LE BEL
ULYSSE LIONEL
D140767

Received ..... Checked ..... Card ..... Observations .....

ORIGINAL
DUPLICATA
TRIPLICATA

OCCUPATIONAL HISTORY FORM. COMPLETE

FINGERPRINTED
PHOTOGRAPHED
JUN 2 - 1943

M.F.M. 2 Fr.
A.F.B. 271
10M—7-42 (5491)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.

Unité INF(R) Ca. N° matricule D-140767

N.T.

FORMATIONS ET UNITÉS ACTIVES DE L'ARMÉE CANADIENNE

FORMULE D'ENGAGEMENT

LEBEL

1. Nom ULYSSE
2. Prénoms Lionel
3. Adresse actuelle 2380 Blvd., Pie IX, Montreal, Que., Canada.
4. Date de naissance 2 Fevrier 1909
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Citoyenneté XXXXXX CANADIENNE (De quel pays êtes-vous maintenant citoyen)
7. Religion (indiquez la confession) Eglise unie du Canada
8. Métier ou profession Journalier
9. Marié, veuf ou célibataire Marie
10. Nom du plus proche parent Mde. Myra Lebel (Wright)
11. Degré de parenté Epouse
12. Adresse du plus proche parent 2380 Blvd., Pie IX, Montreal, Que., Canada. see change
13. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez-vous déjà servi? NON
(Si oui, spécifiez l'unité et les dates de service)
14. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? (Oui ou non) NON
(Si oui, spécifiez le numéro matricule et l'unité)
(b) Quelque autre armée de mer, de terre ou de l'air? (Oui ou non) NON
(Si oui, spécifiez l'unité et la durée du service)
15. Avez-vous servi pendant la Grande Guerre de 1914–1918?
(Si ou, spécifiez le numéro matricule, l'unité et les dates de service)

01
PTE

DÉCLARATION FAITE PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Ulysse Lionel LEBEL, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 1 June 1943 Ulysse L. LeBel
(Signature de la recrue)

SERMENT PRÊTÉ PAR L'ENGAGÉ A SON ASSERMENTATION

Je, soussigné, Ulysse Lionel LEBEL, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Témoin (Nom) (Grade) Ulysse L. LeBel
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté le serment devant moi,

à MONTREAL SOUTH ce 1st jour de JUNE 19 43

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.

Special Recruiting Officer
(Titre ou grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

5303
10
12-4-44
046
1111111
4

État de service de LEBEL (Nom) WILSSE LIONEL (Prénoms) N° matricule D-140767

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: JOURNALIER

Techniques: NIL

Langues: FRANCAIS ET ANGLAIS

DEGRÉ D'INSTRUCTION

École secondaire ou Académie: 3 ANS (années achevées) — Diplôme ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL -7ieme ANNEE EC. PUBLIQUE

2 MOIS COURS CORR. (MATHEMATIQUES)

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Tous les engagés seront pris comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la prise à l'effectif d'une force constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
					N° de la décision, Partie II, Liste des morts et blessés, etc.	Daté le
Affecté lors de son enrôlement 2-6-43 DRO TOS NO. 4 DISTRICT DEPOT CA.	PTE	1-6-43	4 DD	MTL STH	4 DD PT II ~~130~~ 131	2 ~~1~~-6-43
4 Jun 43 4 DD. Address of Next of Kin, Mrs Myra Lebel (wife) 2380 Pie IX Blvd Montreal Que is changed to: 4979 Cote St Catherine Road Montreal Que.						
SOS on trans. to CA(B)TC 41 Htingdon, Que.	Pte Pte	12-6-43	"	" "	" " " 132 #140	3 Jun 43 12-6-43
TOS ON TRANSFEI FROM 4 DD	PTE	13 JUNE 43	TC 41 HTINGDON,		PT II - 140 A	14 JUNE 43
11 Aug.43. SOS. to A-12 Farnham.	"	11 Aug.43.	"	"	" 190-A.	11 Aug.43.
T.OS. ON TEMP ATT FROM C.A.(B).T.C. NO. 41 HUNTINGDON , QUE.	"	12-8-43	A-112	Farnham	A-188	12-8-43
Attached to C.A.M.M.S. London for all purp while attending a Motor Mech course.	Pte.	25-9-43	A-12	Farnham	A-226	~~27-9-43.~~
Attached for all purposes from A-12 C.I.T.C. Farnham, Quebec	Pte.	26 Sep 43	CAMMS	LONDON	D.O.# 239	27 Sep 43

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

29 JUL '43

CERTIFICAT DE VISITE MÉDICALE

Nom en entier LEBEL, ULYSSE LIONEL Date de la visite 21 May 1943.

Lieu MONTREAL

PARTIE 1. Renseignements obtenus de la recrue.

1. Age 34

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme no
b. Tuberculose ou pleurésie no
c. Bronchite ou asthme no
d. Affection cardiaque no
e. Maladie du rein ou de la vessie no
f. Affection stomacale ou intestinale no
g. Hernie no
h. Varices no
i. Mal aux pieds no
j. Affection nasale no
k. Maladie des oreilles no
l. Maladie des yeux no
m. Convulsions no
n. Maladie nerveuse ou mentale no
o. Syphilis no
p. Gonorrhée no
q. Avez-vous déjà porté des lunettes? no
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails no

Je déclare, par les présentes, que je n'ai souffert d'aucune maladie autre que celles qui sont susmentionnées.

Ulysse L. LeBel
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

Remarques du médecin examinateur touchant les renseignements donnés à la partie 1.

Acc. on right wrist.

1. Marques particulières ou cicatrices 1 vac. left arm.
2. Taille 5 pieds 4¾ pouces
3. Poids 124¼ livres
4. Teint med. Yeux brown Cheveux brown
5. Développement fair (Bon / Passable / Médiocre)
6. Tour de poitrine—Circonférence, pleine expansion 36 pouces. Degré d'expansion 2 pouces
7. Vue, droite 20-20 gauche 20-20 Avec lunettes, droite gauche
8. Ouïe, droite cv 20 gauche cv 20
9. État de la bouche et des dents complete dentures.
10. Pression artérielle:—S D (Nécessaire si la recrue a plus de 35 ans, ou si elle est autrement indiquée)
11. Analyse d'urine N (No psychiatric disability. P.L.
12. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:

COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEG. J.C. CALHOUN MAJOR. Heart & lungs normal; abdomen neg. no hernia, spine & extremities & reflexes normal.

