

Card
JP

ATTESTATION PAPER
CANADIAN OVER-SEAS EXPEDITIONARY FORCE

No.
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS)

1. What is your name? *William Stanley Le Poidevin.*
 2. In what Town, Township, or Parish, and in what Country were you born? *St. Heliers, Jersey, Channel Islands.*
 3. What is the name of your next-of-kin? *(Wife) Lilley Le Poidevin.*
 4. What is the address of your next-of-kin? *Kingsbiry, Quebec.*
 5. What is the date of your birth? *23rd July, 1881.*
 6. What is your trade or calling? *Lumber Scaler.*
 7. Are you married? *Yes.*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes.*
 9. Do you now belong to the Active Militia? *No.*
 10. Have you ever served in any Military Force? *Royal Army Med. Corps. (England)*
If so, state particulars of former Service.
 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.*
- W. S. Le Poidevin* (Signature of Man.)
Bob Breerton (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Stanley Le Poidevin*, do solemnly declare that the above answers made by me to the above questions 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 *1st June* 191*5*
W. S. Le Poidevin (Signature of Recruit.)
Bob Breerton (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

William Stanley Le Poidevin, 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 *1st June* 191*5*
W. S. Le Poidevin (Signature of Recruit.)
Bob Breerton (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 *1st* day of *June* 191*5*
Robert [Signature] (Signature of Justice.)
Justice of the Peace for the City & District of Montreal

I certify that the above is a true copy of the Attestation of the above-named Recruit.

He [Signature] (Approving Officer.)
Capt C.A.M.C.

DESCRIPTION OF Wm Stanley LeBidevin ON ENLISTMENT.

Apparent Age 34 years 10 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 1/4 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 1/2 ins.

Complexion fair

Eyes blue

Hair brown

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

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.)

*4 vac. marks left arm
 tattoo mark - Japanese girl
 left forearm & fly.
 Japanese girl & butterfly right forearm.
 Tips of index & middle fingers right hand missing*

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 May 31 1915

Place Montreal

W. Ernest Nelson
 Capt dure
 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

William Stanley LeBidevin 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.

W. E. M. M. M. (Signature of Officer.)
 Capt C. A. M. C.

Date June 7th 1915

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

LEPOIDEVIN WM. STANLEY

526501

C A M C

22255

DEMOB.

DIED 28-1-20





William Stanley

Name **L E POIDEVIN** Rank **Pte.**Reg. No. **526501**Unit **Came 6th Can Field Amb.**Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 16 8	3rd. West Gen	Cardiff	ESW Chest + albuminuria	B 244	83	24297
31-10-18	Mil. S. H. Epsom		do.	B 553		56.
12-11-18	R. G. P. C. Sp. H. Bushy Park		d.s.	B 363		965
11-12-18	Dia		"	B 3	2	405
	Revised proceed on 23-12-18 to R. G. P. C. Sp. H. Bushy Park					

REGT'L No. 5-2650/

NAME Le Poidevin Willem Stanley

H. Q. FILE NO. 243

RANK AND CORPS plc but fld. Amb. Lt. # 2 Fed

FOLLOWS NO. Amb
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
		Mrs Lilley Le Poidevin "wife" Kingsbury P. Q.
28-3		
Q449	20-8-18	Adm 3 West Gen. H. Cardiff
W.L. 13257	19-8-18	Aug. 16th 1918, G.S.W. Chest, Albemarle
W.S.M. 158	31-8-18	Progressing favourably. No 3 West Gen. H. Cardiff.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C. G. M. C.

- B. 353 ^(43rd) West Gen. Cardiff.
 10 Mil. Conv. Epsom 31-10-18 Gsw. Chest
 " " " " Albuminuria
- B. 363 10 Kings Con. + 1211-18 Gsw. Chest "
 Busby Park
- B. 392 " Desc. 11-12-18 " " "

B
V

216
R

Number. 5-26,501 Bank. A. S. May

Surname. L. E. POIDEVIN

Christian Name. William Stanley

Unit. C. A. M. C. Theatre of War France

widow
Date of Service. 7-8-16 D

~~Residence~~ Mrs Lily Le Poidevin 2600 Saplansade Ave
Remarks. Montreal Que

Latest Address. 2549 Saplansade Ave

110676

Montreal

Roll No. Page 5190

BEST. DEC 16 1924

REGN. NO. 85-89

28-1-20
28-1-20

4 CARD NO.
508 Dis 17-3-19
Demot Foult. 7461
2077 of 18-3-19 4

SURNAME. *Le' Poidevin,*

CHRISTIAN NAMES *William Stanley*

REGL. No. ~~025-02~~ ⁵²⁶⁵⁰¹ RANK

UNIT "A" Sect, No 2 Fld Amb.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Le' Poidevin, M^{rs} Liley*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS ~~*Kingsbury, P. Q.*~~
25-40 Esplanada Ave., Montreal, P. Q.
and (P.S.C.R 3/2/20)

COUNTRY OF BIRTH *Channel Isles, St. Heliers, Jersey.* DATE *July 23rd 1881*

PLACE OF ATTESTATION *Montreal, P. Q.* DATE *June 1st 1915.*

R1E 25-2 19 270 / 60 PW.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No. 02502

RANK

Sergt

NAME

Le Poidewin W S

T. O. S. 1-6-15

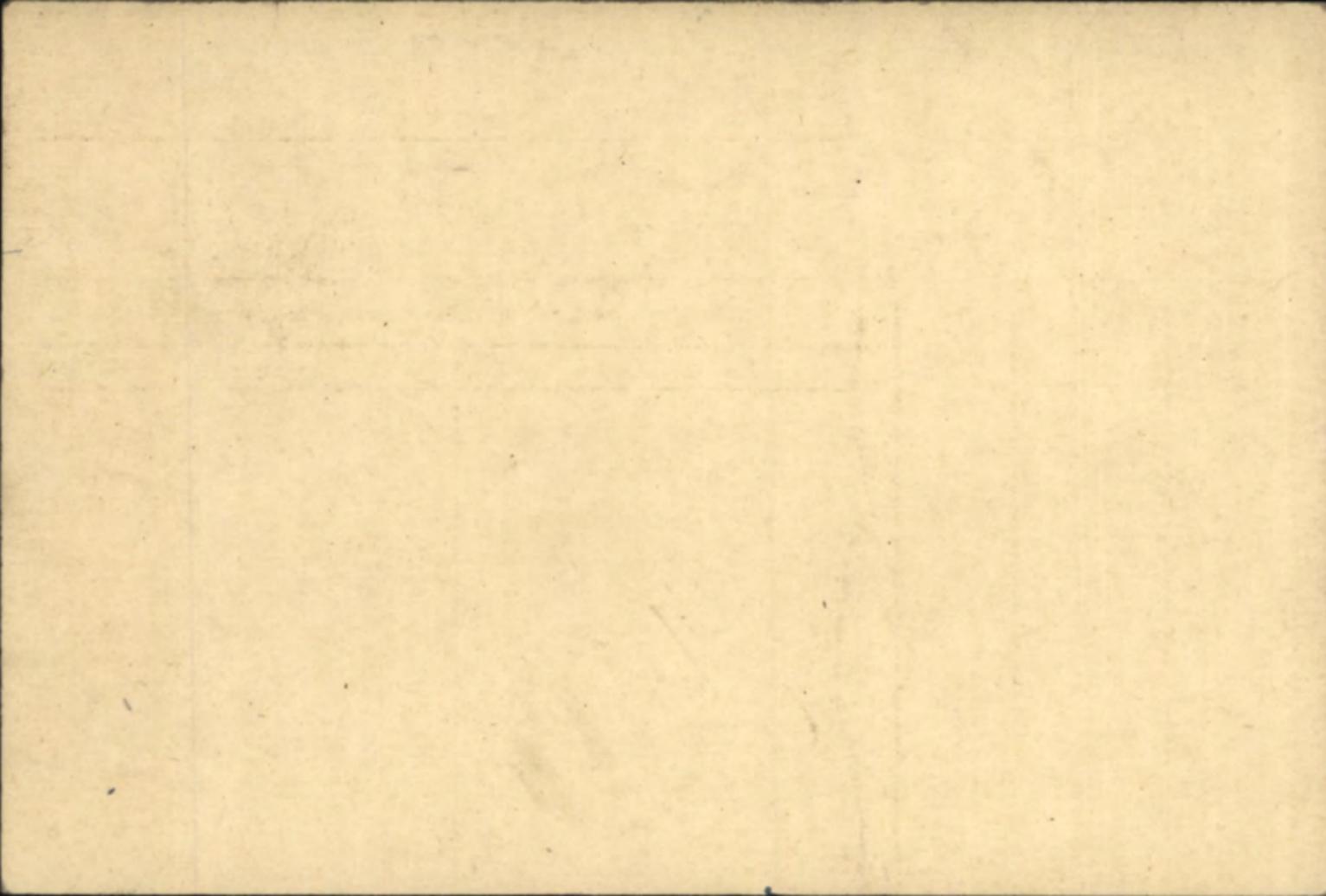
(R.O. 2 of 4-6-15)

UNIT #

2 Field Ambulance A.M.C. (

M. D. Val

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 June 1	1915 June 30	<	prom Sgt 5-6-15	R.O. 1 of 4-6-15
	July	<		
	Aug	<	prom Sgt. Major 8-8-15	R.O. 3-9-15
	Sep	<		
	Oct	<		
	Nov	<		
	Dec	<		
	1916 Jan	<		
Feb 1	Feb 24	<	transfd O/S 24-1-16 reverts to Sgt	R.O. 24-2-16



S.O.S. Demot. 11/3/19 M D 4

649-L-15171

LEPOIDEVIN, William S. (Pte) No. 526501 C.E.F.

