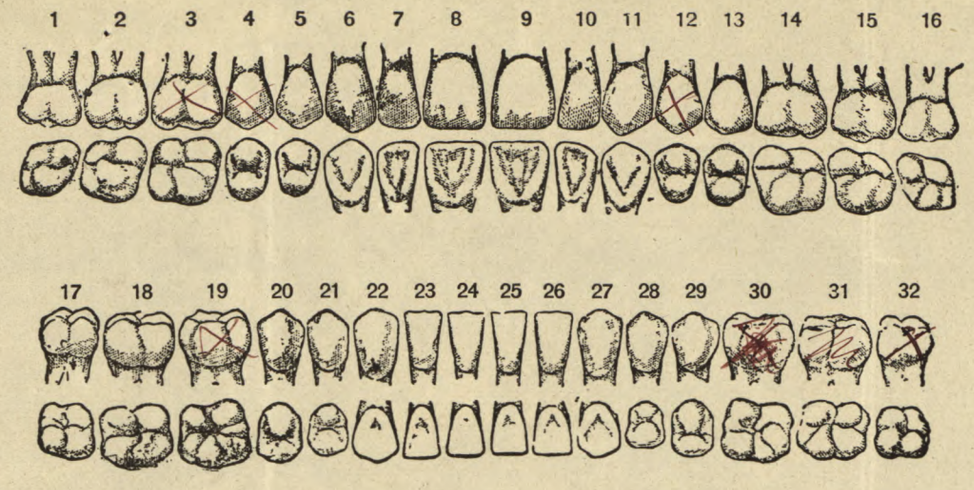
Name of Soldier Langlois R. H.

Rank Pte

Regiment 110 Sqn A.F.C.

No. .....

M.F.B. 465.
50M.—2-18.
1772-39-950.



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	Pyrrhœa	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																						Cov 32
Fair	26/7/18																			Capt Dunnett	A	For discharge
	26/7/18																					Refused treatment
																						Discharged
																						26/7/18
																						Capt Dunnett

Coronation Bell
Bishop

IV.

Original

MEDICAL HISTORY SHEET

Surname Langlois Christian Name Alcide

Examined { on 28th day of May 1917 at St Hyacinthe

Approved by Capt. G. A. Lapierre, A.M.C.

Rank M.O.

Birthplace { City or Town Boyer Hall
County P.Q.

Apparent age 23

Trade or occupation Laborer

Height 5 feet 6 8 Inches

Weight ~~140~~ 131 lbs.

Chest measurement { Minimum ~~36~~ 31 inches
Maximum expansion ~~34~~ 35 inches

Physical development Good

Small-pox Marks no

Vaccination Marks { Arm Right Left X
Number 1

When Vaccinated last Eleven years ago

(a) Marks indicating congenital peculiarities or previous disease None

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

TAB 3

Date	Fit or Unfit	Examined for Re-Engagement
	Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4	M.O.
		H. Aubry Major for President, S. M. B. M.O.
	Class A II	M.O.
	II	M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
25-9-17		Marois Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18-8-17	Good	M.O.
25-8-17	TAB 3	Marois Capt. M.O.
14-9-17	TAB 3	M.O.

Enlisted on 28th day of May 1917 at St Hyacinthe

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	258th	1105074		28/5/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
		Pleurisy	Unfit
C.M.R. London	4.5.18	Tubercle of lung	Invalided to Canada

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

Capt. Can. C.

M. F. B. 313.

300M.—1-17.
H. Q. 1772-39-439.

Surname Langlois Christian Name Alcide

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				
Montreal											
Royal Victoria Hospital 12 Cambridge		7	6	17	26	6	17	Gonorrhoea	19	Very	Gilbert Gollum Capt. M. O. i/c of Troops Royal Victoria Hospital.
Bramshott		14	12	17	21	12	17	Bronchitis	8	Gt. weakness. Long route march. Has some hoarseness. No temp. Discharged	H L Burrell Maj.
Bramshott		5	1	18	12	2	18	Bronchitis	38	Feeling quite well. Lung is fairly promised. For Espom	W Meaney Capt.
MCH Epsom		12	2	18	15	3	18	Do.	32	Cough not improving. Few rales scattered throughout. Dyspnoea on exertion. Headache pale sweat. no improvement. Trans. to Basingstoke for Special examination	J. A. Carpenter Capt. Camp
No. 4 Canadian Gen. Hospital, Basingstoke.		15	3	18.	18	4	18	T.B. Lungs Bacteriological	34	cough, expect. loss of weight weakness & shortness breath infiltration both lower lobes with marked ext. espec in R. lower. Sputum positive for T.B. Temp rising up to 101° in PM	Wallace Anderson Capt. Camp
Ch H Lenham		18	4	8.	23	5	18	Tubercle of lung	36	Acute tuberculosis in right upper lobe. Sputum positive T.B. General condition poor. Recommend invaliding to Canada	J. Campbell Capt. AMC.

"ARAGUAYA."

DM 4.

26.5.18. 4.6.18

20.6.18. ~~25.6.18~~ 37 19

do

Condition unchanged

do

MEB 227 69 SC

A W Taylor Major AMC

M T Leathem Capt.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 1105074 (Rank) Private

Name (in full) LANGLOIS Alcide enlisted in

the 258th.Battalion

CANADIAN EXPEDITIONARY FORCE at Montreal QUEBEC on the 28th

day of May 19 17

HE served in England

and is now discharged from the service by reason of K.R.& O. 377 (10) C.M. 1917

MD4 22-L-2323 Category "E" Medically Unfit P.C.#433

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

Age 27 Years 2 Months

Height 5 feet 6inches

Complexion Dark

Eyes Grey

Hair Dark

Marks or Scars

NONE

Langlois a
Signature of Soldier

Issuing Officer

Lieutenant,
Rank

Officer i/c Discharge Section, Depot No. 4.

