

ORIGINAL

527398

ATTESTATION PAPER.

No.

Folio. "C"

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Leonard
- 1a. What are your Christian names?..... *Rudolph* Leopold
- 1b. What is your present address?..... 3153 St. Denis Blvd., Montreal.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal P.Q.
- 3. What is the name of your next-of kin?..... Mrs. Laura Jacob ~~Leonard~~ Leonard
- 4. What is the address of your next-of-kin?..... ²⁶³⁰ 3153 St. Denis Blvd., Montreal.
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... Novr. 4th. 1880.
- 6. What is your Trade or Calling?..... Pharmacist
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... ---
- 10. Have you ever served in any Military Force?..... ^{at Hawa} St. Mary's College Cadets *4th* *Phd.*
- 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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? .. Nil.
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason?..... ----

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leopold LEONARD, 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.

Leopold Leonard (Signature of Recruit)

Date April 24th. 1918. *Leon Black* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leopold LEONARD, 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.

Leopold Leonard (Signature of Recruit)

Date April 24th. 1918. *Leon Black* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal this 6th day of May 1918.

W. MacLachlan (Signature of Justice)

126: 6-5-18

ORIGINAL

Description of Leopold LEONARD on Enlistment.

Apparent Age 37 years 5 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 ✓ ft. 3 ins.

Chest measurement: { Girth when fully expanded 39 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Medium

Eyes Brown

Hair Black

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

R. D. = 20/20
 L. D. = 20/20
 R. EAR OK
 L. EAR OK

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..... 1918

Place.....

*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:—

Declared **FIT** by **MEDICAL BOARD**
MOBILIZATION CENTRE, M. D. 54

Comdr. [Signature] Medical Officer.

"C" Fit for Service in Canada only.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Leopold Rudolph Leonard 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] Major, (Signature of Officer)
 G. C. A. M. C. Training Depot No. 4.

Date Montreal May 6th 1918.

100. J. 201

REGIMENTAL DOCUMENTS

NAME

LEONARD

REGT. NO.

529398

UNIT

adme

H. Q. FILE NO.

S

H

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

/ 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)

/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)

/ DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

PROCEEDINGS ON DISCHARGE (M.F.W. 219 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *Misc*

1 *orig misc*

1 *copy*

1 *misc card*

1919

1919

H

21902

DEATH
Category

DISCHARGE
Category
deceased

DESERTION

2
33-23
10-23
11-24



V

Surname Leonard
Christian names Rudolphe Leopold
Regtl. No. 527398 Rank Pte
Unit Camp Ingle

H. Q.
M. D. No. 4
T. O. S. 19
D. O. Pt. II of
S. O. S. 19
Reason
Auth.

Next of kin Leonard Mrs Laura Relationship Wife
Address 2630 St Helenia Blvd Also notify:
Montreal P Q
317 Belanger St. Montreal,
Can. Letter d. 1540-20

BORN—Place Canada Montreal P Q Date Nov 4th 1880
ATTESTED—Place Montreal P Q Date May 6th 1918
O/S R/C



LEDGER NO. 7SERIAL NO. a 4651REG. NUMBER 527398NAME Leonard R L IVRANK SgtCORPS C A M CAGE 37SERVICE 8/12NAME OF HOSPITAL GeneralPLACE MontrealDATE OF ADMISSION 9-1-19DISEASE Haemorrhage from Gums

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO unit-10-1-19IN CATEGORY a

M. F. W. 2553.

50m.-6-18.
1772-39-1332over

P. T. O.

REMARKS: HOSPITAL DATE DIAGNOSIS

adm. Meill. Hosp. Montreal

13-9-19 Acute Poisoning

Died

14-9-19

No. 527398. RANK

Pte.

NAME

Leonard, R. L.

T. O. S.

6-5-18.
(a.o. 106.)

UNIT

A. M. C. Training Depot No. 4.

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 6	1918 May 31	✓		

Leonard S. R. R. 527398

L 20628

Name & Address of Legatee

Widow Mrs. Laura J. Leonard
not eligible for 317. Belanger street
14/15th St. Montreal P2

Name & Address of Next of Kin

Widow (see above)
See # 805967

Pgs.

APR 29 1922

Scroll Desp.

Reqn. No.

