

REGIMENTAL DOCUMENTS

1st B. 2nd Div

NAME **BRISSON FLORIMOND**

Pte REGT. NO. **3283366** UNIT **10th Cdn Res Bn** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

S

ATTestation Paper (M.F.W. 23, 133, or 51)

Casualty Form (M.F.W. 54 or A.F.B. 103)

Training History Sheet (M.F.W. 113)

Field Conduct Sheet (M.F.W. 178 or A.F.B. 122)

Regt. Conduct Sheet (M.F.B. 263 or A.F.B. 120)

Company Conduct Sheet (M.F.B. 263A or A.F.B. 121)

Medical History Sheet (M.F.B. 313 or A.F.B. 178)

Dental History Sheet (M.F.B. 465)

Medical Report (M.F.B. 227 or A.F.B. 179)

Medical Examination (M.F.W. 129)

Transfer Clothing Statement (M.F.W. 97 or D.O.S. 2)

Proceedings, Court of Inquiry (M.F.B. 303 or A.F.A. 2)

Declaration, Court of Inquiry (M.F.B. 259 or A.F.B. 115)

Last Pay Certificate (M.F.W. 44)

Proceedings on Discharge (M.F.W. 218 or A.F.B. 268)

Particulars of Character (A.F.W. 3226)

Copy of Parchment Discharge Certificate (M.F.W. 39A)

