

889730

Triplicate

Triplicate

ATTESTATION PAPER.

No. 889730

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname? *Le Maitre*
- 1a. What are your Christian names? *George D.*
- 1b. What is your present address? *Paspébiac West.*
2. In what Town, Township or Parish, and in what Country were you born? *Paspébiac West.*
3. What is the name of your next-of-kin? *B. P. Le Maitre*
4. What is the address of your next-of-kin? *Paspébiac West.*
- 4a. What is the relationship of your next-of-kin? *Father.*
5. What is the date of your birth? *Nov. 5th 1896*
6. What is your Trade or Calling? *Farmer*
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, *George D. Le Maitre* 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.

Date *Dec. 22nd* 191*5* *George D. Le Maitre* (Signature of Recruit)
Claude H. R. Caldwell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *George D. Le Maitre*, 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.

Date *Dec. 22nd* 191*5* *George D. Le Maitre* (Signature of Recruit)
Claude H. R. Caldwell (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 *Newcastle* this *22nd* day of *December* 191*5*
James H. Hamilton (Signature of Justice)

for District of Paspébiac

Description of George D Lemaistre on Enlistment.

Apparent Age 21 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 6 ins.

Chest measurement. { Girth when fully expanded..... 35 1/2 ins.
 Range of expansion..... 3 3/4 ins.

Complexion Fair / 35 1/2

Eyes Blue

Hair Brown

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

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 December 22 1915 W. Maguire M.D.

Place New Brunswick 72

Medical Officer.

*Insert here "fit" or "unfit."

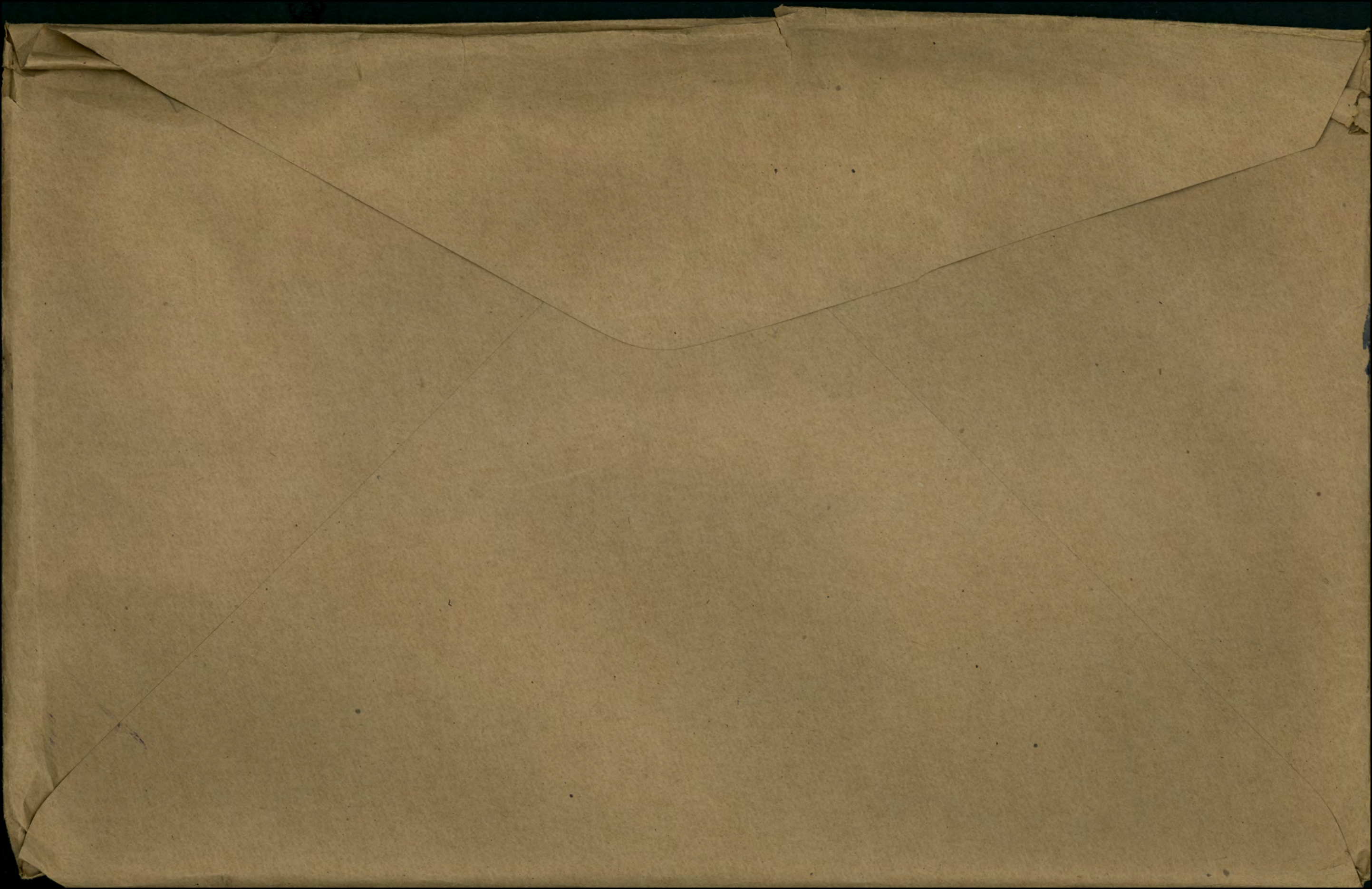
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