2-4015/2

Name & Address of Female Next of Kin

Widow (see above)
Mother dead

JAN 14 1922

Plaque Desp.

Reqn. No.

No 3794

X 811 11/10/20

DESPATCHED

Desp. MAY 28 1920 69232

(R)

5

NAME

REG. NO.

FILE NO.

DATE IN

DATE OUT

P. A. OR B.F.

DATE
REQUIRED

REMARKS

W. 57.

Cross

of Sale.

(w) X

Pctd 146,20

Better Investment

57

CASE HISTORY SHEET.

Montreal General Hospital. M. D. #4. Station.
No. 527398 Rank Sgt. Name Leonard, R.L. Age 37
Unit C.A.M.C. Completed years of service ^{Where and how long} Canada, 8 months.
Date of admission January 9th 1919 Date of discharge January 10th 1919.
Diagnosis Hemorrhage from gum Place of origin Montreal.

CONDITION ON ADMISSION AND PROGRESS OF CASE

First left lower molar had been recently extracted and hemorrhage ensued.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Hemorrhage stopped. No further treatment necessary.

(Especially any specific or special form.)

CONDITION ON DISCHARGE General condition good. No further bleeding from tooth. To Unit fit for duty.

(and disposal made of case.)

Date January 10th 1919.

ER Bourne Capt. A. M. O.
M. O. i/c Troops, M. C. H.
Medical Officer i/c case.

CALL HISTORY SHEET

North ... Hospital
M. D. WA.
R. L. ...
Completed ...
January 1919
Montreal

PROPERTY OF ...
FIRST ...
...

...

...

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, R. Leo Leonard

Regimental number 527 398 Rank Sergeant serving in the

C. A. M. C. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Laura J. Leonard

whose address is 2630 St Denis St.

to be the executor of this my last will.

General gift I give to Laura J. Leonard (wife)

whose address is 2630 St Denis

all my property not disposed of above.

Date Dated at Montreal this 31st October 1917

Signature Sgt. R. Leo Leonard
Signature of Soldier.

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

1ST WITNESS
Witnesses Signature Robt L Duff
Address Guy St Baussocks
Occupation Soldier

2ND WITNESS
Witnesses Signature Guy St Baussocks
Address Guy St Baussocks
Occupation Soldier

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....my mother, Mrs. Eliz. Smith,.....
whose address is.....250 Yonge Street, Toronto,.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

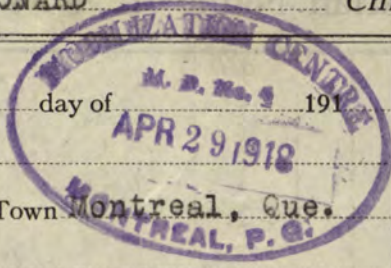
Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

ORIGINAL MEDICAL HISTORY SHEET

"C."

Surname LEONARD Christian Name Leopold

Examined { on 39 day of APR 29 1918
 at MONTREAL, QUE.
 Birthplace { City or Town MONTREAL, QUE.
 County MONTREAL, P. Q.



Approved by James Arthur Campbell
 Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4
 Rank 1st M.O.

Apparent age 39/5
 Trade or occupation Pharmacist
 Height 5 feet 3 Inches
 Weight 159 lbs.
 Chest measurement { Minimum 37 inches
 Maximum expansion 39 1/2 inches
 Physical development Good.
 Small-pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		"C" Fit for Service in Canada only. M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
 Number — — —
 When Vaccinated last _____

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease 20/20
L. D. = 20/20
R. EAR 20/20
L. EAR 20/20
 (b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 24th day of April 1918 at MONTREAL. P. Q.

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>AMC. TD. 4.</u>	<u>527398</u>		<u>Anril 24th. 1918.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

Laboratoire Provincial de Recherches,
Medico-Legales,

179 Rue Craig Est.,

Montreal le 17 Sept. 1919.

M. Le Coroner,-

I have the honor to make the report of the viscera of the man of the name of Leopold Leonard, and am permitted to declare that opium is present.

This statement goes to corroborate that the congestive condition found at the autopsy leave no doubt that the immediate cause of death was acute intoxication by morphine.

(Signed) Wilfrid Derome.

Montreal, Sept. 15th, 1919.