M

H

40005

DEATH

Category

DISCHARGE

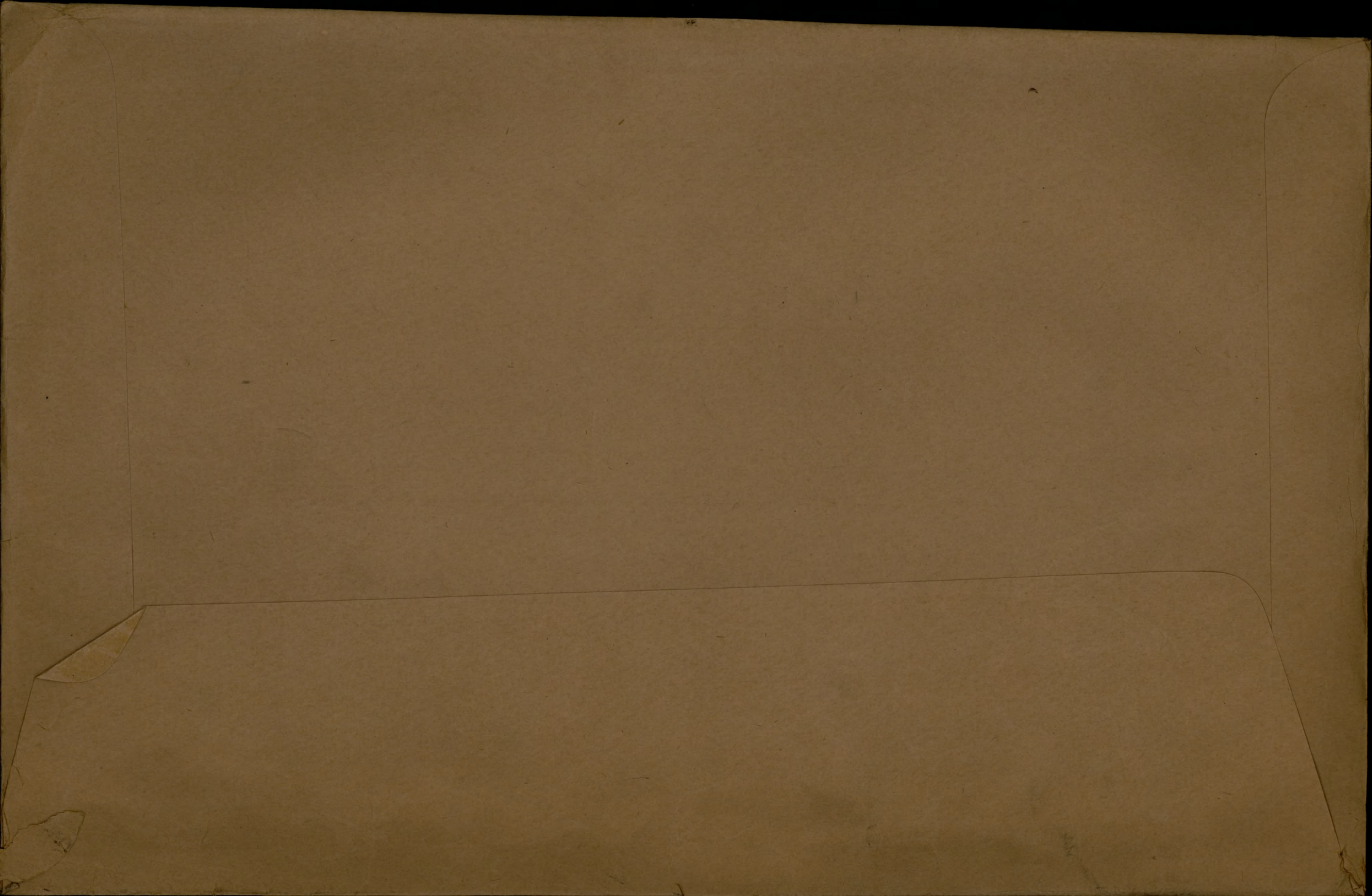
Category

Demob

DESERTION

13-27
20-22
17-23
1

1 case 5009
1 Disp Cert
1 Dis card
1 AFD
1 AFD 123
1 AFB 181
2 Misc
1 A 122



7th. M. D. FIRST Depot Battalion SECOND QUEBEC Regiment

Regtl. No. 328.3366

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname Brisson,
2. Christian name Florimond Richard,
3. Present address Ironside, Wright Co. P.Q. Canada,
4. Military Service Act letter and number 254423
5. Date of birth November 10th 1896
6. Place of birth Ottawa, Ont. P.Q. Canada,
7. Married, widower or single Single,
8. Religion Roman Catholic,
9. Trade or calling Student,
10. Name of next-of-kin Delphis Brisson,
11. Relationship of next-of-kin Father,
12. Address of next-of-kin 55 Murray Str. Ottawa, P.Q. Canada,
13. Whether at present a member of the Active Militia No.,
14. Particulars of previous military or naval service, if any No.,
15. Medical Examination under Military Service Act:—
(a) Place Quebec (b) Date 7-6-18 (c) Category A 2

DECLARATION OF RECRUIT

I, Florimond Richard Brisson, do solemnly declare that the above particulars refer to me, and are true.

Florimond Richard Brisson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 7 mths.
Height 5 ft. 5 1/2 ins.
Chest measurement fully expanded 36 ins.
range of expansion 3 ins.
Complexion Medium,
Eyes Gray.,
Hair Black,
Distinctive marks, and marks indicating congenital peculiarities or previous disease.

O. C. FIRST Depot Btin. SECOND QUEBEC Regt.

Place Quebec Date 7-6-18

M.S.A.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3283366 (Rank) Pte.

Name (in full) BRISSON, Florimond Richard. enlisted in
the 1st. Depot Battalion 2nd. Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at Quebec, Canada. on the 7~~18~~th.
day of June 19 18.

HE served in England with Quebec Regiment

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness~~

Part II Orders # 185 of 4-7-19

THE DESCRIPTION OF THIS SOLDIER on the Demobilization R O 1420 (10) of 12-12-18 DATE below is as follows:

Age 23 Years 7 Mos.

Marks or Scars _____

Height 5ft. 6 in.

Complexion Medium

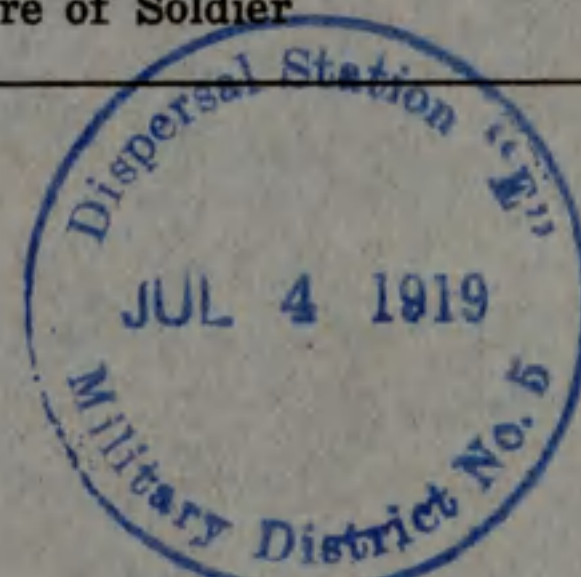
Eyes Grey

Hair Black

Fl. Brisson
Signature of Soldier

J. J. LeMoine
Issuing Officer

Date of Discharge



Major
Commanding Dispersal Station E.