George D. Lemaistre 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] (Signature of Officer)

Date MAY - 3 1916 1916



N 100 P
Number... 889730... Rank... *Plé* *B*

Surname... *LEMAISTRE* *V*

Christian Name... *George D.*

Unit... *5th C.M.B.* Theatre of War... *France*

Date of Service... *1-3-18*

Remarks...

Latest Address... *Paspébiac Co.*

Roll No. *P. Q*

Page 4098

ga

17944 Resp

JUN 2 4 10 11

NAME

Le Maître George

REG'T'L. NO. 889730

RANK AND CORPS

Pte 5th Bn M R form 189th Bn

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
Le Maître Bz.		(father) Pastebiac West Bonaventure Co P, 2.
#2896	2-3 3-9-18	Adm 55 Gen H Boulogne Aug 27 th /18
H. 9308	2-9-18	b SW back, arm

LIST No. 2

HOSPITAL

DATE OF
ADMISSION

REMARKS

See p

- | | | | |
|--------|-------------------|----------|-----------------------------|
| B. 310 | City of Middlesex | 11/9/18 | |
| | 2 Newbury St | | Wound on sw. dt arm
back |
| B. 356 | 10 Mil. Com. | 24-10-18 | Gsw. arm
& Back |
| | Walden Pk. Epsom | | |
| B. 364 | 1 Desic. | 30-10-18 | Gsw. R arm &
Back. |

SURNAME.

Le Maitre

CHRISTIAN NAMES

George W.

REGL. NO.

889730

RANK

Pte

UNIT

189th

4500

FORMER CORPS

nil

CARD NO.

308 Dio 6-2-19
auth Doc. FOLL M. B.
20K 218 -5
also D.O. 37 of 6-2-19
Bn.

NEXT OF KIN.

NAMES IN FULL

Le Maitre, B. J.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*Paspébiac, West. Bonaventure
Co., P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, New Richmond P.Q.

DATE

Nov. 5th 1896

PLACE OF ATTESTATION

New Carlisle, P.Q.

DATE

Dec. 22nd 1915

L. L. 94504. M. & D. 6512.

Sailed from Halifax

per S. S. Lapland

23-9-16

RIC. 17-1-19 112 Pte

M. F. W. 22. 250M. - 216. H. Q. 1772-30-339.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of Eng.

DESCRIPTION.

APPARENT AGE

21 YEARS

MONTHS

HEIGHT

5- FEET

6 INCHES

CHEST MEASUREMENT

35½ INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

nil

MEDICAL EXAMINATION.

PLACE

New Carlisle, P. Q.

DATE

Dec. 22nd 1915

*Present address: - Paspebiac West.
Bonaventure Co., P. Q.*

No. *376*
88 9/30 (Mar Pay List)

RANK

Pte

NAME

Lemaitre Geo.

D.

T. O. S. *22-12-15*

UNIT

189th Battalion

(May pay list.)

M. D. *5*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

AUTHORITY

1916	1916	
<i>Jan</i>	<i>Jan 31</i>	<i>v</i>
	<i>Feb</i>	<i>w</i>
	<i>Mar</i>	<i>v</i>
	<i>April</i>	<i>v</i>
	<i>May</i>	<i>v</i>
	<i>June</i>	<i>v</i>
	<i>July</i>	<i>v</i>
	<i>Aug</i>	<i>v</i>
	<i>Sept</i>	<i>m</i>

UNIT SAILED

SEP 23 1916



George.

Name LEMAISTRE Rank PlReg. No 889730.Unit 5th C.M.R.Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
27	855. G. 24p	B'logne.	G.S.W. arm Back	H 50	4289	3644-6
1	9 Co. mdc. W. H.					
	Napbury st albans.					
27	927 West. G. 24p.	Manchester		B 310		25397
24	10 mil Con 24 w/r	Epsom.	do	B 290		29082
30.	10 discharged	do	do	B 364.		9173.
31.	10 2. B. 6. D	Rekott	4 pp 8. 1861.			

*Name Le Maistre George D. Rank Pte Regtl. No. 889730
 Original unit 23rd R.B. Present unit 6.6.5 LOCAL CARD. M. or S. Age 22 Religion C of E Fyle Depot.....
 Port, ship, and date of arrival Halifax s/s Olympic 17/1/19 Ref. H.Q.....
 Next of kin B. Z Le Maistre
 Address on leave.....
 Address on discharge PASPEBIAC. P. Q.
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation Farmer Date and place of enlistment New Carlisle 22/12/15
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
19-1-19	T.O.S. 11-1-19 Posted to Gas Co. with effect	
	17-1-19 Granted Furl till 14-2-19 with	
	14 days subsistence	19
OVER.		