Autopsy on the body of a man named Leopold Leonard who died suddenly;

Body of a man between 35 and 40 years of age, 5' 3" in height, very stout.

No marks of violence on the body. On opening the body a distinct odour of alcohol is noticed. All the organs of the body show excessive congestion especially the lungs.

The liver is fatty such as is found in chronic alcoholics. The kidneys are small, congested and present the condition of interstitial nephritis. The heart is much hypertrophied. Nothing particular found in the other organs.

CONCLUSIONS:

The rapid death may be explained by chronic affection of the heart and kidneys; but the marked congestion of the organs and above all of the lungs leads one to suppose that the occasional cause might be acute intoxication by alcohol or poisoning by opium or one of its derivatives.

Signed Wilfrid Derome,
Signed D.D. MacTaggart.

This space to be for numbers

9/1/29

Proceedings on Discharge.

MILITARY DISTRICT NO. 4
SEP 27 1919
M. D. 4

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

No. 527398	
Rank Sergeant	
Surname LEONARD,	
Christian Name Rudolph Leonard	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) ADMS. Sub-Staff, M.D.4 (Medical Stores Detachment).	
Date of Discharge 14th September, 1919.	
Place of Discharge Montreal, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 38 years..... 10½ months.	Descriptive Marks
Height..... feet..... inches.	
Complexion	
Eyes	
Hair	
Trade	
Intended place of residence (To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of Decease.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

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

(OVER)

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

N 1 1.

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

6. Medals and Decorations.....

N 1 1.

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.

A. D. M. S. Sub-Staff, M.D. #4

(Date) 14-9-19.

Commanding A.D.M.S. Sub-Staff, M.D. #4
Medical Stores Detachment.

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

(Date)..... (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) 1 years 132 days.

Total 1 years 132 days.

11. Confirmation of Discharge.

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

(Place) Montreal P.Q.

A. D. M. S. Sub-Staff, M.D. #4

(Date) 14-9-19.

(Signature) A.D.M.S. Sub-Staff, M.D. #4
Medical Stores Detachment.

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.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia Form B. 265 Militia Form B. 265 Attestation Paper, Militia Form B. 232</p>	<p>Squadron Battery Company Conduct Sheet, Militia Form B. 265 Militia Form B. 265</p>
<p>(a) Proceedings on Discharge (b) Attestation (c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia Form B. 312 Medical Report for Invalids, " B. 237 Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877 "Only if discharged 'Medically unfit'"</p>

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.

Reservations referred to at Part 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

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> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(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.