Rank

Date JUL 4 1919 19 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 Secretary, Militia Council, Ottawa, Canada.

874
QR

Number *3283366*

Rank *Pte*

13

Surname *BRISSON*

Christian Name *Hormond Richard*

Units *QR* Theatre of War *England*

Date of Service *8.8.18*

Remarks *55*

Latest Address *~~17~~ Murray St
Ottawa
Ont.*

Roll No.

200m.-6-21.M. *Page 4596*

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

IT

IN CATEGORY

INVALID

WHERE TO)

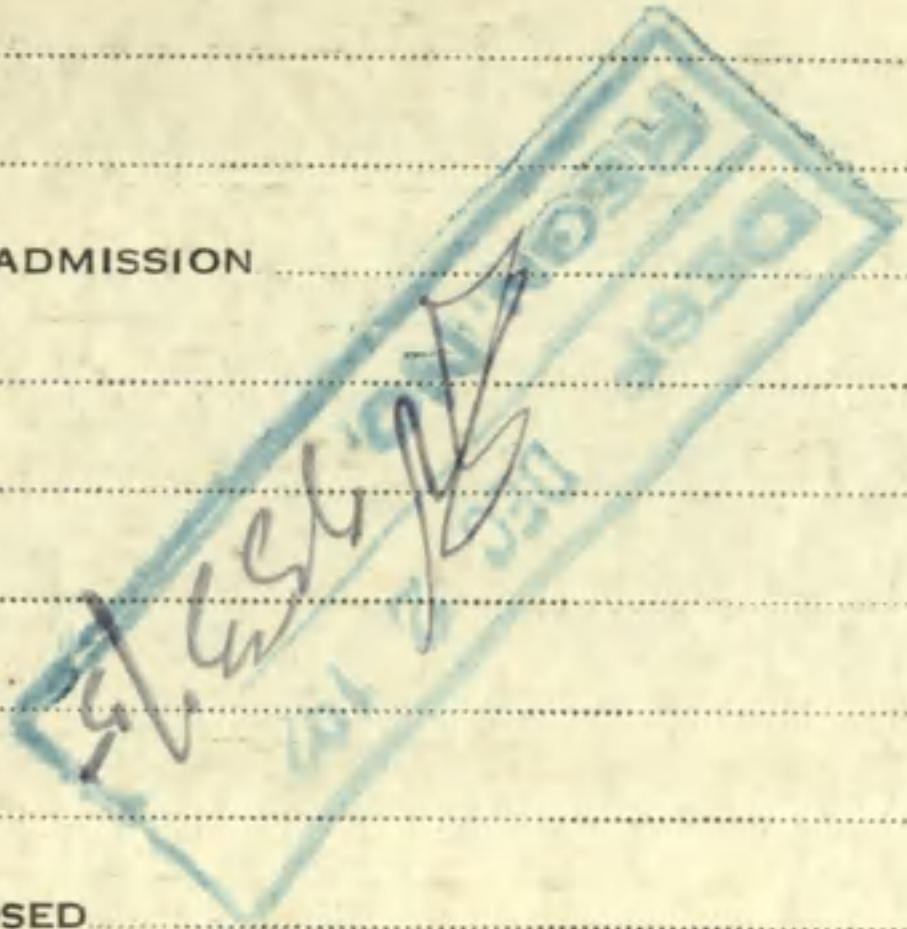
CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.



(OVER)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 319
C 331

N Can Gen Sham.
Disid

13-9-18
27-9-18

10K1 Deairboey
" "

NAME

Bisson

REGT. No.