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

6-2-19. Discharged from Service, under R.O. 1420 Sec. (1) para. (c)

(of 12-12-18) Under Demobilization. With effect 6-2-19.

37

3 Blues.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Lemaistre.

~~Lemaistre~~ ??

G.

889720

RANK

UNIT

Co.

TROOP

BATTY

HOSPITAL

RG

2nd 3rd C.M.P.

DATE OF ADMISSION

55 G. Boulogne.

27-8-18

1.

Co. of Middlesex St. Albans

HOSP.

1-9-18.

Mil. Con. W. Pk. Epsom.

24-10-18

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

GSW arm back

1.

2.

3.

DISPOSITION

C.L. 2-9-18 a 208-16

4-9-18 B 310-2

4-28-4-18 B 336 (2)

6-11-18 B 336 4 (4)

Disch. 30-10-18

DATE

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.

7.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 889730 (Rank) PTB

Name (in full) LE MAITRE George D. enlisted in

the 189th Battn. C.E.F. (5th C.M.R. FRANCE)

CANADIAN EXPEDITIONARY FORCE at NEW CARLISLE on the 22nd

day of DECEMBER 1916

HE served in CANADA ENGLAND AND FRANCE

and is now discharged from the service by reason of

R.O. 1420 (1c) 12-12-18 DEMOBILIZATION

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

Age 23

Height 5 ft. 6 in.

Complexion FAIR

Eyes BLUE

Hair BROWN

Marks or Scars

His mark
+ G.D. Lemaitre
Signature of Soldier

Darley Lemoine
Issuing Officer
lieut
Rank

Witness
O. J. Charlwood
Date of Discharge 6-2-19

O. C. Discharge Sect. D-D-5.
Appointment

Signed at QUEBEC P.Q. this 6th day of FEBRUARY 1919

in Military District No. 5

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

On demobilization the particulars called for on the back of this certificate will not be completed.

MEDICAL HISTORY SHEET.

Surname Lemaitre

Christian Name Georges D

Examined { on 22nd day of December 1915
at New Carlisle

Approved by *[Signature]*

Birthplace { City or Town Paspébiac
County Benaventure

Rank Capt M.O.

Apparent age 21

Trade or occupation Farmer

Height 5 Feet 6 Inches

Weight 133 Lbs.

Chest measurement { Minimum 33 inches

Maximum expansion 35 1/2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 3-7-16

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.
		<u>24-10-18 Category D I 258</u>
<u>17-12-18</u>	<u>A</u>	<u>2nd CCD Det</u>

Date	Result	VACCINATIONS.
<u>13/11/16</u>		<i>[Signature]</i>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/7/16</u>		<u>TAB 25.5.18 - 01064</u>
<u>15/7/16</u>		<i>[Signature]</i>
<u>29/7/16</u>		

Enlisted on 22nd day of December 1915

at New Carlisle

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>189th C.E.F.</u>	<u>889730</u>		
Transferred to	<u>150th Bn 5th Cmb</u>			<u>26.2.17</u> <u>27.2.18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Perreault Park</u>	<u>7-1-19</u>	<u>nil</u>	<u>W. Montgomery</u>
<u>Zusbe</u>	<u>4/2/19</u>	<u>nil</u>	<u>All good</u> <i>[Signature]</i>

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

George D.

Christian Name

Surname Lemaitre

THE COUNTY OF MIDDLESEX WAR HOSPITAL, NAPSbury, ST. ALBANS.

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
		27									
		31	8	18	23	10	18	G.S.W. Arm R	54	Flesh wd. healed.	P.L. Halcomb C.S.
M.C.H. Epsom		24	10	18	30	OCT	1918	G.S.W. kt arm (flesh) & back, lumbar reg. (flesh)	Y	On admission - wd of back 2" to right mid line well healed no disability, wd. middle Rt arm well healed, no disability. Fit for Category A I J. Pittman "H" DIVISION. CAPT G.A.I. major	

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

5

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

Rank *1st Lt.* Name *George* Surname *Lemaitre*
 Unit or Corps *23rd Res* (If a soldier) Regtl. No. *889930*
 Born at *Cape Land, P.O.* on date *April 10th 1895*
 Signature (for identification) *George Lemaitre* his mark *[Signature]*

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

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

Weight *135* lbs.
 Height *5* ft. *6* ins.

