

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Albert Molan (b) Reg'l. No. E 479241
 2. (a) Arm of service Army (b) Unit 1st Battalion (c) Rank PLC
 3. (a) Date of birth 2-27-1911 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Quebec
 4. (a) Place of enlistment Quebec (b) Date of enlistment 8-1-42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 years (b) Were you attending school or college up to the time of enlistment? Yes
 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.) 2nd year (4 years)
 7. If you attended a university, give name of university and standing or degree secured Nil
 8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Printer (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? 2 1/2
 9. (a) What languages do you speak fluently? French (b) What languages do you read well? French

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) En Employe (b) At time of enlistment of what trade union or professional society were you a member? None

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 City of Quebec Address Quebec
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Public
 20. (a) Your specific occupation Journalist (b) Number of years' experience at this occupation with any employer 3 years
 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? Yes (c) Do you wish to return to your former employment? Yes

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?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
 25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
 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.).....
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form in journalism

DATE 26-1-42 194.....

SIGNATURE Albert Molan

I. Regt. No. **48526** Rank **Pte** Unit **C.A.(B)T.C. No. 54** Date **March 27, 1942**
 Name **MOISAN Albert** Age **20** Place of Birth
 Date of Enlistment **5-2-42** Place of Enlistment **C.A.(B)T.C. No. 54** Depot **D.D. No. 5**
 Languages spoken **French** R. Recruit A **"A"** Med. Cat. **"BII"** Place **C.A.(B)T.C. No. 54**

II.	M. Test Date	Other Tests Name or Type	Date	Place	Score	Grade
Test	Score	S.M.				

1	12		SUB-TOTAL			
2	13		35			
			S.M.			
3	10		45			
			SUB-TOTAL			
4	5		15			
			S.M.			
5	10					
			SUB-TOTAL			
6	2		11			
			S.M.			
7	9					
			SUB-TOTAL			
8	0					
			S.M.			
Total	61		GRADE			
			E (F)			
9						

III. Military Background

B.T.C.

IV. Educational Background

V. Occupational Background

VI. Arm Desired

Work in Arm Desired

R.C.O.C. (Carpenter)

VII. **Previous allocated to R.C.O.C. and reallocated to R.C.E. according to H.Q. S-20-6-18-Mob. R.S 2a (A.E. 85)**

VIII. Summary

IX. Suggestions

X. Signature of Interviewer

N.C.O.

Officer

Rui Samson LT. A.A.E.

XI. Action Taken

Date of Action

Follow-up

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

Unité ROYAL CANADIAN ORDONNANCE CORPS. N° Matricule E/48526
(A/F).

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES FORMULE D'ENRÔLEMENT

1. Nom MOISAN.
2. Prénoms ALBERT.
3. Adresse actuelle 222 CHATEAUGUAY. QUEBEC. P.QUE.
4. Date de naissance 25 AVRIL 1921.
5. Lieu de naissance CANADA. PROV. QUEBEC. MONTRÉAL.
(Pays) (Comté ou province) (Ville ou canton)
6. Religion (indiquez la confession) CATHOLIQUE ROMAINE.
7. Métier ou profession JOURNALIER.
8. Marié, veuf ou célibataire CÉLIBATAIRE.
9. Nom du plus proche parent ALFRED MOISAN.
10. Degré de parenté PERE.
11. Adresse du plus proche parent 222 CHATEAUGUAY. QUEBEC. P.QUE.
12. Faites-vous partie de l'armée canadienne ou y avez-vous déjà servi? NON.
(formations ou unités de réserve?)
(Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON.
(Oui ou non)
(Si oui, spécifiez le numéro matricule et l'unité)
- (b) Quelque autre armée de mer, de terre ou de l'air? NON.
(Oui ou non)
(Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON.
(Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT

Je, soussigné, ALBERT MOISAN., déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans les formations et unités actives de l'armée canadienne dans lesquelles je pourrai, au besoin, être versé ou nommé, 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 8-1-42. Moisan
TEMOIN:

Albert Moisan
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, ALBERT MOISAN., promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Albert Moisan
(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 inexactement 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 QUEBEC. ce 8e. jour de Janv. 19 42.

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

No 5 DIST. DEPOT.
(Titre, grade et unité ou emploi)

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

État de service de..... **MOISAN** **Albert.**
(Nom) (Prénoms)

N° matricule. **E/48526**

APTITUDES
 Militaires..... **NON.**
 Professionnelles ou commerciales..... **NON.**
 Civiles ou de métier..... **JOURNALIER.**
 Techniques..... **NON.**
 Langues..... **FRANCAISE.**

DEGRÉ D'INSTRUCTION
 Académies..... **4 ANNEES.** Graduation ou Immatriculation } **NON.**
(années complétées) (Spécifier)
 *Collège..... **ECOLE DE ST-JOSEPH QUEBEC.**
 *Université..... **NON.**

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

Toutes les recrues enrôlées le seront comme simples soldats, les nominations ou les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

RAPPORT		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
		T.O.S. as att. D.D. /5 as R.C.O.C. (CA)	Pte.	8-1-42	R.C.O.C.	Quebec	D.O. d/9	12-1-42
		S.O.S.DDD5. On proc. to CABTC #54	"	6-2-42	"	"	31	6-2-42
6-2-42	"	Attached to C.A.(B)T.C.# 54 for all purposes	"	6-2-42	"	Montmagny	"q" # 16	6-2-42
7-4-42	"	Ceases to be attached to C.A.(B).TC.-54 on transfer to A-5, Petawawa	"	7-4-42	"	Montmagny	Part. (II) No43	8-4-42
		T.O.S. R.C.E.T.C. A5 for all purposes	Spr.	8-4-42	E.T.C.	PETAWAWA	D.O. #86	11-4-42
		Granted furlough from 20-6-42 to 3-7-42	sapper	20-6-42	E.T.C.	PETAWAWA	D.O. #145	19-6-42
		Proceeds on Command to No. 5 District Depbt for all purposes from A5, C.E.T.c	sapper	3-7-42	E.T.C.	PETAWAWA	D.O. # 157	3-7-42
		S.O.S.D.D.5 on transf. to CABTC #55 Rimouski Pte		14-7-42	D.D 5	Quebec	D.O. 166	14-7-42

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

Statement of the Service of No. E/48526Rank PTE

Sheet No.

Name MOISAN, Albert**M.F.M. 1 & 2 (a)**

250M-7-41 (1151)

H.Q. 1772-39-1646

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
20-7-42	TC. 55	Attached for all purposes to TC. 55	PTE	15-7-42	RCOC	RIMOUSKI	D.O. No: 142	20-7-42
14-8-42	"	Ceases to be attached to TC. 55, on transfer to C.(A)T.C. A-5, PETAWAWA, Ont. AUTHORITY: G30.-Q: 39-1-20a, D/12-8-42.	"	14-8-42	"	"	D.O. No: 162	14-8-42
		Ceases to be C. Command to No. 5 D.D. Quebec, for all purposes	sapper	15-8-42	E.T.C.	PETAWAWA	D.O. # 198	20-8-42
		S.O.S. A5, C.E.T.C. for all purposes on being discharged from the Canadian Army under provisions 1029 (10) and is admitted to "D" Dist. D.P. &N.H. Ste Annes de Bellvue for further treatment and disposal under provisions of R.O. #502	sapper	10-10-42	E.T.C.	PETAWAWA	D.O. # 242	10-10-42
		Clothing Allowance \$35.00 under Art. 187	sapper	10-10-42	E.T.C.	PETAWAWA	D.O. # 242	10-10-42
		Entitled to Rehabilitation Grant under provisions of 1079	sapper	10-10-42	E.T.C.	PETAWAWA	D.O. # 242	10-10-42

Name MOISAN, Albert**M.F.M. 1 & 2 (a)**

250M-7-41 (1151)

H.Q. 1772-39-1646

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14-8-42	"	Ceases to be attached to TC. 55, on transfer to C.(A)T.C. A-5, PETAWAWA, Ont. AUTHORITY: GSO. 7: 39-1-20a, D/12-8-42. Ceases to be Command to No. 5 D.D. Quebec, for all purposes	"	14-8-42	"	"	D.O. No: 162	14-8-42
		S.O.S. A5, C.E.T.C. for all purposes on being discharged from the Canadian Army under provisions 1029 (10) and is admitted to "D" Dist. D.P. &N.H. Ste Annes de Bellvue for further treatment and disposal under provisions of R.O. #502	sapper	15-8-42	E.T.C.	PETAWAWA	D.O. # 198	20-8-42
		Clothing Allowance \$35.00 under Art. 187	sapper	10-10-42	E.T.C.	PETAWAWA	D.O. # 242	10-10-42
		Entitled to Rehabilitation Grant under provisions of 1079	sapper	10-10-42	E.T.C.	PETAWAWA	D.O. # 242	10-10-42

✓

No. E.48526 Rank Sapper Name MOISAN, Albert

Unit R. C. E. Date of death 7th November, 1947.

Died at Quebec, P.Q.

Cause Pulmonary tuberculosis.

Death AWV Due. CPC. & 27-1-48 HQ 405-M-16868 d

N/K Mr. Alfred Moisan, Relationship Father

Address 222 Chateauguay Street, Quebec, P.Q.

Remains buried in St. Charles Cemetery
Quebec, P.Q.

Grave location 10M-7-47(M-1371)

CONTRACTOR'S ROLL FOR THIS DIVISION
APR 26 1948
GRAVE DESPATCHED

No Will

7-11-47

PD
AWARDS-CANADIAN ARMY (ACTIVE) *C-14 **M**

DJB

MOISAN, Albert		E-48526	Spr	FILE No. 405-M-16868 RCE
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

ELIGIBLE

WAR SERVICEBADGE

(CLASS)

GSC

No. 025974 (17-11-42) RM. 25220
DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM ?	
War Medal 1939-45	3443. 22/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

18/3/50

PERSON

ENTITLED TO

Mr. Alfred Moisan, (Father)

ADDRESS

222 Chateauguay St.
Quebec, P.Q.

(2) MEMORIAL CROSS

WIDOW

Single

ADDRESS

(3) MEMORIAL CROSS

C-14

MOTHER

Mrs. Ermiline Moisan

ADDRESS

222 Chateauguay Street, Quebec, P. Q.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO.....

2247

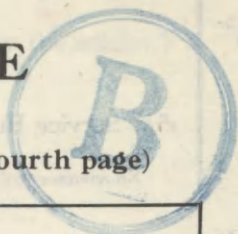
(2)

(3)

DESP. MAR 16 48

REGN No. 524

CANADIAN ARMY PROCEEDINGS ON DISCHARGE



(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. E-48526	Rank Sapper
Surname..... M O I S A N	
Christian name..... Albert <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Unit or Corps A5 C.E.T.C.	
Date of discharge 10th October, 1942	
Place of discharge Petawawa Military Camp, Ont. Mil. Dist. No. THREE	
1. DESCRIPTION AT DATE OF DISCHARGE	
Age..... 21 years..... 5 months	<div style="border: 1px solid black; padding: 5px;"> Descriptive marks [Handwritten notes and scribbles in blue ink, including '10/10/42' and 'A5 C.E.T.C.']. </div>
Height..... 5 feet..... 4³ inches	
Complexion Clear	
Eyes Brown	
Hair Brown	
Trade Labourer	
Intended place of residence } <i>to. address of Petawawa Hospital</i> Street and Number P.O., City or Town, etc. Province <small>(To be given as fully as practicable; i.e., mailing address)</small>	
2. The above-named man is discharged in consequence of S.O.S. A5 C.E.T.C., being discharged from the Cdn., Army (AF), under the provisions of R.O. 1029(10). Authority for discharge P. 6-0-M-372 (Meds), d/6-10-42 <small>N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct while in the service has been, according to the records, etc. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small> </div>	
4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)	

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

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

5A. Service Button (Class and number NIL
(If and when authorized))

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

6. Medals and Decorations NIL

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) Petawawa Military Camp, Ont. *E. D. Duly* Capt.

(Date) 10th October, 1942 For O. Commanding A5 (AF) C.E.T.C.

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, and that I have received my permanent discharge certificate.

(Place) *Albert Moisan* (Signature of Soldier) X

(Date) 10th October, 1942 *G. Lefebvre* (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. **Statement of Service**

(Date of enlistment—Canadian Army) 8th January, 1942

(Date of discharge—Canadian Army) 10th October, 1942

(Total Service—Canadian Army) NIL years 276 days

10. **Confirmation of Discharge**

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

(Place) Petawawa Military Camp, Ont. (Signature) *E. D. Duly* Capt.

(Date) 10th October, 1942 For O. Commanding A5 (AF) C.E.T.C.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION PETAWAWA, ONT. DATE 14-9-42

1. (a) Unit C.E.T.C. A-5 AF. (b) Regimental No. E-48526 (c) Rank SPR.