7th Stat. Hosp.
C.A.M.C.

Medals and Decorations (Widow) Mrs. L. LePoidevin
2600 Esplanade Ave.

Montreal, P.Q

Plaques and Scroll (Widow) same as above.

Memorial Cross (Widow) same as above.

Memorial Cross (Mother) Mrs. John LePoidevin
59 Bath St.,
Jersey, C.I. England

Not eligible for star.
Elig. " U.M.
Elig. " B.W. (Death due to Service)

all B.P.L. letters on N.Q. 649-L-15171

57828

Mem. Cross despatch (w) 85-1982 on 5-10-21.

A.C. B.M. 52500 15/12/21

946

—

*Name LEPOIDEVIN, Wm. Stanley Rank Pte Regtl. No. 526501
 Original unit C.A.M.C. Present unit DD 4 M. or S. M Age 37 Religion Pres. Fyle Depot 19-L-698
 Port, ship, and date of arrival Halifax N.S. S.S. "EMPRESS OF BRITAIN" 25-2-19
 Next of kin L. Lepoidevin Kingsbury P.Q. (W)
 Address on leave 2540 Esplanade Ave. Montreal
 Address on discharge.....
 Transportation issued Yes Date..... Character on discharge
 Previous occupation Lumber Scaler Date and place of May 31-15 Montreal
 enlistment.....
 Diagnosis..... Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
3-3-19	T.O.S. from O/S 17-2-19 Posted to Cas. Coy. 26-2-19	
	Fur. w-s to 13-3-19	62

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

(over)

Date.

Remarks.

Pt. 2 Order No.

18-3-19

SOS Discharged RO 142e Para C Demob

#77

Eff. 17-3-19 Cat A

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Lepoidevin.

W.S.

526501.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

6 Amb. 67A.

DATE OF ADMISSION

3rd W. G. Cardiff

16.8.18.

1.

HOSP.

2.

"Mi" Woodcock - Pt Epsom

HOSP.

31.10.18

3.

Henry C. C. H. Bury Park.

HOSP.

12.11.18.

4.

HOSP.

DIAGNOSIS

G.W. Chest. Albuminuria.

1.

2.

3.

DISPOSITION

DATE

Dis. 11-12-18

REMARKS

Ch. 19.8.18. B287.
4.11.18 B353.
15.11.18 B365.
19.12.18 B399

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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

Army Form B. 103.

Casualty Form—Active Service.

Presbyterian *WSP*

Off A. Sect. 27 A.D. ✓
 Regiment or Corps *C.A.M.C. 4 Can Coy* Regimental Number *526501*

Rank *Pte* Surname *Le Poidevin* Christian Name *Willy Stanley*

Religion *Presb.* Age on Enlistment *33* years *11* months.

Enlisted (a) *1.6.15* Terms of Service (a) *D.O.W.* Service reckons from (a) *1/6/15*

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

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

Group 37 (Shipping Clerk) M.I.

Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		<i>Arrived</i>	<i>England</i>	<i>13/3/16</i>	<i>hml</i>
		Embarked ...	<i>Southampton</i>	<i>9/8/16</i>	<i>H.S. "Glengorm Castle".</i>
		Disembarked...	<i>Salonika</i>	<i>20/8/16</i>	
<i>6.4.17</i>	<i>O.C. No. 4 Can. Gen. Hosp'l.</i>	<i>Proceeded for temporary duty to 29th C.C.S.</i>	<i>In the field.</i>	<i>30.3.17</i>	<i>B.213. Cos.</i>
<i>20.4.17</i>	<i>— " —</i>	<i>Joined unit for duty.</i>	<i>— " —</i>	<i>20.8.16</i>	<i>Memo. 108</i>
<i>18.5.17</i>	<i>— " —</i>	<i>Rejoined unit for duty.</i>	<i>— " —</i>	<i>12.5.17</i>	<i>B.213. hml</i>
<i>17.6.17</i>	<i>— " —</i>	<i>App'd. L/Cpl. from 15th. Duties O.C. unit (entirely to comply with H.S. C.C. (mail))</i>	<i>— " —</i>	<i>1.6.17</i>	<i>B.213. Pte 24</i>
<i>11.6.17</i>	<i>— " —</i>	<i>With pay to complete establishment</i>	<i>— " —</i>		<i>Memo. hml</i>
<i>13.7.17</i>	<i>— " —</i>	<i>Granted first G.C. Badge.</i>	<i>— " —</i>	<i>31.5.17</i>	<i>0 1810.24d/-17/61 191</i>
<i>25.8.17</i>	<i>M.S.O.</i>	<i>Embarked for Toronto</i>	<i>Salonika</i>	<i>16.8.17</i>	<i>B.213. hml 1917</i> <i>0 1810.24d/-22/1</i> <i>E 238.</i>
					<i>0 1810.35d/-2/9/1 1917</i>
<i>1/6/3/16</i>	<i>C.A.M.C. & S. Jones.</i>	<i>TOS from Canada as a Sgt. Major.</i>	<i>Sandgate</i>	<i>13/3/16</i>	<i>P. No # 49. + 102.</i>
<i>9/5/16</i>	<i>Co 776</i>	<i>Trans from T.S. to 7 S Hod.</i>	<i>London</i>	<i>9/5/16</i>	<i>P. No # 134. 55d/10 5/16</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoemaking, &c.
 (B90130) W 15012-5156 J. P. & Co., Ltd. FORM B/103/3. [P.T.O.]

Next of Kin: Wife: Mrs. L. Le Poidevin, Kingbury, Budec, Canada.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 35, or other official documents
Date	From whom received				
12/3/16	Sta Hosp	Taken on strength	Shorncliffe	9/5/16	Pt II 43 ✓
27/5/16	" "	S.O.S. to C.A.M.C. J.S.	" "	27/5/16	Pt II 80 ✓
7/5/16	C.A.M.C. J.S.	Taken on strength	Dibgate	26/5/16	Pt II 151 ✓
9/8/16	" "	S.O.S. on proc'g's to 4 Gen Hosp. Cheriton & reverts to ranks.	Cheriton	7/8/16	Pt II 225 ✓
10/9/16	* Gen Hosp.	T.O.S. from Eng as reinf	3rd Ech HQ	21/8/16	Pt II 28 ✓
7/9/17	Com Hosp.	T.O.S. from Salonica	Basingstoke	5/9/17	Pt II 119 ✓ Capt. [Signature]
For Lt/Col i/c Records, COM 7					
28/2/18.	#4 B.G. H.	Reverts to permanent grade. Plc.	Basingstoke.	28/2/18.	Pt II B.O. 9. d/28/2/18. ✓
8-4-18	No. 4 C.G. Hospital	S.O.S. to C.A.M.C. Depot Shorncliffe.	Basingstoke	6-4-18	Pt. 2.D.O. 16/11-4-18 Auth. D.M.S. Signal A.M.D. 1 C. / 7020/3-4-18.
			xcsharpe Captain, C. A. M. C. Adjutant.		
	C.A.M.C. D	TAXEN ON STRENGTH	Shorncliffe	6 APR 1918	Pt II 95 ✓
	do	S.O.S. to Overseas	do	24-4-18	Pt. 2.D.O. 114
		DISEMBARKED	HAVRE		
		Having arrived			
		Final medical is taken	Field	24-4-18	M.R. Pt II 21 d/28-4-18.
28-4-18	by BD	Left for [unclear]		28-4-18	M.R.
8-5-18	CERC	To adms 2 Div	"	8-5-18	wt
18-5-18.	6 CF Amb	Posted to 6 CF Amb adms 9201 d/12 5/18	"	11-5-18.	B213 Pt II 34 d/5/18.

CERTIFIED COPY
 17 APR 1918
 5 APR 1918
 24 APR 1918
 JAN. RECORDS, [unclear]

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 526501 (Rank) Private

Name (in full) LE POIDEVIN, William Stanley enlisted in

the Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE at Montreal, QUEBEC on the 1st

day of June 1915.

HE served in FRANCE AND SALONIKA

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 35 years

Height 5 feet 6 inches

Complexion Medium

Eyes Blue

Hair Light Brown

W. Leboidevin

Signature of Soldier

Marks or Scars

Tattoo of Japanese lady
on right forearm.

[Signature]

Issuing Officer, District Depot No. 4.

Rank

Date of Discharge MARCH 17th, 1919

Appointment

Signed at Montreal, QUEBEC this 17th day of March 1919

in Military District No. 4

File Reference No. DD# 19-1-698

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 cer-
tificate will not be com-
pleted.

(Y11)

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 526501 Rank Pte Name LE POIDEVIN Wm S.
Unit C.A.M.C. who was* Discharged
On 17-3-19 191... to 17-3-19 191...
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 17-3-19 191... the inclusive date of transfer or discharge.

Table with columns Dr. and Cr. listing various pay items: Bal. Dr. or Cr. from prev. month, Regimental Pay, Field Allowance, Separation Allowance, Clothing Allowance, Post Discharge Pay, *Other Credits, Advances, Separation Allowance and Assigned Pay Cheque No., *Other Charges, and Balance on transfer or on discharge, cheque No. Total.