2. NUTRITION AND DIATHESIS?

good none

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

3. NERVOUS SYSTEM?

m

4. RESPIRATORY SYSTEM.

m

5. HEART?

Abnormal Sounds? *m*

Abnormal Size? *m*

Pulse Rate? *65*

Intermittence or irregularity? *m m*

6. ARTERIES.—Any hardening?

m

7. DIGESTIVE SYSTEM?

m

8. GENITO-URINARY SYSTEM?

Urinalysis—s.g.? *1.024* Reaction? *acid* Albumen? *none* Sugar? *none*

9. SKIN, MIDDLE EAR, EYE

or any other part?

m m m

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

none

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

good

Examined at *Keenel Park* Signed *[Signature]* M.O.

Date *7/1/19* Signed *[Signature]* M.O.

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

Medical Examination upon leaving the service

of an Officer fit for general service or a Soldier fit for the

This form is to be filled out by the examining physician and forwarded to the Medical Department of the Army, Washington, D.C.

James
133
1873
1873
1873

133

2

1. HISTORY AND PRESENT ILLNESS - including a description of the disease, its duration, and its progress.

2. PHYSICAL EXAMINATION - including a description of the general condition of the patient, and of the organs of the body.

3. CHEST AND LUNGS - including a description of the condition of the chest, and of the lungs.

4. HEART AND BLOOD - including a description of the condition of the heart, and of the blood.

5. DIGESTIVE SYSTEM - including a description of the condition of the stomach, and of the bowels.

6. URINARY SYSTEM - including a description of the condition of the kidneys, and of the bladder.

7. GENITAL SYSTEM - including a description of the condition of the genital organs.

8. SKIN, EARS, EYES, AND NOSE - including a description of the condition of the skin, and of the other organs mentioned.

9. MENTAL CONDITION - including a description of the patient's mental state.

10. CONCLUSIONS - including a statement of the physician's opinion as to the patient's fitness for service.

Signature of Examining Physician: *James*
Date: *11/13*
Place: *Harvard Park*

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. 889730 Rank Pte Surname Lemaître
(Given name in full)
Georges

Unit or Corps 23rd Res Birthplace Maria Co Bonaventure

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

1. GENERAL DESCRIPTION:

Physique Good Weight 133 lbs. Height 5.1 ft. 6 in. Colour of Eyes Brown.
 Nutrition Good
 Pulse 70
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. OK ft.
 Left OK ft.

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

G.S.W. right arm (flesh wd)
G.S.W. lumbar reg. (flesh wd)
Arras 31/8/18

Opinion as to general health and physical condition Fit A 2

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 No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

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

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 (Canada)

Date Signed *J. H. Hillier - my* 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 *G. Bernette*

(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]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

M.P. 5-

NAME OF SOLDIER (Block Letters) LE MAITEYE

REGIMENT 5 C M.P. RANK Pte No. 889730

Date of Examination in England 3/1/18 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 15. 30

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES
- (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

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 yes
- (c) In ~~France~~ _____

KINMEL PARK, NORTH WALES

Signature of Dental Officer A. J. [Signature] Capt.

UNITED STATES SENATE

OFFICE OF THE CLERK

MR. 2-

RE MATTER

18130

Q. C.

3/18

1830



A Part
of the
of the
of the
of the

18130

TRIPPLICATE

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 889730 Rank Private Name Lemaitre, Geo. D. (Surname first)
Unit G. E. D. who was* Discharged.
On 6-2-19 191, to Demobilization.
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 6-2-19 191... the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. containing financial entries such as Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, Advances, and Total.

A monthly stoppage of \$ 12.00 (†) has (‡) been paid on account of Assigned Pay for the month of January, 1919 and Separation Allee. for month of February, 1919 (to) Assignee Mrs. G. A. Lemaitre, Paspebiac, West Bonaventure, P.Q.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment married or single M.
(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Mobilization
(4) Authority for discharge or transfer D. O. 37.

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 8-2-19
Place Quebec, P.Q.

Capt.,
Demobilization, Pay Dvn. M.D. 5. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916. (B) For purposes of transfer it is to be made out in triplicate. (C) For purposes of discharge it is to be made out in duplicate. (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.

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.

189e BAT. F.E.C.

(1) Name of Overseas Unit which Soldier joins.....

.....

(2) Regimental Number 889730

(3) Full Name of Soldier..... Geo D. L⁴ Maitre

.....

(4) Place of Birth..... Paspébiac Que

..... Bonaventure 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?.....Yes.....

If so, state name and address Jacques B. Lemaitre, Faspébiac, P.Q.

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

If so, state name and address Mde. Jacques B. Lemaitre, " " "

(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?.....No.....

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.

Date..... SEP 18 1916

J. A. Fricton Mags
for Officer Commanding.

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotion to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

8/12/18

23rd CAN.
RES. BN.

TAKEN ON STRENGTH

Bushott 12/18

D.P. H. O. N. 352

30-12-18

23rd Can
Res Bn.

On Command to Seg. Bushott
Camp, Rhyll.

30-12-18 DO II 36 a

do

On Command to Seg.
Camp, Rhyll, ceases do.

S.O.S. on transfer from
O.M.F. of C. to the
C.M.F. Canada.