13. Radiographie de la poitrine N° 188882 Prise au laboratoire de D. P. & N. H. Mtl.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie A.

Observations spéciales lorsque la catégorie est inférieure à A

E. Smelley Major grade (Président) — F. Strain capt. grade (Membre) — G. Walsh Lieut grade (Membre)

A. VINEBERG MAJOR — F. STRAIN CAPT. — G. WALSH LIEUT?

Date 21 May 1943.

VACCINATIONS, INOCULATIONS, EXAMENS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature
2 JUN 43	TAB. T ICC R. Cpl. 24
JUN 25 '43	T.A.B.T. 1 VACCINATION T. C.
16 JUL '43	T.A.B.T. 2. S. Lebel, Capt
29 JUL '43	T.A.B.T. 3 Malony Lt
	Y.O.B. P U L H E M S: 09 1 1 1 1 1 1 1 — S. Lebel, Capt

Date	Détails succincts et signature
20-1-44	CATEGORY CONFIRMED 10 AUG 1943 — Y.O.B. P U L H E M S: 09 1 1 1 1 1 1 1 — S. Lebel Capt — Machulla
21-2-44	Y.O.B. P U L H E M S: 09 1 1 1 1 1 1 1 — Machulla — Typhus ICC Machulla Lt.
	1-3-44 Typhus ICC Machulla
	7-3-44 Typhus ICC [illegible]

REMARQUE:—Toute correction d'inscription doit être paraphée par l'officier qui la fait. Cet officier indiquera son grade et son corps. Les corrections ne doivent pas être superposées à l'inscription originale.

N° matricule D-140767 Grade PTE Nom LEBEL Prénoms ULYSSE LIONEL

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. S'il s'agit d'accident, spécifiez s'il s'est produit au service et si une cour d'enquête a été tenue. Détails et dates au sujet des dentiers et des appareils chirurgicaux fournis.	Signature du médecin
A-12 C I T C	12-8-43	12	1	44	19	1	44	Influenza	7.	Farnham Mil Hosp. (Cured)	H B [illegible]

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)

Soldiers Qualification Card

CONFIDENTIAL

Regimental Number	Last Name (Block letters)	First Name	Middle Names
D-140767	LEBEL	ULYSSE	LIONEL

Unit #3 C.I.R.U.

1 Corps C.I.C.

2 Citizenship: Canadian | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Father Racial Origin: French-Canadian
Mother: French-Canadian

4 Language spoken in home: French ✓ English ✓
Other:

5 Age 35-2. 2 Feb 09 Date of Birth | 6 Height 5 ft 6 in | 7 Weight 140. | 8 Silhouette 1 2 3 4

9 Eye Colour HAZEL | 10 Acuity ✓ 2 3 | 10 Glasses | 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 ✓ 3 | 13 Speech Defects

14 Handedness ✓ L A | 15 Med Category

Cause

Attitude to own health Good | To Medical attention Normal

Health History Complains of legs and colds.

16 Education Level: Illiterate | El. ( ) | Sec. 10 ( )

Conduct during school life Mostly taught at home. Figures Equivalent to Gr. 10.

17 18 University or Professional Institute	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:
1. (Course)
At | From—To | Completed ?

21 2. (Course)
At | From—To | Completed ?

22 3. (Course)
At | From—To | Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently Eng & French
Written well " "

24 Main occupation: Saw Mill Hand (Lumber Jack mechanic etc) (Winters) | Estimate of skill
Duration (from—to) Until 1933 10 years. | Weekly Wage
Employer's Name and Address Fathers Saw Mill.

50 "M"

Test	Score	SM	Test 9 Score
1	16		Sub-total 44
2	13		SM
3	15		
4	22		Sub-total 42
5	20		SM
6	7		Sub-total 62
7	20		SM
8	35		
Tot	148		SG 111

English ✓ French
Place MONTREAL. Date 24 MAY 43.

51 OTHER MENTAL
Test
Score | Grade
Date

52a
Test
Score | Grade
Date

52b
Test
Score | Grade
Date

53 TRADE TESTS

Trade and Grading	Date

54 DARK ADAPTATION

Date Tested	Result

25 Second Most Important Occupation: Clerk (Cont's Furnishing) | Estimate of skill
Duration (from—to) 1930 - 10 mns. | Weekly Wage
Employer's Name and Address T. Eaton Co. Montreal, P.Q.

26 Third Most Important Occupation: ~~Lumbering Business~~ Wholesale order manager. | Estimate of skill
Duration (from—to) 1935-43. 8 years. | Weekly Wage $32.
Employer's Name and Address ~~Fathers Business~~ Rose & Laflamme Montreal, P.Q.

Trade Union or Professional Society

Vehicles: 27 Heavy Truck W | 28 Light Truck D | 29 Auto ✓ | 30 Motorcycle

31 Farm Tractor | 32 Tracked Vehicle W | 33 Power Launch | 34 Aeroplane

35 Animal Management 0-2 Horses.

Farming Experience: Wide | Limited ✓ | None | Reared ? ✓
District New Brunswick. | Type Mixed

Job promised after discharge ? yes. | By whom ? Name See Sect 26
Job | Address:
Other provision for Post-War occupation
Type of work or training desired Wants to start a general Store.
Occupational history: Ambitious | Stable | Accidental | Erratic

36 Marital Status: S | M ✓ 1936. | W | D | Sep
Marital Problems Nil.
Spouse's Age 28 | Attitude to Service Normal | Health Good.

37 No. of Children — | 38 No. of Dependents 2
Relationship of Dependents Wife and Mother.
No. of Brothers 3 | No. of Sisters 3. | Position in family 6TH.
Status of home in childhood Good.
Religious Denomination U.C.

39 Hobbies: Photography M | S | Radio | Engines
Mechanics | Other Reading

40 Sports: (1) Golf. (2) Tennis (3) Bowling
Team Games and Position (1) Hunting
(2) (3)

41 Ability to Entertain: Music: String | Brass
Woodwind | Percussion | Piano | Vocal
Theatrical | Other

42 Previous Experience in Armed Forces

ARM or CORPS	Type (CEF, NP, etc)	Years	Highest Rank	Last Discharge (Yr)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 11 Jun 43 Place Enlisted Montreal

Date From—to	Country	Corps	Unit and Sub-unit	44 Rank	Principal Duty	Performance
1 Jun 43	Can	INF	#41 C.A.B.T.C.	Pte.	Basic Training	
8 Aug. 43	"	"	A12 C.I.T.C	"	Advanced Training	
8 Mar 44	"	"	1st. Tng Bge.	"	Brigade Training	
5 Apr 44	U.K.	"	#3. C.I.R.U.	"	Refresher Training.	