283366

RANK AND UNIT

*H
One left*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY



No. 12 Can. Gen. Hospital.

AT Bramshott.

A. & D. No. 7183 PL. OF ACTION

RANK Pte. REG. No. 3283366 UNIT 10th Can. Res. Bn. SICK OR WOUNDED

NAME Brisson J.R. AGE 22 RELIGION R.C.

PLACE IN HOSPITAL Amey

DIAGNOSIS Diphtheria

ADMITTED 12-9-18 FROM

DISCHARGED SEP 27 1918 To

TRANSFERRED 4/12

SERVICE AT HOME 1/2 IN FIELD 1/2

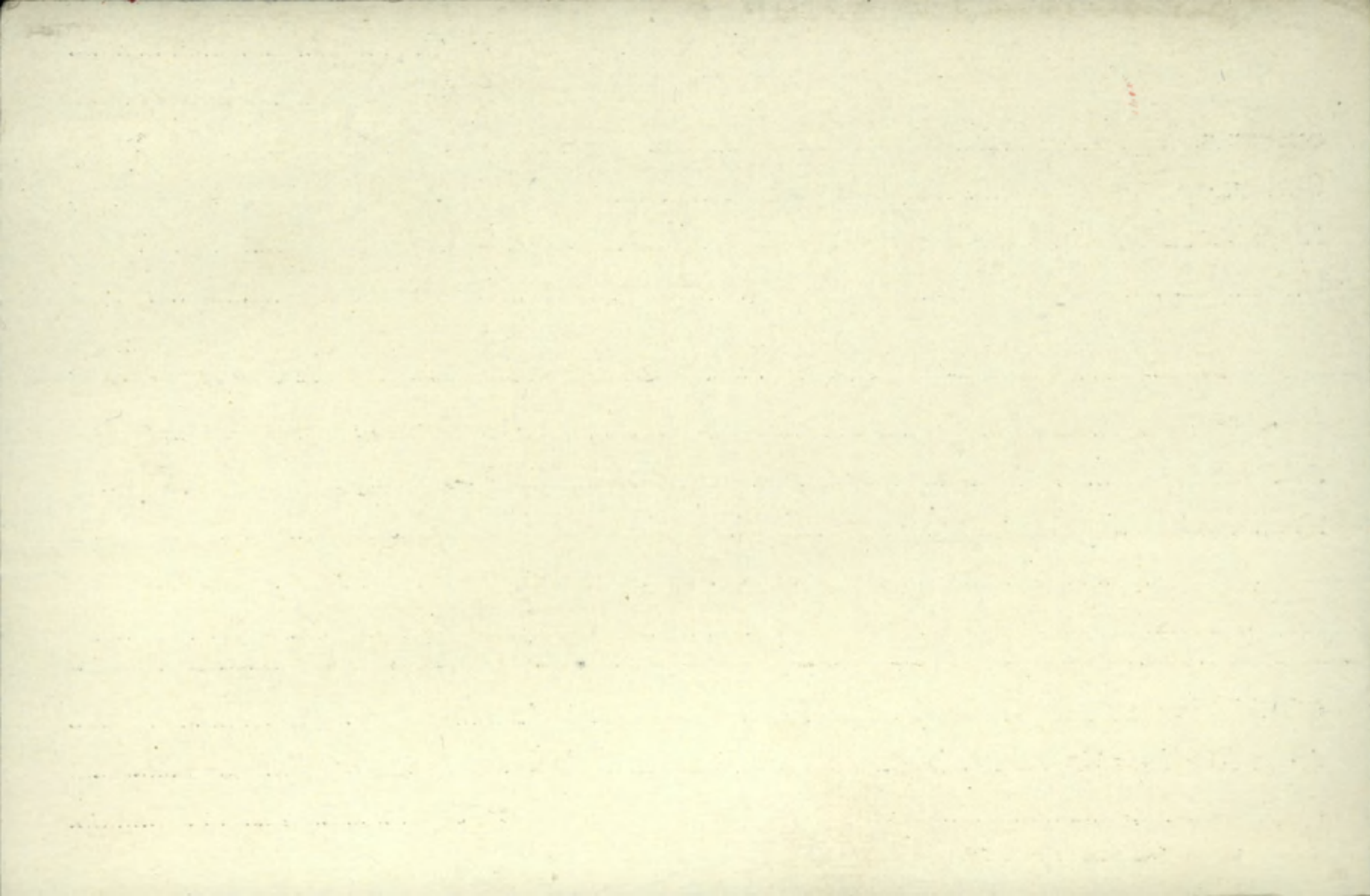
RESULTS

(See Document Card for M.H. Sheet and other Documents.)