A monthly stoppage of \$ 20.00 (†) has... (‡) been paid on account of Assigned Pay for the month of 17-3-19 191... and Separation Allee. for month of 191... (Address) Mrs. L. Le Poidevin, 2540 Esplanade St. Montreal, UE.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment 1-6-15 married or single... (2) Separation Allowance, entitled or not Yes (3) Reason for discharge... (4) Authority for discharge or transfer D.P. 4 19 -L- 698

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 MAR 15 1919 Place 27 DIVISION

CAPTAIN-PAYMASTER G.C. Demobilization Pay Division-Military Dist. 1 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 purpose of discharge it is to be made out in duplicate. (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

526501 Pte Le Poldevin, W.S

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.				
9.8.16	Reverts to Pte on procs of	Reverts to Pte on procs of	Whiston	7-8-16	Pt II 225
9.8.16	do	S.O.S. on Procs of S. A. Gen. Hqs	do	"	" 225
10.9.16	4 Gen. Hq.	To S from Eng. as Reinf	3 rd Ech of HQ	21.8.16	Pt II 20-28
17.6.17.	"	App L/Col with Pay.	"	1.6.17	" 24
22.7.17.	"	Granted & Conduct Badge.	"	31.5.17.	" 29.
7.9.17.	B.M. Hq.	T.O.S on arrival from Salonica	Birmingham	5.9.17	" 119 W.S.
29.7.	4 Gen Hq.	S.O.S of Salonica Force on 3 rd Ech	"	16.8.17.	" 35.
		pro'd to the K. for duty			
28-2-18	4th C Gen Hq	Reverts to Pte	Birmingham	28-2-18	Pt II 9
8-4-18.	Came to.	T.O.S from 4th C Gen Hq.	Scliffe	6-4-18	Pt II 98+16 of 11 ⁴ / ₁₈ of 4th C Gen Hq
24-4-18.	Came to.	S.O.S on Proc Overseas	"	24-4-18	Pt II 114+26 of 28 ⁴ / ₁₈ of came Gen
6-6-18	6th C.F. Amb	T.O.S from came Gen	Field	12-5-18	Pt II 29+34 of 5 ⁶ / ₁₈ of came Gen
	Adm 9th Gen Hq.		Rouen	14-8-18	HA 3326-4 G.S.W. chest 20-8-18
19-8-18	Came.	Adm 3rd West, G. Hq	Cardiff.	16-8-18	CLB 287 albuminuria
23-8-18	Came to.	T.O.S from 6th C.F. Amb.	Scliffe	16-8-18	Pt II 92.
26-8-18	6th C.F. Amb (Wounded)	S.O.S to came to	Field	15-8-18	Pt II 43.
17.1.19	Adm McCloy	Awarded forfeiture of 7 days pay & forfeit Pte			14.
		5 days pay by RA Regs Cans for O.S.V. from 1900 on 23/12/18 till 2030 on 27/12/18 (4 days 12 hrs) Total forfeiture 12 days pay			

A.F.B. 100
25 SEP 1917

A.F.B. 100
29 APR 1918

2nd Sheet of Record

Rank _____ Name *Le Poidevin William Stanley* Reg'l No. *526501*
 Unit *Apt A Sect 2 F.A.D.* If in perm. Corps, }
 to *6 Amb B.* What Unit? } Married or Single *Married*
 Place and Date of Enlistment *Montreal June 1st 1915.* Place of Birth *St Heliers Jersey, B.F.*

Name and Address, Next-of-Kin *Lilley Le Poidevin*
Kingsbury, Richmond, Quebec, Canada Relationship *Wife*

Assigned Pay Monthly \$ _____ Payable to _____ Relationship *Pte*
 Separation Allowance \$ _____ Payable to _____ Relationship *Pte*

N/E, R.B. No. *5621*
 File R.L. _____
 Category **OR CAN**

Discharge, Date and Place _____ Reason _____ Character _____
1st Sheet of Record filed in Envelope

H. W. V., Ld.-9546-16.

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.				
		<i>Perm grade Pte. of 6 Amb B Coy</i>	<i>Aptank.</i>		
<i>22-1-19</i>	<i>45 M.D.B. by T.O.S from 6 Amb.</i>		<i>Pte. Kinim Pte</i>	<i>21-1-19</i>	<i>P.T.D. 19.</i>
<i>22-2-19</i>	<i>do- 205 to Canada</i>		<i>—</i>	<i>16-2-19</i>	<i>— 47.</i>

of cas.
of

M.F.B. 465
200M 6-38
1772-80-03

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

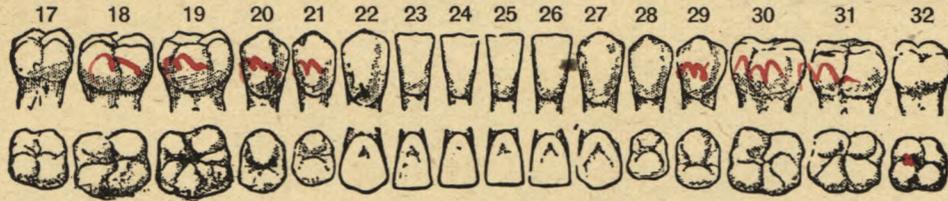
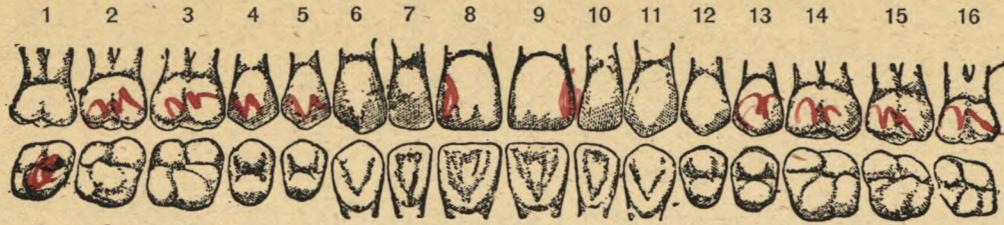
DISTRICT *4*

NAME OF SOLDIER *L. Spaideman*

REGIMENT

RANK *Rli*

No. *826501*



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	Pyrrhoec	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
<i>Tooth</i>	<i>Mar 14</i>																						
																				<i>R. Spaideman</i>		<i>for discharge</i>	

Certificates for plates

8698
T

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C. 20250

RESERVED FOR THE
BUREAU OF LAND MANAGEMENT

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. Le Poidevin ^{Wife}

Name of Soldier

L. Le Poidevin Wm. J.

L. I. Job 89002.-Req. 6213.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 2120	25-	25
May		H 1914	25	25
June		Q 7569	25	25
July		Q 8875	25	25
Aug.		P 12098	25-	25
Sept. 16		16743	25	25
Oct.		O 19973	25	25
Nov.		U 23090	25	25
Dec.		W 20797	25	25
Jan.	1917	B 29832	25	25
Feb.		B 32637	25	25
March		B 35725	25	25
April		6 1627	25	25
May		C 5222	25	25
June		C 4922	25	25
July		6 12003	25	25
Aug.		K 14803	25	25
Sept.		P 18007	25	25
Oct.		A 26666	25	25
Nov.		L 24094	25	25
Dec.		L 24093	25	25
Jan.	1918	Y 26484	25	25
Feb.				
March				
April				
May				
June				
July				

L 24093 cancelled.

75
Jm

\$ 75

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier.....

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.				

1-6-15.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs L. Le Poidevin

Name of Soldier Le Poidevin, Wm. D.

Address ~~Kingsbury~~
Duelife.

Regtl. No. 526501

Rank Sgt

2540 Esplanade Ave
Corps A Sect. No 2. 7. A. Sepol.

Relation to Soldier } wife
wife, child or mother }

Montreal

To what Corps belonging }
when called out }

J ✓

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June		79864	25	25
July		88791	25	25
Aug.		18822	25	25
Sept.		K 5661	25	25
Oct.		J 12520	25	25
Nov.		923341	25	25
Dec.		J 20218	25	25
Jan.	1916	K 606957	25	25
Feb.		O 22090	25	25
March		N 46528	25	25



MS. 125W
125W

MILITIA AND DEFENCE
ASSIGNED PAY

M. F. W. 12a.
 60m.-12-15.
 1772-39-519.

2nd. Contingent

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Lilley La Poidevin *wife*
 PAYMENTS.

Name of Soldier

La Poidevin W. J.
Serjt. Maj. 27a. Depot.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>\$30.00</i>
				<i>20.00</i>
April	1916	<i>2576</i>	<i>30</i>	
May		<i>23483</i>	<i>30</i>	
June		<i>24007</i>	<i>30</i>	
July		<i>210541</i>	<i>30</i>	
Aug.		<i>A12863</i>	<i>30</i>	
Sept.		<i>X18260</i>	<i>30</i>	
Oct.		<i>X23347</i>	<i>30</i>	
Nov.				
Dec.		<i>S 30329</i>	<i>20</i>	
Jan.	1917	<i>C 40891</i>	<i>20</i>	
Feb.		<i>C 45993</i>	<i>20</i>	
March		<i>T 52378</i>	<i>20</i>	
April		<i>S 2890</i>	<i>20</i>	
May		<i>S 9049</i>	<i>20</i>	
June		<i>Q 15288</i>	<i>20</i>	
July		<i>S 23659</i>	<i>20</i>	
Aug.		<i>E 30268</i>	<i>20</i>	
Sept.		<i>V. 36272</i>	<i>20</i>	
Oct.		<i>H 43170</i>	<i>20</i>	
Nov.		<i>A 30391</i>	<i>20</i>	
Dec.		<i>R 58503</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Issue no chq for Nov. over paid for sept & Oct. 20.00 future

Apr. Req. 16/3/17 20.00 U. 49027. cancelled. S. 27113. T 52378 Cancelled 20.00

\$5.00

cb

W

no 260

Mc

B

✓

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.				

