

PIÈCE D'ATTESTATION.

No. 889149

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... Lavoie
- 1a. Quels sont vos noms de baptême?..... Sustone
- 1b. Quelle est votre présente adresse?..... Ste. Helene, Co. Kamouraska, P.Q.
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... St. Philippe de Neri, Wenceslas LeBel, marchand, Ste. Helene, DE KAMOURASKA
- 3. Quel est le nom de votre plus proche parent?..... Son neveu - Wenceslas LeBel, marchand, Ste. Helene, DE KAMOURASKA
- 4. Quelle est l'adresse de votre plus proche parent?..... St. Helene, DE KAMOURASKA
- 4a. Quel est votre degré de parenté avec icelui?..... Son neveu - Wenceslas LeBel, marchand, Ste. Helene, DE KAMOURASKA
- 5. Quelle est la date de votre naissance?..... 18 June 1894
- 6. Quel est votre métier ou profession?..... Commis et télégraphiste
- 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

Signature

DÉCLARATION REQUISE DU SUJET

Je, Sustone Lavoie 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.

G. Leppe (Signature de la Recrue)

Date 9 Mars 1916. [Signature] (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Sustone Lavoie 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.

G. Leppe (Signature de la Recrue)

Date 9 Mars 1916. [Signature] (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 comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à 9 Mars ce 9 Mars jour de Mars 1916.

[Signature] (Signature du Juge)

[Handwritten notes]

Signalement de Lavoie, Gustave à l'Enrolement

Age apparent..... 22 ans..... mois.
 (Déterminable d'après les instructions contenues dans les règlements
 du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congé-
 niales ou de maladies antérieures.

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

Taille 5 pieds... 3 pouces

Mesure de la poitrine { Tour de poitrine, à 30
 pleine expansion pouces
 { Marge d'expansion 2 1/2 pouces

Teint..... Brun

Yeux..... Bleu

Chevelure..... Noir

Confession religieuse { Anglican.....
 { Presbytérien.....
 { Méthodiste.....
 { Baptiste ou Congregationaliste.....
 { Catholique Romain..... OUI ~~X~~
 { Juif.....
 { Autres dénominations.....
 (Indiquer laquelle)

Muls

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..... 9 Mars 1916.....

Lieu..... Trariville, P.Q...... J. Hance
 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 atten-
 tion et notera brièvement ci-dessous les causes d'invalidité:

CERTIFICAT DE L'OFFICIER COMMANDANT

..... Gustave Lavoie..... 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 de l'officier.)

Date..... MAY - 3 1916..... 1916 ..

J. Hance
 Lt.-Colonel.
 8. C. 189^e Bataillon, C. F. F. E. C.

REGIMENTAL DOCUMENTS

Army 25-6-19

NAME **HAVOIE, GUSTAVE**

REGT. NO. **889149**

UNIT **22nd BN**

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

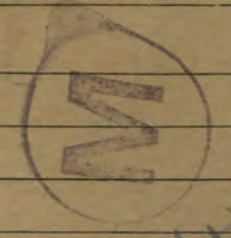
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)



2029
287-20

DEATH

Category

DISCHARGE

Category

Demob.