Appointment

Date of Discharge July 31st 1918

Signed at Montreal QUEBEC this 31st day of July 1918

in Military District No. 4

File Reference No. DD 19-L- 131

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 1105074 (Rank) Private Name LANGLOIS Alcide

Unit 258th Battalion

Address on Discharge General Delivery Ste Hyacinthe QUEBEC

Character and Conduct Fair

Former Occupation Labourer

Special Qualifications of Value in Civil Life Labourer

Medals and Decorations none

Remarks Served in Canada from 17-10-17 to 10-6-18

Signed at Montreal QUEBEC this 31st. day of July 19 18

Name of Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

Form R 122.
2353—100M—9-1?-16

LTR

Rank | Name LANGLOIS, Alcide | Reg'l No. 1105074

258th Unit to 2nd Quebec | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Montreal 28th May, 1917. | Place of Birth Roxton Falls.

Name and Address, Next-of-Kin Jeremie Ste Marie

Roxton Falls, Quebec, Canada, | Relationship Uncle.

pr. t 17.11.23.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 12490
File R.L.
Category M.U. CAN

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.
		Arrived in England		17-10-17	S/S Metagama
1-11-17	10th Res.	Taken on strength	Witley Pk	17.10.17	GR II 0 271
18.12.17	2 QR	Adm 12 Can Gen Hosp	B Shott Pk	15.12.17	CRC 84 Bronchitis
27.12.17	—	Dis of above Hosp	— Pk	21.12.17	— 89 —
12 2 18	10th R Bn.	SOS on posting to 2nd Q.R.D.	Witley	12.2.18	Do 37. of Pk II 038. D/ 14.2.18 2. Q.R.D.
27-3-18	2. Q.R.D.	S.O.S. to Q.R.D.	" Pk	28-3-18	" 73. Do 78. of 30/3/18 1. Q.R.D.
29.5.18	Quebec R.D	Invalided Canada ex Can Spec Hosp Lenham	"	25-5-18	CRC 225 Pt t.c. 135736/18

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Langlois Alcide
Surname Christian Name

Regimental Number 110564 110574 Rank Pte

Address (in full) Deceased 12-10-20.

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-30-1140

File No. 10631 A 39

WAR SERVICE GRATUITY.

Register No. Spec Reg 69/2055

Reg. No. 1105074 – 1105614

Name Langlois Alcide

Address

Deceased

16.9.19

Pay Soldier $ Director of Records Estates Br Ottawa

Clerk W A Edsell 19-2-23

Dependent

Address

Pay Dependent $

Days 122 Rate 70 Due 280.00

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Net 280.00

R W134 23-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
20-2-23			280 –	Not Eligible under P.C. 2419				
2				No SA paid	2			
3				Died prior 1.12.19	3			
4					4	O E Casavelli		
5					5		12.10.20	
6					6			

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

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

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

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

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– LANGLOIS. Aleide

NUMBER:– 1105074

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
		OCT 3 1918

UNIT AND TRANSFERS

ORIGINAL UNIT:– 258th Bty.

DATE ACCOUNT FIRST OPENED:– 1-10-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			2 O.R.D.
LPC		19/6/18	N.E.D. Dis Can

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
8/5/18	P.154	Lenham. F.3.	14 60				
L.P.C.		#210 74 31/5/18					

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis to Canada 7/6/18 with Lenham 23 a/36. 7.5.18 Invalided

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	31/18. Blce. Fwd.								161 11	90	
apl	P P	33		a/c 174 Nov+Dec 5/4	4 87				156 24		
May	P. P.	34 10			487						
	Interest on Def'd Pay. 30.4.18	1 31							224 65		
	" " " "	69							225 34		
		69 10			487				220 05		
				a/c 154 9/5 Lenham	14 60				205 74		
					14 60						
				RH005.123. Lenham Spector 10.5.18. End on L.P.C.	988 988				200 86		
Aug				Sailed #57 25/5/18	200 86				Nil		

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Poston Falls P.Q.

NAME AND ADDRESS OF NEXT OF KIN: Jeremie Ste. Marie Poston Falls, P.Q.

RELATIONSHIP OF NEXT OF KIN: Uncle

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. 1105074 RANK: Pte NAME: Langlois Alcide

IF IN PERMT. CORPS WHAT UNIT: Nil UNIT: 258th Bft TRANSFERED TO: 10 Res Bn DATE: 1-10-17 AUTHORITY:

PERMANENT FORCE ALLOWANCES: Nil TRANSFERED TO: DATE: AUTHORITY:

PLACE OF ATTESTATION: Montreal Can TRANSFERED TO: DATE: AUTHORITY:

DATE OF ATTESTATION: 28, May. 1917 TRANSFERED TO: DATE: AUTHORITY:

ASSIGNED PAY MONTHLY $: Nil DATE EFFECTIVE:

PAYABLE TO: RELATIONSHIP:

ASSIGNED PAY MONTHLY $: DATE EFFECTIVE:

PAYABLE TO: RELATIONSHIP: OCT 3 1918

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE): EFFECTIVE: REASON:

DISCHARGE DATE AND PLACE: Canada 31/5/18 REASON AND AUTHORITY: Disto Canada Penham. 23 a/36 7/5/18 Invalided

ACCOUNT TRANSFERED TO NON-EFFECTIVE BRANCH (DATE):

ACCOUNT TRANSFERED TO OFFICERS' PAY BRANCH (DATE):

DATE	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 ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS

Balance from Canada 1000

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ERG.
1917 Sept.					Canada				10		
Nov.	P. pay 1.10.17-30.11.17	67 10		A.R. 774 10th Res 31/10/17	487						
Dec.	P. pay.	34 10		" 986, 150th Bn. 13/11/17	973				96 ~~86~~ 60		
		101 30			1460						
Jan.	" "	34 10		Q4005-N196- 19/1/17	41						
				A.R. 1871-12th 64 Bat. 18/4/17	487						
				A.R. 836 - 10th Res 6/12/17	487						
				A.R. 808 - - - 27/4/17	487				11568		
		34 10			1562						
Feby	P. Pay	30 80		DNAR 12th Bn. 18/1/18	487				14161 75		
		30 80			487						
				A.R. 10321 - Eform. 13/2/18	973				13188		
					973						
	P. Pay	34 10							16598 90		
				A.R. 14241 - Eform. 13/3/18	487				16111		
		34 10			1460						
		10			4868						

Carried forward to Large Ledger sheet

MAR 1910

Hospt. Langlois a Pt.