45 COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
DR-MECH (Carriers)	Woodstock & London	27 Sept 43/16 Dec 43	Dr-Mech	Class I

46 Courts Martial Convictions ..... Summary Punishments / ..... Fines ..... Hosp. 1/7 d. Alaringitis.

Civil Court Convictions ..... Reprimands ..... Stoppages .....

47 Military Specialty or Trade	Degree of Proficiency	Date	Authority
Driver - Mech	Class I	16 Dec 43	Service Book

48 Suggested Employment (1) Inf (R) F.U. Dr Mech carriers.

Reason for Joining Army "I was Sober" Tired of job - "Rest of boys were being called."

55 Type of Service Desired (1) Driver - Mech (Carriers) (2)

Attitude to Interview: Antagonistic Over-anxious Co-operative ✓ Indifferent

49 Psychiatric ☐ ☐ ☐ ☐ ☐ ☐ Casualties (1) .....

(2) .....

(3) .....

YOB	P	U	L	H	E	M	S	Date	Initials
09	1	1	1	1	1	1	1	21 Feb. 44	[illegible]

Honours and Awards:

(1) .....

(2) .....

(3) .....

1/48 A CMHQ 1000 : 115 40/P&S/1246 (4843) CONFIDENTIAL

99 REMARKS (with date and signature of officer)

Mature, quiet, elderly, active & wiry. Seems stable, fair attitude, alert. Bilingual. Suggest Inf (R) F.U. Dr Mech Carriers Platoon

[illegible] Capt 15 Apr 44

No D.140767 Rank Private Name LEBEL, Ulysse Lionel

Unit Regiment de la Chaudiere Date of death Aug, 13, 1944.

Died at FRANCE

Cause Died of wounds received in action

Death occurred on strength of Forces.H.Q. 405-L-19,978

N/K Mrs. Myra Lebel, Relationship Wife

Address 4979 Cote St. Catherine Rd., Montreal, Quebec.

Remains buried in MR 087672, Cemetery

Temp. Can. Cemetery, Mondeville, France.

Grave location

CHK

OVER-

APR 11 1946

MAY 18 1945

OCT 30 1944

OCT 9 1944

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

REBURIAL

Bretteville-sur-Laize Cdn.Military Cem.
Bretteville-sur-Laize, France.

Grave 13, row G, plot 16.

HI & CR Form Despd. NOV 30 1946

Photographs
Despatched
SEP 12 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mrs. Myra Lebel (Widow)

3385 Goyer Rd. Apt. 9

~~4979 Cote St. Catherine Rd.~~, (30-8-50)

ADDRESS: Montreal, Que.

~~29~~

MEMORIAL BAR

(1) DATE DESP 10-12-51

4242

10-5-49

REGN. No. ~~44~~ 4 ~~24~~

CANCELLED

(2) MEMORIAL CROSS

WIDOW Mrs. Myra LEBEL, (ENGLISH)

1776

ADDRESS: 4979 Cote St. Catherine Rd., MONTREAL, Que.

(2) DESP. JAN 19 1945

REGN No. 11215

(3) MEMORIAL CROSS

MOTHER Mrs. Delima LEBEL, (MFM5) (FRENCH)

1776

ADDRESS: 2380 Pie IX Blvd., MONTREAL, Que.

(3) DESP. JAN 19 1945

REGN No. 11216

13-8-44

1776

AWARDS—CANADIAN ARMY (ACTIVE)

M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-L-19978

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LEBEL, Ulysse Lionel	D-140767	Pte.	Le Regt. de la Chaud.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star	
War Medal, 1939-45 CVSM & Clasp	
	3139

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No. D-140767 RANK Pte NAME LEBEL Ulysse Lionel EP TS *Married *Widower *Single XXXXX

Place of {*Appointment, *Enlistment} Montreal South Que. Date of {*Appointment *Enlistment} 1-6-43

RATE OF PAY NR206 NF

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
261	1-11-43	Pte.			1.40			eff. 1-10-43
260	8-12-43	Pte.			1.50			eff. 1-12-43
88	15 Apr	"			1 75			wef 13 Apr 44

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs. Myra LEBEL	1-1-44	~~20.00~~
4979 Cote St. Catherine Rd.		23.00
Montreal Que.	~~Jul 43~~	
Mrs. Delima LEBEL	1-1-44	~~6.50~~
2380 Pie IX Blvd.	~~Jul 43~~	7.50
Montreal Que.	Total	

DEPENDENTS' ALLCES. No. Deps. 2

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
8-6-43	Wife		
MFM 19			
8-6-43	Mother		
MFM 19			

*Outfit *Clothing } [redacted] $..... Paid on.....

Rehabilitation Grant $..... Paid on.....

*Delete words which are inapplicable.

sd

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $..... P.A.

Occupational Form Completed..... Yes

Part II. [redacted] No.	Date	Nature and particulars	If in Hospital note name
131	2-6-43	TOS DD4 & posted to B Wing wef 1-6-43	
140	12-6-43	SOS dD4 on tr. to #41 Huntingdon,Que wef 12-6-43	
140	14-6-43	TOS TC 41 wef 13-6-43	
190A	11.8.43	SOSTC 41 on tfr to A-12 Farnham, Que. wef 11.8.43.	
188	12-8-43	TOS A-12 Farnham wef 12 Aug 1943	
227	27-9-43	Att'd for all purp to CAMMS London Ont wef 25 Sept 43	
230	27-9-43	TOS S9CAMMS from A12 CITC,Farnham,Que 26 Sep 43	
261	1-11-43	Granted increase in pay $1.40 eff. 1 Oct 43	
273	16-11-43	SOS S9, CAMMS to S5 Woodstock Eff. 16-11-43.	
246	NOV 18 '43	Attached F.A.P. S-5 C D & M S Woodstock, eff. NOV 17 '43	
260	8-12-43	Gratned increase in pay to $1.50 per diem 1-12-43	
269	DEC 20 '43	Ceases to be att. F.A.P. S-5 C D & M S, eff. DEC 17 '43	
300	21-12-43	TOS A-12 Farnham wef 18 Dec 43.	
303	24-12-43	Granted christmas leave from 24 to 28 Dec inc	
10	13-1-44	Admitted to FarnhamMH wef 12 Jan 44	
13	17-1-44	Qu'ld Dri[redacted] M."C" Practical wef 10 Jan 44	

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

CARD SEQUENCE NO.