(d) Surname MOISAN (e) Christian names ALBERT
(Use block letters)

(f) Home address 222 RUE CHATAUYE, QUEBEC, P.Q.

(g) Next of Kin ALFRED MOISAN (h) Relationship FATHER

(i) Address of Next of Kin 222 RUE CHATAUYE, QUEBEC, P.Q.

2. Age last birthday 20 Date of Birth 25-4-22.

3. Enlistment, or Appointment: (a) Place QUEBEC, P.Q. (b) Date 8-1-41.

(c) Category on enlistment B2 (d) If lower than A on enlistment, give reason

UNDERWEIGHT
LHR.

4. Personal description: (a) Height 5' 5 1/2" (b) Weight 115

(c) Complexion DARK (d) Colour of hair BLACK (e) Colour of Eyes BROWN

(f) Identification marks, scars, etc. SCAR ON ANTERIOR SURFACE LEFT WRIST.

5. Former civilian trade, profession or occupation MILKMAN

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)

(a) Length of service. Years 1 Days 249.

(b) Periods of service: CONTINUOUS

(c) Trade on enlistment MILKMAN (d) Present Trade SAPPER

	From	To
Former Wars		
War 1939—Canada	<u>1-8-41</u>	<u>TO DATE</u>
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. TUBERCULOUS BRONCHO PNEUMONIA (0121).
(To be filled in when examination has been completed)

(a) Dates of origin JUNE 1942.

(b) Places of origin QUEBEC, P.Q.

(c) Causes INFECTION.

MEDICAL HISTORY OF AN INVALID

8. Present Condition—(a) Subjective

(In the individual's own words)

SOLDIER STATES: "THE LEFT SIDE OF MY CHEST HURTS ME AT NIGHT.
THIS PAIN KEEPS ME FROM SLEEPING."

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

PHYSIC. EXAM.: SOLDIER IS A PALE RATHER POORLY NOURISHED LAD OF STATED
AGE. HE SPEAKS ONLY FRENCH.

THROAT: TONSILS MILDLY INFLAMED.

NECK: THYROID NOT ENLARGED. NO CERVICAL GLANDS PALPABLE.

CHEST: RESPIRATORY SYSTEM: SLIGHTLY DIMINISHED MOVEMENT ON RESPIRATION
IN UPPER LEFT CHEST, DIMINISHED RESONANCE FROM FIRST TO FOURTH
RIB ANTERIORLY ON LEFT SIDE. RHONCHI HEARD OVER THIS AREA BUT
NO RALES OR DEEP BREATHING OR POST-TUSSIC.

C. V. SYSTEM: NO ABNORMALITIES DETECTED.

ABDOMEN: NO MASSES, SCARS OR AREAS OF TENDERNESS NOTED.

NERVOUS SYSTEM: BICEPS AND KNEE JERKS EQUAL & ACTIVE.

(SEE ATTACHED M. P. B. 343a. PETAWAWA MILITARY HOSPITAL DATED 24-8-42.)

E-48526

Spr

Moisan Albert

CETC A5

2 mos

August 24/42

Tuberculous Broncho-pneumonia

21

Pain in left chest; worse on breathing.

P.H. negative F.H. ~~negative~~ Father paralysed. Mother A & W. No T.B. or cancer in family. Present History: Took sick this morning with pain

in left chest, made worse on deep breathing.

Seen by M.O. and sent to hospital with temperature of 101 degrees Fahrenheit

Examination: Poorly developed and nourished adult male: poor attitude in walking. Colour pale. Throat: tonsils inflamed.

Neck: Thyroid normal. No cervical adenopathy. Resp. System: diminished breath sounds both sides. No rales. C.N.S. negative. Cardio-Vas. Sys. Neg. Abdomen moves freely with respiration. No masses or tumours can be palpated

G.N.S. NEGATIVE. B.D. Archibald, Capt.

25-8-42: Admission temp. 99.00 degrees F. Complains of pain in upper chest. To have X-Ray chest. N.Y.D. Chest condition. Possible pneumonia. Swab post for strept. H. S.S. Lightman, Lt.

26-8-42: Complains of a little chest pain - L. side. Otherwise states he feels much improved. Also coughs a little - non-productive cough. SSL, Lt (X-Ray shows consolidation) 22-8-42: Considerable percussion dullness in L. chest. Patient appears flushed and feverish. TPR 100 Degrees F. States he coughs a little - non-productive. S.S. Lightman.

28-8-42: Positive strept. throat. Px Sulphathiazole Throat gargle. SSL

29-8-42: Pain left upper chest. Many mc creps cough minimal. AEB

30-8-42: Sputum culture Looks like ordinary pneumonia. Not virus. (Note sighs and pain) Neg. for T.B. plus plus for strep. C.B.R.

2-9-42: Complaining of pain in left chest. No rales can be elicited. BCA Throat culture still positive for strep.

5-9-42: Chest clear. Feeling better.

8-9-42: Feeling better. Throat swab, X-Ray ordered repeated.

10-9-42: Up to-day. 13th Sept. Is worrying and not sleeping. There is some pain over left upper ant. chest. (CBR)

10-9-42: X-Ray of chest "The lesion in the left upper chest shows a constancy in density and outline which would suggest modification of the original diagnosis from pneumonic consolidation to tuberculous. The suggestion of cavity formation is noted at the level of the 2nd rib".

12th & 13th Sept 9-42: Sputum examination showed sputum loaded with tubercle bacilli. 14-9-42: Diminished resonance in upper left chest from first to fourth rib anteriorly. No post tussive rales heard in this area; but numerous rhonchi. N.E.D.

COPIES OF RADIOGRAPHICAL REPORTS

1. 26-8-42 Moisan Albert F-48526

Film Number: B-1102 Chest: An area of consolidation is present extending from the first rib to the fourth interspace with upper mediastinal retraction to the left. Lung fields elsewhere normal.

Impression: Pneumonic consolidation. N.E.Dunn, Capt.

2. 10-9-42 Film Number: B-1487 Chest: The lesion in the upper chest shows a constancy in density and outline which would suggest modification of the original diagnosis from pneumonic to tuberculous. The suggestion of cavity formation is noted at the level of the second rib.

A.E. Broome, Major

COPY OF LABORATORY REPORTS

25th Aug. 1942 Throat culture: Positive for strep. Haem.
31st Aug. 1942 Sputum for culture and smear: Negative for T.B.
30th Aug. 1942 Throat culture: Positive for strep. Haem.
2nd Sept. 1942: Throat culture: Pos. for strep. Haem.
7th Sept. 1942: Throat swab. Neg. for strep.
12th Sept. 1942: Sed. Rate 10 m.m.
Sputum: loaded with T.B.
13-9-42: Sputum: loaded with T.B.

/ATSS

PRO FORMA

Petawawa, Ontario

Place.. 10 - Sep / 42

Date.....

District Medical Officer,
Military District No. -3-
K I N G S T O N, Ont.

E- 48526

Moisan, Albert

Regt. No. C E T R A S Name.....

Unit.....

Medical Board Proceedings in quadruplicate
concerning the marginally named are forwarded herewith
for approval. He

.....
was referred to the D.P. & N.H. in accordance with the
provisions of Routine Order No. 502, and was admitted
to.. St. Anne's de Bellevue Hospital.
on..... 29-9-42

[Handwritten Signature]
.....
President of Medical Board *[Handwritten Signature]*

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

NO PAST ILLNESS OR OPERATIONS ADMITTED BY SOLDIER, NOTICED IN JUNE 1942 THAT HE WAS HAVING PAIN IN LEFT UPPER CHEST WHICH WAS WORSE AT NIGHT AND WAKED HIM AT NIGHT. ON 24-8-42 REPORTED ON SICK PARADE COMPLAINING OF THIS PAIN IN LEFT CHEST MADE WORSE BY DEEP BREATHING AND WAS ADMITTED TO PETAWAWA MILITARY HOSPITAL. (SEE M. F. R. 313a ATTACHED) WHERE DIAGNOSIS OF TUBERCULOUS KROEMERXEN BRONCHOPNEUMONIA WAS MADE. HE IS STILL AT PETAWAWA MILITARY HOSPITAL.

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?

(A) NO. (B) NO.

11. What is the probable duration of the diseases or injuries?

DIFFICULT TO SAY BUT MAY LAST YEARS.

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? YES.

(If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed? NO.

(If not, briefly state why)

14. Recommendations THAT HE BE BROUGHT BEFORE A MEDICAL BOARD.

(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

H. E. DUNN, CAPT.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned ALBERT NOISAN having heard the contents of Sections 8 (a) and 9 read, am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of NOTHING

ALBERT NOISAN

Rank

Signature of member of the Forces.

NED.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

WE CONCUR

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)

SANITARIUM TREATMENT INDEFINITE

(b) Does not require treatment

Categories hereunder are defined for information only.

(1) NAVY—

- A. General Service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBT (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category... E, CHEST AND ADMIT TO

DP&NH R.O. 502

Place... PETAWAWA ONTARIO

A.W.S.HAY, MAJOR

President.

Date... SEPT. 16/42

COLIN N. BREBNER, CAPT.

J.J.KELLY, CAPT.

Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness.....

Signed.....

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... President.

Date..... Members.

APPROVED BY

APPROVED BY

Date... 1-10-42

Date... 3-10-42

CANADIAN ACTIVE SERVICE FORCE

CANADIAN FIELD FORCE

DISCHARGE CERTIFICATE

M.F.M. 7 A
10M-11-39 (3129)
H.Q. 1777-39-1653

This is to Certify that No. E-48526 (Rank) Sapper

Name (in full) MOISAN, ALBERT enlisted in

the ROYAL CANADIAN ENGINEERS

ACTIVE
CANADIAN FIELD FORCE at QUEBEC, P.Q. on the 8th

day of January 1942.

HE served in CANADA

and is now discharged from the service by reason of R.O. 1029(10) Unable to meet the required Military Physical Standards.

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

Age 21 yrs. 5 months

Height 5 ft. 4 $\frac{3}{4}$ ins.

Complexion Clear

Eyes Brown

Hair Brown

Marks or Scars

NIL

Albert Moisan

Signature of Soldier

Date of Discharge

Oct. 10 - 1942.

E. J. [Signature]

Issuing Officer

Captain

Rank

Date 10th October, 1942 19

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 Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

DISCHARGE CERTIFICATE

XX
XXXXXXXXXX

XX
XX

XX
XX

CANCELLED

E. J. Long



Reservations referred to at Para. 8

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

paie et allowances

ADMITTED TO "D" DISTRICT D.P. & N.H. FOR FURTHER
TREATMENT UNDER THE PROVISIONS OF R.O. #502

(Date) 10th October, 1942

Albert Moisan

(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

.....
Officer Commanding

W I L L E N Q U I R Y

Name MOISAN, Albert Regtl.No. E. 48526

INFORMATION OBTAINED

NO Will in File

NO Will in Docs.

NO Will in custody

REMARKS

Research by: G. CHAPUT *gc* Date 2-2-50

DUPLICATE COPY OF THIS FORM
TO BE PLACED IN DOCUMENT ENVELOPE

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE
CANADA

M. F. D. 930A
500M-11-41 (2441)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

Regtl. or Official No. E-48526 Rank and Name Spr. Moisan A.
of #4 Trg. Company, etc. A-5 C.E.T.C. Petawawa, Ont. Regiment, etc., on.....
(Transfer, Posting or Discharge) to Civil Life 1029 (10) on 10-10-42 194.....
Unable to meet the required (Unit and Station)
Reason for discharge physical military standard. Authority: D.O. 242 D/10-10-42

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of \$ N/A has been paid by the Treasury Officer, Military District
No. N/A or N/A Air Command.

REMARKS:

- State (1) Date of appointment or enlistment 8-1-42
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N/A
(3) Has assignment of pay been made? Yes If so, amount 20.00 effective date 1-2-42 M.F.M. 18 eff. 11-10-42
(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction \$ N/A

The following is a statement of the account of the above named from 1-10-42 to 10-10-42 194.....
the inclusive date of transfer, posting or discharge.

Dr.

Cr.

PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
Balance Dr. from last account.....		Balance Cr. from last account.....	24 30
First Monthly Payment.....	5 00	Regimental Pay <u>10</u> days at..... \$ 1.30	13 00
Casual Payments <u>A/R 267</u>	25 63	Tradesmen's Pay..... days at..... \$	
Payment on Transfer, Posting or Discharge <u>A/R</u>		Additional Pay (Give particulars).....	
Assigned Pay <u>Oct. 10/30 of 20.00</u>	6 67	days at..... \$	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at..... \$	
Cloth. Allow. <u>A/R</u>	35 00	Clothing All D.O. 242	35 00
Rehab. Grant.....	39 00	Rehab. Grant " "	39 00
To Balance Cr. (To be paid by new unit).....		By Balance Dr. (To be deducted by new unit).....	
Total.....	111 30	Total.....	111 30

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Petawawa Military Camp, Ont. (Place) G.L. Matthews (Signature) CAPT. RCAPC Paymaster or Accountant Officer.