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			
MONTH	PARTICULARS				CR.1	CR.2	PARTICULARS							DR.1	DR.2	CR.3	CR.4	BALANCE	DEFER PAY	SEE REM.	PAY ALLOC.	MONTH	PARTICUL.			CR.1	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER PAY	SEE REM.	PAY ALLOC.

This space to be for numbers

M

D.C.O.

23-5-32

Proceedings on Discharge.

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

No. 1105074

Rank Private

Surname LANGLOIS

Christian Name Alcide

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

Corps (Squadron, Battery or Company) 258th Battalion

Date of Discharge July 31st. 1918

Place of Discharge Montreal Quebec

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 27 years 2 months.	Descriptive Marks
Height 5 feet 6 inches.	
Complexion Dark	
Eyes Grey	
Hair Dark	
Trade Labourer	
Intended place of residence (To be given as fully as practicable.) General Delivery St. Hyacinthe QUEBEC	

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

KR&O 377 (10) CM 1917 MD 4 22-L-2323
Category "E" Medically Unfit In. Sol. Comm. PC 433

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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

Fair

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Labourer

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....
Service in England
From 17th October 1917
Until 10th June 1918

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal, QUEBEC

(Date) July 31st 1918

R.W.Lee
Lieutenant,
Officer i/c Discharge Section, District Depot No. 4,
Commanding

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, QUEBEC Sapgloes a *(Signature of Soldier.)*

(Date) July 31st 1918 F. Patterson. Cpl *(Signature of Witness.)*

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

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Montreal, QUEBEC

(Date) July 31st 1918

R.W.Lee
Lieutenant,
(Signature) Officer i/c Discharge Section, District Depot No. 4.

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.)

No reservation.

Lapglois a

(OVER)

List of Discharge Documents.

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

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Forms
I 1237
11

12. CAN FIP

Army Form I. 1237.

MEDICAL CASE SHEET. BRAMSHOTT.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1105014	Pte	Langlois	A.
Year	Unit.		Age.	Service.
	10th Reserve		26	6/12

Station and Date.

Disease Bronchitis.

Complaint. Cough. 6 mos. Expectoration 6 wks.
Pain in left shoulder on marching. 6 wks.
Prev. Illnesses Always healthy up until present time
Present Illness. Got wet while on a route march.
about 6 wks ago. Developed a cough after that & has
gradually grown worse since then. Cough is
in mornings often till he vomits.
Exam. No hoarseness. Has considerable cough
but no expectoration. Took off fit of coughing
while examining him. Lungs only show a few
rales. Heart negative.
Treatt. Mist Expectorant. Inhalers Tr Benz Co
twice daily.

H. L. Lurris Major.

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

(23205) Wt.W 4234—M 627. 1,000,000. 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

39 Forms I. 1237/12

Case

Lenham

Army Form I. 1237.

MEDICAL CASE SHEET*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
B1 T170	110574	Pte	Langlois	A
Year 1918	Unit. 258 Bn. Leans. Att 16 Res		Age. 28	Service. 8/12

Station and Date. 15-3-18

Disease ~~Bronchitis~~ T.B. Lungs? Bacteriological

occupation – Farmer
Enlisted – 28/5/17 @ Montreal
England – 2/10/17
France – no
Hospls (1) Bramshott 5/1/18
(2) Epsom (woodcote Pk) 13/2/18
(3) Basingstoke 15/3/18.
went sick about middle of Dec 1917 complaining of pain in chest & hard cough & feeling of coldness (says he could not get warm)
was in hospl Bramshott 8 days early in December 1917 with same complaint. on civil life a logger very frequently and would have a cold & cough during Spring drive down river – never quit work entirely.
Gonorrhoea in Montreal June 1917.
Hist of coughing up blood two or three times while in Bramshott hospl. 1st time blood almost pure (pt states – quantity; ~~rest of times~~ after heat sputum streaked.
F.H. F. – dead – alcohol M – dead accident
B 2 A & W. none dead Sisters. none
pt not married

REGISTRAR
No. 4 Canadian General Hospital,
BASINGSTOKE.

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

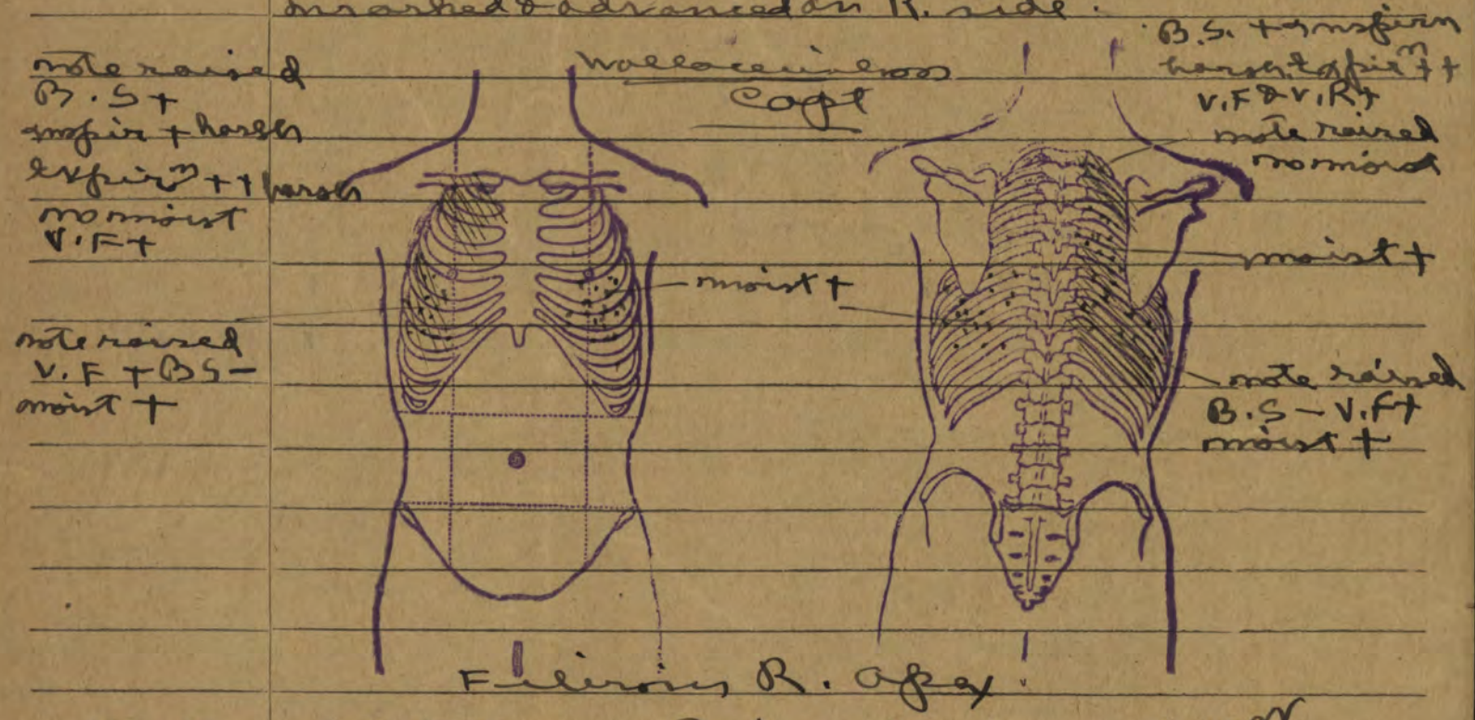
[P.T.O.