13034

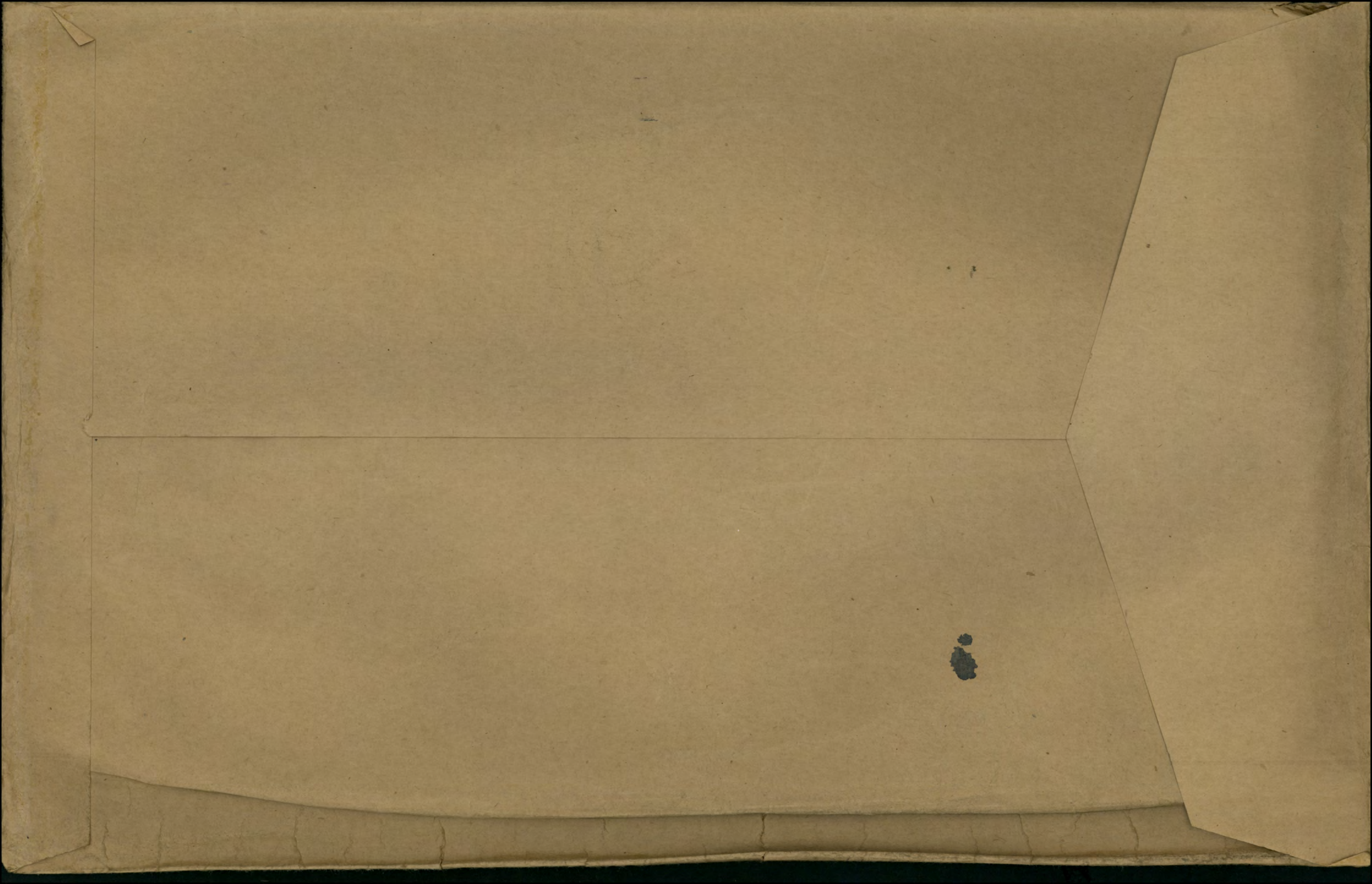
DESERTION



54 Misc
1 card 5009
1 forme D3.
1 card
1 card
1 card
1 card

M. +
17.11.23.

(1)
36-18
7-18
6-19



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

LAVOIE

G.

889149.

RANK
Pte.

UNIT
Q. 22.

Co.

TROOP

BATTY

HOSPITAL

DATE OF ADMISSION

1 Aus. Gen. Rouen.

10-8-18.

1. 2 C.D., 11. Louv. Dep. Buschy.

HOSP. 12-8-18
13-8-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

SW. Rt. Leg. R.

DIAGNOSIS

1.

2.

3.

DISPOSITION

CL 16-8-18. A293-5.

18-8-18 @ 295-5

6-9-18 @ 312 ⑦

10-9-18 @ 315 ⑦

DATE

Dis to B D Etaples 3-9-18.

REMARKS

A.M.D. 2 Dept.

Dep. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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

SURNAME.

Lavoie.

CHRISTIAN NAMES

Gustave

REGL. NO.

889149

RANK

Pte

UNIT

189th.

FORMER CORPS

Nil

✓

~~85~~ CARD NO. 74
 808.02179-5-19
 Demol. 100.156
 FOLL. of 5/6/19 # 405
 Bn. 4

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Marchand, Hercules Lebel

RELATIONSHIP TO SOLDIER

nephew

ADDRESS

Ste Helene Co. Kamouraska, P.Q.

COUNTRY OF BIRTH

Canada, St Philippe ^{new P.Q.}

DATE

June 28th 1894

PLACE OF ATTESTATION

Fraserville, P.Q.

DATE

Mar. 9th 1916

Sailed from Halifax per St. Lapland. ³²⁴ etc

L. L. 04504. M. & I. 0512. 23-9-16. ⁵⁴⁹ 18

M. F. W. 22. 250M.-216. H. Q. 1772-39-339. ³²⁴ 93

RIC 16-5-19

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Clerk + Telegraph Operator

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

22 YEARS

MONTHS

HEIGHT

5 FEET

3 INCHES

CHEST MEASUREMENT

30 INCHES

EXPANSION

2 1/2 INCHES

COMPLEXION

Dark

EYES

Blue

HAIR

Black

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION:

PLACE

Fraserville, P.Q.

DATE

Mar. 9th 1916

Present address: - Ste Helene, Co. Kamouraska,
P.Q.