28-10-42

(Date)

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M-7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU
CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL
CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

-
- (1) Nom de l'officier, ou soldat, ou aviateur..... MOISAN ALBERT
(Noms et prénoms en entier et en lettres moulées)
- (2) Matricule et grade..... E-48536 Pte -
- (3) Unité..... P.O.C. (C.A.)
- (4) Êtes-vous marié?..... Non
- (5) Si oui, donnez
- (a) le nom entier de votre épouse..... Nil
- (b) l'adresse postale actuelle de votre épouse..... Nil
- (6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... Nil
- Sinon, donnez-en les raisons.....
- (7) Êtes-vous veuf?..... Nil
- (8) Avez-vous des enfants?..... Garçons..... Filles..... Nil
- Noms et âges..... Nil
- (9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins..... Nil
- Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.
- Nom..... Nil
- Adresse postale.....

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement?..... *Non*

Dans l'affirmative, donnez son nom en entier et son adresse postale..... *Nil*

(11) Est-ce que votre père vit encore?..... *Oui*

Si oui, donnez son nom, son adresse et son emploi..... *Alfred Maisan*
222 Chateauguay, Quebec, P. Que

(12) Si votre père est ~~veuf~~ et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel?..... *Oui*

(13) Si vous êtes le soutien unique ou partiel de votre père qui est ~~veuf~~ et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement..... *\$20.00*

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?.....
(Father ill)

(14) Est-ce que votre mère vit encore?..... *Oui*

Dans l'affirmative, donnez son nom et son adresse..... *Ermitine Desautels (Maisan)*
222 Chateauguay, Quebec, P. Que

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?.....

Nil

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement.....

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?.....
Nil

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?..... *Oui*
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté..... *Sœur*

Nom en entier..... *Jermaine Maisan*

Adresse postale..... *222 Chateauguay, Quebec, P. Que*

Montant de la contribution mensuelle au cours des six derniers mois.....
Nil

(18) Êtes-vous assuré?..... *Oui*

Si oui, dites dans quelle compagnie?..... *Industrial Life*
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?..... *Nil*
Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Date..... *12-1-42*

(Signature de l'officier, soldat, ou aviateur)

P. A. Albert Maisan
P. S. Stockwell, 2/Lieut.

Officier Commandant..... *F.C. Magee (Lt. Col.)*
O.C. District Depot M.D.5.

Date..... *12-1-42*

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en conséquence les questions qui se rapportent au père ou à la mère.

CERTIFICAT DE L'EXAMEN MÉDICAL

Place Quebec. P.Q.

Nom en entier MOISAN Albert.

Date 9-1-42

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
- a. Rhumatisme..... non
 - b. Tuberculose..... non
 - c. Bronchite ou asthme..... non
 - d. Affection cardiaque..... non
 - e. Maladie du rein ou de la vessie..... non
 - f. Gastrite intestinale..... non
 - g. Hernie..... non
 - h. Varices..... non
 - i. Pieds plats ou déformés..... non
 - j. Affection nasale..... non
 - k. Maladies des oreilles..... non
 - l. Maladie des yeux..... non
 - m. Épilepsie..... non
 - n. Maladie nerveuse ou mentale..... non
 - o. Syphilis..... non
 - p. Gonorrhée..... non
 - q. Avez-vous déjà porté des lunettes?..... non
 - r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité? Si oui, donnez des détails..... non

Observations de l'examineur sur ce qui précède.....

Y N I L

Albert Moisan
H/S
10/1/42
 CHEST-NE...
 H. Mac... cap...

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.

1. Signes particuliers ou cicatrices (si celles-ci sont opératoires, obtenir les détails).....
cicatrice au poignet gauche et au genou droit.
2. Taille..... 5.....pieds..... 44.....pouces. 3. Poids..... 115.....livres
4. Teint..... clair..... Yeux..... bruns
 Cheveux..... bruns.....
5. Développement..... Passable (Bon Passable Médiocre) 11111
6. Tour de poitrine—Circonférence, pleine expansion..... 36.....pouces Degré d'expansion..... 2.....pouces
7. Vue, œil droit..... 20-30..... œil gauche..... 20-30..... 8. Oufé, oreille droite..... CV 20..... gauche..... CV 20
9. Etat de la bouche et des dents..... BONNES
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
Petit varicocele gauche.
Urine, oreilles et reflexes: Normaux, -

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 "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie B2.....

Observations spéciales lorsque la catégorie est inférieure à A..... POIDS.

C. Guimont Capt. RCAMC. (Président)

J.V. Lavoie Major RCAMC. (Membre)

Dr. P.V. Marceau (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
3-2-42	Vaccination Brander - C. H. RCAMC.		
3-2-42	T.A.B.T. Brander - C. H. RCAMC.		
23-2-42	3 - Brander - C. H.		
17-2-42	3 - Brander - C. H.		
10/1/42	Cat B2 confirmée - C. H. RCAMC.		

N° matricule

E-48526

Grade

Pte

Nom

Meisan

Prénoms

Albert

Garrison	Date d'arrivée à la garnison	Date de						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. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Admission à l'hôpital			Sortie de l'hôpital						
		Jour	Mois	Année	Jour	Mois	Année				
Petawawa Military		24	8	42	28	9	42	Tuberculous Broncho pneumonia	35	Boarded Cat. E & transferred to Ste. Anne De Bellvue under R.O. 502 for further treatment & disposal.	

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



CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Petawawa Military Hospital

November 27th 1942

Officer i/c Records,
Daly Bldg.,
Ottawa, Ont.

Re:- Moison, Albert. E-48526
R.C.E.T.C. A-5

1. Reference your H.Q. 405-M-16,868(D. R.)
dated 26-11-42.
2. Find enclosed x-ray films number B-1102 and
B-1487 on the marginally named soldier. These are
all the films of the above noted that are still
in our files.
3. For your information, please.

Officer i/c Records
 A. G. Branch
 NOV 30 1942
 Petawawa, - Canada.

*Films B-1487
to be used
as diagnostic films
Yes*

W. E. Broome Cpt
 (A.E. Broome) Major. RCAMC
 Radiologist. *Films Red & Ray*
Sect
Wm cpl

TRANSLATION

Lat

Ste-Anne de Bellevue, October 29th,
1942.

Dear Sir: *XR - 23 - 11 - 42*

I am hereby applying for a war service badge, as I enlisted as ^NSapper with the R.C.E., C.A.(A), in Quebec, under Regtl. No. E-48526, and was discharged on October 10th, 1942.

405-M-16868

My description is as follows:

- Age: 21
- Height: 5'4 3/4"
- Complexion: Fair
- Eyes: Brown
- Hair: Brown

Thanking you in anticipation, I

remain

*Issued K.S.B.
Badge # 025974
17-11-42*

Yours truly,

(SGD) Albert Moisan,
Military Hosp. Ward A-3,
Ste-Anne de Bellevue,
P.Q.

YG/HL
23-11-42

Officer i/c Records
A. G. Branch
NOV 25 1942
Nat. Defence Hqrs.
Ottawa, - Canada.

CHARGED TO	JR
S.N.C.E	23/11/42
L.P. PASSED	
NOV 26 1942	
TO	hai
C.A.S.F. REGISTRY	L

77.

St-Quene 29/10/1942.

Cher Monsieur.

Je vous écris pour
vous demander mon insigne
du service volontaire que j'ai
fait.

Je me suis enrôlé le 8 janvier
1942 et j'ai été déchargé le 10
Octobre 1942.

Age 21 ans 5 mois.

Je mesure 5 pieds 4 $\frac{3}{4}$ pouces.

Taint. Clair.

yeux. brun.

cheveux brun.

Canadian Active Force. Québec

Royal Canadian Engineers. P.Q.

Mon nom.

Moisan. Gilbert.

E. 48526. Sapper.

J'ai servit au Canada.

Mon Adresse.

M. Gilbert. Moisan.

Hopital. Militaire

St Anne de Bellevue.

Ward. A. 3.

Je vous remercie beaucoup
à l'avance.

MINISTÈRE DE LA DÉFENSE NATIONALE
MARINE ARMÉE AVIATION

COPY
6
ARMÉE

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM	Albert MOISAN	(PRÉNOMS)	(NOM)	No DU REGISTRE	111837
ADRESSE	222 Rue Chateauguay, Quebec, P.Q.			No DU DOSSIER	405-M-16868
				DATE	20 Apr. 45
				No MATRICULE	E-48526
				GRADE DÉFINITIF	Pte.
				DATE DE LIBÉRATION	10-10-42

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION				
NOMBRE DE JOURS	276	ÉQUIVALANT À	9	PÉRIODES COMPLÈTES @ \$7.50
				67.50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION				
NOMBRE DE JOURS	MOINS	JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À	JOURS @ 25 CENTS PAR JOUR	
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION				
TOTAL				67.50

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER				
TAUX QUOTIDIENS LORS DE LA LIBÉRATION				
SOLDE INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT	\$			
SOLDE SUPPLÉMENTAIRE	\$			
ALLOCATION FAMILIALE MILITAIRE 1/30 DE \$	\$			
TOTAL	\$	X7 = \$		
NOMBRE DE JOURS	183	X \$		

RECEIVED
APR 23 1945
WAR SERVICE
GRATUITY DIVISION,
U.S. TREASURY

D. GRATIFICATION DE SERVICE DE GUERRE				67.50
E. DÉDUCTIONS				
PAIEMENT EN TROP DE	SOLDE ET ALLOCATIONS \$			
	ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE	\$		
AUTRES DÉDUCTIONS	\$			
F. MONTANT PAYABLE				
(CE MONTANT EST PAYABLE PAR VERSEMENTS	1	MENSUELS DE \$	67.50	67.50
			(CHACUN)	

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER	LE TAUX QUOTIDIEN DES SOLDES ET ALLOCATIONS \$	3.22	X30	\$	96.60
---	--	-------------	-----	----	--------------

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR **TRC** VÉRIFIÉ PAR

TRÉSOR
VÉRIFIÉ PAR *(Signature)* DATE **124-4-45**

REPRÉSENTANT MILITAIRE

EXPLICATION DES ARTICLES A, B ET C

1. La Loi de 1944 sur les indemnités de service de guerre prévoit le paiement de la gratification de service de guerre pour chaque trente jours de service ainsi qu'il suit:
 - (i) \$7.50 pour le service qui n'est pas classé comme étant du service outre-mer.
 - (ii) \$15.00 pour le service classé comme étant du service outre-mer.

En vertu des règlements, quiconque remplit les conditions prescrites a droit à une gratification de \$7.50 pour chaque période de trente jours de service accompli, ainsi qu'à une somme supplémentaire de 25 cents pour chaque jour de service outre-mer accompli pendant lesdites périodes. Aucune somme ne peut être versée pour tout jour de service accompli en sus de la dernière période complète de trente jours.

2. Un "jour qui n'est pas admissible" désigne toute journée de service outre-mer accompli après que la dernière période de trente jours a été achevée, pour lequel aucune somme supplémentaire de 25 cents par jour ne peut être versée.
3. De plus, un supplément est payable pour le service classé comme étant du service outre-mer, équivalant à sept jours de solde et allocations, y compris l'allocation familiale militaire et l'indemnité de vivres et de logement ou l'indemnité de subsistance au taux canadien régulier, pour chaque six mois de service outre-mer et, proportionnellement, pour une période de moins de six mois. En vertu des règlements, l'expression "six mois" est censée signifier "183 jours".
4. Afin de calculer les prestations en vertu de ladite Loi, nulle période d'absence sans permission ou de congé sans solde ou de sentence de travaux forcés, d'emprisonnement ou de détention, et nulle période de service durant laquelle la solde est confisquée, ne doit être comprise dans la période de service donnant droit à la gratification.

DVA 405-M-16868
R. 3 (d)

OTTAWA,

le 6 février 1948.

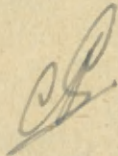
Mme Ermiline Moisan,
222 rue Chateauguay,
Québec, P.Q.

Chère Madame,

L'honorable ministre des Affaires des Anciens combattants tient à vous exprimer ses sincères condoléances à l'occasion du décès de votre fils, le sapeur Albert MOISAN, E-48526, décès qui a été signalé à notre ministère récemment.

Comme la mort de votre fils se rattache à son service dans l'armée active canadienne, vous recevrez sous peu une croix du souvenir en argent. Cette croix vous est offerte par le Gouvernement canadien à titre d'humble témoignage de reconnaissance pour le sacrifice auquel vous avez consenti.

Veillez agréer, Madame, mes respectueuses salutations.


A.C. Chadwick,
pour le Directeur suppléant
des Archives des
services de guerre.

H.Q.

