

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class *Over.*)

TRIPLICATE

1. Surname..... **Le Gallais**

2. Christian name..... **John**

3. Present address..... **169 Amherst St Montreal Qu**

4. Military Service Act letter and number..... **10397 Dr**

5. Date of birth..... **8 Fevrier 1885**

6. Place of birth..... **Jersey England**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Church Of England**

9. Trade or calling..... **Stableman**

10. Name of next-of-kin..... **Mr Frank Le Gallais**

11. Relationship of next-of-kin..... **Brother**

12. Address of next-of-kin..... *Stowen* **Jersey England**

13. Whether at present a member of the Active Militia..... **No**

14. Particulars of previous military or naval service, if any..... **Nil**

15. Medical Examination under Military Service Act:—
 (a) Place..... **Montreal Que** (b) Date..... **3.1.18.** (c) Category..... **A**

DECLARATION OF RECRUIT

I, **Le Gallais John**, do solemnly declare that the above particulars refer to me, and are true.

John Le Gallais (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age **31** yrs **7** mths.

Height..... **5** ft **2** ins.

Chest measurement } fully expanded..... **33½** ins.
 } range of expansion..... **3** ins.

Complexion..... **Dark**

Eyes..... **Brown**

Hair..... **Black**

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

John Le Gallais
 O. C. *John Le Gallais* 2nd Depot Btl. 2nd Quebec Regt.
 End Quebec

Place..... **Montreal Que** Date..... **3.13.18.**

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

TRIPPLICATE

(Class)

1. Name
2. Christian name
3. Present address
4. Military service No. letter and number
5. Date of birth
6. Place of birth
7. Married, widowed or single
8. Religion
9. Trade or profession
10. Name of post-office
11. Relationship of next of kin
12. Address of next of kin
13. Whether or present a member of the Army Reserve
14. Particulars of previous military or naval service
15. Medical Examination under Military Service Act
16. Place

DECLARATION OF RECRUIT

I, _____ do hereby declare that the above particulars are true and correct.

DESCRIPTION ON CALLING UP

Age	_____
Height	_____
Complexion	_____
Build	_____
Complexion	_____
Complexion	_____
Complexion	_____
Complexion	_____
Complexion	_____

Date: _____

Place: _____

26-219

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



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

23

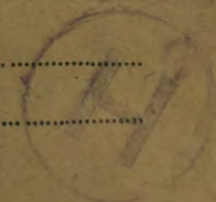
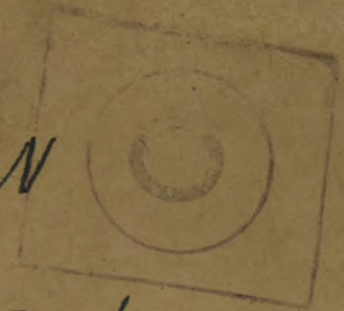
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1

MF B. 465
 AF B. 122
 MF A. 129
 MF A. 39a
 MF A. 71
 MF A. 113

Name **LEGALLAIS JOHN**
 Regt. No. 3155216 Rank Cpl.
 Corps 2nd Dep. Bn. 2nd. Cav. Regt
Demobil



W.B.
 R.B.
 J.P.

S.P.A.
~~17-10-19~~
 19427
 16.8.20



MF
 4-2-21
 ac

SURNAME.

Le Gallais,

CARD NO.

X

CHRISTIAN NAMES

John

31-1-19 *10032 of 1-2-19*
"demob" FOLL. *22 Q.R. 4*

REGL. NO.

3155216

RANK

Pt.

UNIT

2nd. Que. Regt. 2nd. dipo. Bn.

Died 31.7.20 H
SCR 1085 J-52 4830

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Le Gallais, Frank

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

(sent for), Jersey, Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Jersey

DATE

Feb. 8th. 1885

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan. 3rd. 1918

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Stableman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

31 YEARS

7 MONTHS

HEIGHT

5 FEET

2 INCHES

CHEST MEASUREMENT

33½ INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Jan. 3rd 1918

Present Address 169 Amherst St., Montreal, P. Q.