No. 889149

RANK

Plt

NAME

Lavoie Gustave

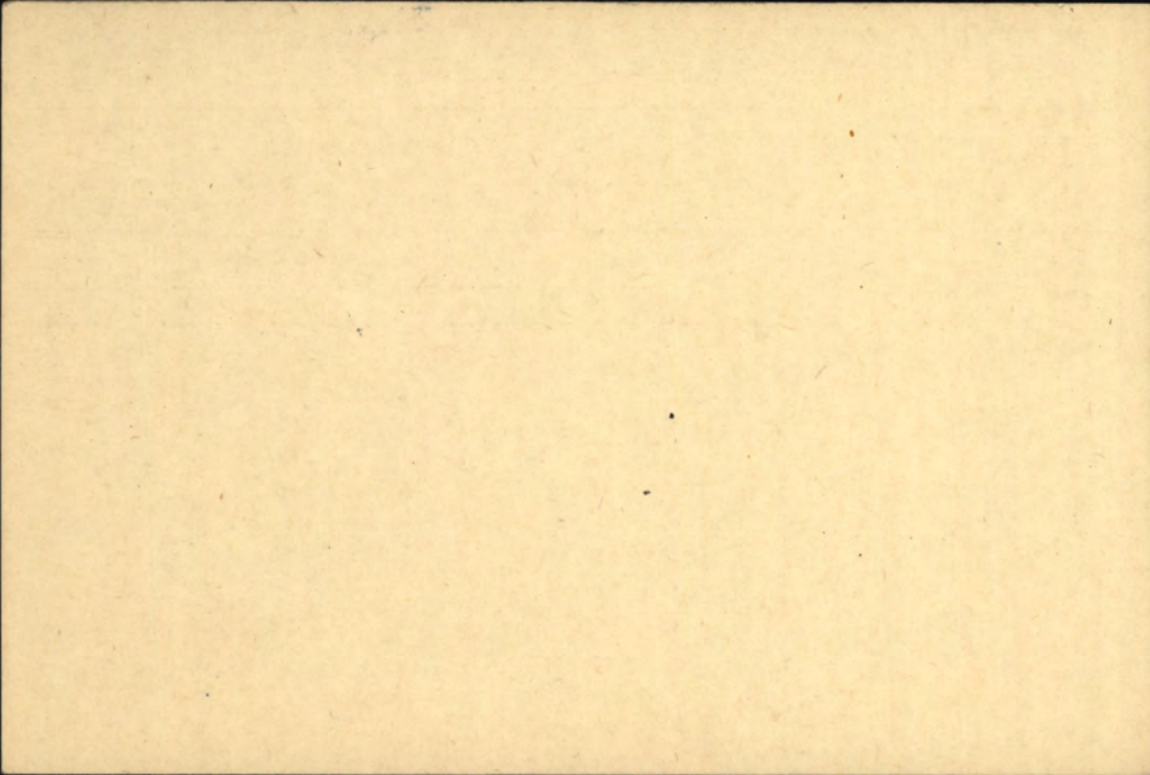
T.O.S. 4-3-16
(D.O. 57 of 10-2-16)

UNIT

189th Battalion

M. D. 0

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Mar 9	1916 Mar 31	n		
	April	v		
	May	v		
	April	v		
	May	v		
	June	v		
	July	v		
	Aug	v		
	Sept	n	28 Days Detention	D.O. 208 of 2-9-16
			UNIT SAILED SEP 23 1916	



~~No. 1~~ B
Number. 889149 Rank ~~Plt~~ K

Surname. LAVOIE

Christian Name. Gustave

Unit ^{no} 22nd Am Co. Inf. Theatre of war France

Date of Service. 4-4-17

Remarks.

Latest Address St. Helene

Co Kamouraska

Roll No. B Page 4881

G.A. 19449 Pers

30 1921

NAME

Lavoie Gustave

REGT'L No. 889149

H. Q. FILE No. 649.

RANK AND CORPS

Pte 22nd Bn form 189th Bn

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

Renceslas Lebel Marchand, (Nephew) St Helene Co
 Hamouraske P. I.

112-2

H 258

18. 8-18

Adm 1st Aust Gen H Rouen Aug 10th
 1918 G S W R leg

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 293-5

1 Aust Gen Rosen

10-8-18

SW R leg

a 293-5

No 2 Bow Dep "

12-8-18

" " "

a 312⁷

11 Con. Dep Buckley

15-8-18

S. W. R. leg (One Right)

a 315⁷

Dis. to B. D. Staples

3-9-18

" " "

S.O.S. Demot. 19.5: 19. Md. 5

T

FRENCH

649-L-15125

LAVOIE, G. ^v No. 889149 L/Cpl. ^v 22nd Reg. form 189th Reg. ^v

M & D. brother Joseph A. Lavoie,
Archives Judiciaires,
Palais de Justice, Quebec, P.Q.

P & S. " Jean Baptiste Lavoie,
Springer, New Mexico.

Ser. #987673
Memorial X- Nil

Not Eligible for 14.15 Star
Eligible .. U.S.M.
.. R.D.M.

Death due to
Service
Auth. B.P.C.
MS.

OCT 7 1924

Scroll Desp. _____ Reqn. No. 1119

NOV 26 1925
Plague Desp. _____ Reqn. No. 2023

MEDICAL HISTORY SHEET.

Surname Savois Christian Name Gustave

Examined on 9th day of March 1916 at Fraserville

Approved by J. Kane

Birthplace City or Town St. Philippe de Nere County Kamouraska Lemiscouata

Rank M.O.

Apparent age 22

Trade or occupation Telegraph Operator

Height 5 Feet 3 Inches

Weight Lbs.

Chest measurement Minimum 30 inches

Maximum expansion 27 1/2 inches

Physical development good

Small-Pox Marks 0

Vaccination Marks Arm Right Left Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease 0

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. M.O.

Table with columns: Date, Result, VACCINATIONS. M.O.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. M.O.

Enlisted on 9th day of March 1916 at Fraserville Que

Table with columns: CORPS, REG'T NUMBER, HABITS, DATE. 189th Battalion 889149, 22nd Bn.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. C.C.C. Withy April 25th 1919 Myopia (pre-enlistment) 'A' T. C. ...