405-M-16.868

E.48526

M.F.B. 387
90M-3-42 (3942-3)
H.Q. 1772-39-440

DEPARTMENT OF NATIONAL DEFENCE-CANADA

CROSS REFERENCE

DVA

MOISAN ALBERT.

E.48526

R.C.E.

A.F.

405-M-16.868

H.Q.

E.48526

CENTRAL REGISTRY	DATE	P. A. OR B. F.	INITIALS	REFERRED TO	FOR REMARKS	INITIALS	DATE
					(If purpose for which referred cannot be expressed on one line, add minute to file, and enter here "With Minute")		
OCT 8 1942	3/10/42	PL	Dg	Medo	WITH PAPERS OCT 2 - 1942		
				B2	WITH PAPERS NOV 5 1942		
NOV 17 1942				HA-1	Passed pls.	MB	12-11-42
				B	In note	loaf	17-11-42
NOV 23 1942	26 12/42	B.F.	R.A.	X R.		RF	22-11-42
DEC 9 1942	3 12/42	GA	B	HA-1	PER REQUISITION - DEC 8		
JAN 14 1943	26 1/43	B.F.	R.A.	X R.	PER B.F. DEC 26 1942		
FEB 10 1943	8 2/43	Pa	Rae	X R.	PER B.F. JAN 26 1943		
				4b.	WITH PAPERS NOV 25 1947		
				3D			
DEC 12 1947	142-47	P.G.	R.H.	HC			9-12-47
				4b	WITH PAPERS JAN 30 1948		
				3D			
FEB 11 1948	9/2/48	Pa	J.H.	HC			4/9/48
				3d	PER REQUISITION FEB 9 1950		6-2-48
				4B.	Will research, return pl.	a.L	13-2-50
MAR 6 1950				3d			22-2-50
MAR 23 1950	18 3/50	P.A.	a.L.	3d(2)	PER REQUISITION MAR 13 1951		
JUN 1 1951	14 6/51	pa	J.H.	WSR-3	PER REQUISITION JUN 13 1951		

DO NOT WRITE BELOW THIS LINE

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.

2. Central Registry should be notified whenever a file is passed direct to another branch.

3. All outgoing letters should bear the official file number.

NOTICE

1. File should be retained no longer than absolutely necessary. If a file is frequently needed at short intervals, it is better to B.F. it for two or three days than keep it out of Central Registry indefinitely. This ensures its being completed and kept in order, and also gives other offices an opportunity.
2. Central Registry should be notified whenever a file is passed direct to another branch.
3. All outgoing letters should bear the official file number.

DATE.....18-3-50.....

To CENTRAL REGISTRY.

Please cancel.....BF.....

B. F. of.....3-4-50.....

CANCELLED

.....JES.....

To be pinned to face of
Jacket affected

M. F. B. 389

2M pads of 100-141 (9179)

H.Q. 1772-39-281

Medals to father

17 Mar 50

JTB

Medals noted
R3d (18/3/50)

BF 34-50

3D. 23-2-50

DEPARTMENT OF VETERANS AFFAIRS
(War Service Records)

Dept. of Veterans Affairs
War Service Records
Charged To.....

Service Number E-48526

File No. 6 D.V.A. - E-48526

Name ALBERT MOISAN

Ottawa March 2, 1950.

For the purpose of record and in the event of there being any Medals or Memorials available for distribution on account of the ex-serviceman above-noted, it is necessary that the following information regarding the deceased and his relatives be furnished.

It is essential that the ages of any surviving children brothers, or sisters be shown.

Relatives required to account for	Name in full of relatives	Address in Full	(If deceased give date of death)
Widow of Serviceman	—	—	—
Children of Serviceman and ages	—	—	—
Father of deceased	<i>Albert Moisan</i>	<i>222 Chateaugay</i>	
Mother of deceased	<i>Hermeline Moisan</i>	<i>" "</i>	
Brothers of deceased and ages	—	—	—
Sisters of deceased and ages	—	—	—

If the serviceman was married, please state exact place and date of marriage.

If he left a Will, it is essential that the same or a Certified true copy be forwarded for examination and return.

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete statement of all the relatives that the deceased ever had in the degrees enquired for, and that I am the # mother of the deceased.

Insert degree of relationship: for example:- "Widow", "Father", "Mother", "Brother", etc..

DATE 4 March

Hermeline Moisan
(Signature of Applicant)

222 Chateaugay
(ADDRESS)

Please complete and return as soon as possible to: Director, War Service Records, (R.3d) No.8 Temporary Bldg., OTTAWA, Ont.

100-1000

THE OFFICE OF THE COMMISSIONER OF THE GENERAL LAND OFFICE
Please complete this form and return it to the Director of the

100-1000

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DEPARTMENT OF
VETERANS AFFAIRS
MAR 7 1950
RECEIVED 30
OTTAWA - CANADA

March 2, 1950.

D.V.A. - E-48526
(R3d)

Mr. Alfred Moisan,
222 Chateauguay St.,
Quebec, P. Q.

E-48526 Spr. Albert MOISAN

Dear Sir:

This Department is responsible for the proper distribution of Campaign Stars and Medals awarded to former members of the Canadian Armed Forces who have died subsequent to the termination of their service in World War II.

Certain regulations govern the disposal of these awards and your co-operation is requested so that it may be determined who is legally entitled to the awards earned by your late son. It would, therefore, be appreciated if you would kindly complete the attached form R3d-161 as fully as possible, giving the ages of any surviving children, brothers and sisters and return the form in the enclosed self-addressed envelope which requires no postage.

If you are in possession of a Will and could forward for inspection the original or a certified copy, there would be no need to complete the enclosed form as the legal beneficiary to whom the personal property was bequeathed would receive the Medals in accordance with existing regulations.

Yours faithfully,

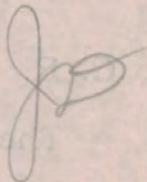
[Signature]
H. M. Jackson,
Director.
War Service Records.

*Noted
R3d (11)
3-3-50
[Signature]*

/LG

Form 161 to father

27 Feb 50

A handwritten signature in dark ink, consisting of a large, stylized initial 'J' followed by a cursive name that is difficult to decipher. The signature is written on the right side of the page.

W I L L E N Q U I R Y

Name MOISAN, Albert Regtl.No. E. 48526

INFORMATION OBTAINED

~~NO Will in File~~

NO Will in Docs.

NO Will in custody

REMARKS

Research by: G. CHAPUT *gc.* Date 2-2-50

DUPLICATE COPY OF THIS FORM
TO BE PLACED IN DOCUMENT ENVELOPE

To: F. T;
For: Translation, pls.

DVA 405-M-16868 (R-3d)

OTTAWA, Canada,
February 4, 1948.

Mrs. Ermiline Moisan,
222 Chateauguay Street,
Quebec, P. Q.

E-48526 Spr. Albert MOISAN

Dear Mrs. Moisan:

The Honourable, the Minister of Veterans Affairs, wishes to extend his sincere sympathy on learning of the death of your son, which has recently been reported to this Department.

As the death of your son was related to his service in the Canadian Army (Active), you will shortly receive a Silver Memorial Cross given by the Canadian Government as a slight token of appreciation of the sacrifice you have made.

Yours truly,

A. C. Chadwick,
for A/Director,
War Service Records.

/DJB

405 m - 16.868
THE CANADIAN PENSION COMMISSION

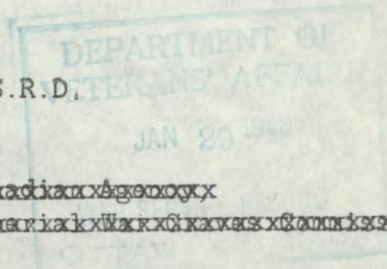
MEMORANDUM

TO Director of War Service Records.

OTTAWA, January 27, 1948.

FROM The Canadian Pension Commission.

ATTENTION - W.S.R.D.



~~Canadian Agency~~
~~Imperial War Graves Commission~~

C.P.C. 506439

E-48526 Spr. - Albert Moisan.
R.C.E.

The marginally named died

at Quebec, P.Q.

on November 7, 1947.

Cause of Death Pulmonary tuberculosis.

In the opinion of the Commission,

death was related to military service.

Next of Kin Mr. Alfred Moisan (father),
222 Chateaugay Street,
Quebec, P.Q.

E. Lahey

for
Secretary.

*Moted
W.S.R.A.(B)*

mb
Died on strength.

W.S.R. (11/4/48)

*Memorial Cross
Single
Mother
H.R. 204
4-2-48*



DEPARTMENT OF VETERANS AFFAIRS

Daly Bldg.,
Ottawa, 21st November, 1947

IN YOUR REPLY REFER TO FILE NO.

NOV 24 1947
Nav. Detachment Hq
Ottawa, - Canada

OFFICER I/C OF RECORDS,
DEPARTMENT OF NATIONAL DEFENCE.

~~KAVY~~

ARMY

~~AIR FORCE~~

Name..... MOISAN, Albert Number..... E-48526 Rank..... Spr.....

Please be advised that the above named..... Ex-soldier
is reported to have died on..... 7th November, 1947
at..... Quebec, P.Q.

*Noted
St. J. H. (B)*

405-M-16868

C.Y. Steele
C.Y. STEELE,

CHIEF OF CENTRAL REGISTRY
DEPARTMENT OF VETERANS AFFAIRS.

P R.19666

File H.Q.

D.R. 11-KDS

Directorate of Records
INVENTORY PERSONAL KIT
Canadian Army Personnel

405-M-16968

Director of Records (Army),
Department of National Defence,
No. 6 Temporary Building,
Ottawa, Ontario.

5332

APR 18 1946
KIT DISPOSAL SECTION
N.D.H.Q.
PLEASE SIGN AND
RETURN TO →

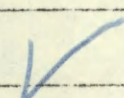
Date 12 March 46

The following articles have been received from 1 Canadian Kit Disposal Section (Overseas) and are now forwarded to:

Reg. No A.44319 Rank Pte. Name MAIDENS, Donald Hayes

as directed.

Van Book 141-2
Wallet
Watch Chain (Broken)
Pen
Knife Pocket
Comb
Shit Book
Letters
Photos



Receipt is acknowledged of Personal Kit forwarded by you (as listed above) on the above date.

Date Apr. 16/46

Address 6 Sunset Ave. SIGNATURE
London, Ont.

D. H. Maidens

PLEASE SIGN AND RETURN TO ABOVE ADDRESS

COMPUTATION OF WAR SERVICE GRATUITY

EGH

MEMBER'S NAME ALBERT MOISAN (Christian Names) (Surname) Register No. 111837
 PAYEE'S NAME (Christian Names) (Surname) File No. 405-M-16868
 ADDRESS 252 RUE CHATEAUGUAY Date 1914145
QUEBEC, P.Q. Service No. E.48526
 Final Rank PTE
 DATE OF TERMINATION OF OVERSEAS SERVICE Date of Discharge 10/10/42

	AMOUNT	
	\$	c
A. TOTAL QUALIFYING SERVICE No. of days <u>276</u> = <u>9</u> ⁶ Periods @ \$7.50	67	50
B. QUALIFYING OVERSEAS SERVICE No. of days less Ineligible days, equal Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>1.30</u> ✓ Subsistence Allowance \$ <u>1.25</u> ✓ Additional Pay \$ ✓ Dependents' Allowance 1/30 \$ <u>2.00</u> ✓ \$ <u>.67</u> ✓ TOTAL \$ <u>3.22</u> ✓ × 7 = \$ No. of Days <u>183</u> × \$	67	50
D. WAR SERVICE GRATUITY Computed By <u>[Signature]</u> ✓	67	50
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$ (2) D.A. & A.P. \$ Other Deductions \$		
Entered By <u>[Signature]</u> ✓		
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>67.50</u> each)	67	50
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$ <u>3.22</u> ✓ × 30 = \$ <u>96.60</u> ✓		

REMARKS

Form No. 82620

Register No. 111837

Nominal Roll No.

H.Q. File No. 405-N-16868

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No. E 48526 Rank When S.O.S. Pte Surname MOISAN Christian Name in Full ALBERT

Reason for Termination of Service:

1st Enlistment: Typically unfit CARO 10 29 40
2nd Enlistment: CARO
3rd Enlistment: CARO

TOTAL SERVICE

1st Enlistment: 8 Jan 1942 T.O.S. S.O.S. MD 276
2nd Enlistment: 3 48 T.O.S. S.O.S. MD
3rd Enlistment: T.O.S. S.O.S. MD
Total Days: 276 DAYS

Table with 3 columns: Service Type, Total Service, Less Non-qualifying Service, Net Service. Rows include WESTERN HEMISPHERE (276), OVERSEAS SERVICE (NIL), and TOTAL SERVICE (276).