Surname *Brisson* H. Q.
Christian names *Floremond Richard* M. D. No. *5-8* ✓
Regtl. No. *3283367* Rank *Ple* T. O. S. *June 7 - 1918*
Unit ~~*2nd Que Regt. 1st Depo Bn.*~~ D. O. Pt. II *159 of 8618*
C.O. J.C. Laval. (95th P. 20) S. O. S. 19
Reason
Auth.

Next of kin *Brisson, Delphis* Relationship *Father*
Address *55 Murray St, Ottawa,* Also notify:
Ont.

BORN—Place *Canada, Ottawa, Ont* Date *Nov. 10th, 1896*
ATTESTED—Place *Quebec, P.Q.* Date *June 7th, 1918*
O/S *21-7-18* $\frac{1329}{2}$ R/C *2-7-19* $\frac{360}{103}$ *ple*



Surname
Burson

Christian Name or Names
F.R.

Reg. No.
3283366

Rank
Pte

Unit
Que 10 R.

Cas. List.

17.9.18. 6319

12. CGR Bramshott. 13.9.18

1.10.18 6331

Discharged 27.9.18
Diarrhoea at

A.M.D. 2 Dept.

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BRISSONN F.R.

REGIMENT 10 Res Batts. RANK Pte No. 3283366

Date of Examination in England 13-5-19 Date of Examination in France

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



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 19
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

This is to certify that the Dental Treatment to be completed as shown here has been transferred to M. F. B. 484.

[Signature]
 Capt.
 O I/c Dental Discharge D. D. 5

HAS HE EVER REFUSED DENTAL TREATMENT? No.

- HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)
- (a) In Canada —
 - (b) In England —
 - (c) In France —

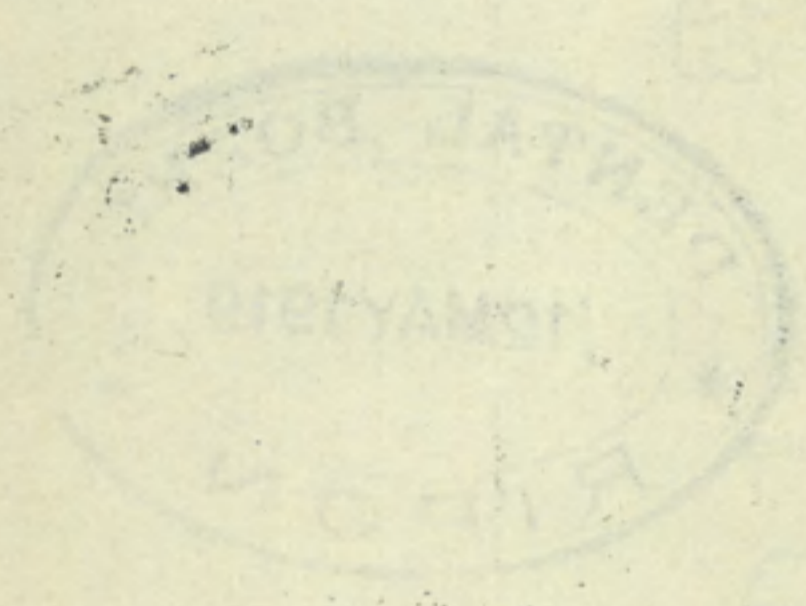
Signature of Dental Officer M. F. B.