NO. RANK NAME

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
16	20-1-44	Discharged from FarnhamMH wef 19 Jan 44	
32	8-2-44	Granted furl combined with spec furl from 5 Feb 44 to 18 Feb 44 inc warrant and r.a. of $0.50 per d.	
58	9-3-44	SOS A-12 to No 1 Trng Brigade Debert NS wef 9 March 44	
79-	11-3-44	20 S. No 1 Trg Bde GP wef 10-3-44	
91-	21-3-44	CEASE ATT ON TFR 18 MAR 44	
107	4-4-44	SOS O/S to Serial 599 wef 4-4-44	
86	13 Apr	T.O.S. C.A. (OVERSEAS) ON TRANSFER 5 Apr T.O.S. 3 CDN. INF. REINF. UNIT. 12 Apr	
88.	15 Apr.	Having qual ~~ais~~ granted T.P as Dr Mech wef 13 Apr.	
127	1 June	S.O.S 3CIRU to X-4 list wef 1 June	
		TOS11Bn X-4 list fr 3CIRU wef 2-6-44	

Temp.

D.M.C.

NAME LABEL, U. L.

REGIMENTAL NO. D. 140767 RANK Pte.

ENLISTED AT Lebel, Ulysse Lionel PROMOTIONS, ETC. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY, $ C

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14
40/P & S/67

CASUALTIES, ETC.

NATURE E. G. Absence, Promotion, Etc.	PART II, D.O. No.	 Date	REMARKS If In Hospital, Note Name, Etc.
SOS X4 list 11Bn To 9Bn X4 list	wef	10.6.44.	
Posted fr 9Bn to 10Bn wef	CR	21-6-44	21-6-44
T.O.S. X.4 LIST X de C (10CFRBN)	C.R.	23-6-44	wef 22-6-44.
ON 21-6-44 AWARDED FORF.	C.R.	21-6-44	28 DAYS PAY & 28 DAYS
F. P. FOR OFFENCE UNDER A.A. 40.			
CR SOS10BNTO RDE,C EFF9JULY			
T.O.S. Rde Chaud from	49	22/7/44	
X-4 List 10/7/44.			
SOS tex. 3 List (Rde Chaud)	CR	15/8/44	
13/8/44			

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
	CD&MS		Qualified Driver Mechanic Class	Woodstock	17 Nov 43	Pte	268 - 17 Nov 43
		CAMMS	Authorized to draw $1.40 per diem	London	10 Oct 43	"	261 - 1 Nov 43
		3CIRU	SOS CDN ARMY (CANADA)	UK	4 Apr 44	Pte	86 - 13 Apr 44
		"	TOS CDN ARMY (O/S) ON TRANSFER	"	5 Apr 44		
		"	DISEMBARKED IN U.K.	"	12 Apr 44		
		"	TOS 3 CDN INF REINF UNIT	"	12 Apr 44		
		3CIRU	Having qualified is granted T/Pay as Dr Mech Gp "C" (RQ) FR 1147(5)	UK	13 Apr 44	Pte	88/15 Apr 44
		3CIRU	SOS to X4 Test (CIC) Dr Mech	UK	1 Jun 44	Pte	127 - 1 Jun 44
X4	CIC	11 Bn	TOS from 3CIRU (Dr Mech "C")	"	2 Jun 44	"	5 - Jul 44
X4	"	(9 Bn)	SOS to X4 Rde (19 Bn) Dr Mech "C"	"	11 "	"	10 - Jul 44
X4 R de Chaud		9 Bn	TOS from X4 CIC (11 Bn) Dr Mech "C"	"	11 "	"	24 "
✓	✓	✓	SOS to ~~RWR~~ Chaud	✓	9 Jul	✓	26 Jul
		Chaud	TOS for X4 Chaud (Dr Mech "C")	✓	10 Jul 44	✓	49/44
Cancelled		~~✓~~	~~SOS to X3 Chaud (Dr Mech "C")~~	~~"~~	~~13 Aug 44~~	~~"~~	~~34/44~~ Cancelled by DO 65/44
~~Aug 44~~	~~X3~~		~~Tos X3 Test Dr Mech "C"~~	~~Test~~	~~14 Aug 44~~	~~"~~	~~32-44~~, Not Published in Part II Order
		Chaud	SOS died of wounds	Id	13 Aug 44	Pte	68/44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit INF. (R) CA Cdn Infantry Corps Regimental Number D-140767

1. Surname LEBEL
2. Christian Names Ulysse, Lionel
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 1-6-43

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, Que. Can.
5. Date of birth as declared on attestation 2-2-09
   (A)
6. Date of enlistment 1-6-43
7. Place of enlistment Montreal South, Que. Can.
8. Residence at time of enlistment 2380 Pie IX Blvd., Montreal, Que. Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church of Canada
12. If married, state date 6 Jun. 1936
13. Trade on enlistment Laborer
14. Corps, trade and grade
15. (D) Qualifications Driver mech "C"
16. (E) Miscellaneous entries

(17) Regiment or Corps: Cdn Infantry Corps.
Unit (Battn., etc.):

(18) Medical

Category	Date	Authority
A	21-5-43	M.F.M. 2

YOB	P	U	L	H	E	M	S
09	/	/	/	/	/	/	/

21/2/44 mfm 2

(19) Next of kin (entries to be made in pencil) Wife
Mrs. Myra Lebel (Wright)
4979 Côte St Catherine Road
Montreal Que Canada

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full LEBEL Ulysse Lionel (b) Reg'l. No. D-140767
2. (a) Arm of service Army (b) Unit .INF (R) CA (c) Rank PTE
3. (a) Date of birth 2 Feb.1909 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal Que.
4. (a) Place of enlistment Montreal South Que.Can. (b) Date of enlistment 1-6-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 12 yrs.old (b) Were you attending school or college up to the time of enlistment? NIL
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 yrs.pub.school 3 yrs.high school
7. If you attended a university, give name of university and standing or degree secured NIL 2 months Correspondance in mathematics
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NIL (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? French & English (b) What languages do you read well? French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Rose & Laflamme Ltd. Address Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Importers & bakers & Confectioners' suppliers.
20. (a) Your specific occupation Foreman -order dept. (b) Number of years' experience at this occupation with any employer 3 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? NO (c) If so, in what kind of farming? NIL
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NIL

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) NIL
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Have a business of his own.