Station and Date.

Chest - expansion - 1" slight restriction right side.

Heart neg.

Cavi infiltration both lower lobes more marked & advanced on R. side.



Fluoroscopy R. apex

18/3/18 Sputum - Positive for T.B

Weight - 139 lbs

Forms I. 1237/12

Army Form I. 1237.

IV

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	1100074	Pte	Langlois	A

Year	Unit.	Age.	Service.
1918	10 Can Rifs (258 Bn)	28	8/12

Station and Date.	Disease Bronchitis
13/2/18	Patient has had cough & expectoration for past three months. Came on gradually.
	Condition not improving – cough considerable & expect.
	Expansion fair – rales throughout.
	R.4. & F.3. L.H. Carpenter Capt.
20/2/18	CO. ~~27.2.18~~
4.3.18	Lungs normal.
	Cough not improving – few rales scattered throughout. Dyspnoea on exertion – Headache. He is very weak & pale. No improvt. Trains & Basings for Special Examination. L.H.C.

Convalescent Hospital, Woodcote Park, Epsom.

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

...3—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239)

P.T.O.

Station and Date.

T179038 II

Complaint. Pain in chest back shoulder. Cough Expectoration Weakness Shortness of breath Hæmoptysis

Family History Father died of Pneumonia 6 years ago. Mother's circumstances unknown. 2 brothers alive & healthy

Previous Illness. States he has never been seriously sick in his life. Worked as a logger and often had bad colds & cough during the spring drives.

Present Illness. Cough and weakness came on gradually. First sick 14 Dec'17 Bronchitis and was in hospital at Bramshott for one week. Was readmitted 5/1/18 with Bronchitis. While in hospital he states he had three attacks of Hæmoptysis.

Physical Examination

Supra and Infraclavicular depression. Retraction both apices more marked right. Diminished movement right upper chest. Dullness. Vocal resonance increased. Bronchovesicular murmur right upper lobe with moist râles clavicle to 2nd interspace. Harsh vesicular murmur with prolonged expiration left upper lobe

Sputum has been positive T.B. now negative.
Other systems apparently normal
General Condition fair.
Invalided to Canada

Shomar Campbell
Capt CAMC

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 10th Res. Military Hospital Bassenthwaite

No. 1105014 Rank and Name Pte Langlois A. Age 26 Service 6/12

Disease Pneumonia Date of admission 14-12-17 Date of discharge Result

Dates of Observation	14	15	16	17	18	19	20	21
Days of Disease								
Temperature, Fahrenheit (107°–97°)								
Pulse per Minute	84	84	76	84	90	78	70	78
Respirations per Minute	24	24	24	20	20	20	24	24
Motions per 24 Hours								

On Admission

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps ____________ Military Hospital ____________

No. ____________ Rank and Name ____________ Age ____ Service ____________

Disease ____________ Date of admission ____________ Date of discharge ____________ Result ____________

Dates of Observation																															
Days of Disease																															
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
·8 ·6 ·4 107° ·2																															
·8 ·6 ·4 106° ·2																															
·8 ·6 ·4 105° ·2																															
·8 ·6 ·4 104° ·2																															
·8 ·6 ·4 103° ·2																															
·8 ·6 ·4 102° ·2																															
·8 ·6 ·4 101° ·2																															
·8 ·6 ·4 100° ·2																															
·8 ·6 ·4 99° ·2																															
·8 ·6 ·4 98° ·2																															
·8 ·6 ·4 97° ·2																															
·8 ·6																															
Pulse per Minute																															
Respirations per Minute																															
Motions per 24 Hours																															

Wt. W3726/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/4 (E. 735)

Signature ____________ In charge of case.

Forms
I 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
130	1105074	Pte.	Langlois	A.
Year 1918	Unit. 10th Res. C.		Age. 27	Service. 6/12

Station and Date. Brantford 5/1/18

Disease Bronchitis.

Symptoms:- Cough, headache, back ache. Weakness, pain in chest and general malaise. Existing for six weeks.

Past history:- Has always had good health in Civil Life. Began to go "down Hill" 2/20 3 months ago. and has never been well since. Has gonorrhoea recently. Recovered.

Present Condition:- Patient is anaemic and poorly nourished. Has poor appetite. Coughs great deal and has a good deal of expectoration which is in appearance Muco purulent and is sent to Laboratory. Has lost a good deal of strength and flesh in last month.

Respiratory System:- Chest poorly shaped. ~~normal~~. Expansion poor. Has a great many dry and moist Rales all over lungs. Has Supra Clavicular depression. Vocal Resons normal. No Special Localizing Signs. (No TB found microscopically) Cardiac & G U system normal

13th. Much better. Cough less. Appetite good. dec. DM.