M. F. W. 71-500M.-6-18.
1772-39-961.

NAME

REGIMENTAL NO.

RANK

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Legallan John
3155216
Cpl
Discharged

S.O.S. Desert. 31-1-19 Q.M.D. 4.

✓
LEGALLAIS, J. Expte. 3155216

649-L-22258

Cpl

2nd. Dep. Bn. 2nd Que. Regt.

MEDALS AND DECORATIONS. (Brother) Frank LeGallais,

Lecq Farm.

St. Ouen, Jersey

Channel Islands

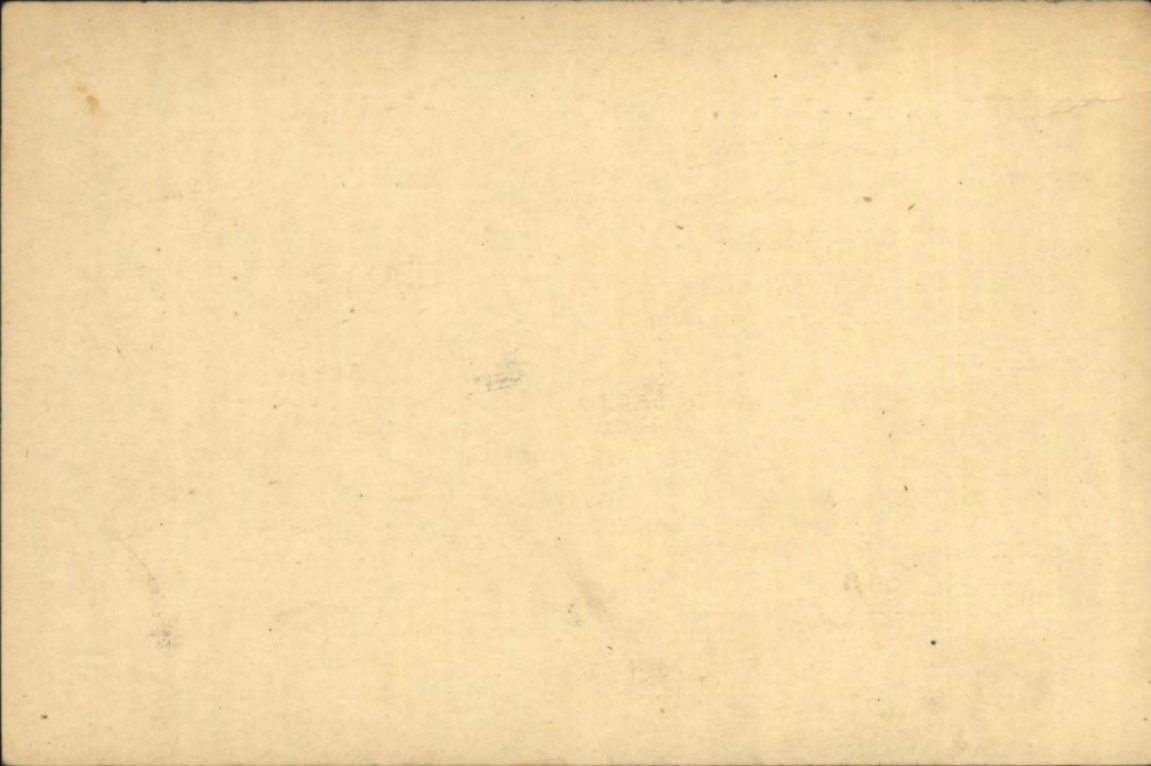
PLAQUES AND SCROLL (Brother) same as above.

MEMORIAL CROSS. NIL

47195

Canada only

ac



DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT..... 4

NAME OF SOLDIER.....

L.F. GALLAIS John

REGIMENT.....