DATE 2nd June 1943 194..... SIGNATURE Ulysse L LeBel

This form will accompany the soldier's regimental documents at all times.

"P" CARD COMPLETE

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

INFANTRY (R) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

Rifleman - N.T. — Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
D-140767	Pte.	L E B E L, Ulysse, Lionel	A	34	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
English	French (Very Good)	Montreal South, Quebec.	1 June, 43.

II. Revised Examination "M"

D.D.4. (Place Tested) — 24 May, 43. (Date Tested) — F.T.Brown, Major (By Whom)

148 (Total) III (Group) — Subtests 16 13 15 22 20 7 20 35 (1 2 3 4 5 6 7 8) — Subtotals 44 42 62 (1-3 4-5 6-8) — English (English or French)

Other Tests

Y.O.B.	P	U	L	H	E	M	S
09	1	1	1	1	1	1	1

III. Educational Background

This man was not in school for long. His mother taught him for a few years, then from 7 to 12 years he went to a small village school in Quebec. Afterwards his brother who is a B.A. from McGill University gave him lessons. He also took a correspondence course in arithmetic (International Correspondence Course). He figures that he has the equivalent of Grade X.

IV. Occupational Background

He started to work at 15 years.
8 Years In his father's business, saw mill, where he learnt all the operations.
10 Months Clerk in the Gent's Furnishing Department at Eaton's Montreal.
10 Years In charge of the order department in a general food products factory.

V. Military Background

None.
Reported at D.D.4. 24 May,43.

T.O.S. D.D.4. 1 June,43.

VI. Other Personal History and Appraisal

This man is of fair appearance and of medium size. He seems to have a very interesting personality. He seems to be a self-made man. He has been married for 7 years and has no children. He claims he is leading a happy life with his wife and his mother who has been a widow for many years. Family used to be wealthy but they were in the lumber business and during depression years they almost lost everything.
His favourite sports are golf, tennis and bowling. As a spectator he is fond of baseball and hockey; he also likes hunting. He is the serious type who reads and studies a lot and is enlisting Active to become a good soldier. He would like to take an officer's course. Would also like to be with an English Unit. This man should be kept under observation while at training, as he seems to have some leadership qualities; he had 8 girls working for him at his last job. He has sufficient intelligence to succeed in Infantry and will probably be good N.C.O. material.

VII. Recommendations

INFANTRY (R) RIFLEMAN NON TRADESMAN.

FT ~~(GEL)~~ Sgt.

(Signed) R.E.Le Brun, Lieut.
R.E.Le Brun, Lieut. Army Examiner

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

C.A.(B)T;C. 41, Huntingdon,Que.
3rd August, 1943.

T.O.S. T.C. 41, 3/6/43. No sickness whilst here.
Training: No difficulties so far.
Allocation is O.K.

(W.Sykes) Capt. A.E.

RECOMMENDATION:

Re-allocation to: Infantry (Rifle) Automotive Group, Trade Trainee.

(M. LeBel) Capt.,
Army Examiner
CITC A-12.

21 Sept 43
Farnham P.Q.

D.140767 Pte Lebel, UL. First interview: 1 June '43 D.D.4

"M" Score: 148(E) III

16 13 15 22 20 7 20 35:44 42 62	YOB	PULHEMS	Date
	09	1111111	Ja. '44.

Military background:
Reported at D.D. 4 on 24 May, 1943 for active service. TOS on the 1st June 1943. Had basic training in CABTC No. 41 Huntingdon, Que. and qualified. In A.12 CITC Farnham,Que. for advanced training and qualified.

Present situation:
This man has completed his infantry advanced training at A.12 CITC Farnham,Que has adapted himself to the army and is considered suitable for overseas service, as driver mechanic, after being tested as such, and qualified.

24 Feb. 1944
CITC Farnham,Que.

(M. LeBel) Capt.
Army Examiner

Personnel Selection
Examination of Documents
Completed

MAR 16 1944

A. B.....
1st Trg Bde D... RT

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Ulysse Lionel LEBEL (Name in Full), of the CITE (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County District of HOCHELA CA

Province of QUEBEC, JOURNALIER (Civil Occupation)

Regimental No D-140767, Unit INF (R) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "

1/2 DE MES BIENS A:- "MA MERE" MDE DELIMA LEBEL (MALENFANT)

RESIDANT A:- 2380 BOUL PIE IX MONTREAL QUE CANADA

1/2 DE MES BIENS A:- "MON EPOUSE" MDE MYRA LEBEL (WRIGHT)

RESIDANT A:- 2380 BOUL PIE IX MONTREAL QUE CANADA

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint ..... (Name) (Address)

..... (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 1er day of juin 19 43.

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

Ulysse L LeBel
(Signature of soldier)

First witness sign here.

(5) Signature George J Lanagan
Civil Address 5617 St. Andre St. Montreal
Civil Occupation Painter

Second witness sign here.

Signature King Francis
Civil Address South Bend
Civil Occupation Notre D. U. S. Student.

(Witnesses are not to be beneficiaries.)

[OVER]

-C-

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank LEBEL
(Surname first—Christian names in full—Block capitals)
ULYSSE LIONEL

(2) Regimental or Official Number and Rank D-140767 PTE

(3) Unit INF (R) CA

(4) Are you married? OUI

(5) If married, state,

(*a*) Full name of your wife MDE MYRA LEBEL (WRIGHT)

(*b*) Present postal address of wife 2380 BOUL PIE IX MONTREAL QUE C AN

(6) If married, have you been regularly supporting your wife? If not—state reasons
OUI

(7) Are you a widower? NON

(8) Have you any children? NON Number of boys Girls

Names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NIL

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NIL

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NON

If so, state her full name and Postal Address

11) Is your father alive? NON

If so, state name and address, occupation

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NIL

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment NIL

Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support? NIL

(14) Is your mother alive? OUI

If so, state name and address MDE DELIMA LEBEL (MALENFANT)

2380 BOUL PIE IX MONTREAL QUE CANADA

(15) If your mother is a widow, are you her sole or partial support? SEULE.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $40.00

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support? nil

(17) Are you contributing to the support of any dependents, other than those shown above? NON
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NIL

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? OUI

If so, in what Company? SUN LIFE INS.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? OUI
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Alyse L LeBel
(Signature of officer or man)

Date 1er juin 43.

Officer Commanding

Date 1er juin 43.

NO. 4 DISTRICT DEPOT A.F.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

Regimental No. ..... Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name .....