See me

AUDITOR *OK* PAYMASTER *OK*

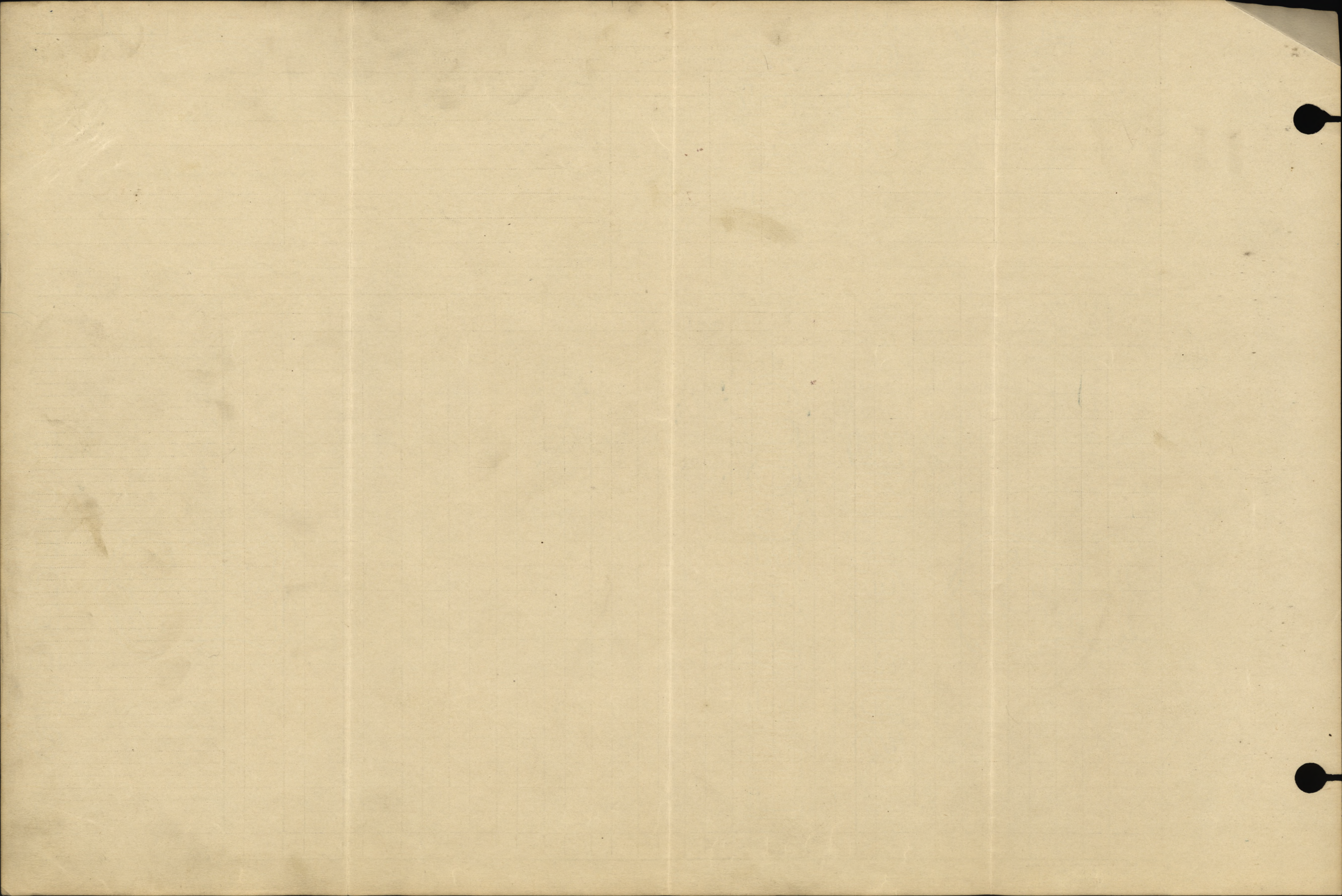
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *527398* RANK *Lt.* NAME (IN FULL) *LEONARD, Rudolph Leopold*