EMBARKATION DETAILS:

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

REMARKS:

Computer's Signature [Signature]
Checker's Signature [Signature]
Date Computed 13 Nov 1944

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

[Signature]
(C.L. Laurin) Colonel, Director of Records

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff.Date	Days	Total
TOTAL					

<u>OVERSEAS</u>	T.O.S.	T.O.S.	T.O.S.
	S.O.S.	S.O.S.	S.O.S.

TOTAL					

- Marine
- Armée
- Aviation

Apposer un X vis-à-vis de l'arme dans laquelle vous avez servi en dernier lieu)

MINISTÈRE DE LA DÉFENSE NATIONALE

111837 ✓
 M.F.M. 441a
 100M-9-44 (5450)
 H.Q. 1772-39-2326

APR 7 1945

Demande de Gratification de Service de Guerre
 (Forces armées canadiennes)

Il faut donner une réponse complète à chaque question de cette demande. Lorsqu'une question ne s'applique pas, il faut insérer "N.A."

1. Nom de famille au terme de votre service MOISAN ✓
 (Lettres moulées)
2. Prénoms ALBERT ✓
 (Lettres moulées)
3. Matricule E48526 4. Grade effectif au terme de votre service SAPER ✓
5. Adresse au complet à laquelle les versements de gratification devront être envoyés
222 Rue Chantaguan
Quincy P.Q.

6. Spécifiez ci-dessous la période ou les périodes de votre service dans les Forces armées du Canada pendant la présente guerre.

Arme (Marine, Armée ou Aviation)	Matricule	Grade final	Date du début du service	Date du terme du service
<u>Armée</u>	<u>E48526</u>	<u>Saper</u>	<u>8 Janvier 1942</u>	<u>7 Octobre 1942</u>
				<u>10</u>

7. Au cours de votre service militaire dans les Forces canadiennes pendant la présente guerre, avez-vous été détaché ou prêté à une unité quelconque des Forces navales, militaires ou aériennes de Sa Majesté ou de n'importe quelle autre puissance alliée ou associée avec sa Majesté ou mis hors cadre? non

Le cas échéant nommez la force ou les forces.....

8. Pendant la présente guerre, alors que vous ne serviez pas dans les Forces armées canadiennes, avez-vous été nommé ou vous êtes-vous engagé dans l'une quelconque des Forces navales, militaires ou aériennes de Sa Majesté (autres que les Forces armées canadiennes)?..... Le cas échéant, nommez la force ou les forces ainsi que les dates du début et du terme du service.....

Ayant maintenant cessé de servir dans les Forces actives, je demande, par les présentes, qu'on me verse la gratification de service de guerre.

5 Avril 1945
 (Date)

Albert Moisan
 (Signature du requérant)

Si le nom signé dans l'espace ci-dessus n'est pas le même que celui donné dans la réponse à la question 1, insérer ici le nom que vous portiez au terme de votre service. Comme les chèques seront faits au nom donné dans la réponse à la question 1, il est tout à fait essentiel de donner une adresse précise dans la réponse à la question 5.

NOTE: Une fois ce modèle rempli, vous devrez l'envoyer au quartier général de l'arme dans laquelle vous avez servi en dernier lieu, savoir:
 Marine—Le secrétaire, Conseil naval, Quartier général de Service naval, Ottawa (dans le cas des marins, le modèle doit être accompagné du certificat de service).
 Armée—Le secrétaire, Ministère de la Défense nationale, (Armée), Ottawa, a/s du trésorier-payeur général.
 Aviation—Le secrétaire, Ministère de la Défense nationale pour l'Air, Ottawa, a/s du chef des Archives.

WAR SERVICE GRANTS ACT 1944

FILE NO.	OTTAWA, ONT.	REGISTER NO.
	8-4 1945	111837

TO: CHIEF TREASURY OFFICER

DEPENDENTS' ALLOWANCE AND ASSIGNED PAY BRANCH

E 48526 for Moisan, A.

PLEASE SHOW HEREUNDER THE AMOUNT OF ANY AWARD OF DEPENDENT'S ALLOWANCE PAYABLE ON BEHALF OF THE MARGINALLY NAMED AT THE DATE OF RETIREMENT OR DISCHARGE FROM THE CANADIAN ARMY, ALSO ANY OUTSTANDING AMOUNT REPRESENTING AN OVERPAYMENT OF ASSIGNED PAY AND/OR DEPENDENTS' ALLOWANCE.

WHEN FORM HAS BEEN COMPLETED MAY SAME BE RETURNED, IN DUPLICATE, TO THIS OFFICE, PLEASE.

FOR (A. R. MORTIMORE) BRIGADIER
PAYMASTER-GENERAL

RATE OF DEPENDENTS' ALLOWANCE
IN PAYMENT AT DATE OF RETIREMENT OR DISCHARGE

\$ 20.00

AMOUNT OF OVERPAYMENT OF DEPENDENTS' ALLOWANCE
AND/OR ASSIGNED PAY WHICH HAS NOT RECOVERED TO DATE

\$ Nil

APR 16 1945

194

Chubb
FOR CHIEF TREASURY OFFICER
D.A. & A.P. BRANCH

C.T.O. D.A. & A.P.

OVERPAYMENT OF D.A. AND/OR A.P. RECOVERED FROM W.S.G.

\$ _____

194

FOR C.T.O. OF ARMY

WAR SERVICE GRANTS ACT 1944

FILE NO.	OTTAWA, ONT.	REGISTER NO.
	8-4 194	111837

TO: CHIEF TREASURY OFFICER

DEPENDENTS' ALLOWANCE AND ASSIGNED PAY BRANCH

E48526 for Mison, A.

PLEASE SHOW HEREUNDER THE AMOUNT OF ANY AWARD OF DEPENDENT'S ALLOWANCE PAYABLE ON BEHALF OF THE MARGINALLY NAMED AT THE DATE OF RETIREMENT OR DISCHARGE FROM THE CANADIAN ARMY, ALSO ANY OUTSTANDING AMOUNT REPRESENTING AN OVERPAYMENT OF ASSIGNED PAY AND/OR DEPENDENTS' ALLOWANCE.

WHEN FORM HAS BEEN COMPLETED MAY SAME BE RETURNED, IN DUPLICATE, TO THIS OFFICE, PLEASE.

FOR (A. R. MORTIMORE) BRIGADIER
PAYMASTER-GENERAL

RATE OF DEPENDENTS' ALLOWANCE
IN PAYMENT AT DATE OF RETIREMENT OR DISCHARGE

\$ 20.00

AMOUNT OF OVERPAYMENT OF DEPENDENTS' ALLOWANCE
AND/OR ASSIGNED PAY WHICH HAS NOT RECOVERED TO DATE

Nil

APR 16 1945

194

Chubb
FOR CHIEF TREASURY OFFICER
D.A. & A.P. BRANCH

C.T.O. D.A. & A.P.

OVERPAYMENT OF D.A. AND/OR A.P. RECOVERED FROM W.S.G.

\$

194

FOR C.T.O. OF ARMY

File No. 405-M-16,868(DR)

DEPARTMENT OF NATIONAL DEFENCE

- ARMY -

OTTAWA, Ontario

Receipt is hereby acknowledged of War Service Badge,
"Service Class" Number 025974, with corresponding
Certificate.

Regimental Number E48526

Signature Albert Morrison

Date 26 1942 194

LCS/DF

- A R M Y -

November 26th, 1942.

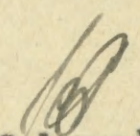
Camp Medical Officer,
Petawawa Military Camp,
Petawawa, Ontario.

E.48526. MOISAN, Albert
R.C.E. A.F.

1. Reference is made to discharge X-Ray film in the case of the marginally named who was struck off strength of the Active Force on account of Tuberculous Broncho Pneumonia, (0121) M.F.B.227 dated 14/9/42 at Petawawa, Ont.

2. If the above mentioned discharge film and any other films that may be available have served their purpose at your Headquarters, may they be forwarded for retention as soon as possible in order that documentation in this case may be completed.

3. For your information and necessary action.


(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

C.A.(A) 1. To Note Disability

Name MOISAN, Albert

Number E-48526

S.O.S. 10-10-42

Disability Tuberculous Broncho Pneumonia.

Officer i/c Records
A. G. Branch

NOV 12 1942

Nat. Science Hqrs.
Ottawa - Canada.

B.2. C.A.(A)-18

*All films received
X-Ray pictures
6 2 4 3
R. Cole*

*Red card made from
N. 2. file
10-10-42
E. H.*

P.M.



CANADA

Department of National Defence

- ARMY -

405-M-16,868
QUOTE NO.
(DR)

Ottawa, Canada,

November 16th, 1942.

Mr. Albert Moisan,
222 Chateauguay Street,
QUEBEC, P.Q.

WAR SERVICE BADGE
SERVICE CLASS No. 025974

Dear Sir,

With reference to your application of recent date, herewith War Service Badge, Service Class, number as marginally noted, together with corresponding Certificate (which must be carried at all times when the Badge is worn), issuable in respect of your service in the Canadian Army (Active). **The Certificate must be signed in place provided.**

Please complete and tear off the perforated Form of Receipt at the bottom of this letter, and return to this Department in the envelope enclosed for that purpose, which requires no postage.

Yours truly,

(W. E. L. COLEMAN) Lt.-Col.
Officer i/c Records,
for Adjutant-General.

DAB

File number 405-M-16868

War Service Badge "Service Class"

No. E-48526 Rank Spr.

Name in Full MOISAN, ALBERT

Unit R. C. E.

Reason for Discharge Med unfit

Age 21 Height 5'4 3/4 Eyes Brown Hair Brown

Theatre of Service Canada

Length of Service 276 days

Address _____

Verified by _____

Remarks re doubtful cases S.I.S. R.O 1039 (10)

Researched by J. D. Lane

Card typed by _____

DEPARTMENT OF NATIONAL DEFENCE

ARMY

"GENERAL"
APPLICATION FOR WAR SERVICE BADGE—"SERVICE" CLASS

I, MOISAN, ALBERT hereby make application for War Service Badge, "Service" Class, and do hereby declare that I have not previously been issued with a "Service Class" Badge.

I enlisted in The Royal Canadian Engineers and served on Active Service in the present War as follows:—

—	DATE	
	FROM	To
IN CANADA.....	8th January, 1942	10th October, 1942
IN ENGLAND.....	NIL	
ELSEWHERE.....	NIL	

and was honourably discharged or retired from the—
A5 (AF) Cdn. Eng. Trng. Centre, Petawawa, Ontario on 10th October, 1942
(State Unit, and whether Naval, Military or Air) (Date of Discharge)

I am in possession of { Certificate of Service.
Discharge Certificate.

Regimental No. E-48526

Rank Sapper

Unit A5 (AF) Cdn. Eng. Trng. Centre. Albert Moisan X
(Signature of Applicant)

ADDRESS 232 St-Jacques Street Quebec City Quebec
(Number and Street) (Town or City) (Province)

The applicant should complete the form above this line, striking out items not applicable to his particular case. This badge may only be issued to a person who has honourably ceased to serve ~~with the Canadian Armed Forces for any reason other than physical disability~~. (Space below reserved for Departmental entries).

Qualified..... Not Qualified.....
(Documents checked) (Reason)

Badge No. Issued.....
(Signature of Issuing Officer)
.....
(Rank, Name, Appointment, Service, Naval, Militia or Air)

NOTE: This form should be completed by soldier at time of Discharge and forwarded to Officer i/c Records (Awards), National Defence Headquarters, Ottawa. Full street address must be given; "General Delivery" except where there is no Postal Delivery, is not sufficient.

DEPARTMENT OF NATIONAL DEFENCE
(ARMY)

M.H.

H.Q. File.....405-M-16, 368
(DR)

Canadian Pension Commission,
Department of Pensions and National Health,
Ottawa, Canada.

Ottawa, Canada.

November 11, 1942

E-48526 Spr. MOISAN, Albert
E.T.C. C.A.(A).

In accordance with R.O. 38, para. 6, 1939, one copy of Medical Board Proceedings
(M.F.B. 227) referring to the marginally named is forwarded herewith.

This soldier was discharged with effect from.....10-10-42.....by
reason of being unable to meet the required military physical standards.

Discharge Documents are in the custody of this office.

W. E. L. COLEMAN, Lt.-Colonel, *f*
Officer i/c Records, for Adjutant-General.

DEPARTMENT OF NATIONAL DEFENCE
- Army -

405 m-16868

File: K-55-M-2473 (DRO).

KINGSTON, Ontario. November 4, 1942.

The Officer i/c Records,
National Defence Headquarters,
Daly Building,
OTTAWA, Ontario.

DISCHARGE DOCUMENTS

E-48526 Pte. MOISAN, A.

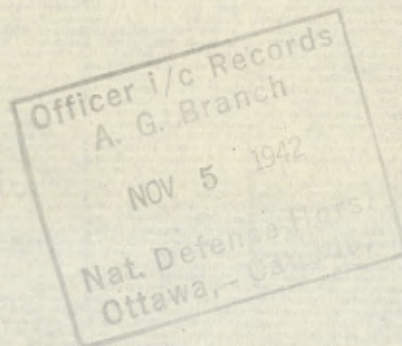
C. E. T. C. 1. (A-5).