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.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

**DIRECTIONS TO
DENTAL OFFICERS**

NAME OF SOLDIER (Block Letters) LAVOIE J.
 REGIMENT 22nd Bn Wing RANK S/Lt No. 529149
 Date of Examination in England 7/4/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

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

R. Simpson capt
 A. D. D. S. M. D. No. 4

Signature of Dental Officer *J. Ross Capt*



To be made out in duplicate.

H.Q. 54-21-23-53

6

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..... **189e BAT., F.E.C.**

.....

(2) Regimental Number..... **889149**

(3) Full Name of Soldier..... **Gustave Lavoie**

.....

(4) Place of Birth..... **Fraserville Témiscouata Co,**

.....

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

(6) If married, state,

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

.....

(b) Present Postal Address.....

.....

(7) Are you a widower?

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

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

Also their names and ages.....

.....

.....

.....

.....

(9) Is your Father alive?.....

If so, state name and address

(10) Is your Mother alive?.....

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.

(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.

[Handwritten Signature]
.....
Officer Commanding.

Date *2/2/16*.....

Casualty Form—Active Service.

Unit, Regiment or Corps 22nd Bn.

Regimental No. 889149 Rank L/Cpl. Name LAVOIE G.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
5-6-19.	O/S	T.O.S. D.D.#4 Disp.Stn."F"	Montreal	10-5-19.	D.O.Pt.II#156.
5-6-19.		S.O.S. D.D.#4 Demob.	Montreal	19-5-19.	D.O.Pt.II#156. R.O. 1420.

G.H. Ditcher
a/ Lieutenant,
Assistant Adjutant,
District Depot No. 4.

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

Casualty Form—Active Service.

Regiment or Corps 2nd Canadian Battalion

Rank Private Surname Lavoie Christian Name Gustave

Religion R.C. Age on Enlistment..... years months

Enlisted (a) 9-3-16 Terms of Service (a) R of W Service reckons from (a) 9-3-16

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and Rate.....

Occupation Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked...			
<u>5-1-18</u>	<u>2nd Bn</u>	<u>Attached to Div Signal Coy</u>	<u>Field</u>	<u>28-12-17</u>	<u>B213</u>
<u>12-1-18</u>	<u>50</u>	<u>Rejoined Unit</u>	<u>50</u>	<u>4-1-18</u>	<u>B213</u>
<u>19-1-18</u>	<u>50</u>	<u>GRANTED 14 DAYS LEAVE.</u>	<u>—</u>	<u>11-1-18</u>	<u>B213 P+II.0.11/1918</u>
<u>2-2-18</u>	<u>50</u>	<u>Returned from leave</u>	<u>Field</u>	<u>26-1-18</u>	<u>B213</u>
<u>12-8-18</u>	<u>50</u>	<u>wounded</u>	<u>"</u>	<u>10/8/18</u>	<u>X. 5. 17-11-18</u>
<u>10-8-18</u>	<u>1st Aust. Genl.</u>	<u>S.W. R. Reg.</u>	<u>Adm. 1st Aust. Genl.</u>	<u>19/8/18</u>	<u>109441</u>
<u>12-8-18</u>	<u>2 Com. Dep.</u>	<u>50</u>	<u>Adm. 2 Com. Dep.</u>	<u>12-8-18</u>	<u>57947</u>
<u>50</u>	<u>1st Aust. Genl.</u>	<u>50</u>	<u>50 Com. Dep.</u>	<u>12-8-18</u>	<u>107797</u>
<u>15-8-18</u>	<u>2 Com. Dep.</u>	<u>50</u>	<u>50 11 Com. Dep.</u>	<u>15-8-18</u>	<u>1086</u>
<u>15-8-18</u>	<u>11 Com. Dep.</u>	<u>50</u>	<u>Adm. 11 Com. Dep.</u>	<u>15-8-18</u>	<u>H. 4693</u>
<u>3-9-18</u>	<u>Do.</u>	<u>Class A</u>	<u>To Base</u>	<u>3-9-18</u>	<u>N6257</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoenig-Smith, &c.
 W. 13863—M1477 10000 1/17 (27612) S P & Co, Ltd. Forms B./103/4 E./354. [P.T.O.]

Regiment or Corps **189th Battalion C. Coy**

Rank **Private** Surname **Lavoie** Christian Name **Gustave**

Religion **R.C.** Age on Enlistment **19** years **10** months.

Enlisted (a) **9-3-16** Terms of Service (a) **H. of War** Service reckons from (a) **9-3-16**

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) **Telegraph Operator**
 or Corps Trade and Rate **1722**

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	Canada	27-9-16	
8-10-16	O.C. 69th Bn B.O. 3796	Disembarked ...	England	6-10-16	✓
		Transferred to 69 th Bn C. Coy	Shibgate	6-10-16	O.P. 11.0.248
		and I.O.B.	Calcutta		Capt for Ad of 189th Bn
4-1-17	O.C. 69th Bn	Transf to 10 th Res Bn	Shibgate	4-1-17	O.P. 11.0.14 ✓
			Calcutta		Capt for Ad of 69th Bn
4-1-17	O.C. 10th Res Bn	Transf from 69 th Bn	Shibgate	4-1-17	O.P. 11.0.1 ✓
20-1-17	O.C. 10th Res Bn	Transf to 8 th Res Bn	Shoreham	20-1-17	O.P. 11.0.13
			Calcutta		Capt for Ad of 10th Res Bn
23/1/17	O.C. 8th Res Bn	Taken on strength 8 th Res	Shoreham	23/1/17	O.P. 11.0.23 ✓
2-17	8th Res. Batt.	Trans. to 22nd Res. Batt.	Shoreham	2-17	O.P. 11.0.23 ✓
20.2.17	O.C. 22nd Res	Taken on strength 22 nd Res Bn	Shoreham	17.2.17	O.P. 11.0.3

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoing-Smith, &c.