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

"Wife"

To Whom *Mrs. Lilley Le Poidevin*
Address *Kingbury*
Quebec.

By Whom Assigned *Le Poidevin i.w. **
Regtl. No. *526501*
Rank *Sergt. Major Pk*
Corps *2 F.a. Depot.*
a Section.

2540 Esplanade Ave
Rate *\$ 20.00*
Montreal Dec.
20.00 Sept 1st/16.
19-9-16
14w. PAYMENTS
2^m = 22/9/16. a.p.d 2/11/16.

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		<i>116589</i>	<i>30</i>	



100
100

100
100

1

100
100

Emb mtd

Register No. *DL876*

WAR SERVICE GRATUITY

A.P. File No. *10939-W-32*

TO

DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *526501* Name *William Stanley Le Poidevin*
(Christian Name) (Surname)
 Unit *CAMB* Rank *Olt* Date of enlistment *1-6-15*
 Date of casualty *28-1-1920* B.P.C. File No. *110676*
 Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs Lilly Le Poidevin* Relationship *Widow*
 Address *2540 Esplanade Ave
 Montreal Qc*

Amount of Special Pension Bonus *Nil* Abstracted by *D Dyaker*

Eligible for Gratuity *Not Eligible* \$ *-*

Less amount of Special Pension Bonus paid \$ *-*

Less Debit Balance of S. A. or A.P. \$ *-*

Total deductions \$ *-*

Balance due \$ *-*

Cheque No. _____ Date issued _____

REMARKS: *Disch 17³/₁₉ Query as to
 W.S.S.
 W.S.S. paid*

Clerk *attn: mcd*

Audited by _____
 Date _____

2925

M.F.W. 2652
 25M-6-20,
 H.Q. 1772-89-1473

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: - 1-7-16		EFFECTIVE DATE: -	
AMOUNT: - 20 ⁰⁰		AMOUNT: -	

NAME: **LE POIDEVIN. W. S.**
NUMBER: **526501**

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.
M ^{rs} Lilly Le Poidevin Kingsbury, Richmond Quebec (Wife)	
UNIT AND TRANSFERS	
ORIGINAL UNIT: - CA sub.	
DATE ACCOUNT FIRST OPENED: -	
AUTHORITY	DATE EFFECTIVE
	28/2/18
	21-7-19
UNIT TRANSFERRED TO	
4 Gen. Hosp.	
Canada	

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1-1-18	3588	Balance as per ledger	12 21				
2-1-19	3745	CA sub	4 87			LR	6 25
13-7-19	3293	CA sub	9 83				5 96
			14 72				
		CA sub 57-12-18	8 71				
		CA sub 194-11-18	8 96				
			8 96				

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DOO d/28/2/18 H.G.H.	28/2/18	Lt Col Private

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
	21-7-19		4 Gen. Hosp. Canada

PARTICULARS OF RENDERING NON-EFFECTIVE: - **Transferred to Canada 31-1-19. G 1973. Release 18-1-19, Rhyl. MD 4**

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal forward								13 59		
				191031. (25) 15-4-18. CA sub Dept.	62				14 21		
				" 997 " 9-4-18 " "	2 23				16 44		
Apr	Lt Col P & A	34 50		CA sub				20	18 06		
				AR 119 (6) 12-4-18 CA sub Dept.	4 87				194		
				" 199 (10) 22-4-18 " "	7 30				6 81		
		34 50			15 02			20	14 11		
May	Lt Col P.	35 65		CA sub					20 154		
				AR 476 (2) 2-5-18. H.G.H.	3 57				1 54		
		35 65			3 57			20	2 03		
June	Lt Col P.	34 50		CA sub					20 47		
				AR 435 (3) 10-1-18. H.G.H.	3 57				12 47		
		34 50			3 57			20	8 90		
July	Lt Col P.	35 65		CA sub					44 55		
				AR 641 (1) 1-7-18. H.G.H.	3 57				24 55		
				" 665 (1) 10-7-18 " "	4 46				20 98		
		35 65			8 03			20	16 52		
Aug	Pte Pay.	34 10		CA sub					30 62		
				DN 2612 (12) 24-7-18. H.G.H. (Razze)	3 57				27 05		
				Diff Pay Lt Col Pte. 28-2-18 to 31-7-18		7 70			19 35		
		34 10			3 57	7 70		20			
Sept	P & A	33							32 38		
		33						20			

NUMBER 526507 RANK Pte

NAME Le Poidern W.S.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bre Ad.					32 35		
Oct.	pp	34	10					20	46 45		
				AR 340 (5th) 4-11-18. 66 H's/room	14 60				31 85		
		34	10		14 60			20			
Nov	pp	33						20	44 85		
				AR 3749 (10) 13-11-18 Bushy PK	2 43				42 42		
Dec	P-P	34	10					20	56 52		
				AR 3898, 27 11-18. " 32	4 87				51 65		
				4212, 4 12-18. " 46	4 87				46 78		
				4329, 11 12-18. " 58	48 67				1 89		
1919	pp	34	10		60 84				32 21		
Jan				to AP				20	12 21		
					60 84			60			
	18 11-18-19-1918 5 F D.O. 194, 1 day A to 1918 20/19 Camo 476	101	20						20 97		
				AR 3145 2-1-19. Camo 7	4 87				16 10		
				3293 13 1-19. " 20	9 85				6 25		
				4641, 27 1-19. " 52	9 73				3 48		
				244, 11 2-19. Rhud. 85	4 87				8 35		
				Awarded for 7 days pay award 23-12-18 to 27-12-18 D.O. 14-17-11-19 Camo Cam 50. 12 days pay	13 20				21 55		
		8	76		29 32	13 20					
				SOS Canada 17-2-19							

This space to be for numbers

Proceedings on Discharge.

~~77~~

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

No. 526501		
Rank	Pte	
Surname	LE BOIDEVIN	
Christian Name	Wm Stanley	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	CAMC CEF	
Date of Discharge	Mar. 17th/19	
Place of Discharge	Montreal, QUE	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... 38 years..... months.	Descriptive Marks	
Height..... 5 feet..... 6 inches.		
Complexion		Medium
Eyes		Blue
Hair		Light Brown
Trade		Lumber mill foreman
Intended place of residence		2540 Esplanade Ave Montreal, QUEBEC
(To be given as fully as practicable.)		
2. The above-named man is discharged in consequence of		
RO 1420 Para (C) DEMOBILIZATION		
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.)	

Dec 28 Jan 1920
6-29
h 15171
26 12/23
Entry made

HAT

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.....

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).....

(Date).....

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, QUE

W. S. Bideman

(Signature of Soldier.)

(Date) Mar. 17th/19

W. S. Bideman

(Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Montreal QUEBEC

Mar. 17th/19

(Date).....

(Signature)

W. S. Bideman

Officer in Charge Discharge Section, District Depot No. 4

Reservations referred to at Para. 8.

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

List of Discharge Documents.

NO RESERVATIONS

W. E. Bidewin

<p>Militia Form B. 238</p> <p>B. 218</p>	<p>Reg. Conduct Sheet</p> <p>Militia Form B. 238</p> <p>B. 203a</p> <p>Conduct Sheet</p> <p>Squadron Battery Company</p>
<p>Proceedings on Discharge</p> <p>Attestation Paper</p> <p>Proceedings on Discharge</p> <p>Attestation</p> <p>Medical History Sheet (in the event of such having been prepared)</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet</p> <p>Militia Form B. 313</p> <p>B. 237</p> <p>Medical Report for Invalids</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate</p> <p>D. 877</p> <p>"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 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. 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 style="margin-left: 40px;">(a) Proceedings on Discharge.</p> <p style="margin-left: 40px;">(b) Attestation.</p> <p style="margin-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</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.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bristol Oct 15 1917

No. 526501 Rank 9/Cpl Name L. Podewi W.S.

Local Unit 4 Canadian Coy Overseas Unit 4 Coy Age 36

Examination held at Bristol

DISABILITY:
Overseas—Local
(scratch one out).

PRESENT CONDITION.

Had malaria in West Africa
years ago.
Apparently fit

BOARD RECOMMENDS:—

A III

- 1. Fit for Duty.....
- 2. Fit for duty after.....weeks' physical training.
- 3. Fit for Temporary Base Dutyweeks.
- 4. Fit for Permanent Base Duty.....
- 5. Discharge

Signatures:—

Members {

[Signature] President.
[Signature] Capt

APPROVED

Dated.....12 NOV 1917.....1917.

[Signature]
Captain C.A.M.C.,
For A.D.M.S.
for A.D.M.S., Canadians, London Area.

PROCEEDINGS OF A MEDICAL BOARD

Local Unit No. 1234

Dated at _____ 1917

No. _____ Rank _____ Name _____

Local Unit _____ Overseas Unit _____ Age _____

Examination held at _____

DISABILITY
Overseas-Local
(to be filled in)

PRESENT CONDITION

BOARD RECOMMENDATIONS

1. Fit for Duty

2. Fit for duty after _____ weeks' physical training

3. Fit for Temporary Base Duty _____ weeks

4. Fit for Permanent Base Duty

5. Discharge

Signatures

President

Members

APPROVED

Dated _____ 1917

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION.....Montreal.....DATE.....14.2.1919.....

1. 1 (a) Unit.....D.D.4..... (b) Regimental No.....526501..... (c) Rank.....Pte......

(d) Surname.....Lepoidevin..... (e) Christian name.....Wm. Stanley.....