1. Herewith all available documents for the m/n
man, as detailed on M.F.M. 55 attached, who was discharged
from the Canadian Army (AF) under the provisions of Routine
Order No. 1029 (10):502 effective 10-10-42, vide
Part II Daily Order No. 242, d/10-10-42.

Encl.

ET

E. J. Harvey
(E. J. Harvey) MAJOR,
District Records Officer,
Military District No. 3.



RECEIPT FOR A SOLDIER'S DOCUMENTS

(See Instructions on the Back)

Reference.....
 H.Q.....
 District **K-55-M-2473**
 Unit **(DRO)**.

DISCHARGE DOCUMENTS

UNIT

C. E. T. C. (A-5).

REGIMENTAL NUMBER	RANK	NAME AND INITIALS	DISCHARGE DOCUMENTS																MISCELLANEOUS				P.F. OR C.E.F. DOCUMENTS				
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
E-48526	Spr.	MOISAN, Albert	1	2		1	2	12	1					1	2	1	1										
ALSO:																											
M.F.M. 1 & 2 (a) attached to each M.F.M. 2																											
Pro Forma & (2) Medical Reports attached to each M.F.B. 227																											
M.F.M. 213																											
Inventory of kit (2)																											
M.F.M. 14 (2)																											
M.F.M. 94																											
M.F.M. 105 (2)																											
M.F.M. 45A (2)																											
M.F.M. 196																											
T.O.E.T. Record																											
Personal History Form																											
Letter																											
M.B.M. 1																											
Part II D.O. No. 242 d/10-10-42.																											

**COPY RETURNED
 MB**

SW

**INSTRUCTIONS AS TO TRANSMISSIONS
AND RECEIPT OF DOCUMENTS**

1. This form will always be forwarded in duplicate with the documents of a man or draft:—
 - (a) On transfer to another Corps or Unit.
 - (b) On posting to another portion of his Corps.
 - (c) On being detached for duty with another Corps.
 - (d) On transmission to Officer in Charge of Records or Headquarters Military Districts.
 - (e) On discharge to Officer in Charge of Records, National Defence Headquarters, Daly Building, Ottawa.
 2. Officers receiving the documents should at once check the entries in this form. If correct, this form is to be at once signed and returned to the Officer who sent it.
 3. If any document is missing, they must at once apply for it, as they will be held answerable for any deficiency which may afterwards be found to exist.
 4. In the case of drafts the names of the men should be arranged alphabetically.
 5. The original copy is to be returned within three days of its receipt.
- The duplicate copy is to be retained for reference.

RECEIPT

DISCHARGE DOCUMENTS	RECEIPT
<p>E-48526 Spr. MOISAN, Albert</p> <p>FORWARDED BY:—</p> <p>C.B.T.C. (A-5) Petawawa, Ontario <i>(Signature and Rank)</i></p> <p>..... <i>(Appointment)</i></p> <p>Station.....</p> <p>Date.....</p>	<p style="text-align: right;">2</p> <p>CHECKED AND TRANSMITTED TO:—</p> <p>Address. Officer i/c Records, NDHQ, Ottawa.</p> <p>By..... <i>(E.J. Harvey) Major.</i> <i>(Signature and Rank)</i></p> <p>District Records Officer, M.D. No. 3. <i>(Appointment)</i></p> <p>Station..... KINGSTON, Ontario.</p> <p>Date..... November 3, 1942.</p>
<p style="text-align: center;">3</p> <p>RECEIVED, CHECKED AND TRANSMITTED TO:—</p> <p>Address.....</p> <p>By..... <i>(Signature and Rank)</i></p> <p>..... <i>(Appointment)</i></p> <p>Station.....</p> <p>Date.....</p>	<p style="text-align: center;">4</p> <p>FINAL RECEIPT:—</p> <p>I acknowledge receipt and final disposal of the documents detailed above.</p> <div style="border: 2px solid red; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">Officer i/c Records A. G. Branch <i>(Signature and Rank)</i></p> <p style="text-align: center; margin: 0;">NOV 5 1942 <i>(Appointment)</i></p> <p style="text-align: center; margin: 0;">Nat. Defence Hqrs. Ottawa, - Canada.</p> </div> <p>Station.....</p> <p>Date.....</p>

H.Q. 405-M-16868

DISCHARGE DOCUMENTS HAVE BEEN DETACHED
AND PLACED IN DOCUMENT ENVELOPE IN
RECORD OFFICE, N.D.H.Q.

Officer i/c Records
A. G. Branch
NOV 12 1942
Nat. Defence Hqrs.
Ottawa. - Canada.

Date _____

DEPARTMENT OF NATIONAL DEFENCE
- A R J M Y - H.Q. 54-27-47-4
NIGHT LETTER

OTTAWA

Commander
Petawawa Military Camp
PETAWAWA ONTARIO

October 5, 1942
for 176868

MMDS 3256 MEDICAL BOARDS APPROVED AND RETURNED

HEBERT Morris (RR)	RCE
MOISAN Albert	"
DUNCAN Douglas Andrew (RR)	RCA
MARSHALL Daniel Scott (RR)	"
BOUCHER Joseph Bertrand	RCA
FILSINGER Elmer Carl (RR)	"
MESJOWSKI John (RR)	CATC A 2
CROCKER Kenneth Howard	"
MARK Dee Arthur	RCA
SCHOFIELD Edward Joseph	CATC(A2)
TERRY John Jowett	"
HALLIDAY Joseph	"
MOLNAR Andrew	RCA
BOURDEAU Henri Benoit	NRMA
PEALO George Alexander	RCA

A. Davidson - 310
ARMY/MEDICALS

SEND REPLY TO - (A.M. Davidson) 310
Lt. Col RCAMC
for D G M S
for ADJUTANT/GENERAL

✓

Officer i/c Records
A. G. Branch

OCT 2 1942

Nat. Defence Hqrs.
Ottawa, - Canada.

405-M-16868

ORIGINAL

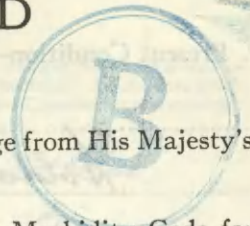
ON

H. Q. 405-a-11245

WAITING
PAPERS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS



1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Petawawa, Ont. DATE 14-9-42

1. (a) Unit CETC-A-5. A.F. (b) Regimental No. E48526. (c) Rank Spr.
 (d) Surname MOISAN (e) Christian names Albert.
(Use block letters)
 (f) Home address 222- Rue Chateaugay, Quebec P.Q.
 (g) Next of Kin Alfred Moisan (h) Relationship Father.
 (i) Address of Next of Kin 222- Rue Chateaugay, Quebec P.Q.

2. Age last birthday 20 Date of Birth 25-4-1922.

3. Enlistment, or Appointment: (a) Place Quebec, P.Q. (b) Date 8-1-41.
 (c) Category on enlistment B2 (d) If lower than A on enlistment, give reason

Underweight
 4. Personal description: (a) Height 5' 5" (b) Weight 115

(c) Complexion Dark (d) Colour of hair Black (e) Colour of Eyes Brown.
 (f) Identification marks, scars, etc. Scar on anterior surface left wrist.

5. Former civilian trade, profession or occupation Milkman.

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)
 (a) Length of service. Years 1 Days 249

(b) Periods of service: Continuous.

(c) Trade on enlistment Milkman. (d) Present Trade Supper.

	From	To
Former Wars.....	—	—
War 1939—Canada.....	<u>1-8-41</u>	<u>to date</u>
Abroad.....	—	—
Canada on return from abroad.....	—	—

7. Diseases or injuries with Code Nos. Tuberculosis Bronchopneumonia (0121)
(To be filled in when examination has been completed)

(a) Dates of origin June 1942.
 (b) Places of origin Quebec, P.Q.
 (c) Causes Infection.

8. Present Condition—(a) Subjective

(In the individual's own words)

Soldier states "The left side of my chest hurts me at night. This pain keeps me from sleeping."

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Physical Exam. - Soldier is a pale rather poorly nourished lad of stated age. He speaks only French.

Throat. - Tonsils mildly inflamed.

Neck. - Thyroid not enlarged. No cervical glands palpable.

Chest. - Respiratory System. - Slightly diminished movement on respiration in upper left chest. Diminished resonance from first to fourth rib anteriorly on left side. Rhonchi heard over this area but no rales or deep breathing or post-tussive.

C.V. System. - no abnormalities detected.

Abdomen. - No masses, scars or areas of tenderness noted.

Nervous System. - Biceps and knee jerks equal & active.

(See attached M.F.B. 313 A. Ottawa Military Hospital. dated. 24-8-42.)

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

No past illnesses or operations admitted by soldier. Noted in June 1942 that he was having pain in left upper chest which was worse at night and waked him at night. On 24-8-42 reported on sick parade complaining of this pain in left chest made worse by deep breathing and was admitted to Petawawa Military Hospital. (see MFB 313A attached) where diagnosis of Tuberculous Bronchopneumonia was made. He is still at Petawawa Military Hospital.

10. Were the diseases or injuries caused or aggravated: (a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?

(a) No (b) No.

11. What is the probable duration of the diseases or injuries? Difficult to say but may last years.

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Yes (If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed? No. (If not, briefly state why)

14. Recommendations That he be brought before a medical board. (This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

W. E. Dunn Capt. Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned Albert Moisan having heard the contents of Sections 8 (a) and 9 read, am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing.

Albert Moisan Rank Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

We Concur.

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)
Sanatorium treatment indefinite

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) NAVY—

- A. General Service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBT (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category *F. Clerk and admit to*
 Place *Petawawa Det*
 Date *5 Sept 42*

D. P. H. Rosa
W. J. Kelly, Capt
W. J. Kelly, Capt
J. Kelly, Capt

President.
 Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness..... Signed.....
(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... President.

Date..... Members.

APPROVED BY
[Signature]
 D.M.O. or P.M.O. *pmc*
 Date *1-10-42*

APPROVED BY
[Signature]
 D.G.M.S. or D.M.S. (Air)
 Date *3-10-42*

MOISAN, ALBERT

E 48526

NAME

REGIMENTAL No.

PTE.

DIST. DEPOT M.D. 5

RANK

UNIT OF ENLISTMENT

WSG COMPLETED

405--M-16,868

UNIT AT DATE OF S.O.S.

H.Q. FILE No.

REGIMENTAL DOCUMENTS	NON-EFFECTIVE BY	NON-EFFECTIVE BY
COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M. 1 & 1A) OR (M.F.M.2 & 2A)	DISCHARGE	DISCHARGE
SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B 103)	DATE 10.10.42	DATE
PARTICULARS OF FAMILY (M.F.M.5)	REASON Med. Dispt.	REASON
FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)	AUTHORITY 242.16.10.42	AUTHORITY 77474
CERTIFICATE OF SERVICE (M.F.M. 8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF.	DECEASED WILL RESEARCH MADE FEB 22 1950	
FORM OF WILL (M.F.M.10 OR M.F.M.10A)	DISCHARGE	DISCHARGE
DENTAL RECORD (M.F.B. 465)	DATE	DATE
MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P.&N.H.100)	REASON	REASON
MEDICAL BOARD PROCEEDINGS (M.F.B. 227)	AUTHORITY	AUTHORITY
TRANSFER CLOTHING STATEMENT (M.F.C. 644)		
LAST PAY CERTIFICATE (M.F.D.930A)		
PROCEEDINGS ON DISCHARGE (M.F.M. 23)		
PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)	DESERTION	DEATH
DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)	DATE	DATE
PAY SHEETS	AUTHORITY	CAUSE
CARDS	DESERTION	AUTHORITY
SUNDRY	DATE	
	AUTHORITY	

PROCESSED

WSG

MICROFILMED

RETURN THESE DOCUMENTS TO WAR SERVICE RECORDS DEPT. OF VETERANS AFFAIRS

NAME Maisan Albert

RANK Pte

AGE 20 REG. No. E-48522

UNIT R.C.O.C. (C.A)

DATE _____ 19__

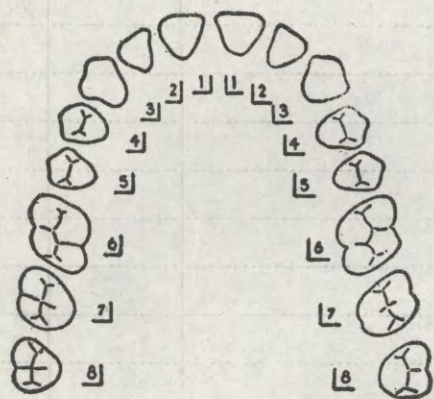
Strike out inapplicable number and words.