1907

1907

1907

1907



1907

1907

1907

1907

1907

LOI DU SERVICE MILITAIRE
FEUILLE MÉDICALE

3253367

IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informera qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille Brisson Nom de baptême Florimond
2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste. } 254423
3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
4. Adresse (y compris la rue et le numéro s'il en existe).. } Tronside Wright

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le

jour de juin 1917, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé 22 ans 7 mois. 6. Âge apparent 22 ans 7 mois.
7. Hauteur 5 Pieds 5 1/2 pouces. 8. Poids 140 livres.
9. Mesure de poitrine { Minimum 33 pouces
Maximum 36 pouces } 10. Couleur Medium { Yeux Chateaux
Cheveux Noirs
11. Développement physique Bon { Bon
Moyen
Pauvre } 12. Marques de vérole.....
13. Nombre de vaccinations { Bras droit 1
Bras gauche..... } 14. Dernière vaccination Bas âge
15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

16. Défauts légers insuffisants pour l'exemption.....
Le sujet nie avoir souffert de { Rhumatisme
Tuberculose
Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme
Tuberculose
Syphilis }

(Rayez la maladie admise ou soupçonnée.)
Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie All vision normal
Hearing normal

H. M. Garin Capt. President.
W. H. Gale Capt. Membre Membre

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
<u>28/6/18</u>	<u>+</u>	<u>Dr. Desjardins</u> O.M.	<u>7/6/18</u>	<u>Tab</u>	<u>Dr. Desjardins</u> O.M.
		O.M.	<u>25/6/18</u>	<u>Tab</u>	<u>Dr. Desjardins</u> O.M.
		O.M.	<u>5/7/18</u>	<u>Tab</u>	<u>Dr. Desjardins</u> O.M.

Enrôlé le 7 jour de juin 1917 à Quebec

CORPS	No. dans le régiment	HABITUDES	DATE
<u>1st. Depot Bn. 4th. Quebec Rgt.</u>	<u>3283367</u>		<u>7/6/18</u>

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

QUARTIER	DATE	MALADIE	RESULTAT

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Signature de l'homme

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3283366 Rank Pta. Surname BRISSON
 (Given name in full)
Florina Richard

Unit or Corps 10th. Can. Res. Bn. Birthplace Ottawa, Ontario.

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

I. GENERAL DESCRIPTION:

Physique Good Weight 158 lbs. Height 5 ft. 6 in. Colour of Eyes Grey
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of Mentality no Muscular System no Digestive System yes
 Osseous and Joint System no Any other general condition no

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

M.A.S. #12 C.S.H. 12/9/18 to 27/9/18
Diarrhoea. Recovered.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Rapon (Overseas)

Date May 12/19

Signed Per: Cohen Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature A. Brisson

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at QUEBEC, P. Q. (Canada)

Date JUL 3 1919

Signed J. McHenry M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Clayton* 2. Surname *Bruce*

3. Rank *Platoon Leader* 4. Original Unit *2nd Canadian Coy. C.I.C.* 5. Reg. No. *3283366*

6. Address, in full, to which future payments of gratuity are to be forwarded *61 Murray St. Ottawa, Ont.*

7. Date of enlistment in the C.E.F. *7/6/18*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*

9. Relationship of such dependent *Not applicable*

10. Address, in full, of such dependent *Not applicable*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *In Canada 1st/11/18 to 21/12/18*

*2nd Canadian Coy. C.I.C. 7/6/18 till 21/12/18 in England
10th Canadian Res Bn from 8/8/18*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. No
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. No
20. Have you been issued with a War Service Badge? If so what class? No
21. Have you, during the present war, served in the Imperial Forces? No
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. No
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? No
- (b) If so, was such reversion in consequence of misconduct or inefficiency? No
24. Are you now serving in the C.E.F.? No If not, give:—(a) Date of discharge 4-7-19. (b) Reason for discharge Deserter.
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit. ~~.....~~
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit. ~~.....~~
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No
- (b) If so, are you in receipt of full pay and allowances from that Department? No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: A. Brisson
 Place of Residence: 61 Murray St. Ottawa, Ont.
 Declared before me at: Rifton, Yorks, England
 This 15th day of May 1919.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED.

A. J. Macpherson

POST DISCHARGE PAY.

10th CANADIAN RESERVE BATTALION

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct.

District Paymaster.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
	3283366	Pte	Brisson	Flarimond
Year	Unit.		Age.	Service.
	10 th Res Btn		22	3/12.