70.889149 ● Pte. ● Lavoie G.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 38, or other official documents
Date	From whom received				
12/3/17	22nd Res. Bn.	Trans. to 10th. Res Bn.,	Shoreham.	12/3/17	Pt. T. D. O ⁴ 21 ✓
					J. E. Smith Capt & Adj.
9-3-17	O.C. 10 th Res. Bn.	Taken on strength on being posted from 22 nd Res. Bn.	Shoreham	7-3-17	Dispart 2. 54
3-4-17	O.C. 10 th Res. Bn.	Transf. to 22 nd Bn. France, Belgium.	Shoreham	3-4-17	Dispart 2 - 76v Capt. for Adj. 10 th Res Bn
12-10-16	O.C. 69	Ad ^d to 5 th C. J. B. Sig Base for D.O. re	Debgate	11.10.16	Pt. O. 249.
3.1.17	✓	Causes to be ad ^d to 5 th C. J. B. Sig Base	✓	3.1.17.	Pt. O. 3
29.3.17	10 Res Bn.	Causes to be ad ^d to 22 nd Res Bn.	✓	29.3.17.	Pt. O. 71
					Edmatun Capt FOR LT. COL. I/C RECORDS. C.O.M.F.
4 th 17	C.D. Dep.	Taken on strength of 22 nd Bn. on arrival in France	C.D.	4-4-17	nkall. Pt. D. O. 43 of 10 th
7 th 17	Sp.	Proceeding to join unit	Field	7-4-17	nkall.
13 th 17	22 nd Bn.	joined unit	Sp.	10-4-17	813. 50. 150 of 10 th
11th 17	57 Bn	N. D. S.	Sp	7.11.17	W 2391 C 1000

CERTIFIED CORRECT.
 JUN 1917
 CAN. RECORDS: LONDON.

J.P.

Rank

Name LAVOIE, ~~Sr~~Gustave.

Reg'l No. 889149

R-122
8,401-50,000-21-10-16.

Unit 189th Bn.

If in perm. Corps,
What Unit? }

Married or Single Single.

Place and Date of Enlistment Fraserville. 9th March. 1916.

Place of Birth St. Philippe de Neri.

Name and Address, Next-of-Kin Wenceslas Lebel Marchand.

Ste. Helene De Kamouraska Quebec. Canada.

Relationship Nephew.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

*M. X
17.11.23.*

N/E. R.B. No 25761
File R.L.
O R CANADA
Category
Character

Discharge, Date and Place

Reason

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.				
C		<i>Arrived in England St. Laland</i>		<i>6-10-16</i>	
<i>11-10-16</i>	<i>69th</i>	<i>Taken on strength.</i>	<i>Dibgate</i>	<i>6-10-16</i>	<i>PAE 02481</i>
<i>12-10-16</i>		<i>Attached to 1st C.T.B</i>		<i>11-10-16</i>	<i>249.</i>
<i>3-1-17</i>		<i>Signal base for D. Q. & R.</i>		<i>3-1-17</i>	<i>3.</i>
		<i>Ceases to be attached to 1st C.T.B. Signal Base</i>			
<i>4-1-17</i>	<i>69th Bn</i>	<i>S. O. S. to 10th. Res. Bn.</i>	<i>Dibgate</i>	<i>4-1-17</i>	<i>Pt. 2 D O-4</i>
<i>4-1-17</i>	<i>10th Res Bn</i>	<i>T. O. S. of 10th. Res. Bn.</i>	<i>Shoreham</i>	<i>4-1-17</i>	<i>Pt. 2 D O-1</i>
<i>20-1-17</i>	<i>do.</i>	<i>S.O.S. to 8th Res Bn</i>	<i>do</i>	<i>20-1-17</i>	<i>131</i>
<i>23-1-17</i>	<i>8th Res Bn</i>	<i>T.O.S. from 10th Res Bn</i>	<i>do</i>	<i>20-1-17</i>	<i>23.</i>
<i>19-2-17</i>	<i>8th Res. Bn</i>	<i>S. O. S. to 22nd, Res Bn</i>	<i>Shoreham</i>	<i>19-2-17</i>	<i>D. O. 50</i>
<i>20-2-17</i>	<i>22nd Res Bn</i>	<i>T.O.S. from 8th Res Bn</i>	<i>do</i>	<i>19-2-17</i>	<i>3.</i>