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Pay as for mech "C"						
Having Qualified granted Trades	Pte	13 Apr 44	3 C1 Rn	UK	88	15 Apr 44
M106 SOS SOS to X4L C1C.	Pte	1 Jun 44	3 C1 Rn	UK	127	1 Jun 44
TOS.						
C86 SOS SOS to X4L R de C	Pte	10 June 44	XL Inf Gen Unad.	21 Ag.	10.	8 July 44
C86 Awd. 28 dys F.P. & Forfts 28 dys pay AA40	Pte	21 June 44	XL R de C	21 Ag.	25.	18 July 44
C86 TOS TOS from X4 R de C	Pte	10 July 44	R de C.	21 A7	49	22 July 44
Embarked at UK on						
C86 Disembarked at France on		12 June 44				
	Pte	13 June 44	XL R de C	21 A 9	25 A	14 July 44
Wounded	Pte	13 Aug 44		AEF	A482	
M140 Died of Wounds.	Pte	13 Aug 44	R de C.	AEF	A491	21 Sept 44
C86 SOS SOS Died of Wounds Dr mech "C"	Pte	13 Aug 44	R de C	21 A 9	68	26 Sep 44

Regimental No. D-140767 Rank Pte. Sheet No. 1 1

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name LEBEL Ulysse Lionel

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Authorized to draw $1.40 per diem CEASES TO BE ATT'D. F.A.P. ON ATTACHM'T TO S-5 C.D.&.M.S. Woodstock, Ont.	Pte.	1 Oct 43	CAMMS	London	261	1 Nov 43
Attached for all purposes including pay from A-12 C.I.T.C. to attend Driver Mechanic (Tracked) course, on ceasesing to be attached to S-9 C.A.M.M.S, London, Ontario.	Pte.	16 Nov 43	C.A.M.M.S	London, Ont.	273	16 Nov43
Having completed Driver Mechanic ~~xxxx~~ Carrier course, is qualified Driver Mechanic Class I.	"	17-11-43	C.D.&M.S.	Woodstock	246	18-11-43
Ceases to be attached to C.D.&M.School for all purposes on return to unit.	"	16 1-12-43	C.D.&M.S.	Woodstock	~~256~~ 268	17 2-12-43
Ceases to be attached for all purposes to S-5 C.D. & M. S., Woodstock Ont., on completion of course.	"	17 1-12-43	C.D.&M.S.	Woodstock	~~256~~ 269	2612-43
Adm. to Farnham Mty Hosp., Farnham, Que.	"	18-12-43	A-12	Farnham	300	21-12-43
Having been tested is qualified Driver Mechanic "C" Practical	"	12-1-44	"	"	10	13-1-44
Disc from Farnham Mty Hosp., Farnham, Que.	"	10-1-44	"	"	13	17-1-44
Granted fur. with Spec fur. combined under R.O. 699 (4) from 5-2-44 to 18-2-44 incl. ration all. 50¢ p.d. T.W. A-642710	"	19-1-44	"	"	16	20-1-44
S.O.S. to No. 1 Trg. Bde, Debert, N.S.	"	5-2-44	"	"	32	8-2-44
T.O.S. TRG BDE GP S O S TO SER 599	"	9-3-44	A-12	Farnham	58	9-3-44
SOS CDN ARMY (CANADA)	"	10-3-44	TR BD GP	DEBERT	79	11 3 44
TOS CDN ARMY (O/S) ON TRANSFER	Pte	4 apl 44	TRG BD GP 3 C I R U	DEBERT U.K.	107	APR 4 1944
DISEMBARKED IN U.K.	"	5 apl 44	"	"	86	13 apl 44
TOS 3 CDN INF REINF UNIT	"	12 apl 44	"	"		
	"	12 apl 44	"	"		

APR 4 1944

Mrs. Myra Lebel,
4979 Cote St. Catherine Rd.,
Montreal, Quebec.

Any further communication on this subject should be addressed to:—

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-L-19,978 FD.278

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

November 23, 1944.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

LEBEL, Ulysse Lionel Private,
D.140767, Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

ESTATES BRANCH DEC 2 1944 H.Q. OTTAWA. NATIONAL DEFENCE

OG/GC

for Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Myra LeBel	30	4979 Cote Ste. Catherine Rd. Montreal
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Joseph LeBel - dead	62	Dec 23/ 1926
4	Mother of the Deceased.....		Rose de Lima LeBel	70	2380 Pie 1X Blvd. Apt. 6, Mtl.
5	Brothers of the Deceased	Full Blood	Joseph _____	52	14199 Victoria Ave. Pte aux Trembles,
			Arthur _____	41	Plaster Rock, N.B.
			Ludger Emile _____	43	East County Hospital St. John N.B.
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Rita	37	2380 Pie 1X Blvd. Apt. 6, Mtl.
			Rose	50	2227 Azilda St. Tetreaultville,
			Laura	44	St. Louise Co L'Isle, P.Q.
		Half Blood	None		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	Louis - died Sept 9th/1894 Emile - died 19th Dec./1896 Ulderic June 3/43	Bertha Horth Leo, & Romeo LeBel	107 Dube Ave. Montreal 2569 Contrecoeur, "

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Ulysse Lionel LeBel,
9	Date of his birth.	Feb 2nd/ 1909
10	Place and date of his marriage.	June 6th/1936- Montreal
11	Place and date of his parents' marriage.	Jan 26th/1891, St.Hubert, Co. Temiscouata,P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec, Prov. (b) Hochelaga (c) (d)
14	Nature of employment before enlistment.	Rose & Laflamme-Factory Foreman
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes- Army Will, believed to be at administrators of Estates ~~Ottawa, Ont.~~
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? -----	Bank of Montreal Amount$428.83 St.Paul & McGill St. Mtl. No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	R & L Group Ins.- amount $1300.00 (Sun Life Assur.Co.of Can) Beneficiary-Legal Heirs
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No other assets

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No Debts
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No expenses paid

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

* Widow of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Myra LeBel ..... Signature of Informant

4979 Cote Ste.Catherine Rd. Montreal 29.P.Q. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief.....Myra LeBel.....

See above. .....{Name of informant} is the.....Widow.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....Montreal.....this.....30th.....day of.....November.....19.44.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. .....John Kilchin..... Qualification.....Commissioner of the Superior Court District of Montreal.

Address.....402 St. Paul St. W. Mtl.