W. H. Palmer

Captain & Adjutant,
23rd Canadian Reserve Battalion.

31-12-18

T.O.S.

M.W.H. + S

C.C.C.

Kimmel Park

9-1-19

S.O.S.

Embarked for Canada

F. R. Boulton

Rt for OC M.W.H. + S C.W.ing

Nothing to be written in this margin.

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps..... 5th C.M.R.

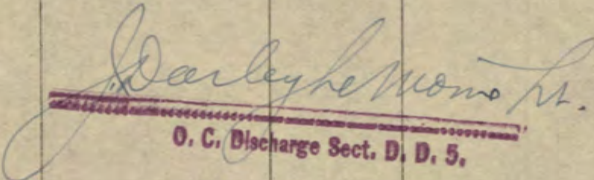
Regimental No. 889730 Rank PTE Name LE MAITRE George D.

C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		DISCHARGE FR. H.M. SERVICE WITH EFFECT 6-2-19 under R.O. 1420 (1c) 12-12-18 DEMOBILIZATION PART II ORDER NO. 37			
					 O. C. Discharge Sect. D, D. 5.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Harpender Cen Con

MEDICAL CASE SHEET.*

WOODCOFFEN
EPSON

No. in Admission and Discharge Book.	Regimental No. 889430	Rank. Plt.	Surname. Lemaitre	Christian Name. G. B.
Year	Regiment 846	Unit. 56th R	Age. 20	Service.
Station and Date.	(Use Official Nomenclature in full)			
	Disease G.S.W. arm R. Back.			
	Cause; place & date; on or off duty.			
	Treatment before admission, Operation, A.T.S. etc.			
27.8.18	F.B. removed. A.T.S. 26.8.500			
	Condition on admission to Napsbury; note all structures involved; copy of X-Ray report or other specialists' report.			
	(1) Sutured wd. across lumbar spine (4th) gaping at st. end: clean & healing. (2) Small healed wd. outer side of triceps R to have a bone lesion.			
3.9.18	Improved.			
16.9.18	500 units A.T.S. at Harpenden V.A.D.			
23.10.18	Transferred to Cen. Con. Hosp. Epson.			
	P. B. Halcomb. C.S.			
	The information given on I.M. Sheet and Invaliding papers should be on above lines, but condensed.			



Station
and Date.

(List of specimens in Table)

Case: place & date; on or off date.

Treatment: name, location, A.T.S. etc.

Condition on arrival; to top; none all
specimens involved; copy of X-ray; report
other special test report.

Treatment: program, hospital, etc.

Only a or above lines, but correct.
... ..

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

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

250M.-1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 189e BATT. F.E.C.

Regimental No. 889730 Rank Plt ✓ Name Le Maitre Georges A.

Enlisted (a) 22-12-15 Terms of Service (a) D. of W. C. E. F. LEMAISTRE Service reckons from (a) 22-12-15

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) Farmer

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	27-9-16	
		Disembarked	England	6-10-16	
<u>8-10-16</u> <u>11</u>	<u>B.O. 3796</u> <u>O.C. 69th Bn</u>	Transferred to 69th Bn	Belgate	6-10-16	<u>DP 11-0-249</u> <u>DP 11-0-249</u> <u>DP 11-0-249</u>
<u>11-1-17</u>	<u>O.C. 69th Bn</u>	Transf. to 10th Con Res. Bn.	Belgate	4-1-17	<u>Do Part 2 4</u> <u>Chlorine</u>
<u>11-1-17</u>	<u>O.C. 10th Bn</u>	<u>res</u> Taken on Strength from 69th Bn. C.E.F.	Belgate	4-1-17	<u>Do Part 2 1</u> <u>Chlorine</u>
<u>26-2-17</u>	<u>O.C. 10th Res Bn</u>	Transfer to 150th Bn	Shoreham	26-2-17	<u>A.O. Part 2. 44</u> <u>Gettelle Lieut for 10th Res Bn</u>
<u>28-2-17</u>	<u>OC 150th</u>	Taken on Strength	Witley	26-2-17	<u>DO Part II A-59/17</u> <u>Chlorine</u> <u>Capt & A/Adjutant 150th Bn.</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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

CERTIFIED CORRECT.
 7 MAR 1919
 HEADQUARTERS, LONDON.