RANK..... Private

No..... 3155216



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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoia	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS		
												U	L	P			Gold	Porcelain						

Condition on first Examination
Bad July 31/19

See

Discharge

B.B. Cunningham

*m - missing
X to be replaced
Full up & post lower
plates required to return*

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3155216 Rank L/C Name Le.Gallais John
 Unit 2ND DEPOT BN. 2ND QUEBEC REGT. who was S.O.S DIST. (Surname first)
 On 31/1/19 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 31/1/19 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		10 00
Regimental Pay <u>31</u> days at \$..... <u>1</u> c. <u>05</u>		32 55
Field Allowance <u>31</u> days at \$..... <u>c.10</u>		3 10
Separation Allowance.....		55 00
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits.....		
Advances.....	By. Cash <u>15/1/19</u>	1.00 00 55 65
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>By cash 31/1/19 (24072-45)</u>		45 00
Total.....		<u>80 65</u>

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
 Assigned Pay for the month of..... 191..... }
 and Separation Allee. for month of..... 191..... } (to) Assignee.....
 (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. 5/8/18..... married or single..... " ".....
 (2) Separation Allowance, entitled or not..... (3) Reason for discharge..... R.O.1328 Para7 SEC B
 (4) Authority for discharge or transfer.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.
 Date 31/1/19
 Place Montreal
 Paymaster P. Broseau Lieut.

N.B.—(A) This form is to be used for all ranks (vide Article 122-120 and 141) Financial Instructions, C.E.F., 1918.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
 (C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REG'T.

Unit, Regiment or Corps.....

Regimental No. D3155216 Rank Pte. Name John LE GALLAIS

Enlisted (a) 3/13/18 Terms of Service (a) C.E.F. Service reckons from (a) 3-13-18

Date of promotion to present rank } Date of appointment to lance rank } 15-7-18 Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Stableman

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				
15-7-18	Miss Ed. Papineau	To be Corporal without pay. Reclassification R.O. 1378 Par 7 §. Sec 7 S.O.S. No. 32 Montreal 31-1-19 Not required am Larage <i>cc/2</i>	Palanthe Camp	15-7-18	

*am x
4-2-21
ac*

(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.

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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

AL.

This is to Certify that No. 3155216 (Rank) CorporalName (in full) LE GALLAIS John enlisted in
the 2nd Depot Bn 2nd Quebec RegtCANADIAN EXPEDITIONARY FORCE Montreal. P.Q. Can. on the 3rd
day of January 1918HE served in Montreal. P.Q. Canada
and is now discharged from the service by reason of DEMOBILIZATION

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

Age 32 11Height 5 2Complexion DarkEyes BrownHair Black

Marks or Scars

Scar on left foreheadJohn Le Gallais
Signature of SoldierAm Larose
Issuing OfficerFor Lieutenant Colonel Capt.
RankDate of Discharge 31st January 1919O.C. 2nd Depot Bn 2nd Quebec
Appointment RegtSigned at Montreal. P.Q. Can. this 31st day of January 1918in Military District No. 4

File Reference No.

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer _____

Rank _____

Appointment _____

Received Form of Bill and
Original Discharge Certificate
Cheque Number.

John L. Gallais

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

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

No. 3155216 Rank Corporal Surname de Vallais
(Given name in full)
John Philippe
 Unit or Corps 2nd Quebec Dept Birthplace Jersey, Eng.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 113 lbs. Height 5 2 ft. in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. O.K. ft.
 Left O.K. ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Scar on left forehead

Opinion as to general health and physical condition Fair

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

Nervous System no Genito Urinary Sytem no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System yes
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition

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

There are a few moist rales over upper scapular region (posterior) no dullness on percussion. He states that he has suffered from a chronic cough for past four years. also that he now feels in better condition than when he enlisted, weight has increased several pounds

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Montreal* (Canada)

Date *31-1-19* Signed *A. J. Martin* M.O.

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

Signature *J. J. Gallais*

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

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

[OVER]

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

n/a
du

Name *Legallais, John*
Surname Christian Name

Regimental Number *315-5216* Rank *Pte*

Address (in full)

Unit *2nd Sep. Batta. 2nd Que. Regt.*

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.

E.L. 53964—M. & D. 0721

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

M. F. W. 127
300M-1-19
1772-89-1140

Remarks:

File No. 10656-J-39

WAR SERVICE GRATUITY.