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIF

NUMBER D-140767 RANK Private

NAME LEBEL, Ulysse Lionel

Regiment de la Chaudiere (CA)

DATE OF BIRTH 2-2-09

DATE OF ENLISTMENT 1-6-43

MARITAL STATUS Married

RELIGION United Church

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife

NAME ADDRESS D.A.B. Mrs. Myra Lebel

ADDRESS 4979 Cote St Catherine Rd., Montreal, Que.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 949A H.Q. 405-L-19978

CASUALTY DETAILS Died of wounds

DATE 13-9-44

FRANCE

French

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NIL YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 25-9-44

O/C 5th C.I.R.U.

S/L 3805

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

5th October, 1944

Mrs. Myra Lebel,
4979 Cote Ste. Catherine Road,
Montreal, Quebec.

Dear Mrs. Lebel:

It was with deep regret that I learned of the death of your husband, D140767 Private Ulysse Lionel Lebel, who gave his life in the Service of his Country in the Western European Theatre of War on the 13th day of August, 1944.

From official information we have received, your husband died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. C. SPENCER
BRIGADIER
Vice Adjutant-General (1)

OCT 4 - 1944

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

Form No. 1

Register No. ..... Nominal Roll No. .....

H.Q. File No. 405-L-19978

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-140767	Pte	LEBEL	ULYSSE, LIONEL

Reason for Termination of Service:

1st Enlistment ..... DECEASED ..... CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 1 June 43	T.O.S.	T.O.S.
S.O.S. 13 Aug 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 440	Total Days	Total Days

TOTAL SERVICE ..... 440 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	309	—	309
OVERSEAS SERVICE	131	28	103 / 412
Totals	440	28	
Add Non-qualifying Service			28
TOTAL SERVICE			440

EMBARKATION DETAILS: 405 O/S 5 April 44

1. Date S.O.S. Overseas 13 Aug 44

2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST IN SERVICE
13 Aug 44

Computer's Signature ..... J. F. Ohaus

Checker's Signature ..... H. E. Davis, Sgt.

Date Computed ..... 4 April 44

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein.

W.W. Leng, Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for		to	Eff. Date	Days	Total

TOTAL

T.O.S. 5 Apr 44 T.O.S. _____ T.O.S. _____

OVERSEAS

S.O.S. 13 Aug 44 S.O.S. _____ S.O.S. _____

F.P.	A.A. 40		21 June 44 (FOL)		28

TOTAL 28

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | *Town* | *Village* | *Parish* | *Township*

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: LEBEL, (*Block letters*)

Given names: Ulysse Lionel,

Do not write in this space

4. RESIDENCE

Street: Blvd. Pie IX, No. 2380

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M.			Married.

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: February (Month) 2nd (Day) 1909. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	35			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Labourer.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France.

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 13th (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Died of wounds received in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of....19....

State findings.... Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide.... Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....**M.D.**

Address.... **Date**....19....

OVERSEAS CASUALTY CANADIAN ARMY

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le francais)

MAY 18 1945

Director of Records, Dept. of National Defence

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DISCHARGED MEMBER'S NAME: Ulysse Lionel (CHRISTIAN NAMES) LEBEL (SURNAME)

REGISTER NO. D-1876
FILE NO. 405-L-19978
DATE 7-11-45
SERVICE NO. D-140767
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 13-8-44

PAYEE Mrs. Delenia LEBEL,
ADDRESS 2380 Pie 1X Blvd.,
Montreal - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 13-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 412 / 30 EQUAL TO 13 COMPLETE PERIODS AT $7.50	97.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 103 LESS 22 INELIGIBLE DAYS, EQUAL TO 81 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	20.25
	117.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25; ADDITIONAL PAY $.25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $62.20 $2.07; TOTAL $5.07 X7 = $35.49; NO. OF DAYS 103 / 183 X$35.49	19.98
D. WAR SERVICE GRATUITY	137.73
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	137.73

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $25.00 OF $137.73 = $55.36
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $62.20

ΔT

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
[illegible]	

TREASURY	
CHECKED BY	DATE

[signature]
SERVICE REPRESENTATIVE

MILITIA BOOK M. 1

250M-10-42 (5040-2 & 5252)
H.Q. 1772-39-1692

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

D-140767
Pte. LeBel.
Hospital

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

Hosp
13/7

(I) **SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION**

Regtl. No. D. 140 767.

Surname (in capitals) LEBEL.

Christian Names (in full) ULYSSE NIONIEL.

Date of Birth FEB/2 1904

Place of Birth MONTREAL QUE CANADA

Citizenship CANADIAN

Trade on Enlistment LABORER

Nationality of Father at Birth CANADA FR.

Nationality of Mother at Birth " FR.

Religion UNITED CHURCH OF CANADA

Enlisted at MONTREAL SOUTH QUE CANADA

Date 1/6/43.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. NIL.

Signature of Soldier Ulysse L. LeBel

Signature of Officer

Place MTL STHONE CANADA Date 2/6/43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
		LEBEL	
1st	Wife	MYRA LEBEL	1/6/43.
	Children		
2nd	Father		
	Mother	Mrs Delina Lebel.	
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

4979 Cote St-Catherine road.
Montreal, Que, Canada

2360 (Pie IX) Blvd. Apt 6
Montreal P.Q.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
1/6/43	PTE		4DD 131	[illegible]
1.1.ac.43	Pte	1.50		[illegible]

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

~~TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:*~~ *

COMPLETED BASIC TRAINING IN ACCORDANCE WITH STANDARD SYLLABUS 7 AUG '43

[illegible] Mor

Completed Advance Training In Accordance with Standard Syllabus at C.I.T.C.A. - 12

R K Dutter Lieut. 14/11/43

for O/C "E" Coy

Qualified in addition as under:

Completed adv. training in accordance with standard syllabus at A-12.

Inf. (R.)