ORAL HYGIENE { Good
Fair
Neglected

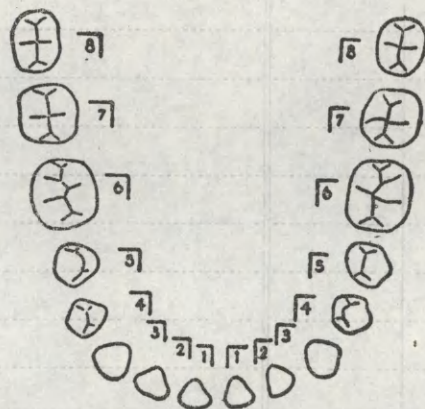
PROPHYLAXIS required { Yes
No

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }

- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- Treatment
- RC Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

Describe with sketch
Br Bridge

- PD Partial
 - CU Complete upper
 - CL Complete lower
 - DA Adjustment
- } Denture

Irreparable tooth—Mark with an X drawn through diagram of tooth.

Caries—Outline defective tissue. Do not fill in space.

Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.

All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

Signature and unit of examining officer

NAME Maurice A. Leher RANK Pte AGE 20 REG. No. E-48526

UNIT R.C.O.C. (C.A.) DATE _____ 19____

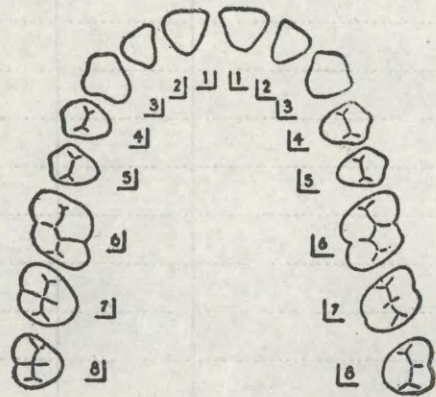
Strike out inapplicable number and words.

ORAL HYGIENE { Good
Fair
Neglected

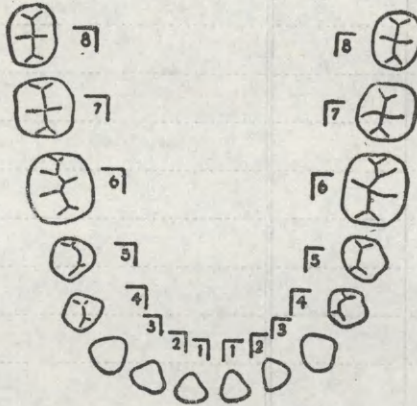
PROPHYLAXIS required { Yes
No

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



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- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
- Br Bridge

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- CU Complete upper } Denture
- CL Complete lower } Denture
- DA Adjustment } Denture

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Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.

All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

Ward 4

CANADIAN MEDICAL SERVICES
REPORT OF RADIOLOGICAL EXAMINATION

Reg. No. E-48526 Unit C.B.F.C. A-5
Rank Spr. Corps.....
Name Moison, A. Film No. D-1487

Report of Radiological examination of:

Chest:- The lesion in the left upper chest shows a constancy in density and outline, which would suggest modification of the original diagnosis from pneumonic consolidation to tuberculous.

The suggestion of cavity formation is noted at the level of the 2nd rib.

Station Pet. Mil. Hosp.
Unit R.C.A.M.C.
Date 10-9-42

A. E. B. Coome
(A.E.B. Coome) Major, R.C.A.M.C.
Radiologist

CANADIAN MEDICAL SERVICES

Ward 4

REPORT OF RADIOLOGICAL EXAMINATION

Reg. No. E-48526..... Unit C.E.T.C. A-5.....
Rank Spr...... Corps.....
Name Moisan, Albert...... Film No. B-1102.....

Report of Radiological examination of:

Chest:- An area of consolidation is present extending from the left first rib to the fourth interspace with upper mediastinal retraction to the left. Lung fields elsewhere normal.

Impression:- Pneumonic consolidation.

Station Pet. Mil. Hosp......
Unit R.C.A.M.C......
Date 26-8-42.....
W. E. D. Capt
for (A. E. Broome) Major. R.C.A.M.C......
Radiologist

C E T C

REPORT OF RADIOLOGICAL EXAMINATION

Form 4

Name: _____
 Rank: _____
 Unit: _____
 Date: _____

Report of Radiological examination of

The following is a report of the radiological examination of the chest performed on the above named patient on the above date. The examination was performed using a standard technique. The lungs are clear, the heart is normal in size and position, and the diaphragm is well defined. There is no evidence of consolidation, effusion, or other abnormality.

4
29

Signature: _____
 Title: _____
 Date: _____

CASE HISTORY SHEET

Hospital Petawawa Military Ward 4
Regt'l No. 8 48526 Rank Spr Name Morrison, A.
Unit RC9TC Completed years of service 2 yrs } Where and how long
Date of admission 24 August 42 Date of discharge 29 Sept 42
Diagnosis Tuberculous Broncho-pneumonia Age 31

Complaint (Page 3)

History, Examination and Progress Notes

10-9-42 X-ray of chest - The lesion in left upper chest shows a long stay in density and outline which would suggest modification of the original diagnosis from pneumonic consolidation to tuberculous.

The suggestion of cavity formation is noted at the level of the 2nd rib.

12th and 13th - 9-42. Sputum exam. showed sputum loaded with tubercle bacilli.

14-9-42. Diminished resonance in upper left chest from first to fourth rib anteriorly. No post-tussive rales heard in this area but numerous rhonchi.

TREATMENT Sulphathiazole - 8.40 grs.
(Especially any specific or special form) Codene p. 1/2

CONDITION ON DISCHARGE unchanged. Boarded Cat F and
(and disposal made of case)

transferred to Ste Anne de Bellevue under B.O. 592 for further treatment & disposal.
Date 26/9/42 A. Smith Capt.

Medical Officer i/c case

CASE HISTORY SHEET

Hospital Petawawa Military Ward 4
Reg'tl No. E-48526 Rank Spr. Name Moisan Albert

Unit CETC Completed years of service 2 mos Where and how long

Date of admission August 24-42 Date of discharge 29 Sept 42

Diagnosis Str. Tuberculosis w/ Bronchopneumonia Age 21

Complaint (page 2)

History, Examination and Progress Notes

25-8-42. Admission Temp. 99°. Complains of pain in L. upper chest. To have x-ray chest. N.Y.D. Chest Condition. Possible pneumonitis. S.S. Lightman. Swabs post for Strept. H.

26-8-42. Complains of a little chest pain - R. side. Otherwise states he feels much improved. Also coughs a little - nonproductive cough. S.S. Lightman. R.

27-8-42. Considerable percussion dullness in L. chest. Numerous fine rales & rhonchi throughout left chest. Patient appears flushed & feverish. TPR. - 100° Fahr. States he coughs a little - nonproductive. S.S. Lightman.
x-ray shows consolidation

28-8-42. Positive Strep. Throat. R. Sulfathiazole Throat Gargle. S.S. Lightman.

29-8-42 - Pain left upper chest - waves me creps. Cough minimal w/ B.

30-8-42. Sputum culture looks like ordinary pneumonia, not virus (note signs + pain). Neg for T.B. ++ for Strep.

2.9.42 Complaining of pain in left chest. No rales could be elicited by 4. Throat culture still positive for Strep.

5.9.42 Chest clear, feeling better.

8.9.42 Feeling better. Throat swab & x-ray ordered repeated

TREATMENT 10.9.42 up to day.

(Especially any specific or special form)

13. Sept Is worrying + not sleeping. There is some pain over left upper ant. chest.

(and disposal made of case)

Date

[Signature]

Medical Officer i/c case

CASE HISTORY SHEET

Hospital Pekawana Military Ward 4

Regt'l No. 848526 Rank Spr Name Moison A

Unit REC TC Completed years of service 2 mo. Where and how long

Date of admission 24 August - 42 Date of discharge 29 Sept 42

Diagnosis Tuberculous Bronchopneumonia ⁰¹²¹ Age 21

Complaint pain in left chest. worse on breathing.

History, Examination and Progress Notes

P.H. neg
F.H. Father + mother paralyzed, Mother a + w, 2 sisters a + w. No TB or cancer in family

Present History. Took sick this morning with pain in left chest, made worse on deep breathing. Seen by M.D. and sent to hospital with temp of 101°F

Exam. poorly developed + nourished adult male poor attitude in walking. colour pale.

Throat. Tonsils inflamed.

Neck. Thyroid normal. No cervical adenopathy.

Resp. S. diminished B.S. both sides no rales

C.V.S. neg

C.V.S. "

Abdomen moves freely to respiration. No masses or tumors can be palpated

G.U.S. neg

TREATMENT

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case)

Date

R. Baclibred Capt

Medical Officer i/c case

M B M 1

No. E-48526 RANK Pte NAME MOISAN albert * Married
* Widower
* Single
 Place of (* Appointment
* Enlistment Quebec P.Q. Date of (* Appointment
* Enlistment 8-1-42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
9-12-	1-42	Pte		A.S.	1.30		

ASSIGNMENTS

DEPENDENTS' ALLGES. No. Deps.

Name & Address of Assignee	Effective Date	Amount	Date Application Forwarded	Relationship	Amount Awarded	Effective Date
Mme Hermeline MOISAN MFM 18 non 222 Rue Chateauguay Quebec P.Q.	Feb. 42	20.00	12-1-42	Mother	Nil	Nil
	eff 11-10-42					
Total						

* Outfit } Allocated Paid on
 * Clothing }
 Rehabilitation Grant \$ Paid on
 * Delete words which are inapplicable.

M. F. M. 14
 200M-10-41 (2231)
 H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) \$ P.A.
 Occupational Form Completed

CASUALTIES, ETC.

Part II D.O.		
No.	Date	
9-12	1-42	TOS RCOC Eff. 8-1-42 Att. to D.D. 5
31-6	2-42	SOS D.D. 5 Eff. 6-2-42 on att. for all purposes to CA(B)TC 54 Montmagny P.Q.
16-	6-2-42	Attached to C.A.(B)TC 54 Montmagny w.e.f. 7-2-42
43 9-	4-42	Transfer to C.A.T.C. A-15 Petawawa Ont. 1226 hrs 7-4-42
86 11-	4-42	T.O.S. R.C.E.T.C. from Montmagny eff. 8-4-42
145 14-	6-42	Granted furlough 20-6-42 to 3-7-42
157 3-	7-42	On command to D.D. 5 Quebec Eff. 3-7-42
165 13-	7-42	TOS D.D. eff. 4-7-42 on transfer from C.E.T.C. A-5 Petawawa Ont.
165 13-	7-42	A.W.L. since 0700 hrs 10-7-42
165	15-7-42	DO.165 re A.W.L. is cancelled.
166 14-	7-42	SOS D.D. 5 eff. 14-7-42 on transfer to CABTC 55 Rimouski P.Q.
142-20-	7-42	TOS CABTC 55, for all purposes W.E.F. 15-7-42

COPIES OF RADIOGRAPHICAL REPORTS

1. 26-8-42 Moisan Albert F-48526

Film Number: B-1102 Chest: An area of consolidation is present extending from the first rib to the fourth interspace with upper mediastinal retraction to the left. Lung fields elsewhere normal.
Impression: Pneumonic consolidation. N.E.Dunn, Capt.

2. 10-9-42 Film Number: B-1487 Chest: The lesion in the upper chest shows a constancy in density and outline which would suggest modification of the original diagnosis from pneumonic to tuberculous. The suggestion of cavity formation is noted at the level of the second rib.

A.E.Broome, Major

COPY OF LABORATORY REPORTS

25th Aug. 1942 Throat culture: Positive for strep. Haem.
31st Aug. 1942 Sputum for culture and smear: Negative for T.B.
30th Aug. 1942 Throat culture: Positive for strep. Haem.
2nd Sept. 1942: Throat culture: Pos. for strep. Haem.
7th Sept. 1942: Throat swab. Neg. for strep.
12th Sept. 1942: Sed. Rate 10 m.m.
Sputum: loaded with T.B.
13-9-42: Sputum: loaded with T.B.