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
27-2-18	OC. 150th Bn	S.O. 1. in transfer to 5th C. M. R. Bn. Overseas	W. Army.	27/2/18	DO Pt II 34-18 Mangan Lt. asst adjt.
31-12-17	55th Bn	To wear one Good conduct stripe	Mtley	22-12-17	Pt II No 313 C. Kelly LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.
O.C. C. B. D.		Landed in France strength 5th Cdn. Bn. 1/3/18		Nom. Roll d/2.3.18. Pt II D.O. 19d/6.3.18	
— do. —		Left for 5th C.M.R. Bn 2/2/18.		Nom. Roll d/2.2.18 No 1012.	
O.C. Bn.		Arrived 5th C.M.R. Field 5/2/18		d/9/3/18 Pt 213.	
26.8.18	8th C. H. A.	S.W. Pt. Amr & Back	C. C. S.	26/8/18	A 36/8087
27.8.18	55 Gen.	— do —	55 Gen.	27.8.18	H 2700
31.8.18	"	— do — to England		31.8.18	H 4765
31.8.18	O.C. H.T. St. Denis	Invalided Wounded and posted to Que. Reg. Depot	Edwards	31.8.18	W 3553/5942 Pt II 98 d/17.9.18 Lieut. for Lieut. Col. H.A.G. Cdms.
7-9-18	W.R.D.	Taken on strength	Bishott	1-9-18	D 0 218. A. Anderson LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F.
26-11-18	2nd C.G.D.	attached to 2nd C.G.D.	Bramshott	22-11-18	Pt. II No. 279
DEC 1918	OC. 2nd CCB	Geases to be attached to 2nd C. G. D. on return to Res. Bn.	B'shott	11 DEC 1918	Pt. 2 D. O. No. 200 C. Ryan Lt for OC 2nd CCB.

J.P. Rank Name **LeMAITRE, George S.** ✓ Reg'l No. **889730.** ✓
 Unit **189th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.** ✓
 Place and Date of Enlistment **New Carlisle. 22nd Dec. 1915.** Place of Birth **Paspebiac. West.** ✓
 Name and Address, Next-of-Kin **B.Z. LeMaître.** ✓

Paspebiac. West Que. Canada. Relationship **Father.** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N.E. R.B. No. 17701
File R.L.
O R CANADA
Category

Discharge, Date and Place Reason Character


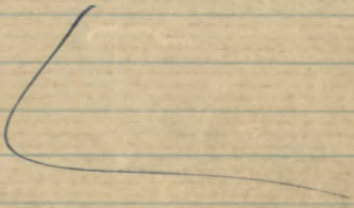
Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents. ✓
Date.	From whom received.				
	G.	<i>Arrived in England. S. S. Lapland.</i>		<i>6-10-16</i>	
<i>11-10-16</i>	<i>69th</i>	<i>Taken on strength.</i>	<i>Dibgate</i>	<i>6-10-16</i>	<i>Pt 2 D C-4</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 C-4</i>
<i>4-1-17</i>	<i>10th Res Bn</i>	<i>B.T. O. S. of 10th. Res. Bn.</i>	<i>Shoreham</i>	<i>4-1-17</i>	<i>Pt. 2 D O-1</i>
<i>26-2-17</i>	<i>10th. Res Bn</i>	<i>S. O. S. to 150th. Bn</i>	<i>Shoreham</i>	<i>26-2, 17</i>	<i>D. O. 44</i>
<i>28-2-17</i>	<i>150th Bn</i>	<i>Wd from 10th Res Bn</i>	<i>Whitley</i>	<i>28-2-17</i>	<i>59 P</i>
<i>31-12-17</i>		<i>To wear one Good Conduct Badge Pt</i>		<i>22-12-17</i>	<i>P^o 313</i>
<i>27-2-18</i>	<i>Do.</i>	<i>S. O. S. to 5th C.M. R</i>	<i>Do.</i>	<i>27-2-18</i>	<i>347 DO. 19-10/5 C.M. R</i>
<i>29-18</i>	<i>QR</i>	<i>Wounded</i>	<i>Fild</i>	<i>17-8-18</i>	<i>CLA 208</i>
<i>7-9-18</i>	<i>QR</i>	<i>T.O.S. from 5th C.M. R</i>	<i>B's show</i>	<i>1-9-18</i>	<i>DO 1918. 0.98. d/17/18. 56/18</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.				
18-12-18	23 Per	TOS from DTRD	Per B'scott	17-12-18	Do 352. 19-12-13 Do 307 DTRD
30-12-18	"	On Com Secy Camp Rhyll	"	30-12-18	" 363
20-1-19	"	SO S to C87 Canada	"	9-1-19	" 20

SEPARATION ALLOWANCE

Name *B. Z. Lemaitre* Name of Soldier *Lemaitre, Geo D*
 Address *Paspébiac West,* Regtl. No. *889700*
C. Bonaventure Rank *Pte*
Que. Corps *189th Batt*
 Relation to Soldier }
 wife, child or mother } *W. Mother*
 To what Corps belonging }
 when called out }

PAYMENTS

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

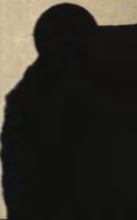
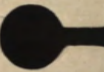
7

10.