Station and Date. Disease

Brouhaillat. Illness began 3 days ago, dizziness, headache, general malaise, diarrhoea, no nausea or vomiting, chief sensations. Crampy abd pain. 5-6 stools daily loose watery. ~~at~~ Carried on to parade until afternoon of the 12th when admitted to hospital.

Exam. face flushed, patient somewhat toxic. Mucous, tongue moist coated, flabby. Throat negative. Pupils active equal, in an good colour.

Abdomen - spleen + liver not palpable, some tenderness over caecum. Some borborygmi otherwise negative.

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

*Florismond
Richard*

Rank *92nd Dft* Name *Brisson* Reg'l No. *3283366*
 Unit *C O T C LAVAL UNIV* If in perm. Corps, }
 What Unit? }

Married or Single *Single*

Place and Date of Enlistment *Quebec June 7-18* Place of Birth *Ottawa*

Name and Address, Next-of-Kin *Delphis Brisson*
55 Murray St Ottawa. Relationship *Father*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
<i>19.8.18</i>	<i>10th Res</i>	<i>T.O.S.</i>	<i>B'shatt</i>	<i>8.8.18</i>	<i>8.8.18 S.S. SOMA T</i>
<i>24 6 19</i>	<i>4</i>	<i>50 St Canada St 84</i>	<i>Refm Pt</i>	<i>25 6 19-147</i>	<i>DO 195.</i>
<i>S.L.84 D.D.4507E/25-6-19</i>					

Date of Enlistment 7-6-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **B** 18571

1-8-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

9876543210

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion *C. O. J. C. Laval.* *Dft 92.*
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name _____
 Address _____
 Change of Address _____
 1 MME. D. BRISSON
 2 55 RUE MURRAY
 OTTAWA, ONT. 15 15.00
 3 A-C 3283366 PTE. FLORIMOND R. BRISSON
 FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug	X 38220		15	15	✓
Sept	D 39751		15	15	✓
Oct	F 43573		15	15	
Nov	B 55142		15	15	✓
Dec	C 67770		15	15	
Jan	H 71036		15	15	
Feb	I 80063		15	15	
MAR	F 86379		15	15	
APR	G 1747		15	15	
May	S 6832		15	15	
June	Q 10237		15	15	
July	R 17999		15	15	
			180	180	

1554-7-10

ENTERED IN
 TOMB LEDGER
 AUG 24 1918
 M.F. W. 123.
 400M. 6-17-1772-38-1141
 L. L. 22240-M. & D. 1983.
 COUCHER SECTION

M.A.#5
 A/c Closed 3-7-19
 Ret'd per *Carensa*
 Date *2-19-19* F.X. *11-19*
 Clerk *R Smith*

In Ro. 6304 Des. 11-7-19

AUDITED

AUTHORITY FOR NEW ACCT. *M.D. 5-B-7*
A. Armstrong 22-8-18

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
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4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 120).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Disch. (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 44a).
10. Dispersal Certificate (C.D.S).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 551).
13. Pay Book (P. 564).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sanitary Licenses.

Group..... *M*
 Checked by No..... *21*
CMS
 Date..... *10-6-19*

F. M. T. CARONIA

SAILING JUL 14

Embarked 25, 6, 1919

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area 33
 Service Group
 Occupational Group 3
 W.S.B. Class

1. No.	3283366	
2. Rank	Pte.	
3. Name	BRISSON, Florimond.	
4. Unit	10th. Canadian Reserve Battalion. Quebec Regt.	
5. Date of Discharge	JUL 4 1919	Place <i>Quebec</i>
6. Reason for Discharge	DEMOBILIZATION, <i>Cat. H</i>	
7. Authority	<i>Parl. Order # 185 of 4-7-19</i>	
8. Proposed Residence after Discharge	<i>Transportation to</i> 61 Murry St. Ottawa, Ontario.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.	
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
	M. F. W. <i>339</i>	
	<i>J. B. Brisson</i> Signature of Soldier.	
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
	Place <i>Quebec</i>	
	Date <i>JUL 4 1919</i>	
	<i>[Signature]</i> Commanding Dispersal Station (O. C. Discharging Unit.)	