M. OR S. <i>Married</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>S.P.</i>	EFFECTIVE DATE <i>14/9/19</i>	AUTHORITY <i>D.O. 229/201</i>	ORIGINAL UNIT C.E.F. <i>Am. 2d. Div.</i>	IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN <i>Mrs. L. Leonard</i>	RELATIONSHIP <i>Wife</i>				PLACE OF ATTESTATION <i>Montreal</i>	TRANSFERRED TO DATE AUTHORITY
ADDRESS <i>2630 St. Denis Blvd. E. Montreal</i>					DATE OF ATTESTATION <i>6/5/1918</i>	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>YES</i>	DATE EFFECTIVE				ASSIGNED PAY \$ <i>50.00</i>	DATE EFFECTIVE
TO WHOM PAID <i>Mrs. L. Leonard</i>	RELATIONSHIP <i>Wife</i>				PAYABLE TO <i>Mrs. L. Leonard</i>	RELATIONSHIP <i>Wife</i>
ADDRESS <i>As above</i>					ADDRESS <i>2630 St. Denis Blvd. E. Montreal</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDRED. DATE	EFFECTIVE
					DISCHARGED <i>Montreal</i>	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL		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				DEBITS	CREDIT	DEBIT	CREDIT	
																			<i>Nil</i>
<i>April</i>	<i>30</i>	<i>1.50</i>	<i>45.00</i>	<i>24.00</i>	<i>30.00</i>	<i>99.00</i>	<i>655</i>	<i>14</i>	<i>18.75</i>	<i>29</i>	<i>17.00</i>	<i>19.50</i>	<i>20.00</i>	<i>20.00</i>	<i>20.00</i>	<i>104.00</i>	<i>5.00</i>		<i>Sub. up to mch. 29 50 up to mch. 30 27 A.P. ch. No. 412</i>
<i>May</i>	<i>31</i>	<i>1.50</i>	<i>46.50</i>	<i>24.90</i>	<i>30.00</i>	<i>101.30</i>	<i>466</i>	<i>14</i>	<i>33.84</i>	<i>29</i>	<i>15.00</i>	<i>31.30</i>	<i>20.00</i>	<i>30.00</i>	<i>20.00</i>	<i>96.30</i>			<i>Carat. ch. No. 216</i>
<i>June</i>	<i>30</i>	<i>1.50</i>	<i>45.00</i>	<i>24.00</i>	<i>30.00</i>	<i>99.00</i>	<i>19</i>	<i>13</i>	<i>11.25</i>	<i>20.00</i>	<i>29.00</i>	<i>20.00</i>	<i>20.00</i>	<i>20.00</i>	<i>99.00</i>				<i>Carat. June ch. 171</i>
<i>July</i>	<i>31</i>	<i>1.50</i>	<i>46.50</i>	<i>24.90</i>	<i>30.00</i>	<i>101.30</i>	<i>101</i>	<i>30</i>	<i>15.12</i>	<i>29</i>	<i>25.00</i>	<i>26.30</i>	<i>20.00</i>	<i>30.00</i>	<i>20.00</i>	<i>101.30</i>			<i>Carat. July ch. 171</i>
<i>Aug</i>	<i>31</i>	<i>1.50</i>	<i>46.50</i>	<i>24.90</i>	<i>30.00</i>	<i>101.30</i>	<i>101</i>	<i>30</i>	<i>22.92</i>	<i>29</i>	<i>25.00</i>	<i>26.30</i>	<i>20.00</i>	<i>30.00</i>	<i>20.00</i>	<i>101.30</i>			<i>Carat. Aug ch. 201</i>
<i>Sept</i>	<i>30</i>	<i>1.50</i>	<i>45.00</i>	<i>24.00</i>	<i>30.00</i>	<i>99.00</i>	<i>466</i>	<i>14</i>		<i>26.00</i>			<i>20.00</i>	<i>30.00</i>	<i>30.00</i>	<i>29.00</i>	<i>29.00</i>		<i>Carat. Sept. ch. No. 216</i> <i>Sub. up to mch. ch. No. 216</i> <i>Sub. 14/9/19 D.O. 229/201</i> <i>Sub. 14/9/19 D.O. 229/201</i>



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

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

500M.—9-1

H. Q. 1772-39-9

Casualty Form—Active Service.

Unit, Regiment or Corps A. M. C. TRAINING DEPOT #4.

Regimental No. 527398 Rank Pte. SGT Name Leonard Rudolph Leopold.

C. E. F.

Enlisted (a) 6-5-18 Terms of Service (a) War and 6 months Service reckons from (a) 6-5-18.

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

Extended Re-engaged Qualification (b) Pharmacist.

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				

1-6-18 Promoted to Sergeant.

Montreal, Nov. 22nd, 1918. Taken on strength from A.M.C.T.D.#4) J. D. L. Shum Capt.
 Daily Order part 11, No 176 of 23-11-18.)
~~substance~~ Per 22/18 A/Adjutant D.M.C.H.

Montreal, January 22nd, 1919. Transferred to A.M.C.T.D.#4.) J. D. L. Shum Capt.
 Authy. Corps Ord. 137 of 22-1-19. Ref. 4D 22-L-2654. Daily Order)
 Part 11, # 24 of 24-1-19.) Adjutant D.M.C.H.

Trans to advus Montreal 7/3/19 Part II order no 43 dated 10.3.19
Sub Staff
W. Ness Major,

Struck off strength advus 14/9/19 Part II order no 231 dated 16/9/19
M.D. No 4, Deceased.
Royal Victoria Hospital Montreal
James

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a* Court of Inquiry
assembled at Peel Street Barracks, Montreal,
on the 15th day of September 1919,
by order of G.O.C., M. D. No. 4,
for the purpose of inquiring into and reporting upon
circumstances in connection with the death of
No. 527398, Sgt. Leopold Leonard, C.A.M.C., which
occurred 13-9-19.

PRESIDENT.

Major O. Van Luven, A.M.C.

MEMBERS.

Capt. E.J.O'Connor, A.M.C.
Capt. F.R. Brown, A.M.C.