2

3

4



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs B. J. Lemaitre*
(Assignee)

Name of Soldier *Lemaitre, G.D.*

PAYMENTS. *889730 - Pte - 189 Btc "C"*

L. L. Job 5470-Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$12.00</i>	<i>OCT 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 29003 24</i>		<i>24.00 now</i>
Dec.		<i>Z 36197 12</i>		<i>12.00 future</i>
Jan.	<i>1917</i>	<i>B 39709 12</i>		<i>Cancelled only Rewards chkd</i>
Feb.		<i>B 45401 12</i>		
March		<i>V 48785 12</i>		<i>12.00</i>
April		<i>R 3153 12</i>		<i>12.80</i>
May		<i>F 9432 12</i>		
June		<i>T 16008 12</i>		<i>2</i>
July		<i>R 22971 12</i>		<i>ln</i>
Aug.		<i>D 29798 12</i>		
Sept.		<i>U 36245 12</i>		<i>ln</i>
Oct.		<i>F 43030 12</i>		
Nov.		<i>Y 49184 12</i>		
Dec.		<i>O 57750 12</i>		
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

cb.

WAS

\$180

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.				

242

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs B. Z. Lemaitre* By Whom Assigned *Lemaitre, G.D.*
 Address *Pasberbie. W. Co. Bonaventure P.Q.* Regtl. No. *889730*
 Rank *Pte*
 Corps *189 Btu "C"*
 Rate *\$12.00* OCT 1 1916

PAYMENTS

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



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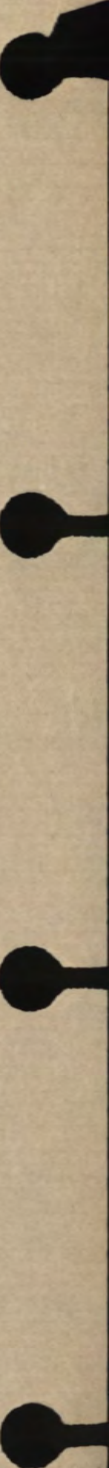
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Red stamp or mark, possibly containing text or a signature.

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SEPARATION ALLOWANCE

Sheet No. 2.

B. Z. Lemaitre

OVERSEAS CONTINGENTS

W. Mother

PAYMENTS.

Name of Soldier

Lemaitre, Geo D

L. L. Job 4503. -Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		<i>O. 32979</i>	<i>20</i>	
March		<i>P. 36009</i>	<i>266</i>	<i>mailed 12/3/17</i>
April		<i>B 1836</i>	<i>40</i>	<i>Pay from 1.2.17. Pat. Soc written to</i>
May		<i>B 5271</i>	<i>20</i>	<i>40 668 re payments of arrears. 6.2.17 20</i>
June		<i>B 9606</i>	<i>20</i>	<i>20 Pay 1/2 from 2/8 22-12-15 to</i>
July		<i>B 13073</i>	<i>20</i>	<i>20 end of January 1916 & forward adjusted</i>
Aug.		<i>D. 16067</i>	<i>20</i>	<i>20 Cheque to Secretary Gen Pat Fund</i>
Sept.		<i>O 17860</i>	<i>20</i>	<i>30 Prosperite West, Remondure Co. P. Q.</i>
Oct.		<i>W. 20378</i>	<i>20</i>	<i>20 Attorney Gen O/B 1-3-17 then</i>
Nov.		<i>1524269</i>	<i>20</i>	<i>T value 1/2 & present dependent</i>
Dec.		<i>X 25950</i>	<i>20</i>	<i>T 7th March 1917 M-7</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$486

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- LEMAITRE Geo. S.			
EFFECTIVE DATE:- 1.10.16		EFFECTIVE DATE:-		NUMBER:- 889730.			
AMOUNT:- 12 ⁰⁰		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
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.		AUTHORITY			
M ^{rs} B. J. Lemaitre (Mother)				1 P.O. Badge No. 313 31/12/17			
Paspibiac West P.Q.				22-12-17			
Stopped effective 1.1.1919				Rank or Appointment: Private			
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 189 th Bn							
DATE ACCOUNT FIRST OPENED:- 1.10.16.							
AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO			
				150 th Bn			
19	6-3-18	1-4-18	26-4-18	5 th C.M.R.			
218		1-9-18	20-9-18	2 R. 10			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
1918	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
19/12	2299	23rd Reg	48 67				
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY		PAY	F.A.	P.F.A.	SUBS'CE ALL'CE		
		1 00	10				

Dis to Jan 3/1919 to R 10 28/12/18 Bramshott C. Bal \$ 169.11
Deferred Pay \$ 81.00 Ledger Bal \$ 217.51