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

Station and Date.	
21/1/18	Improving very well. Appetite good. Cough improving. Does
30/1/18	Is pale and flabby looking. Not picking up very fast D. M.
3/2/18.	Much improved. Cough gone Eat better D M Cody
10-2-18	Recovered, but weak and anaemic Fit for Benwood W Murray

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name 1105.0 74 Pte Laughlin Corps 10 Res.

Disease Bronchitis Hospital

To Officer i/c Laboratory. Ward 12. Bed 3.

Please carry out an examination of the accompanying specimen of Sputum

with special regard to

Date Feb. 8th 18.

O. i/c Ward.

LABORATORY REPORT.

(5)

No T-B found

Date of Examination

R. K. J. Moton

O. i/c Laboratory.

W9915—M1029 200,000 11/16 HWV(M1276) Forms/W3212/2

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form

Corps 10 Res Military Hospital Brownsholme

No. 110-074 Rank and Name Cte - Langlois A. Age 27 Service 6/12

Disease Bronchitis Date of admission 5-1-18 Date of discharge Result

Dates of Observation	Jan 30	31	Feb 1	2	3	4	5	6	7	8	9	10
Days of Disease												
Temperature, Fahrenheit (Time A.M.P.M.)												
Pulse per Minute	114	112	120	108	112	106	96	92	104	106	110	96
Respirations per Minute	18	18	18	18	18	18	18	18	18	18	18	18
Motions per 24 Hours	1	1	1	1	1	1	1	1	1	1	1	1

Temperature scale: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

Syr. Myrtillus ℥ii T.i.d.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature D Murray Cuff In charge of case

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 10th Res. C. Bramshott Military Hospital No 12 Can. General.

No. 1105074 Rank and Name Pte Langlois A. Age 27 Service 6/12

Disease Bronchitis. Date of admission Jan 5/18. Date of discharge Result

Dates of Observation: Jan. 5, 6, 7, 8, 9, 10, 11

Days of Disease: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29

Temperature, Fahrenheit: 107°, 106°, 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98°, 97°

On Admission. Mild Cough. Sp. Jan 7/18

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature D Murray Capt In charge of case.

W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Forms
I. 1237
12

Condensed Copy.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T179 Bk2.	1105074	Pte	Langlois	A.
Year 1918.	Unit. 10th Res Bn.		Age. 28	Service. 10/12.

Station and Date.

Disease TUBERCLE OF LUNG.

Complaint. Pain in chest, back, shoulders. Cough, expectoration. Weakness Shortness of Breath. Haemoptysis. Family History. Father died of Pneumonia 6 years ago. Mother's whereabouts unknown, 2 brothers alive & healthy. Previous Illness. States he has never been seriously sick in his life. Worked as a logger and often had bad colds & cough during the Spring drives Present Illness. Cough and weakness came on gradually. Went sick in Dec/17 Bronchitis and was in hospital at Bramshott for one week. Was re-admitted 5-1-18. with Bronchitis. While in hospital he states he had three attacks of Haemoptysis. Physical Examination. Supra and Infraclavicular depression. Retraction both apices more marked right. Diminished movement right upper chest. Dullness, Vocal resonance increased. Broncho vesicular murmur right upper lobe with moist rales clavicle to 2nd interspace. Harsh vesicular murmur with prolonged expiration left upper lobe. Sputum has been positive T.B. now negative. Other systems apparently normal. General condition fair. Invalided to Canada.

Signed.

Thomas Campbell. Capt CAMC.

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

Wt. W 6604/M 2870—1,500,000—8/17—H & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

CASE HISTORY SHEET.

D. M. H. Hospital. Montreal Station

No. 1105074 Rank Pte Name Banglois A. Age 27

Unit DD #4 Completed years of service Where and how long 12 months E 12/12

Date of admission 20. 6. 18. Date of discharge July 8/18

Diagnosis T.B. Lung. Place of origin England

CONDITION ON ADMISSION AND PROGRESS OF CASE Previous to enlistment quite well. Enlisted May 28/17. Present illness came on gradually & about middle of Dec. 1917 he noticed sick with shortness of breath on exertion, some cough & pain in the chest with at the time signs of Bronchitis were present.
Patient has lost a ~~good~~ little weight.
Present Condition:- General condition fair, ~~fairly~~ well developed good colour. Complaining pains in the front of the chest. Supraclavicular depression well marked especially the right. Impaired resonance in rt. apex. Vocal resonance increased over rt. upper lobe. Breathing harsh. rales in the region. No rales.
Patient talks hoarsely. Examining throat:-
Examining lungs:- Roentgenograms
Heart is normal.
Kidneys:- acid. no albumen. no casts. a few leucocytes & calcium oxalate.
Sputum:- negative for T.B.
X Raying lungs:- not taken
Wassermann negative.

FAMILY HISTORY negative.
(Tuberculosis, mental or nervous diseases.)

Chest well developed expansion fair but better on left side. Impaired resonance in rt. supraclavicular fossa & hard tubular breathing over whole fossa. ++ in area below clavicle. breathing is harsh but no adventitious sound heard. Pectoral No change in resonance. Tubular breathing rt. apex. V.P. & V.R. increased.

Exam. by Dr. Jones June 25/18

TREATMENT Rp. Sodi Sal. 3 T. t.i.d. p.c.
(Especially any specific or special form.) Good diet. Rest.

Condition same as above
June 24/18. 227 Class E

CONDITION ON DISCHARGE. Further treatment in the P.S.C.
(and disposal made of case.)

Date June 25/18. W. T. Freeman Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

C 30268

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Montreal, Que. DATE June 25/18

1. 1 (a) Unit D.D.#4 (b) Regimental No. 1105074 (c) Rank Pte

(d) Surname LANGLOIS (e) Christian name A.