The Court having assembled pursuant to order, proceed to
take evidence:

1st Witness

Capt. Arthur Crowe, officer-in-charge of Medical Stores, M.D.4, on being sworn states,-

I was notified by telephone at my house on Saturday evening about 8:30 that Sgt. Leonard was admitted to Royal Victoria Hospital suffering evidently from some form of acute poisoning. I proceeded at once to Royal Victoria Hospital and found the above mentioned N.C.O. still unconscious. I interviewed the Doctor in charge of case, who informed me that there was but little hope of his recovery. On leaving the hospital, I proceeded to Peel Street Barracks, where I procured the services of the O.O., D.D 4 Capt. R.W. Gee, and together we visited the Medical Stores.

I found a case containing condemned articles such as rubber gloves, old bottles of Anti Typhoid serum, scattered about in great confusion. We next proceeded to No. 3 Cupboard, which contained poisons, and found same had been broken open. A key from cupboard containing instruments had evidently been used in an attempt to open cupboard No. 3. This was broken and replaced on the hook on which it is customary to having same. This key was intact upon my leaving the stores at noon this date, (13-9-19).

The door was found forced open, having been split open by some instrument. Upon checking poisons over with ledger this morning, (15-9-19) it was found that the following shortages existed:-

Heroin Grs. 5
Codeine Oz. 1 7/8
Opium Oz. 5 1/4
S.V.R. One pound 8 oz.

(over)

1st Witness continued

Bottle containing heroin was found to have been opened in a careless manner, and a small quantity of the powder spilled on the shelf.

2nd Witness

Staff Sergeant J. Ernest Brunette, 7216, C.A.D.C., Military District No. 3, on being sworn states,-

On Saturday 12th inst., about 3:30, I was going to my home at 144 Metcalfe St., Sgt. Leonard was standing at the door of Medical Stores. He asked me in to have a chat as he was an old friend of mine, and we sat down at a small table and smoked. About 5 p.m., Cpl. Lewis came in to use the telephone and introduced me to him. Sgt. Leonard then asked me if I would like a drink, I said "Yes". He then took a measure and mixed something up from various shelves, one colorless liquid and the other of a reddish color. We all took a drink of this. It tasted like alcohol with a peppermint flavor. Cpl. Lewis then went away. I then suggested going home but Sgt. Leonard asked me to wait. After this he got up and went towards the third shelf. I had my back partly turned from him and the next thing, I heard him fall and a box from the top shelf he pulled down with him, scattering the contents on the floor. I then went to Peel St. Barracks and endeavoured to get a M.O. As the man on guard at the door did not know where to get a M.O., he 'phoned to the Royal Victoria Hospital and an ambulance was sent down with a doctor.

3rd Witness

Quartermaster Sgt. C.P. Bale, A.M.C., on being sworn states,-

I was on furlough at the time of this occurrence. I was told of it on Sunday night by Cpl. Lewis. I visited the Dispensary Monday morning at 9 o'clock, and I was ordered by Capt. Crowe to check all poisons in cupboard which had been broken open. Found a shortage of Codeine oz. 1 7/8, Heroin grs. 5, and Powder Opium 5 1/4 oz., also 1 pound 8 oz. S.V.R.

4th Witness

Corporal G.H. Lewis, A.M.C., on being sworn states,-

I left Medical Stores at 1.10 p.m., on Saturday, September 13th. Sgt. Leonard was in Dispensary when I left. I reminded him to close a window which was open. He stated he was leaving directly. I was down town in the afternoon, and called at the stores about 4:00 o'clock, in order to use telephone. I was in possession of a key, and found front door locked. On entering I found Sgt. Leonard, with another N.C.O. in the stores. This N.C.O. was introduced to me as S/Sgt. Brunette. After using telephone, I was about to depart, when Sgt. Leonard offered me a drink. He was holding then graduates containing a pinkish liquid. I drank one and the other men drank with me. This tasted like alcohol, with some additional flavour. After drinking this, I left then as I had an appointment down street.

Opinion of Court:

The Court, having heard above evidence, and having perused attached autopsy and stomach analysis reports, conclude that No. 527398, Sgt. Leopold Leonard, C.A.M.C., died as a result of an overdose of opiates, aided by alcohol, which was taken ~~accidentally~~ by his own hand.

0/2

W. W. W.

Major, A.M.C.,
President.

J. J. J.

Capt. A.M.C.,

J. R. B.

Capt. A.M.C.,

MEMBERS.