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal fwd								114 36	54 00	
April	Pay & Allowance	33		A.P. Can				12 00	135 36		
				Q 40057 593 19/2/18 50 Bn	43				134 93		
				AR 62 50 R 25/4/18	7 14				127 79 57		
		33			7 57			12			
May	P Pay	34 10		A.P.				12	149 89		
				AR 100 50 R 8/5/18	3 57				146 32		
				" 189 " 27/5/18	3 57				142 75 60		
		34 10			7 14			12			
June	P.O.	33		AR				12	163 75		
				AR 236 50 R 9/6/18	3 57				160 18		
				" 30 P.C.B 22/6/18	3 57				156 61 63		
		33			7 14			12			
July	O.P.	36 10		AR				12	178 71		
				AR 302 80 B 16/7/18	4 46						
				AR 27/7/18	3 57				170 68 66		
		34 10			8 03			12			
Aug	P.P.	34 10		A.P.				12	192 76		
				AR 696 80 B 17/8/18	4 46				188 32 69		
		34 10		Can A.P.	4 46			12	209 32		
Sept	"	33		AR 148 33003 Work Dr Allowance 9/18	9 73				199 59		
					9 73			12		72	
Oct	P.P.	34 10		Can A.P.				12	221 69		
				AR 7455 Epsom 24/10/18	4 87				216 82		
		34 10			4 87			12			
Nov	P.P.	33		A.P.				12	237 82		
				AR 2022 Kemm Park Spill 8	4 87				232 95		
				AR 4967 do 19/11/18	14 60				218 35		

COMPLETED BY
CHECKED BY
J. Milburn
S. D. [unclear]



This space to be for numbers

Proceedings on Discharge.

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

No.	889730	
Rank	PTE	
Surname.....	LE MAITRE	
Christian Name.....	George D.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	5th C.M.R.	
Date of Discharge	6-2-19	
Place of Discharge	QUEBEC P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23..... years..... months.	Descriptive Marks
Height.....	5..... feet..... 6..... inches.	
Complexion	FAIR	
Eyes	BLUE	
Hair	BROWN	
Trade	FARMER	
Intended place of residence	PASPEBIAC BO.	
<small>(To be given as fully as practicable.)</small>	BONAVENTURE P.Q.	
2. The above-named man is discharged in consequence of		
R.O.1420 (1c) 12-12-18 DEMOBILIZATION		
<i>Pt. II Orders No. 37</i>		
<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 handwriting 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.	
	<small>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.</small>	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M. - 1-17.
H. Q. 1772-39-113.

(OVER)

11.3.19
noted
14-3-19
ac

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.....

Three horizontal dashed lines for listing medals and decorations.

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) QUEBEC, P. Q.

(Date) FEB 6 1919

Barley's Moine Lt. O.C. Discharge Sect. B. D. 5. 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) QUEBEC, P. Q. + [Signature] (Signature of Soldier.)

(Date) FEB 6 1919 [Signature] (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) QUEBEC, P. Q.

(Date) FEB 6 1919

[Signature] Major Commanding District Depot No. 6.

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.)

Jay

his mark
+

G. L. Lemaire

O. G. Harwood

Wm. J. Jones

for witness

List of Discharge Documents.

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

(In pads of 50.)

Hospital.

Ward _____

No. of Bed 30Date 2-8-40

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
889730	Platoon Leader	5th Army	

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

+ my back
? FB

Signature of M.O. _____

Date _____

REPORT ON RESULT OF X-RAY EXAMINATION. H=54

(To be completed by Radiographer.)

No. of Plate 364

10 x 8 H+FB
10 x 8 stero

Shrapnel Ball.

4 cm deep from
back.

Signature of Radiographer _____

Date _____

$$\begin{array}{r} 16 \\ 25 \\ \hline 54 \\ \hline \end{array}$$

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3									DEBIT	CREDIT		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$

Address:
Paspehiae
P. Q.

S-A. (separately) to Paspehiae West.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

22-12-15

Separation and Assigned Pay Branch

L

4838

Oct 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30
1-12-17		1-9-18
P.O. 3257		P.C. 2753
		M.O. 30791

RATE OF ASSIGNMENT

12			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 889 730
 Rank Pte Promoted Reverted Discharge
 Soldier's Name G. D. Lemaître
 Battalion 189 Pte C
 Beneficiary B. L. Lemaître
 Relationship widowed mother
 Address

Z
PARTICULARS OF ASSIGNMENT

Name Mrs B. J. Lemaître
 Address Passaic N.J.
 Change of Address Bonaventure Inc
 1 Passaic, N.J.
 2 Bonaventure Co, Inc
 3
 4

M.F.W. 7554 6/8/18

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	—	486	180	666	
Jan 8	69388	50	12	42	R
Feb	73967	25	12	37	
Mar	92926	25	12	37	
Apr	K 16500	25	12	37	
May	L 16788	25	12	37	✓
June	H 21700	25	12	37	✓
July	R 33727	25	12	37	✓
Aug	J 38441	25	12	37	✓
Sept	M 42077	25	12	37	✓
Oct	P 53844	25	12	37	✓
Nov	J 59159	25	12	37	✓
Dec	R 64090	45	12	57	✓
Jan	P 72588	30	12	42	✓
		841	336	1177	

M. F. W. 128
400M-6-17-1772-38-1141
L. L. 22320-M. & D. 7483.

31-1-19 A/c Closed
 Ret'd per. Olympic
 Date 12/1/19 B.X. 22/1/19
 Clerk J. Bradley

M.R.O 5389 \$ Destroy - 22/1/19 J.C.B. jud