2. Age last birthday 27 Date of birth May 15/1890

3. Enlisted at St.Hyacinthe on May 28/17

4. Personal description:—

(a) Height 5' 6" (b) Weight 140 (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Grey (f) Identification marks None

5. Address after discharge (for the use of the Board of Pension Commissioners)

General Delivery

6. Former trade or occupation Labourer

7. (a) Service — Years 1 — Days 1 month

	Periods From	Periods To
258th Bn	May 28/17	June 3/18
D.D.#4	June 3/18	date

(b) Has he been overseas? YES 8. Original disease or disability Tuberculosis

(a) Date of origin Unknown (b) Place of origin England

(c) Cause* Tubercle bacilli'

(d) Present disease or disability Tuberculosis right apex #44

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

General condition poor. Well developed, fairly well nourished. Good colour. Compaains of pains in the front of the chest, some expectoration, especially in the mornings. Shortness of breath on exertion. Exam of heart-normal, pulse 86, regular. Exam of lungs:- chest well developed, expansion fair, but rather freer on left side. Impaired resonance in right supraclavicular fossa with harsh tubular breathing over whole fossa. V.F. & V.R. + + +.

(Over)

M. F. B. 227.
300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

In area below the clavicle breathing is harsh, but no adventitious sounds heard. Posteriorly there is no change in resonance. Tubular breathing present in right apex. V.F. & V.R. increased. Sputum negative for T.B. X-Ray:- definite shadow in upper portion of right lung, and less extensive shadow in upper part of left lung. Bronchial shadow right base accentuated. Kidneys normal. Urinalysis acid, no albumen, no sugar, a few leucocytes and calcium oxalates. Patient speaks in a hoarse voice.

(b) Are the following systems normal ? If not, briefly state abnormality

Nervous Yes Digestive Yes Respiratory As above Cardiac Yes

Genito-Urinary As below Skin, Middle Ear, Eye or any other part

10. History: (*a*) of Condition referred to in "a" section 9.

Father died of pneumonia 6 years ago. Mother well. He never had any serious illness. Worked as a logger, was often wet, and had many colds while employed thus. Present illness came on gradually. Had some cough and Pain in chest; went sick about Dec.15/17, and was in

(*b*) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

hospital for a week with bronchitis at Bramshott. Says he spat up pure blood about this time. Then to Basingstoke. Sputum here was - for T.B.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Not applicable

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

R.V.H. 7-6-17 to 26-6-17 Gonorrhoea.
12 Can.G.Hospital Bramshott 14-12-17 to 21-12-17 Bronchitis
Bramshott 5-1-18 to 12-2-18 Bronchitis.

OPINION OF THE MEDICAL BOARD

(*Continued*).

M.C.H. Epsom 12-2-18 to 15-3-18 Bronchitis
4 C.G.H. Basingstoke15-3-18 to 18-4-18 T.B. of lungs.
C.G.H. Lenham 8-4-18 to 23-5-18, T.B.
D.M.C.H. 21-6-18 to 25-6-18.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ?
(If the answer is "yes" state nature of treatment required and probable duration.)

Yes, sanatarium treatment.

16. Can the former trade or occupation be resumed ? NO
(If not, briefly state why.)

17. Recommendations CLASS "E" to the I.S.C.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned SOLDIER have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report ? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

WE CONCUR

19. Is the soldier fit for
(a) General service, (Category A) (~~Yes~~ or No).
(b) Service abroad, not general service, (" B) (~~Yes~~ or No).
(c) Home service, (Canada only), (" C) (~~Yes~~ or No).
(d) Temporarily unfit, (" D) (~~Yes~~ or No).
(e) Unfit for service in Categories A, B and C, (" E) (Yes or ~~No~~). E

20. It is certified that the soldier
(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

(b) ~~Does not require treatment~~.
(c) ~~Should pass under his own control~~.
(d) Should not pass under his own control.
(Strike out condition not applicable).

Discharge Under P.C. 783

OPINION OF THE MEDICAL BOARD—(*Continued*).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

YES, to I.S.C.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

J. G. Browne Major RAMC — *President.*

PLACE Montreal, Que

DATE June 27/18

E. E. Rothino Lt RAMC — Members.

APPROVED BY M.D. No. 4 APPROVED

Assistant Director of Medical Services.

ASSISTANT DIRECTOR MEDICAL SERVICES MONTREAL MAJOR For A.D.M.S.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, ... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness ..... Signed .....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

PLACE

DATE

Members.

19-6-136

MH

★PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

"D"

Report No. 6984 | CATEGORY | No. of M.H.C. File | No. of Local File | No. of H.Q. File

Unit

Surname: Langlois. Christian Name: Alcide.

Permanent Address: Contrecoeur ~~Cont de Coeur~~ Co. Verchères Quebec

M.D. No. 4

No.★ 1105074 Rank Pte Original Unit 258 Service Unit★ 10th res btn

Age★ 28 Height 5 ft. 6 ins. Complexion Eyes Grey Hair Conduct

Date of enlistment 28-5-17 Where enlisted St Hyacinthe Where seen service★ England

Ship returned by HSH-2 Date of arrival 4-6-18 Port of arrival Halifax

Birthplace★ Canada Religion R.C.

Cause of disability Tubercle of lung (Infection)

(Eng M^D B^d. 4-5-18.

Condition in detail which prevents the soldier from earning a full livelihood

Present condition:-Weight on enlistment 131 lbs. Present wt 135 lbs. Lungs superclavicular depression most marked right side, Retraction on inspiration more marked right apex. Dullness, vocal resonance increased and harsh Bronchovesicular breathing over right apex upper lobe in front with moist rales in infraclavicular area 2nd interspace. Harsh respiratory murmur and prolonged expiration over left upper lobe. M.H.S. States that while in Bassingstoke sputum was found T.B. Positive.

Sputum is now negative T.B. Other systems apparemtly normal.

General condition good.

Degree of Incapacity—Eng. Board. Not estimated Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity Not estimated

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended, if so which? Returned to Canada for further treatment.

Destination to which transportation issued

Members of Board ~~A.F.~~ T.R. Welwood. Capt. F.H. Fratten Capt. Thos Campbell Capt. C.D.H. Lenham. 4-5-18.

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.
E. 1. Discharge, no pensionable disability. (Yellow copies).
E. 2. Waiting Reclassification. (Pink copies).
E. 3. Discharge with claim for pension. (Blue copies).