(f) Home address.....2540 Esplanade Ave. Montreal, P.Q......

(g) Next of Kin.....Mrs. Lilley Lepoidevin..... (h) Relationship.....Wife.....

(i) Address of Next of Kin.....same.....

2. Age last birthday.....38..... Date of birth.....25 July 1881.....

3. Enlistment, or Appointment (if an Officer) (a) Place.....Montreal..... (b) Date.....1st June 1915.....

4. Personal description:

(a) Height.....5 ft. 6..... (b) Weight.....135..... (c) Complexion.....Medium.....

(d) Colour of hair.....It. Brown..... (e) Colour of eyes.....Blue..... (f) Identification marks, Scars, etc.....Tattoo.....

.....of Japanese lady on right forearm.....

5. Former trade or occupation.....Lumber Mill foreman.....

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	9 mos.

		PERIODS	
		From	To
Canada	2 F.A.D.	1st June 1915	Feb. 1916
England	No. 4 Gen. Salonica	Feb. 1916 Aug. 1916	August 1916 Sept. 1917
France or other theatres of War	6 F.A. England	Feb. 1918 Aug. 1918	Aug. 1918 Feb. 1919

7. Original disease, or injury.....Nephritis.....

(a) Date of origin.....Aug. 1918..... (b) Place of origin.....France.....

(c) Cause.....Constitutional and service conditions.....

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

- (1) Slight debility following nephritis
- (2) Pain in muscles of back

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

Man average stature, well nourished, physical appearance good.
 Mucous membrane good color, looks fully his age. Complains of shortness of breath on exertion and lameness of back in lumbar region.
 Examination:— Heart not enlarged, sounds at apex are fainter than average no murmurs heard, no accentuation of aortic second. Pulse 80 at rest 110 on touching toes 10 times returning 3" to 90.
 Blood pressure 100-130 lungs negative. There is scar on anterior surface of chest about size of 25 cent piece over 10th rib result of flesh wound. No disability.
 Urinalysis - 14-3-1919 acid - 1002 - no albumen - no sugar. Exam. of back negative objectively. Subjectively complains of some stiffness and lameness. No bending to touch toes no limitation of movement.
 Man's condition is good but slight debility due to service conditions which should soon disappear on return to civilian life.

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

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

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

was taken ill while on duty in France (Aug. 1918) and was sent down line to No. 8 Amer. General at Boulogne and evacuated to England where he was in hospital with nephritis for five months, was discharged to convalescence and sent to Wales to await orders then to Canada.

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

6.3.7. of left side of chest (flask) no disability

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

11.—(a) Did the disabling condition have its origin before enlistment? *No. 1 and 2.*

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

No. 1 and 2.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *No. 1 and 2*

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Six months 1 and 2.*

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

Five months in Hospital in England - rest - diet - Hygiene -

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

16. Can the former trade or occupation be resumed? *Yes with impaired efficiency on account of myalgia of lumbar muscles.*
(If not, briefly state why)

17. Recommendations

J. Andrews Capt
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of *nothing.*

W. Lebedevich Pte Rank.
Signature of invalid examined.

J. G. F.

Reserved for M.H.C.

Regt. No. 526501 Rank PTE Surname LE POIDEVIN Christian Name WILLIAM STANLEY

Unit or Corps—(a) Overseas from United Kingdom. came (b) in United Kingdom.

Born at—Town ST. HELIERS County or Province JERSEY Country CHANNEL ISLANDS

Date of Birth—Day 23 Month JULY Year 1881 Age 37 yrs 4 months

Joined at MONTREAL Date 1.6.15

Former trade or occupation LUMBER SCALER

Permanent Marks or any peculiarity that will serve for future identification—

TATOO — LEFT FOREARM JAPANESE GIRL + FLY
RT. FOREARM JAPANESE GIRL + BUTTERFLY
RT HAND TIPS OF INDEX + MIDDLE FINGERS MISSING

Height—feet 5 inches 6 Colour of eyes BLUE

Signature of Soldier (for identification purposes) W Le Poidevin

Medical Report

Read carefully the instructions on last page of this form.

1. DISABILITY.

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

Disabilities Group (a)

DEBILITY

Disabilities Group (b)

Disabilities Group (c)

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	NEPHRITIS	
(ii.) As to Group (b) above.		
(iii.) As to Group (c) above.		

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

- (i.) As to Group (a) above ? No If yes, has Active Service aggravated it ?
- (ii.) As to Group (b) above ? If yes, has Active Service aggravated it ?
- (iii.) As to Group (c) above ? If yes, has Active Service aggravated it ?

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

- (i.) As to Group (a) above ? YES
- (ii.) As to Group (b) above ?
- (iii.) As to Group (c) above ?

5. MEDICAL HISTORY.

No minor illness except slight attacks of malaria while in Malacca. Enlisted 1-6-15. England Feb. 1916. Malacca Aug. 1916. France March 1918. About age 15 he noticed swelling in legs, this became worse & appeared in face & body, he had leucorrhoea, backache and jaundice. S.S.W. Clin. Aug. 12th. No. 1. Can. FA 12-8-18. S.S.W. Clin. and albuminuria. No. 47 C.C.S. 12-8-18. No. 9, S. Hosp. 14-8-18 albuminuria. 3d. West. Gen. Hosp. 16/8/18 to 30/10/18. Bone healed. X-rays. 2 CH Erson 31/10/18 to 11/11/18. alb. +. Kings Can. Hosp. Busby Park 11/11/18 to present time. No alb. in urine since his arrival here.

6. PRESENT CONDITION.

He complains now of some general weakness, backache, jaundice and stiffness of back on motion. General condition fairly good, color good, appetite good, sleep well, no swelling. Heart - neg. Venous - thickened, pulse regular 76. B.P. 150-100 Temp - neg. Other systems - neg. Urine - No sugar, no albumen for over 4 wks. Blood - no casts or blood for 3 wks. He will not be fit for any his light duty.

7. OPERATION. (i.) Was one performed?

(ii.) If so, state what.

(iii.) Was one advised and declined?

Not Applicable

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

8. (i.) Is there loss or decay of teeth attributable to Active Service?

No

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(b) Invalid to Canada?

No

(a) Fit for duty? (state category)

B III Not eligible to be re-issued - Calgary within 6 mos.

(c) Discharge from the Service as permanently unfit?

No

Date of Report... Dec. 5... 1918

Signed *P. H. Eyles* Capt. C.M.C. Officer in medical charge of case.

Station.....

I have satisfied myself of the general accuracy of the above Report.

and concur therein

J. J. McInerney

{Officer i/c Hospital} Strike out one
{S.M.O. Brigade} of these

Lieut.-Col. C.M.C.

Dated at DEC 5 1918

C.O. The King's Canadian Special Hospital, Station, on... 191.....

Delete if inapplicable.
Special Hospital,

Busby Park, Hampton Hill, Middlesex



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

10. Is the disability fully described in Part I. (1)?
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? Aggravated? }

no

(b) Misconduct of the Soldier { Caused? Aggravated? }

no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

Twenty percent

14. THE DISABILITY DUE TO SERVICE.—(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)

What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

all

15. Permanency of the Disability due to Service estimated next above in (14).

(i) Is it permanent?

no

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

Six months

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

not applicable

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

19. RECOMMENDATION:—

(a) Fit for duty?
(state category)

B III not likely to be raised in Category within 6 mos.

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board 5-12-18.

Station

Signatures of the Board { L. W. Murray Major President. J. J. Belodran Capt. Surgeon. }

Approved L. W. Murray Major

for A.D.M.S.

Dated at Bushy Park.

Station 5-12-18

Sheet 2
Casualty Form - Active Service.

Rank Pte Surname Le Forderia Christian Name W S
 Regiment or Corps C.M.C.
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
<u>18/5/18</u>	<u>6 C of Amb</u>	<u>ISS on posting from C.M.C. Gen</u>		<u>12/5/18</u>	<u>B213</u>
		<u>Auth Arms 220920 d/12/5/18</u>			<u>220920 d/4/6/18</u>
<u>14 7 18</u>	<u>- " -</u>	<u>Tempatt's 4 CCS</u>	<u>Fields</u>	<u>10/7/18</u>	<u>B213</u>
<u>21 7 18</u>	<u>- - -</u>	<u>Rejoined from 4 CCS</u>	}	<u>18/7/18</u>	<u>B213</u>
		<u>Tempatt's to 7 CCS</u>			
<u>4 8 18</u>		<u>Rejoined Unit</u>		<u>29/7/18</u>	<u>B213</u>
<u>12 8 18</u>	<u>4 C of A</u>	<u>ISS West Africa</u>	<u>ISS</u>	<u>12/8/18</u>	<u>B213</u> <u>A36 H 5076</u>
<u>15 8 18</u>	<u>OC HQ</u>	<u>Wounded. Posted to</u>		<u>15/8/18</u>	<u>220920 d/4/6/18</u>
		<u>St Patrick C.M.C. Casualty Company</u>	<u>J. Cliffe</u>		
		<u>OC HQ St Patrick H3083/5771</u>			

MEDICAL CASE SHEET

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

576501

1st Lt Le Poedevine

W

Unit.

Age.

Service.

Year

Station
and Date.

Disease

URIN ALBUMIN IS.

THE KING'S CANADIAN RED
BUSHY PARK,

CROSS SPECIAL HOSPITAL,

HAMPTON HILMNTITY

Day, Night, Total,

S.G.

Reac

tion

CASTS

Blood

am. pm.

am.

pm.

ALB.

Hya.

Gra.

BCA.

BC.