Register No. Spec-Reg.
77
2291

Reg. No. 3155216

Dependent Nil

Name Legallais, J

Address _____

Address (deceased)

Cheque drawn in favor of Dept. J S. C. R. Ottawa Ont

Pay Soldier \$ 70⁰⁰

Pay Dependent \$ _____

White & Bradbury

Days 31 Rate 70 Due 70⁰⁰

Less P.D.P. credited ✓

Clerk W. M. Phillips 27-10-20

Less further Dr. Bal. or overpayment. ✓

Net 70⁰⁰

*R. W. 34
6-11-20.*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1	<u>65019</u>	<u>29-10-20 1882054</u>	<u>70⁰⁰</u>		1			
2					2			
3					3			
4					4			
5					5			
6			<u>70⁰⁰</u>		6			

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 27/10/20

This space to be for numbers.

Proceedings on Discharge.

AL

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

No.	3155216	
Rank	Corporal	
Name	LE GALLAIS John	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regiment	
Date of Discharge	31st Jan 1919 D.O. 2/2/ Quebec Regt	
Place of Discharge	Montreal.P.Q Canada	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	32 years..... 11 months.	Descriptive Marks Scar on left forehead
Height..... feet..... inches.	
Complexion	Dark	
Eyes	Brown	
Hair	Black	
Trade	Stableman	
Intended place of residence	66 km Resther St. Montreal.	
(To be given as fully as practicable.)	P.Q Canada	
DEMOBILIZATION		
2. The above-named man is discharged in consequence of		
Cat A2 Not required		
Auth R.O. 1328 Para.7 S. Sec " D "		
<small>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.</small>		
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.	
	<hr/>	
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Stableman		

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

Nil

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

6. Medals and Decorations.....

Nil

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. P. Q. Canada

Robertson Capt
Commanding Officer
2/2/ Quebec Regt
Coy " B "

(Date)..... 31st Jan 1919

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. P. Q. Canada *John Le Gallais* (Signature of Soldier.)

(Date)..... 31st Jan 1919 *John Le Gallais* (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.

John Le Gallais (Signature of Soldier.)

10. Statement of Service.

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

393 Days

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

11. Confirmation of Discharge.

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

(Place)..... Montreal. P. Q. Canada

W. M. Larose Capt.
(Signature).....
For Lieutenant Colonel

(Date)..... 31st Jan 1919

2nd Depot Bn 2nd Quebec Regt

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.)

RESERVATIONS (NIL)

John Le Gallais

List of Discharge Documents.

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

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.

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To be in the handwriting of the Commanding Officer who

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H

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL 39728

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

- 1. Surname ~~Le Galland~~ Christian name John Philippe
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
- 4. Address (including street and number, if any) 160 Anherst St Montreal

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10 day of Oct 1917, by the undersigned medical board sitting at.....

- 5. Age as stated 31 Years 7 Months
- 6. Apparent age 31 Years..... Months
- 7. Height 5 Feet 7 Inches
- 8. Weight 107 Pounds
- 9. Chest measurement { Minimum 30 1/2 ins. Maximum 33 1/2 ins.
- 10. Complexion Dark { Eyes Brown Hair Black
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks.....
- 13. Number of vaccination marks { Right arm..... Left arm 2
- 14. When vaccinated last Child
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

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



Robichaud Capt President.
Etacher Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/1/18</u>	<u>M.O.</u>	<u>McKern</u>	<u>3/1/18</u>	<u>M.O.</u>	<u>McKern</u>
	<u>M.O.</u>		<u>25/1/18</u>	<u>M.O.</u>	<u>McKern</u>
	<u>M.O.</u>		<u>4/2/18</u>	<u>M.O.</u>	<u>McKern</u>

Joined 3 day of Janvier 1918 at Montreal, Que

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>	<u>3155216</u>	<u>2nd QUEBEC REGIMENT</u>	<u>3.1.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>Jan 15 1918</u>	<u>RNS</u>	<u>FIT</u>



Signature of Man John P. Le Galland

The copy of this document which is delivered to the man examined will be attached by him to the report for service or claim for exemption made by him or on his behalf to the program under Military Service Act. It has to be returned to the program office.

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