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin Uncle E. Petrin ~~Contrecoeur~~ Contrecoeur, P.Q.

Notification of return to be sent to Uncle. Jerima St Marie. Renston Falls. Co

Occupation prior to enlistment Farming And for how long followed 2 years

Regular trade or occupation ~~Labourer~~ Weave in Cotton Mills.

Average earnings previous to enlistment Any other income? Fall River

Name and address of last employer M. Guiguere Contrecoeur Que.

Rent per month $ If owner of or purchasing property amount due and annual payment $ $

Taxes If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If unable to follow previous occupation, name preference Farming.

References Above Info.

I declare that the above statement is correct.

Witness H L Fish

Date 24/6/18 Place Montreal Signature Langlois A.

Remarks by Interviewer:

Reports of men returned for duty to be typed on White (Red printed) Forms.
A. General Service. C. Service in Canada. (White red printed forms).
B. Service abroad, not general. D. Treatment. (Pink copies).

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 5c

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS

CONFIDENTIAL INFORMATION

Report No. _____ CATEGORY _____ No. of M.H.O. Card _____ No. of Local File _____

Unit _____ Surname _____ Christian Name _____

Permanent Address _____

Rank _____ Original Unit _____ Service Units _____

Holding _____ Trade, Occupation _____ Area _____ Hair _____ Complexion _____

Date of enlistment _____ Where enlisted _____ Where said services* _____

Ship returned by _____ Date of arrival _____ Port of arrival _____

Birthplace* _____ Religion _____

Cause of disability _____

Condition in detail which prevents the soldier from earning a full livelihood

Degree of incapacity—Tribunal _____ Pensions Board _____

Disability due to or aggravated by Service?

Probable duration of incapacity

Does or does not the person claim Military Service?

Is further treatment or use of appliances recommended, if so which?

Authority to which transportation issued

Members of Board _____

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children:					

Name and address next of kin _____

Authorization of return to be sent to _____

Occupation prior to enlistment _____ and for how long followed

Regular trade or occupation _____

Average earnings previous to enlistment _____ Any other income?

Name and address of last employer _____

Rent per month $ _____ If owner of or purchasing property amount due and annual payment $ _____

Taxes _____ If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $ _____ Name of Society _____

If unable to follow previous occupation, name preference

Referees _____ I declare that the above statement is correct.

Witness _____

Date _____ Place _____ Signature _____

Remarks by Interviewer:

Last Pay Corr. Cr., $ _____ Dr., $ _____ Amount paid at Depot H.Q. $ _____ L.T.C. leaving Depot $ _____

Amount forwarded to H.Q. Hall, $ _____ Credit Clothing allowances, $ _____

PENSION—Class _____ Amount per year, $ _____ Period granted for _____ Dating from _____

First payment due _____

Form No. 5c

PART I. Form (D.M.S. 1312) A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT
HOSPITAL REPRESENTATIVE, CANADIAN SPECIAL HOSPITAL, LONDON.

Regt. No. 1105074 Rank Pte. Surname Langlois Christian Name Alcide.

Unit or Corps—(a) Overseas from United Kingdom - (b) In United Kingdom 10th Res Bn.

Born at—Town Roxton Fall County or Province Quebec Country Canada

Date of Birth—Day 15th Month May Year 1890 Age 27 yrs. 11½ months.

Joined at St Hyacinthe Date May 28th 1917

Former Trade or Occupation Labourer

Permanent marks or peculiarities that will serve for future identification :—

NIL

Height—feet 5 inches 6 Colour of eyes Grey

Signature of Soldier (*for identification purposes*) his mark Alcide Langlois.

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Tubercle of Lung.

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Infection	Unknown	Prior to Enlistment
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service ? Yes

(*i.*) As to Group (*a*) above ? Yes If yes, has Active Service aggravated it ? Yes

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above ? No

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

5. If a cause of disability was an injury received on Active Service, was it received— Not Applicable

(*i.*) While on duty ? (*ii.*) While off duty ?

(*iii.*) Was a Court of Inquiry held ? (*iv.*) Where ? (*v.*) When ?

(*vi.*) Opinion of the Court ?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*).

Complaint. pain in chest back and shoulders,cough,expectoration,weakness, shortness of breath,haemoptysis.
Father died of Pneumonia 6 years ago,mothers whereabouts unknown,2 brother healthy,has never had any serious illness,worked as a logger and was often wet when he would get a cold and cough on drives.
Present illness came on gradually,had some cough and pain in chest and went sick about middle ofDec.and was in Hospital for a week with Bronchitis at Bramshott. Readmitted 5-1-18 with Bronchitis,transferred to Epsom 12-2-18. Basingstoke 15-3-18. Lenham.18-4-18.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*)

Weight on enlistment 131 Lbs. Present weight 135 Lbs.
Lungs. Superclavicular depression most marked right side,retraction on inspiration more marked right apex,dullness vocal resonance increased and harsh Bronchovesicular breathing over right ~~apex~~ upper lobe in front with moist Rales in infraclavicular area to 2nd interspace, harsh respiratory murmur with prolonged expiration over left upper lobe.M.H.S. states that while in Basingstoke Sputum was found T.B. positive. Sputum is now negative T.B. Other systems apparently normal. General condition poor.

8. OPERATION. (*i.*) Was one performed ?

(*ii.*) If so, state what. Not Applicable

(*iii.*) Was one advised and declined ?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service ? No

(*ii.*) If so, describe.

10. DO YOU RECOMMEND :—

(*a*) Fit for duty ? No

(*b*) Fit for base duty ? No

(*c*) Invalid to Canada ? Yes

(*d*) Discharge from the Service as permanently unfit ? No

Date of Report 2-5-18. 191 Signed Thomas Campbell.Capt.CAMC.
Officer in medical charge of case.

Station C.3.H.Lenham.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except ~~xxx~~

Wm.M.Hart. Major.CAMC. (Officer i/c Hospital / S.M.O. ~~Brigade~~) Strike out one of these.
O.C.Canadian Special Hospital,
Lenham. Kent.