SUC

Remark

Nov 12 - 18

1010

acid

0

few

few

-

few

0

18 - 18

1014

acid

0

-

-

-

-

-

21 - 18

1014

acid

0

-

-

-

-

-

25 - 18

1016

acid

0

-

-

-

-

-

28 - 18

1012

acid

0

-

-

-

-

-

Dec 2 - 18

1012

acid

0

-

-

-

-

-

5

1014

acid

0

-

-

-

-

-

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

Station
and Date.

URINE JULY 13.

QUANTITY			S.G.	Reac	CASTS		Blood		Hematuria
Day	Night	Total	am.	pm	LL	Hy.	Gr.	REDA.	

Lep. idem

Station and Date.	Sp. no.	Reaction	Albumin	Blood	Sugar.
Oct. 20 th	1010	Acid	Pres.	nil	nil
21	1010	-	-	-	-
22	1010	-	Pres	nil	-
23	1010	-	-	-	-
24	1010	-	nil	-	-
25	1010	-	Pres.	-	-
26	1010	-	"	-	-
27	1010	-	"	-	-
28	1010	-	"	-	-
29	1012	-	"	-	-

Station
and Date.

Date	Amount	Spec. Grav.	Reaction	Albumen	Biuret	Diet
Sept. 20 th	75	1012	Acid	3	Pis	Meat & Diet.
21	102	1010	Acid	4	P. Fr. trace	" "
22	66	1010	Acid	3	Pis	" "
23	86	1010	Acid	3 3/4	Pis	" "
24	100 100	1007	Acid	4	P. Fr. trace	" "
25	104	1010	Acid	2 3/4	Pis	" "
26	82	1010	Acid	2 1/4	Pis	" "
27	100	1010	Acid	2	Pis	" "
28	120	1009	Acid	1 3/4	Pis	" "
29	100	1010	Acid	2	Pis	" "
30	83	1012	Acid	1 3/4	Pis	" "
1	102	1015	Acid	2	Pis	" "
2	86	1011	Acid	2	Pis	" "
3	80	1010	Acid	1 3/4	Pis	" "
4	80	1010	Acid	1 3/4	Pis	Fresh
5	70	1007	Acid	1 3/4	Pis	" "
6	92	1010	Acid	1 1/4	Pis	" "
7	80	1010	Acid	1 1/4	Pis	" "
8	80	1008	Acid	1 1/2	Pis	" "
9	80	1010	Acid	1 3/4	Pis	" "
10	65	1006	Acid	1 1/4	Pis	" "
11	40	1012	Acid	1 1/4	Pis	" "
12	60	1010	Acid	1 3/4	Pis	" "
13	80	1012	acid	2	hil	Ord.
14	—	1013	Acid	2 1/4	Pis	" "
15	—	1006	Acid	1 1/2	Pis	" "
16	—	1005	Acid	1 1/4	Pis	" "
17	—	1005	Acid	1 1/4	Pis	" "

Rest
Cach
get
R.

Rest 200
50

Plé Le. Pordisen

Station and Date.									
Date	Urinespec.	Reac.	Sp. G.	Alk.	Blood	Pus.	Sugar	Diet	
18	44 g	Acid	1010	Present	Trace	Nil	nil	Milk only.	
19	76 g	acid	1005	Present	Trace	Nil	nil	Milk only.	
20	80 g	acid	1010	1 1/2	Trace	nil	nil	Milk only.	
21	76 g	acid	1010	1 1/4	Trace	nil	nil	Milk only.	
22	80 g	acid	1010	1 3/4	Trace	nil	nil	Milk only.	
23	98 g	acid	1010	1 1/2	Trace	nil	nil	Milk only.	
24	96 g	acid	1010	1 3/4	Trace	nil	nil	Milk only.	
25	100 g	Acid	1010	2	slight-Trace	nil	nil	Milk only.	
26	98 g	Acid	1010		Trace	nil	nil	Milk only.	
27	104 g	acid	1010	2 1/2	Faint amt	nil	nil	Milk only.	
28	65	Acid	1010	Deposit	Trace	Pis	Pis	" "	
29	66	Acid	1011	5	+	Pis	Pis	" "	
30	100	Acid	1011	4 1/2	+	Pis	Pis	" "	
31	85	Acid	1007	4	+	Pis	Pis	" "	
1 Sep.	100	Acid	1010	3	+	Pis	Pis	" "	
2	102	Acid	1010	3 1/2	Trace	Pis	Pis	" "	
3	100	Acid	1011	2 3/4	Trace	Pis	Pis	" "	
4	60	Acid	1010	3	P. H. Trace	Pis	Pis	" "	
5	100	Acid	1010	2	Trace	Pis	Pis	" "	
6	100	Acid	1011	1 3/4	Trace	Pis	Pis	" "	
7	98	Acid	1010	1 1/2	+	Pis	Pis	" "	
8	120	Acid	1005	1 1/2	+	Pis	Pis	" "	
9	90	Acid	1010	2	P. H. Trace	Pis	Pis	Pudding.	
10	100	Acid	1010	3	P. H. Trace	Pis	Pis	" "	
11	104	Acid	1011	4	P. H. Trace	Pis	Pis	" "	
12	60	Acid	1013	3 3/4	Pis	Pis	Pis	" "	
13	102	Acid	1010	2 1/2	Pis	Pis	Pis	" "	
14	100	Acid	1007	2 1/3	Pis	Pis	Pis	" "	
15	104	Acid	1010	3	Pis	Pis	Pis	" "	
16	100	Acid	1010	2 1/2	Pis	Pis	Pis	Milk Diet.	
17	102	Acid	1011	2	Pis	Pis	Pis	" "	
18	110	Acid	1010	2 1/2	nil	nil	nil	" "	
19	100	Acid	1010	2 1/4	Pis	Pis	Pis	" "	

Corps 6th Canadian
 No. 526501

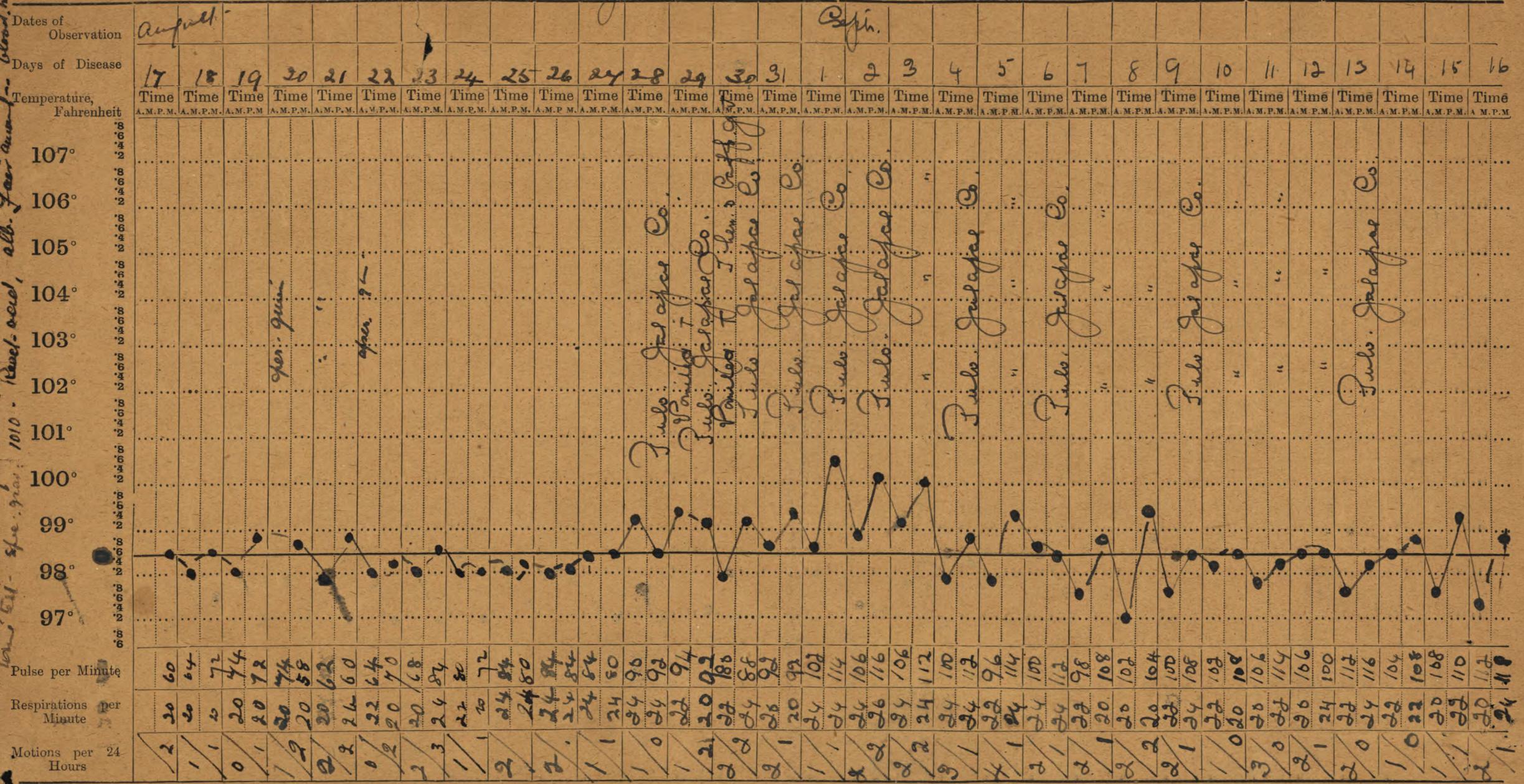
CLINICAL CHART.
 (To be attached to Case Sheet.)