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.				
10.3.17	25 th Re. Bn	S.O.S to 10 th Res Bn	Shorham	7.3.17	PH DO # 21 ✓ + DO # 400/29.3.17 22 nd Re
29.3.17	10 th Re	Leave to be att to 25 th Re Bn	Do	29.3.17	71 st ✓ + DO # 439/10.4.17 22 nd Re
3.4.17	Do	SOS to 22 nd Bn	Do	3.4.17	76 ✓
16.8.18	Quebec	Wounded	St. Field	10.8.18	620293
22.10.18	22 nd Bn	App ^d L/Cpl	PH	28.8.18	PH 105
		Proc. To Eng 6.4.19			T.O.S 8.4.19
		22 nd Bn DO 22 3.3.19			J Wing CCG DO 3/10,4.19
		<i>Proc to Canada</i>		10.5.19	64-E-96
10.5.19	J. Wing	SOS to Canada	Witley	10.5.19	2018
		& Off. 2001 E			

PH # 540/9.3.17 15 Re Bn
PH DO # 21 ✓
+ DO # 400/29.3.17 22nd Re
71st ✓
+ DO # 439/10.4.17 22nd Re
76 ✓

A.F.B. 103 CHECKED
4 JUN 1917
178

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 18m.-4-17.
 1772-39-819.

Sheet No. 2. Wenceslas LetBell
 (Assignee)

Name of Soldier Lavoire G

PAYMENTS.

L. L. Job 1927 - M. & D. 7814

889149

189720

ph.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰ - June 1/17
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		523079	40	}
Aug.		B 35891	20	
Sept.		X 40774	20	in
Oct.	24873	24872	20	44872 and
Nov.		488630	20	
Dec.		2.49362	20	
Jan.	1918			140 ⁰⁰
Feb.				
March				
April				
May				
June				
July				

140
 AM

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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

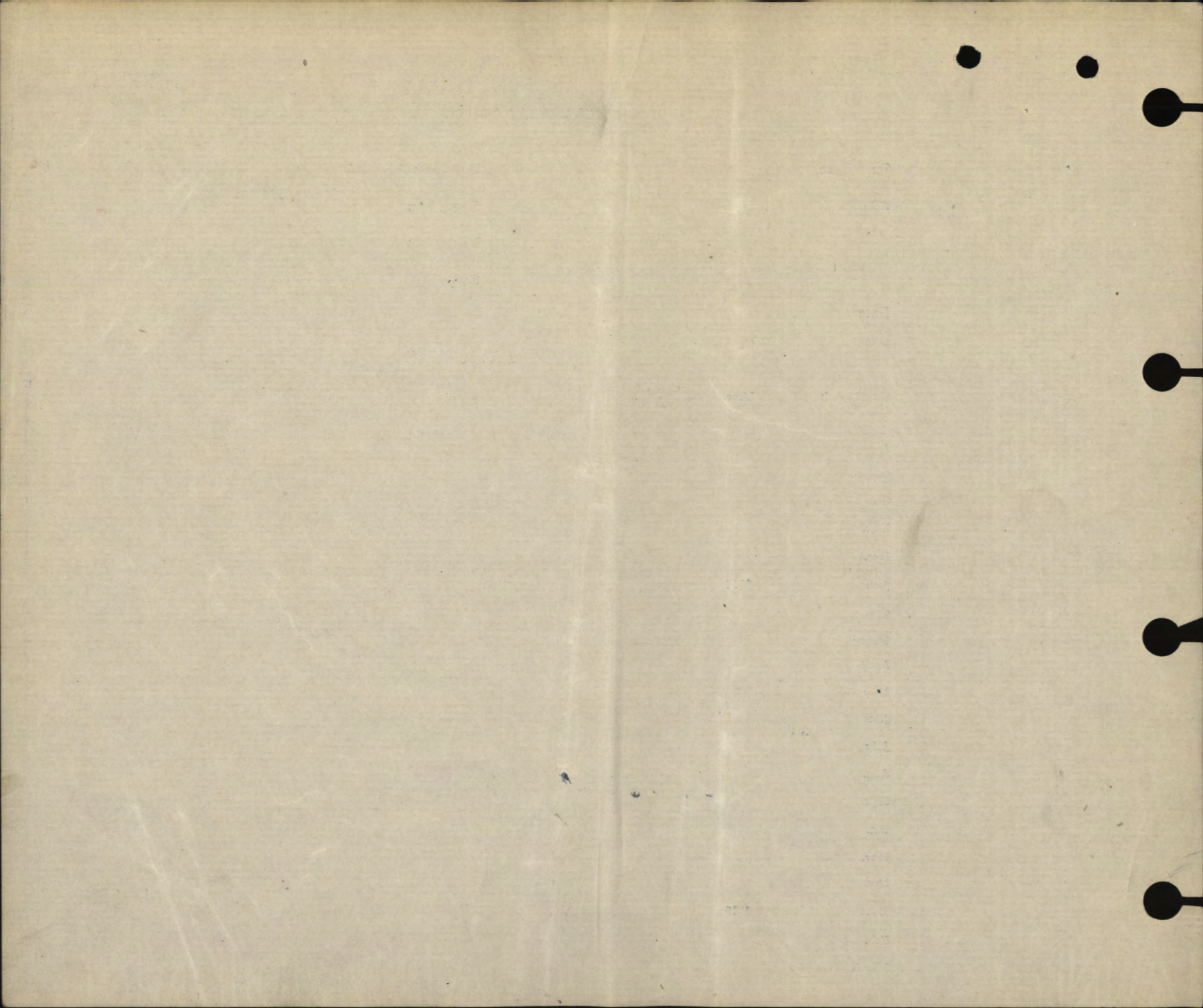
To Whom *Vincenzo Sebille*
 Address *St. Helene*
Kamouraska Que
 Rate *20⁰⁰ June 1/17*

By Whom Assigned *Lavore G*
 Regtl. No. *889149*
 Rank *pl.*
 Corps *18913m*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2 M 1377 JAN 4 7/17 BAN</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





File No. 10734-4-32

WAR SERVICE GRATUITY.