LABORATORY

Hospital Pelewara Military Ward IV
 Regimental No. E-48526 Rank Spr. Name Morsan Albert
 Unit CE TC. Q's. Date Admitted 24 Aug - 42 Age 21

	DATE	Aug. 25	31	SPT ₁	2	4						
Type of sample												
Amount												
Reaction		<u>acid</u>										
Specific gravity		<u>1.024</u>										
Albumin		<u>neg</u>	<u>sl. tr.</u>	<u>sl. tr.</u>	<u>sl. F</u>	<u>neg</u>						
Sugar		<u>neg</u>										
Ketones: S.N.P.												
FeCl3												
Bile												
Urobilin												
Blood		<u>neg</u>										
Casts: Hyaline			<u>0</u>	<u>0</u>	<u>0</u>							
Granular			<u>0</u>	<u>0</u>	<u>0</u>	<u>neg</u>						
Cellular			<u>0</u>	<u>0</u>	<u>0</u>							
R.B.C.			<u>0</u>	<u>0</u>	<u>0</u>							
W.B.C.		<u>occ.</u>	<u>occ.</u>	<u>rare</u>	<u>occ.</u>							
Epithelium												
Centrifuged												

	DATE	Sept 5				
Haemoglobin						
R.B.C.						
Colour Index						
Volume Index						
W.B.C.		<u>12,900</u>				
Eosinophiles						
Eosinophiles Myelocytes						
Neutrophiles						
Neutrophiles Myelocytes						
Myleblasts						
Basophiles						
Bas. Myelocytes						
Endothelial						
Lymphocytes						
Platelets						
Anisocytosis						
Macrocytosis						
Microcytosis						
Poikilocytosis						
HB. Content						
Polychromasia						
Reticulation						
Normoblasts						
Megaloblasts						
Bleed. Time						
Coag. Time						

	DATE					
N.P.N.						
Urea N.						
Creatinin						
Chlorides						
Cholesterol						
Sugar (fasting)						
Sulphonamide						
V.D.B.						

PATHOLOGICAL REPORT

25 Aug. 1942 - Throat Culture - Pos. for strep. Haem.

31 Aug. 1942 - Sputum for culture and smear - neg. for TB.

30 Aug - 1942 - Throat Culture - Pos. for strep. Haem.

2 Sept. - 1942 - Throat Culture - Pos. for strep. Haem.

Bacteriology and Serology

DATE					
Blood					
Faeces					
Serous fl.					
Urine					
Sputum					
Wasserman BI.					
Wasserman C.S.F.					
Widal					

Miscellaneous

7 Sept - neg. for ship - (throat swab)

12 Sept Sed. Rate. 10m.m.

12-9-42
Sputum examined - TB -

13-9-42
Sputum examined - TB.

M.F.B. 1477
 500M-6-41 (721)
 H.Q. 1772-39-1831

ADMITTING FORM

Hospital Petawawa Militia Date and Hour Admitted 1425 hrs Aug 24-42
 Reg't'l. No. F 48526 Rank Sgt Name Moisan, Albert
 Unit C.F.T.C. A-5 Age 21
 Next of Kin Brother Mr Alfred Moisan Religion R/C
 Admitted from R.A.P.
 Previous Military Hospital Admissions None

Previous attendance at a Consultation Clinic None
 Previous X-Ray Examinations { yes _____ Where done? None
 no Pneumonia (21)
 Diagnosis on M.F.B. 292 Pneumonia Temp 101
 Signature of Admitting Clerk Pte Staff R

THE ABOVE TO BE FILLED IN BY ADMITTING CLERK

History, including any information on M.F.B. 292
Reported sick parade this morning - Complaining of pain in left chest made worse on deep breathing - Temp was 99 - no other definite in chest - looked well - no skin rash - temperature has risen to 101

23
 28
 31
 30
 31
 30
 31
 31
 14
 249
 16
 31
 30
 31
 8
 116
 365
 249

Physical Findings Attitude: walking slightly stooped - colour - pale expression - sick - nutrition poor - Temp 99.4 P. 100 R. 34
Lungs show decreased breath sounds left side - normal breathing but loboured - but pain in left side out on deep respiration
No skin rash though back shows red flush

Diagnosis of Admitting Officer N.Y.S. Lungs
 Admit to Ward 4
 Admission Orders Bed:

Should M.O. be immediately informed of admission? yes

J. Kelly captain
 Admitting M.O.'s Signature.

CLINICAL CHART # 2

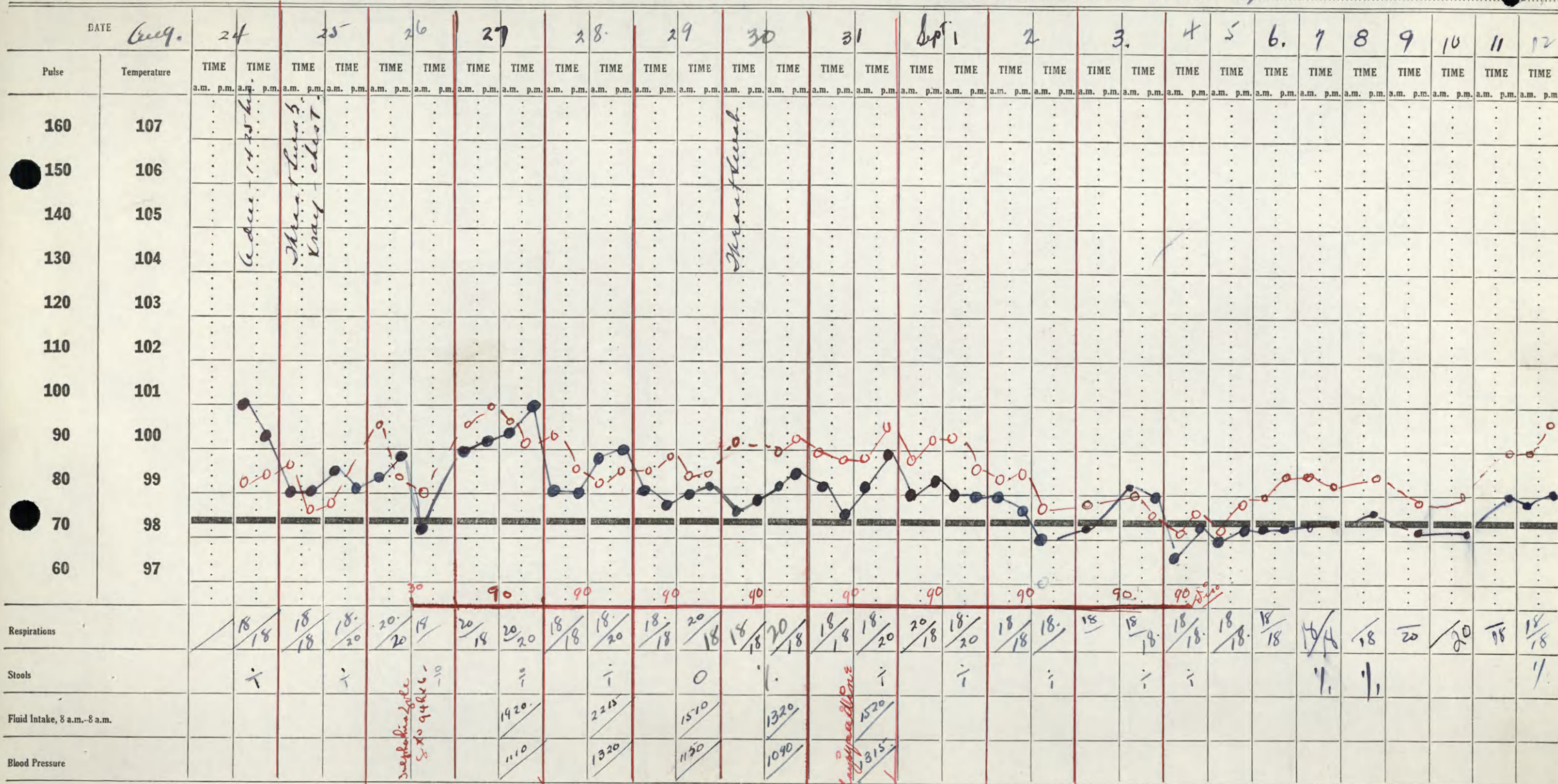
Hospital Petawawa Military Service Medical Ward 4
 Regt'l No. E. 48526 Rank Sps. Name Rowan R. Age 21
 Unit CEICAS. Date of Admission 24 Aug

DATE		B. 14		15		16		17		18		19		20		21		23		24		25		26		27		28		29		30		31		
Pulse	Temperature	TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		TIME		
		a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.			
160	107																																			
150	106																																			
140	105																																			
130	104																																			
120	103																																			
110	102																																			
100	101																																			
90	100																																			
80	99																																			
70	98																																			
60	97																																			
Respirations		14/18	14/16	20/15	18/18	16/16	18/18	18	20	18/18	18	15	20	18																						
Stools		3	4/1	4/1	3	0	3	1/1	3		1/1	3	3																							
Fluid Intake, 8 a.m.-8 a.m.																																				
Blood Pressure																																				

Discharge

CLINICAL CHART #1

Hospital Palaestina Hospital Service Medical Ward 4
 Reg't No. E-48526 Rank Spr. Name Moisan - Albert Age 21
 Unit OETC-45 Date of Admission 24 August



TREATMENT

Hospital Pekawawa Military Ward 11
 Regt'l No. S. 48526 Rank Sps. Name Prison Albert
 Unit RCEC. A.S. Age 21

ORDER GIVEN		ORDERS	ORDER DISCONTINUED	
Date	By Whom		Date	By Whom
24 Aug	Capt Keeley	Bed -		
25 Aug	Capt Keeley	x Ray chest		
27 Aug	"	Sulphadiazole 5g qd x 4 days	4 Sept 42	
28 Aug	"	amphotericin gargle qd		
30 Aug	Capt Keeley	Specimen for culture sent		
11-9-42	Capt Keeley	Specimen for T.B.		
12-9-42	"	Bed rest		
12-9-42	Capt Piel	Cod. gr 1/2 - repeat if necessary at night P.R.N.		
26 Sept 42	Capt Boulter	Disch Monday 29 Sept for transf to St. Anne de Bellevue		

No. **E-48526** RANK Pte NAME **MOISAN, Albertt**

CASUALTIES, ETC.

PART II D. O.

No. DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

164--	17-8-42	SOS. on Tr. C.A.A.T.C. A-5 Petawawa, Ont. Wef. 15-8-42	
I98	20-8-42	Cease to be on command eff. 15-8-42	
204	27-8-42	Admitted to Petawaw Military Hospital eff. 24-8-42	
234	1-10-42	Transferred to St. Anne De Bellvue Hospital 29-9-42	
242	10-10-42	To receive 35.00 <i>clothing allowance</i>	
		To receive 39.00 <i>rehabilitation Grant</i>	
242	10-10-42	SOS. TO <i>civil life</i> 1029(10) eff. 10-10-42	

CASUALTIES, ETC.

PART II D. O.

No.

DATE

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

Pathology Requisition Form

Name Moishe A Rank Spr No. E 485266

Unit RCEVIC Ward 10 Bed 18 Date 5/10/48

Nature of Specimen.....

1 blood Swab

Clinical History.....

(Signature)

Exam. Requested.....

Stain & culture possible S. hefo.

Space reserved for Lab. Entry.....

Culture : +ve for Streptococcus hemolyticus

5

Pathology Requisition Form

Name Noisau Rank Jpr No. E 48526

Unit Re & Te Ward 4 Bed 5R Date 13 Sept 42

Nature of Specimen Sputum

Clinical History Tuberculous
B pneumoniae

Exam. Requested T.B

Space reserved for Lab. Entry

Smear Loaded w T.B

pus cells + + +
transmucous cells + +
epithelial cells +

agB
CBR

8

Pathology Requisition Form

Name *Moisan - a* Rank *Spr* No. *E485-26*

Unit *PETC-95* Ward *4* Bed *15* Date *30 Aug*

Nature of Specimen:

Throat Swab

Clinical History

C

Exam. Requested

*Smear & culture for
Strep + Haem*

Space reserved for Lab. Entry

Culture

*Positive for
Strep. hemolyticus*

P

Pathology Requisition Form

Name *Moisan - G.* Rank *Spr.* No. *E 48526*

Unit *C8TC-25* Ward *4* Bed *15* Date *2 Sept. 1942*

Nature of Specimen.....
Throat-Swab.

Clinical History.....
C

Exam. Requested.....
*Smear and Culture for
Strep. Haem.*

Space reserved for Lab. Entry.....
Culture + ve for Strep H

7

Pathology Requisition Form

Name *Mason* Rank *Spr* No. *248526*

Unit *Pe & TC* Ward *4* Bed *13* Date *12 Sept*

Nature of Specimen *Sputum*

Clinical History *NVD lump*

Exam. Requested *TB Smear & culture*

Space reserved for Lab. Entry

masses of greyish grey pus - small amount

*Smear. Loaded &
T. B
Please Repeat.*

130
Pathology Requisition Form

Name: *Morgan G.* Rank: *Spr.* No. *E-48526*

Unit: *CETC-45* Ward: *4* Bed: *15* Date: *3/11/49*

Nature of Specimen:

..... *Specimen*

Clinical History:

..... *C*

.....

.....

Exam. Requested:

..... *For culture and Smear*

.....

Space reserved for Lab. Entry:

.....

.....

..... *Morgan G.*



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ACCESSION _____ VOL ²⁶⁶³⁴ _____ PAGE(S) ¹⁰⁷ _____
BOX/BOÎTE _____ REEL/BOBINE _____
FILE/DOSSIER MOISAN, ALBERT E48526 _____
DATE SEPTEMBER 2013 _____