Date 9/10/43 [illegible] Lt-Col

for OC Commanding A-12 C I T C

*If no further training required, strike out words in italics and initial

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Drug - Mtce - Class C	24-1-44	R.K. Putter Lt.
Pat II #13 A-12		
Fom ham Que Jan 10-44		
Dr Mech. Carrier course		
qual. Dr. mech class T	16-12-43	A. L. Deal Lt.
1 week refresher 3 C IRU	28-4-44	[illegible] Ripley Lt

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
9/10/43	I	Rifle		R.K. Putter Lt
14/10/43	II	Lid M.S.		[illegible]
1944	2	#36 Grenade		[illegible]
1944	2	2" Mortar		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
3 yrs. High School	~~Montreal Que~~ Grand Falls, N.B	11-1-44	R.K. Tuttee Lieut.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Sh Mechanic "C"			13 - A 12	20-1-44	
Dr Mech Carrier		Class I	268	17-12-43	A.L. Seal Lt

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer.
21/8/43	A	17 FM 3		P. Conte. Lt
20-1-44		YOB P U L H E M S 09 1 1 1 1 1 1 1		
21-2-44		09 1 1 1 1 1 1 1		

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
2-6-43	✓		Rx Reline C.L.D.	B Parisean Lieut
29 Feb 44	✓		Treatment Completed	J E Hubbard Capt
11-3-44		✓		
2 Apr 44		✓		M P Clark Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT	2-6-43	R. C.
	JUN 24 '43	[illegible]
3	JUL 16 '43	[illegible]
Typhus 1cc	21-2-44	[illegible]
Typhus 1cc	1-3-44	[illegible]
Typhus 1cc	7-3-44	[illegible]
Typhus 1cc	10 Jun 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
JUN 2 1943	R. Cat[illegible] Lt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
XRAY # 188882	21/5/43	R. C.
Gas Chamber C.A.P.	Jan 44	[illegible]
" " D.M.	July 43	[illegible]
" " Chlorine	July 43	[illegible]
Furlough	Feb 5 - 1944	[illegible]
Gas Chamber C.A.P.	14 APR 44	G. Haines, Lt.
"M" TEST (REV.) COMPLETE	15 Apr. 44.	[illegible]
"Q" CARD COMPLETE		[illegible]
FINGERPRINTED—CAIB		
Part III issued		[illegible]
C.A.P. CHAMBER TEST	28 Apr 44	[illegible]
C.A.P. CHAMBER TEST.	31 May 44	[illegible]
Entitled to One (1) Red Service Chevron	7 June 44	[illegible]

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at

Signature of Officer.

Date

Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at HQ 1174

Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

Died of Wounds 1 Dec

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D. 140767

Surname (Capitals) LEBEL

Christian Names in full ULYSSE LIONEL

Arrie 13 Rate 1.75 1400

May. 54.25 - 30.50 - 23.75 CV

June 52.50 30.50 2200

Barrack Damage .24 L 59.75

Cash 8.94 - 200

Forf 49.00

58.18 June 30 1.57

1007 ?

1 Water Bottle

July 54.25 - 30.50 = 23.75

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: LEBEL (Surname) Ulysse L. (Christian Names) No.: D.140767

Pte. (Rank) C.A. O/S (Unit) 13-8-44 (Date of Death)

AMOUNT

L.P.C. $ 41.19

Date: 25-4-45

Other Credits

Total 41.19

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/4	Widow	Mrs. Myra Lebel, 4979 Cote St-Catherine Rd., MONTREAL 29, P.Q. (½ in community of property) (¼ as co-beneficiary under will)	30.89 R
¼	Mother	Mrs. Rose de Lima Lebel, 2380 Pie IX Blvd., Apt. # 6, MONTREAL, P. Q. (Co-beneficiary under will)	10.30 R

P4. TO TREAS. 30/5/45

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 30/5/45 AW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	0000		001	$41.19

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: LEBEL Ulysse L. No.: D.140767
Surname Christian Names

Pte. C.A.O/S 13-8-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 41.19

Date: 21-8-45 Other Credits 18.65

Total 59.84

Prev. Dist. 41.19
This Dist. 18.65

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
3/4	Widow	Mrs. Myra Lebel, 4979 Cote St. Catherine Rd., MONTREAL 29, P.Q. (1/4 as co-beneficiary under will) (1/2 as per-comm. of property)	$13.98 R
1/4	Mother	Mrs. Rose ~~Delima~~ de Lima Lebel, 2380 Pte IX Blvd., Apt # 6, MONTREAL. (co-beneficiary under will)	4.67 R

P4. TO TREAS. 1-10-45, QK.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$18.65

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

L.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

H.Q 405-L-19,978 D.R. 2(C)

11th April, 1946.

Mrs. Myra Lebel,
4979 Cote St. Catherine Road,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D140767 Private Ulysse Lionel Lebel, have been carefully exhumed from the original place of interment and reverently reburied in grave 13, row G, plot 16, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EFH

File No. 405-L-19978

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D140767 Name Lebel, Ulysse Lionel.

Rank on Discharge Pte Date of Discharge 13-8-44

Deceased

Authority for Discharge or Retirement _____

Served in:

				Non-qualifying service
Canada	from	1-6-43	to 4-4-44	
	from		to	
United Kingdom	from	4-5-44	to 12-6-44	
	from		to	
Italy	from		to	
Northwest Europe	from	13-6-44	to 13-8-44	Died of Wounds.
----------	from		to	
----------	from		to	

Eligible for award of:

1939 - 45 Star OK /

---------- _____

~~Italy Star~~ _____

France-Germany Star OK /

Defence Medal NE /

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK /

with clasp _____

M

WA...

Verified by Edna Laurie

Date SEP / 1946 OCT

Carded OCT 2 1946

NO RIBBON DESPATCH

HA 165

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..... D-140767 Pte Lebel U. L. ..... Dec'd .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group .....

CHECKED BY ..... A-II7006 Gnr Schwartz M
B-81759 Sgt Graves J. G. ..... DATE ..... 4 Jan 45 .....

I	Pr Shoulder Patches.		
I	Pr Div Patches,		
3	Snapshots.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

..... Graves Sgt .....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
8 - JAN 1945
BRANCH
HEADQUARTERS

MFM 510
40/P & S/1054 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.140767 Rank and Name Lebel, U.L. Pte.

of (Unit).....on.....

~~(Transfer or~~ Discharge).....to.....on 13th August, 19 44.

Reason Death. Authority : C.C.L. "A"491. d/21 Sept 44.

The following is a statement of the account of the above-named from 1st August, to 31st August, 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	21	91
First Monthly Payment AR.24 d/3.8.44	4	47	Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25.	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay $23.00 & $7.50	30	50	Allowances (Give particulars) ..... days at $		
Regimental Charges					
Public Stoppages (Give particulars) :					
To Balance Cr Free	41	19	By Balance Dr		
To Balance Cr Deferred					
Total	76	16	Total	76	16

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks :

Assigned Pay $23.00 (W) Stopped eff. September, 44.

Assigned Pay $7.50 (M) Stopped eff. September, 44.

Compiled by M. Durham.

Checked by [signature]

Date 14th February, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

AR.