Register No. Spec Reg.

76
2261

Reg. No. 889149

Dependent _____

Name Lavoie G.

Address _____

Address Deceased.

Pay Soldier \$ _____

Pay Dependent \$ _____

Days 183 Rate 70⁰⁰ Due 420⁰⁰

Less P.D.P. credited _____

Clerk _____

Less further Dr. Bal. 64⁰⁰
or overpayment.

Net 413¹⁰

R 2134
5-11-20

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount.
1	<u>paid by MD 4</u>	<u>4</u>	<u>70⁰⁰</u>	<u>Dr Bal passed to suspense</u>	1			
2				<u>Bal not payable under P.C. 2419</u> <u>soldier died prior to 1/2/19 No to be paid</u>	2			
3					3			
4					4			
5					5			
6					6			

Miss Peques
2/11/20

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

CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class A, No.

DISCHARGE CERTIFICATE

Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 889149 (Rank) Lt Pl

Name (in full) Lorne Gustave enlisted in

the 189th Canadian Battalion

CANADIAN EXPEDITIONARY FORCE at Frauville on the 9th

day of March 1916

HE served in England & France (22nd Gen. Inf. Bn.)

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 25

Marks or Scars

Height 5-3"

Complexion Brown

Eyes Blue

Hair Black

Gustave Lorne
Signature of Soldier.

Date of Discharge



J. G. P. M.
Issuing Officer.

Lieutenant
Officer Vc Discharge Section, Dispersal Station "F"

Rank

Date May 19 1919

NB - 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.

THE STATE OF TEXAS,
COUNTY OF [illegible]

I, the undersigned, [illegible]
do hereby certify that [illegible]
[illegible]

Witness my hand and seal this [illegible] day of [illegible] 19[illegible]

Attest: [illegible]

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]
[illegible]



[illegible]
[illegible]
[illegible]

NUMBER 889.149 RANK

Re Dept NAME LAVOIE G.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Inward								174 99	118 50	
OCT	PP	34 70		AP				20	189 09		
	Oct as Pk from 25/6/18 to 30/10/18. Should be as 2/8/18 = 65 Days.	3 25		AR 836 S.C.I.B. 15/10/18	7 46				192 34		
				" 1532 " 27/10/18	3 73				181 15		
		37 35			11 19			20			
Nov	PP Dept	34 50		AP				20			
				AR 2129 S.C.I.B. 16/11/18	3 73						
				2634 " 3/12/18	13 06						
Dec	PP	35 65		AP				20			
Jan	PP	34 70		AP				20	210 16		
		105 90			16 79			60			
Feb	Lt Pl. Pay	32 20		AP				20	222 36		
				AR 3026 S.C.I.B. 24/12/18	7 79				214 57		
				" 1885 Det. Rank 13/1/19	18 66				195 91		
				" 2189 " 15/1/19	18 66				177 25		
				" 2479 " 17/1/19	18 66				158 59		
				" 4309 S.C.I.B. 11/1/19	6 29				152 30		
				" 4286 " 9/1/19	3 77				148 53		
				" 2792 Det. Rank 20/1/19	18 66				129 87		
				" 1082 " 24/1/19	23 32				106 55		
				" 1103 " 24/1/19	23 32				83 23		
				" 5523 G.P.D. 4/2/19	4 66				78 57		
				" 5392 S.C.I.B. 17/2/19	5 60				72 97		
				" 5390 S.C.I.B. 25/2/19	3 73				69 24		
Mar	Lt Pl. Pay	35 65		AP				20	84 89		
				AR 6518 S.C.I.B. 10/3/19	3 65				81 24		
					156 77						
				AR 7234 S.C.I.B. 21-3-19	5 48				75 76		
		67 85			162 25			40			
April	Lt Pl's Pay	34 50		AP				20	90 26		
	Int on DP.	13 50							103 76		
				AR 438 J Wing CCC. 10/4/19	48 67				55 09		
				AR 1833 do 78/4 End	9 73				45 36		
		48 00			58 40			20			

As to Can 10/4/19
AR 64 R.R.S.