Address.
#61 Murray, Str.
Ottawa,
Ont.

* Strike out whichever inapplicable.

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA.

NAME: BRISSON, Florentine Richard

EFFECTIVE DATE: 1-8-18

NUMBER: 3283366

AMOUNT: \$15

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

mother Mrs. D. Brisson

P.A. from Canada 1-8-18 Pte.

55 Murray St. Ottawa Ont.

Stopped 1/6/19

UNIT AND TRANSFERS

ORIGINAL UNIT: Draft No. 92, C.O.T.B. Laval mtd's

DATE ACCOUNT FIRST OPENED: 1-8-18

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

10th Res.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

27579 648 10 Res. 19.96

3 DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS CE ALL'CE

1- 10

Ledger Bal 46.52

L.P.C. C^o Bal 26.56

PARTICULARS OF RENDERING NON-EFFECTIVE:

Trfd to Can 1/6/19 - NR 9833 - Report to Ripon - 27/9 - NR 3 - L.P.C. 28-5-19

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31-7-18											
1918	Bal. from Canada								19.10		
Aug	PP.	3410		Can AP				15	38.20		
				AR 2386 Truroham 15/8/18	4.87				33.33		
					4.87			15	18		
Sept	PP	33		AP				15	51.33		
				AR 3406 12 CGH 18.9-18	4.87				46.46		
				" 4952 Breusham 2.9-18	4.87				41.59		
				" 1551 10 Res 26-4-18	4.87				36.72		
					14.61			15			
Oct	"	3410		Can				15	55.82		
				AR 1801- 10 Res - 16/10	7.30				48.52		
				Q 87 - " - 1/10	1.46				47.06		
				AR 2017 - " - 25/10	5.11				41.95		
					13.87			15			
Nov	"	33		Can				15	59.95		
				AR 2282 - " - 12-11	10.22				49.73		
				" 2442 - " - 17.11	24.82				24.91		
				" 2593 - " - 5.12	5.36				19.55		
Dec	"	3410		Can				15	38.65		
				AR 2788 - " - 19.12	9.73				28.92		
Jan	"	3410		Can				15	48.02		
					50.13			45			
Feb	"	30 80		AR 3082 - " - 10.1.19	7.79				40.23		
					7.79			15	56.03		
				" 3314 - " - 25.1	7.79				48.24		
				✓ 3526 - ✓ - 14.2	7.30				40.94		
					22.88			15			

COMPILED BY
CHECKED BY

Trfd

over

over

NUMBER 3283366

RANK *Plt.*

NAME BRISSON - F. R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>Feb</i>	<i>Fwd.</i>	<i>30</i>	<i>80</i>		<i>22.88</i>			<i>15</i>	<i>40.94</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Mar</i>	<i>pp</i>	<i>34</i>	<i>10</i>	<i>AR 3704 - 10Rs - 25.2.19</i>	<i>7.79</i>			<i>15</i>	<i>60.04</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<i>✓ 3927 - ✓ - 11.3.</i>	<i>7.30</i>				<i>52.25</i>		
		<i>64.90</i>			<i>37.97</i>			<i>30 -</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Apr.</i>		<i>33 -</i>		<i>✓ 4161 - ✓ - 25.3.</i>	<i>7.30</i>			<i>15 -</i>	<i>62.95</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<i>✓ 68 - ✓ - 10.4</i>	<i>10.22</i>				<i>55.65</i>		
<i>May</i>		<i>34</i>	<i>10</i>	<i>✓ 296 ✓</i>	<i>12.54</i>			<i>15</i>	<i>64.53</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<i>✓ 492 ✓</i>	<i>14.5</i>				<i>56.74</i>		
		<i>67.10</i>			<i>35.53</i>			<i>30 -</i>	<i>46.52</i>		
<i>June</i>				<i>✓ 648 ✓</i>	<i>27.5</i>	<i>19.6</i>					
				<i>" 1024 -</i>	<i>19.6</i>	<i>9.73</i>	<i>29.19</i>		<i>16.83</i>		
					<i>29.69</i>						

S.O.S. Can. 25.6.19
S.L. 84 10Rs.

LPL