Dated at Station, on 2-5-18. 191

* Delete if inapplicable.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

Yes

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

Yes

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? / Aggravated? } No (*b*) Misconduct of the Soldier { Caused? / Aggravated? } No

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? No
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).* Not App
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

Not App

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)? Not App

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks. Not App

N I L

19. Recommendation :—(*a*) Fit for duty?
No
(*b*) Fit for base duty?
No
(*c*) Invalid to Canada?
Yes
(*d*) Discharge from service as permanently unfit?
No

Classification for the Military Hospitals Commission.
P

Date of Board
4-5-18.

Station
C.S.H.Lenham.

President.

Signatures of the Board T.R.Welwood.Capt.CAMC.
F.H.Pratten.Capt.CAMC.
Thomas Campbell. Capt.CAMC.

A.D.M.S. CANADIANS.
LONDON AREA.
LONDON.

Approved [illegible] A.D.M.S.
Major, C.A.M.C.
for A.D.M.S., Canadians, London Area

Dated at ..... Station 8 MAY 1918 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

President.

PART I. Form (D.M.S. 131) A.F.B. 179 Canada (Revised). 3737. 50M.

Reserved for M.H.C.

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

Regt. No. 1105074 Rank ..... Surname LANGLOIS Christian Name ALCIDE

Unit or Corps—(a) Overseas from United Kingdom ..... (b) In United Kingdom 10th Res Bn

Born at Town Loxton Falls County or Province Quebec Country Canada

Date of Birth—Day 15th Month March Year 1890 Age 27 yrs. 11½ months.

Joined at St Hyacinthe Date May 28th 1917

Former Trade or Occupation Farmer

HOSPITAL REPRESENTATIVE CANADIAN SPECIAL HOSPITAL LENHAM.

Permanent marks or peculiarities that will serve for future identification:—

Nil

Height—feet 5 inches 6 Colour of eyes Gray

Signature of Soldier (*for identification purposes*) his Alcide X Langlois mark

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) TUBERCLE OF LUNG

Disabilities Group (*b*) –

Disabilities Group (*c*) –

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	INFECTION	UNKNOWN	PRIOR TO ENLISTMENT.
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? Yes

(*i.*) As to Group (*a*) above? Yes If yes, has Active Service aggravated it? Yes

(*ii.*) As to Group (*b*) above? – If yes, has Active Service aggravated it? –

(*iii.*) As to Group (*c*) above? – If yes, has Active Service aggravated it? –

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? No

(*ii.*) As to Group (*b*) above? –

(*iii.*) As to Group (*c*) above? –

PART I. *(continued).*

5. If a cause of disability was an injury received on Active Service, was it received — Not applicable

(i.) While on duty? — (ii.) While off duty? —

(iii.) Was a Court of Inquiry held? — (iv.) Where? — (v.) When? —

(vi.) Opinion of the Court? —

6. HISTORY OF THE CASE. *(State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records).*

Complaint. Pain in chest, back and shoulders. Cough. Expectoration. Weakness. Shortness of breath. Haemoptysis.

Father died of pneumonia 6 years ago. Mother's whereabouts unknown. 2 brothers healthy. Has never had any serious sickness. Worked as a logger and was often wet when he would get a cold and cough during drives.

Present Illness. Came on gradually. Had some cough and pain in the chest and went sick about middle of Dec. and was in hospital for a week with bronchitis at Bramshott. Readmitted 5.1.18 with bronchitis. Transferred to Epsom 12.2.18. Basingstoke 15.3.18. Lenham 18.4.18.

7. PRESENT CONDITION. *(Give previous and present weight if likely to indicate progress of disability.)*

Weight on enlistment. 131 lbs. Present weight. 135 lbs.

LUNGS. Infraclavicular depression more marked right side. Retraction on inspiration more marked right apex. Dullness. Vocal resonance increased and harsh. Bronchovesicular breathing over right upper lobe in front with moist râles in infraclavicular area to 2nd interspace. Harsh respiratory murmur with prolonged expiration over left upper lobe. M.H.S. states the while in Basingstoke sputum was found T.B. positive. Sputum is now negative T.B.

Other systems apparently normal. General condition poor.

8. OPERATION. (i.) Was one performed? Not applicable

(ii.) If so, state what. —

(iii.) Was one advised and declined? — —

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. —

10. DO YOU RECOMMEND:—

(a) Fit for duty? No

(b) Fit for base duty? No

(c) Invalid to Canada? Yes

(d) Discharge from the Service as permanently unfit? No

Date of Report 2-5- 1918 Signed Thomas Campbell

Station C.S.H. Lenham Officer in medical charge of case.

Capt. CAMC

I have satisfied myself of the general accuracy of the above Report, and concur therein *~~except~~

W. M. Hart

Major, C.A.M.C.

O.C. Canadian Special Hospital, LENHAM, KENT.

Officer i/c Hospital / ~~S.M.O. Brigade~~ — Strike out one of these.

Dated at ..... Station, on 2 MAY 1918 ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)?
If not, indicate it.

yes.

12. Is the cause of the disability fully indicated in Part I. (2)?
If not, indicate it.

yes.

13. Was the disability caused or aggravated by—
(a) Negligence of the Soldier: Caused? no; Aggravated? no
(b) Misconduct of the Soldier: Caused? no; Aggravated? no

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

not app.

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

not app.

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?

not app.

(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

not app.

18. Remarks.

Nil

19. Recommendation:—(*a*) Fit for duty? no
(*b*) Fit for base duty? no
(*c*) Invalid to Canada? yes
(*d*) Discharge from service as permanently unfit? no

Classification for the Military Hospitals Commission.

F

Date of Board 4. 5. 18.

Station C.H. London

Signatures of the Board.
R. Lockwood Capt Can C President.
H. H. Hunter Capt. Can M.C.
Thomas Campbell Capt Can C

A.D.M.S. CANADIANS.
LONDON AREA.
LONDON,

Approved [illegible] A.D.M.S.
Major, C.A.M.C.

Dated at for A.D.M.S., Canadians, London Area Station

8 MAY 1918 191

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

President.

Signatures of the Board