War Service
Badge Class
S.I. # 248190

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

22
O.G. - 6
D.A. - E

A.F.B. 122

A.F.B. 103

A.F.B. 178

or A.F.A. 45

S. 1375

1. No. <i>889149</i>		
2. Rank. <i>Lance-Corporal</i>		
3. Name. <i>Larrie, Gustave</i>		
4. Unit. <i>22nd Canadian Bn.</i>		
5. Date of Discharge	<i>19-5-19.</i>	Place <i>St. Helene (Kamouraska) Quebec</i>
6. Reason for Discharge <i>Demobilization</i>		
7. Authority. <i>D.D.#4 R.O. 1420 D.O.Pt.II#156.</i>		
8. Proposed Residence after Discharge <i>St. Helene C. Kamouraska Que</i>		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.? <i>B. 39 Montreal</i> <i>MAY 19 1919</i> <i>Gustave Larrie</i> Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <i>Montreal</i> Date <i>MAY 19 1919</i> <i>[Signature]</i> Signature (O. C. Discharging Unit.)		

Original
THIS FORM WILL BE USED FOR ALL RANKS
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 invalid 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 invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such 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 7, 8, 9 and 10 be communicated to the invalid, 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..... Witley Camp DATE..... 14-4-19

1. 1 (a) Unit 22nd Bn. (J. Wing.) (b) Regimental No. 889149 (c) Rank L/C
 (d) Surname Lavoie (e) Christian name Gustave
 (f) Home address Ste. Helene Kamourska Co. P.Q.
 (g) Next of Kin Mr. W. Lebel (h) Relationship Uncle
 (i) Address of Next of Kin Ste. Helene Kamourska P.Q.

2. Age last birthday 30 Date of birth July 25 - 1889

3. Enlistment, or Appointment (if an Officer) (a) Place Fraserville P.Q. (b) Date 9-3-16

4. Personal description:
 (a) Height 5' 3" (b) Weight 120 (c) Complexion dark
(stripped)
 (d) Colour of hair dark (e) Colour of eyes blue (f) Identification marks, Scars, etc. Scar over Rt. clavicle

5. Former trade or occupation Telegraph Operator

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years <u>3</u>	Days <u>1 month</u>
---	-------------------	------------------------

	PERIODS	
	From	To
Canada	<u>9-3-16</u>	<u>27-9-16</u>
England.....	<u>6-10-16</u> XXXXXX	<u>19-2-17</u>
France or other theatres of War.....	<u>19-2-17</u>	<u>9-4-19</u>

7. Original disease, or injury Myopia

(a) Date of origin Previous (b) Place of origin Canada
 (c) Cause unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Partial loss of function L. Eye
(Defective vision)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialists Report Volker 10-4-19
Without glasses with glasses
Visual acuity Rt. 6/6
" " L 6/18 Sph -1.00 6/9
Defective vision due to myopia
Condition was present previous to enlistment
and has not been caused by service. It
not been aggravated by service

Tom Mc Donald Capt
Case

Subj complains of being short sighted
in left eye

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

Urine is normal

10. (a) History (of the condition referred to in Section 9(a).)

Was short sighted in left eye since
school days. Condition not changing

10.-(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

10-8-18 GSW R leg No disability

(c) (Here give a description of wounds, scars and deformities.)

nil

11.-(a) Did the disabling condition have its origin before enlistment? yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(A) no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) 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.)

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations

H. A. Chubb Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, 889149 L/c. G. Lavoie, 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

(L/c) Gustave Lavoie Rank.
Signature of invalid 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 criticised.~~

Yes

19. Is the invalid 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.)

Yes A

20. It is certified that the invalid

(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.)

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

R.T.C. Auth A.G. Tel. 9083 of 11/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *C.C.C. Witley*
DATE *April 25th 1919*

R.T.C. Auth Capt AMC
T. Curry Capt AMC
President.
Members

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 invalid 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

APPROVED BY *[Signature]* ASSISTANT DIRECTOR OF MEDICAL SERVICES. DATE.....
APPROVED BY *[Signature]* DIRECTOR-GENERAL OF MEDICAL SERVICES. DATE.....
27 APR 1919
WITLEY SECTION.

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L

2894

June 1 - 17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

85-1-17
for year

PARTICULARS OF SEPARATION ALLOWANCE

No. *889 149*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *G. Lavore LAVOIE*

Battalion *189 Battr*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Venceslas Le Bell*

Address *St Helen Kamouraska 2ue*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1717</i>					<i>10734-4-32</i>
<i>Dec 31</i>			<i>140</i>	<i>140</i>	<i>20m 13-6-17</i>
<i>Jan</i>	<i>69275</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Feb</i>	<i>71289</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Mar</i>	<i>9189</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Apr</i>	<i>14717</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>May</i>	<i>14944</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>June</i>	<i>20639</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>July</i>	<i>P31884</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Aug</i>	<i>36522</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Sept</i>	<i>K46929</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Oct</i>	<i>P51716</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Nov</i>	<i>959039</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Dec</i>	<i>65764</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Jan</i>	<i>P70637</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Feb</i>	<i>K80383</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>Mar</i>	<i>L82187</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>April</i>	<i>J956</i>		<i>20</i>	<i>20</i>	<i>20</i>
<i>May</i>	<i>W8745</i>		<i>20</i>	<i>20</i>	<i>20</i>
			<i>480</i>	<i>480</i>	

M. F. W. 128.
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L. L. 22220-M. & D. 1903.

31-5-19 A/c Closed

Res'd per *Olympic*

Date *16-5-19 P.X. 26-5-19*

Clerk *MRB Dec. 1104.35*