Military Hospital Lansdown Rd.
 Service 3 3/12
 Army Form B 131.

Rank and Name Poidevin Pte-
 Date of admission Aug 16 Date of discharge Sept 1

Disease _____ Result _____

18th August - 1918
 1010 - Reel - acid, alb. Fair amount - blood trace. Pus in sp.



17-19: per. quin
 20: open
 21-22: open
 23-24: Pulv. Jalapae Co.
 25-26: Pulv. Jalapae Co.
 27-28: Pulv. Jalapae Co.
 29-30: Pulv. Jalapae Co.
 31-Sept 1: Pulv. Jalapae Co.
 Sept 2-3: Pulv. Jalapae Co.
 Sept 4-5: Pulv. Jalapae Co.
 Sept 6-7: Pulv. Jalapae Co.
 Sept 8-9: Pulv. Jalapae Co.
 Sept 10-11: Pulv. Jalapae Co.
 Sept 12-13: Pulv. Jalapae Co.
 Sept 14-15: Pulv. Jalapae Co.
 Sept 16: Pulv. Jalapae Co.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 6th Cavalry

No. 526 501

Rank and Name Pvt. Poirerwin

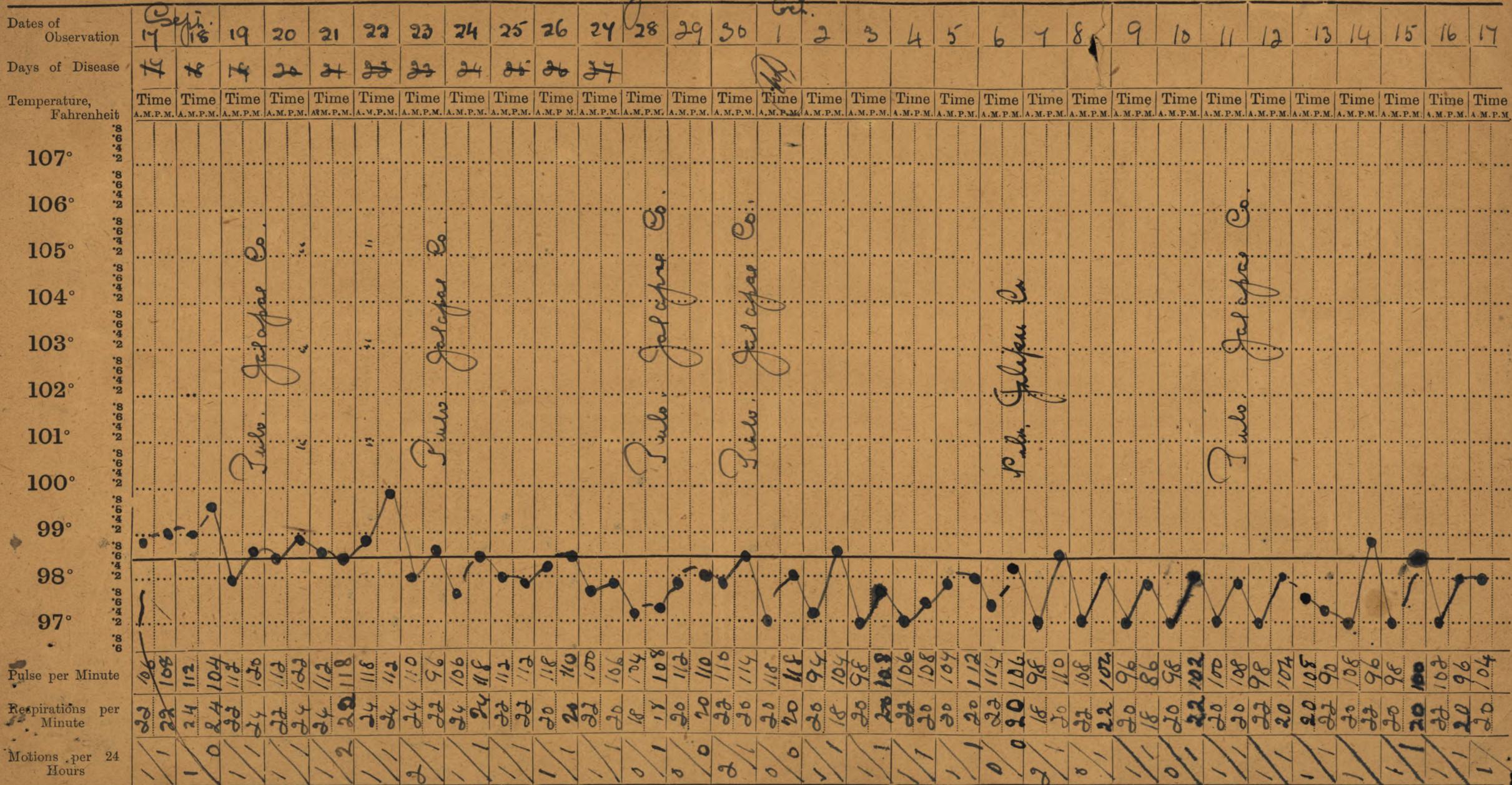
Age 37

Military Hospital 3rd Western General

Service 3 1/2

Disease _____ Date of admission Aug. 16th 18

Date of discharge _____ Result _____



Station
and Date.

MEDICAL CASE SHEET.*

1/B

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

526501

Pt

Le Poidevin

W.S.

Year

Unit.

Age.

Service.

Cane

37

3 1/2

Station
and Date.

Disease

B.W. left chest first yellowish

31 OCT 1918

M.P.H. Epsom

Complains of pain over kidneys
n.d.

4-11-18.

The eruption of vesicles in the head
~~erupts~~ every morning. Urine spec
n.d.

7 11. 18.

Urine shows trace of albumen
Transfers to Busby Park

[Signature]

Capt. C.A.M.O.
No. 1 Division.

at 64 TAD n.d.

ORIGINAL MEDICAL HISTORY SHEET.

12

7652009
S.R.

Surname LeBoidevin Christian Name William

Examined { on 31st day of May 1915
at Montreal P. Q.

Birthplace { City or Town St. Heliers
County Jersey Channel Islands

Approved by N. Ernest Nelson
Capt. A.M.C.
Rank (C.H.V.S.) M.O.

Apparent age 34 Years

Trade or occupation Lumber Scaler

Height 5 Feet 4/ Inches.

Weight _____ Lbs.

Chest measurement { Minimum 32/ 32/ inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>16/10/17</u>	<u>A.</u>	<u>recharged</u> <u>9-OCT-1917</u> <u>19 AUG 1918</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number Four

When Vaccinated last _____

Date	Result	VACCINATIONS.
<u>29-11-15</u>		<u>E.H.V.S. Smith Capt. A.M.C.</u>
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Tattoo marks. Japanese girl left fore arm and fly

(b) Slight defects but not sufficient to cause rejection Japanese girl and butterfly right forearm
Tips of index and middle fingers right hand missing

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 2/15</u>		<u>N. Ernest Nelson Capt. A.M.C.</u>
<u>22-6-15</u>		<u>H.C. Mersereau M.O.</u>
<u>26-7-15</u>		<u>H.C. Mersereau Capt. A.M.C.</u>
<u>13-4-18</u>		<u>J.P.H.</u>

Enlisted on 1st day of June 1915 at Montreal P.Q.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>A Section</u>	<u>#2</u>		
	<u>Field Amb.</u>	<u>02502</u>		
Transferred to.....	<u>same</u>	<u>526501</u>		<u>1st June</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Basingstoke</u>	<u>15-10-17</u>	<u>Fit</u>	<u>Category A</u>
<u>Bushy Park</u>	<u>5-12-18</u>	<u>debility</u>	<u>Fit for discharge</u>
<u>D.D. 4 Montreal</u>	<u>14.3.19</u>	<u>slight debility</u> <u>foreskin</u> <u>refractory</u>	<u>Fit for discharge</u>

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

W. P. Budge
Capt.

Christian Name

Surname

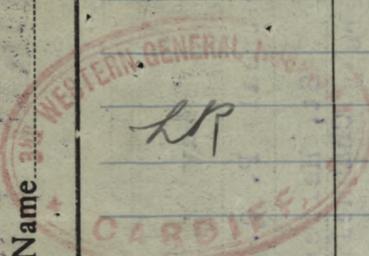
STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury 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				
Dalcarton	10.6.15						No Admission			H. D. Evans Capt A.M.C.	
Sherrin	29.10.15						No Admission			C. D. G. Smith Capt A.M.C.	
HP		16	8	18	30	10	18	Fluor to chest wall above nephritis	76	Worst complications Fluor healed Transfer to Physian for Nephritis 27.5.15 1.9.15	
										Trans shoulder elbow & down arm, has persistent albumenuria (142 blood) & has chronic nephritis	Howell
										Recommends Discharge 18.10.18 Cavalry Bks Section	Rene
										30.10.18 Transferred to Repson.	negar
W. H. Pison		21	10	18	11	11	18	Ed. left chest flsh. albuminuria	12	Complains of pain in head & kidney. Urine shows trace of albumen	W. H. Pison
										7.11.18 Transferred to Busby Park.	
		11	11	18	11	12	18	nephritis	30	He complains now from general weakness, backache, frequent shortness of breath, general condition fairly good color good, appetite good. Sleep well no sweats. Heart neg. Nephrothecium & Puls neg. 56. Urine negative.	
										Return to West Rep	

Duplicate Medical History Sheet posted to here.

W. H. Pison

W. H. Pison

W. H. Pison



THE KING'S CANADIAN RED CROSS SPECIAL HOSPITAL

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	526501	Pte.	Le Poidevin	W.
Year	Unit.		Age.	Service.
1918	Canada (6 th F.A.)		37	$\frac{23}{12}$ $\frac{18}{12}$
Station and Date.	GROSS SPECIAL HOSPITAL.			
	Disease	Nephritis		
11-11-18	140			
Born at St. Heliers, Jersey, B.I.				
SINGLE OR MARRIED		OCCUPATION		
		Lumber Dealer		
NEXT OF KIN (Wife) Mrs. Lilley Le Poidevin				
2540 Esplanade Ave. Montreal.				
INOC. T.		S.P.V.		
ENLISTED Montreal		ON 1-6-15		
ARRIVED ENGLAND Feb 1916		SENT O.S. Aug 1916. Selmer Mar 1918 France		
12-8-18	Amiens	G.S.C. Left chest.		
Field Amb Hq. Rouen & Sev.		Dressings		
16-8-18	Cardiff 3 W.G.	Wound "all present"		
31-10-18	Ypres	Wound "all present"		
11-11-18	Bushy Park	Wound "all trace"		
Complaints. Acute Nephritis. Stagnant by night - 2 or 3 times - H. H. M. -				
Personal History. Never sick - kept at table of Mercurius in Colonial. No other admitted whoops - In Selmer Aug 1916 In France Mar 1918 Came in in France until Aug 12/1918				

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

Regtl. No. Rank and Name 526501 Private Pidgeon W Corps 6 A M C
Disease Edema left chest & albuminuria Hospital MCH Ppsom
To Officer i/c Laboratory. Ward B Hut 20

Please carry out an examination of the accompanying specimen of Urine

with special regard to

Date 4/1/18

J. Radb
O. i/c Ward.

LABORATORY REPORT.

COLOR	<u>pale straw</u>
REACT.	<u>acid</u>
SP. GR.	<u>1000</u>
ALB.	<u>Trace</u>
SUGAR

Date of Examination.....
W. 3212. 50M-4-4-18.

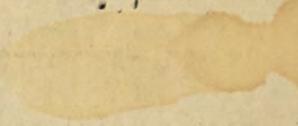
Ludewig J. P. ...
O. i/c Laboratory.

Case No. _____ Date of Examination _____

Hospital _____

City _____

LABORATORY REPORT



4.12

Dr. J. H. _____
Laboratory

Date of Examination _____
No. _____

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canada Printing and Stationery Services, London

m B H

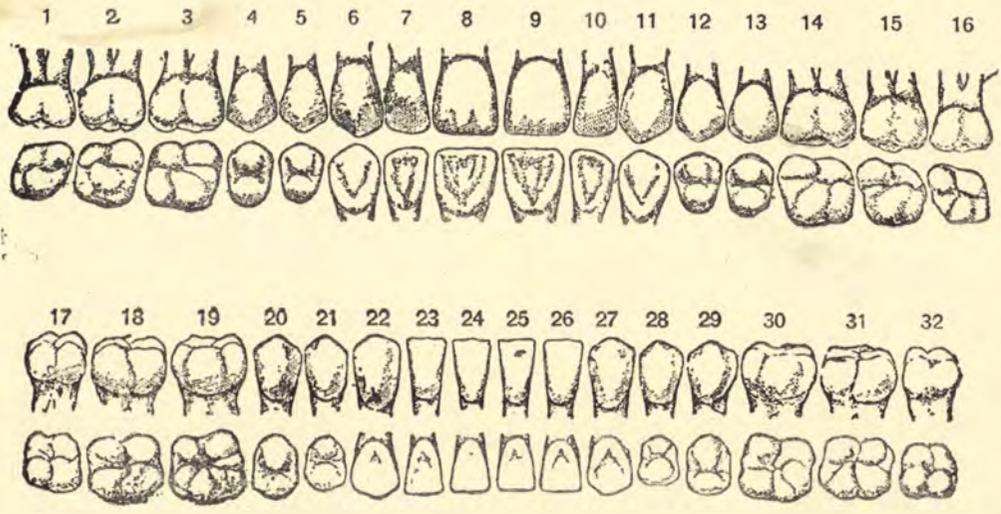
NAME OF SOLDIER (Block Letters) *LEPOIDEVIN, W.S.*

REGIMENT *C.A.M.C.* RANK *Pte* No. *526501*

Date of Examination in England *24/1/19* Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

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

(a) Full Upper
 (b) Part Upper *2.3.4.5.13.14.15*
 (c) Full Lower
 (d) Part Lower *17.18.19.20.29.30.31.*

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
- (c) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer *W. Kennedy*

1/24

LEPOIREVIN. W.S.

C.A.M.E.

LEPOIREVIN. W.S.

LEPOIREVIN. W.S.

11/17/90

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

M. OR S.

REGT. No. 526501 RANK *Pvt* NAME (IN FULL) *Lepoldovic*

Poiderin
Lepoldovic Mrs Stanley

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS		<i>J. O. S. Casualty Co</i>	<i>14-2-19</i> <i>26-2-19</i>	<i>D. 62. 04</i>	<i>C.A.M.C.</i>	<i>Montreal</i>	DATE <i>1-6-15</i> AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY, \$	DATE EFFECTIVE	
<i>Yes</i>	<i>1/3/19</i>				<i>20.00</i>	<i>1/3/19</i>	
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					<i>Mrs. L. Le Poiderin</i>		
<i>as A.P.</i> <i>Mrs L. Le Poiderin</i> <i>Same address</i>					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE <i>Montreal</i> DATE <i>17.3.19</i> REASON <i>D. 077 P. 2 & DD4-19-2698</i> AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL 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		\$	C.		\$	C.	\$	C.		\$
1919																					
Jan.				35.00																	Empress of Vietnam ✓
1/2/19	45	1.10	49.50	12.80	62.30																L. 7. 1. 2013-3-19
17-3-19			17.00		79.30																Sub for 26-19 to 13-3-19
					114.30																78.22 ✓ L.P.C 31/1/19 ✓
																					W.S.G.
																					214.30 100.00
																					Balance Soldier Dependat
																					70.00 20.00 100.00 250.00 150.00 ✓
2/4/19																					70.00 20.00 100.00 250.00 120.00 ✓
14/5/19																					40.00 30.00 100.00 210.00 90.00 ✓
																					13.70 13.20 196.80 ✓
17.6.19																					70 30 100 126.80 60 ✓
17/7/19																					90 30 100 56.80 30 ✓
17/8/19																					56.80 30 86.80 ✓
																					600.00
																					291035 291036
																					303815-16 (3)
																					for 7 days pay of W.T. 23/12/18-27/12/18
																					1067809 1067810 ✓
																					1279095 1279096 ✓

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-6-15

Separation and Assigned Pay Branch

8070 Sept. 1. 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

25	30		
----	----	--	--

RATE OF ASSIGNMENT

20			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 5265-01
 Rank *Lt* Promoted *Sgt.* Reverted Discharge
 Soldier's Name *W. Le Poidevin*
 Battalion *2. F. A. Depot. A Section*
 Beneficiary *Mrs. L. Le Poidevin*
 Relationship *Wife*
 Address *2540. C. Plaque Ave. Montreal Que*

PARTICULARS OF ASSIGNMENT

Name *Mrs. Lilley Le Poidevin wife*
 Address *2540. C. Plaque Ave. Montreal Que*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31		775	500	1275
Jan	70434	25	20	45
Feb	66464	25	20	45
Mar	93212	25	20	45
April	16788	25	20	45
May	17089	25	20	45
June	21994	25	20	45
July	34031	25	20	45
Aug	38761	25	20	45
Sept	42429	25	20	45
Oct	54202	25	20	45
Nov	59521	25	20	45
Dec	64188	45	20	65
1919 Jan	72935	30	20	50
Feb	76836	30	20	50
		1155	780	1935

10939-W-1 REMARKS

A.P. \$30 per ms. from Mch 1st 1916 to Aug 31st/16. 40 \$20 per ms. from Sept 1st/16 on. J.R.G. 12/17

MRO-65491 destroy 1/3/19

M. F. W. 128
 400M-6-17-1772-39-1141
 L. L. 22320-M. & D. 7583.

A/c Closed 28/2/19
 Ret'd by *Comptroller Britain*
 Date 28/2/19
 Clerk *J. North*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 40094-6-17-1772-39-141
 L. L. 22320-M. & D. 7193.

Rank *Sgt 1-mp* Name **LE POIDEVIN. William Stanley** Reg'l No. **526501**
 Unit **Dft A. Sect No 2** If in perm. Corps, }
F.A.D. to C.A.M.C.T.D. What Unit? } Married or Single **Married**
 Place and Date of Enlistment **Montreal, June 1st 1915** Place of Birth **St. Helens, Jersey,**
C.I.
 Name and Address, Next-of-Kin **Lilley Le Poidevin,** Relationship **Wife**
Kingsbury, Richmond, Quebec, Canada.
 Assigned Pay Monthly \$ **30⁰⁰** *per 1/2/16* Payable to *next of kin*
 Relationship

Separation Allowance Payable to
 Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
<i>1916</i> <i>25/2</i>	<i>31/3</i>	<i>36</i>	<i>1⁸⁵</i>	<i>6660</i>	<i>36</i>	<i>20</i>	<i>720</i>		<i>7380</i>			<i>3893</i>	<i>30</i>		<i>6893</i>	<i>487</i>	<i>Checked</i> <i>JYN</i>

