

M. D. ..... Regt. No. **3321875**

## PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class..... **1**.....)

---

1. Surname.....	<b>Lapointe</b>
2. Christian name.....	<b>Joseph Leo</b>
3. Present address.....	<b>Pembroke Ont Genl Del</b>
4. Military Service Act letter and number.....	<b>PC 961853</b>
5. Date of birth.....	<b>24th Oct 1896</b> <i>5/30</i>
6. Place of birth..... <small>(town, township or county and country)</small>	<b>Mattawa Ont.</b>
7. Married, widower or single.....	<b>Single</b>
8. Religion.....	<b>R.O.</b>
9. Trade or calling.....	<b>Engineer (Stationary)</b>
10. Name of next-of-kin.....	<b>Miss May Lapointe</b>
11. Relationship of next-of-kin.....	<b>Sister</b>
12. Address of next-of-kin.....	<b>Pembroke Ont Genl Del.</b>
13. Whether at present a member of the Active Militia.....	<b>No</b>
14. Particulars of previous military or naval service, if any.....	<b>NI<sub>1</sub></b>
15. Medical Examination under Military Service Act:—	
(a) Place.....	<b>Ottawa, Ont.</b>
(b) Date.....	<b>21st May, 1918.</b>
(c) Category.....	<b>All</b>

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### DECLARATION OF RECRUIT

I, **Joseph Leo Lapointe**, do solemnly declare that the above particulars refer to me, and are true.

*Joseph Leo Lapointe* (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age.....	<b>22</b>	yrs.....	<b>8</b>	mths.....	Distinctive marks, and marks indicating congenital peculiarities or previous disease.  <b>Scar left shin.</b>
Height.....	<b>5</b>	ft.....	<b>5½</b>	ins.....	
Chest measurement } fully expanded.....	}	range of expansion.....	<b>37</b>	ins.....	
			<b>2½</b>	ins.....	
Complexion.....		<b>Dark</b>			
Eyes.....		<b>Blue</b>			
Hair.....		<b>Dk. Brown</b>			

---

*A. B. ...* Lieut. Col.  
O. C. **2nd. Depot Bn. E. O. R.** Depot Btn.  
..... Regt.

Place **OTTAWA** Date **MAY 21 1918**



PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Surname  
2. Christian name  
3. Present address  
4. Military service number and number  
5. Name of unit  
6. Place of birth  
7. Height, without or with  
8. Religion  
9. Trade or calling  
10. Years of residence  
11. Relationship to next of kin  
12. Address of next of kin  
13. Whether or person a member of the Indian  
14. Particulars of previous military or naval service, if any  
15. Medical examination under Military Service Act

(a) Place of birth, (b) Date of birth, (c) Category

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars relative to me are true and correct.

(Signature of Recruit)

DECLARATION OF CALLING OFFICER

Height  
Weight  
Chest (with arms extended)  
Chest (without arms extended)  
Length of arm  
Length of hand  
Length of middle finger  
Length of index finger  
Length of ring finger  
Length of little finger  
Length of thumb  
Length of foot  
Length of instep  
Length of heel  
Length of ball  
Length of toe  
Length of nail  
Length of ear  
Length of earlobe  
Length of ear canal  
Length of ear drum  
Length of ear ossicles  
Length of ear muscles  
Length of ear nerves  
Length of ear vessels  
Length of ear glands  
Length of ear cartilage  
Length of ear skin  
Length of ear hair  
Length of ear wax  
Length of ear sweat  
Length of ear tears  
Length of ear saliva  
Length of ear mucus  
Length of ear cerumen  
Length of ear sebum  
Length of ear sweat  
Length of ear tears  
Length of ear saliva  
Length of ear mucus  
Length of ear cerumen  
Length of ear sebum

MAY 21 1918

RECEIVED

Place  
M. S. No.  
M. S. No.  
M. S. No.



REGIMENTAL DOCUMENTS

ME 16  
24-4-11

Pte NAME Lapointe Joseph Leo

REGT. NO. 3321875 UNIT 2nd Dpo Bn EOR H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1221 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		M			Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)				09081	
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Remob
1 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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
2 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
misc 1					
1 6AD6 5009A					
1 DMS 1375					
1 index					







NAME.

Lapointe

RANK.

Pte

REC. FILE.

2-3

Joseph Leo.

No.

3321875

649-6-14176

CORPS.

2nd. Dpo. Bn

H. Q. FILE.

(46th Rd)

ENLISTMENT, PLACE.

Ottawa, Ont.

DATE.

May, 21st. 1918.

BIRTH

DISCHARGE, PLACE.

Canada, Mattawa, Ont.

DATE.

Oct. 24th 1895.

REASON.

S.O.S. Dis Temp.  
21-3-19 Cont'd 20/84  
4-25-3-19 + 3/20.

ADDRESS ON DISCHARGE.

T. O. S. May 8. 1918.

D. O. Part II No 129

DOCUMENTS.

NEXT OF KIN

Lapointe, Miss. May

RELATIONSHIP

Sister

ADDRESS

Gen. Del. Pembroke, Ont.

0/8. 11-7-18 <sup>13/12</sup>/<sub>2</sub>



R/C 1-3-19 <sup>272</sup>/<sub>31</sub> Pte.



CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED  
BY

DATE

TO

DATE

BY

RECEIVED  
BY

DATE

*[Faint handwritten marks and scribbles in the first 'RETURNED' column]*





*low*  
Number

3321875

Rank

*Pa*

*B*

Surname

LAPINTE

Christian Name

Joseph Les

Unit

*EOT*

Theatre

*England*

Date of Service

22-7-18

Remarks

Isabelle St

Latest Address

Box 304

Pembroke

Ont

Roll No.

*A Page 760*



g 46035 em

AUG 23 1921



No 3321875 RANK Pte.

NAME Lapointe J. L.

T. O. S.

UNIT 2nd Depot Battalion C.O.R.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 8	1918 May 31 June	m v	Overseas	







KR Rank Name LAPOINTE. Joseph Leo. Reg'l No. 3321875.  
 46th Tfr 2nd Bn. E. O. R. If in perm. Corps, }  
 Unit What Unit? } Married or Single Single  
 Place and Date of Enlistment Ottawa May 21 1918 Place of Birth Mattawa Ont.  
 Name and Address, Next-of-Kin Miss May Lapointe.  
 Pembroke Ont. General Del. Relationship Sister.

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

10604  
 N/E. R.B. No.  
 File R.L.  
 Category: Can OR

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.				
		EMB. City of Vienna		28 6 18	
		RE-EMB. THONGWA		10 7 18	
		Arrived in England		22-7-18	
30 7 18	6th Recon. T.O.S. from Canada		Seafox	22 7 18	Pls. T. No. 178.
15-11-18	"	Posted to EOR dx is attached to the Batta from EOR dx	" Witley	15-11-18	E.O.R.D. No 288 of 20-11-18. 269
18-11-18	"	Ceases to be attached.	" "	18-11-18	E.O.R.D. No 289 of 21-11-18. 271
8-1-19	E.O.R.D. On Comd Rlye No 3		" "	8-1-19	No. 6 7 No 3 No 107 7-1-19
22 2 19	Inds	SOS to CEF Canada Sailing 18	Rlye	18 2 19	- 46 and E.O.R.D. No. 163 D. 10/19



















INSTRUCTIONS

The following instructions should be read carefully before attempting to use this form. The instructions are divided into two parts: (1) General instructions and (2) Instructions for the use of the form.

1. General instructions

(a) This form is to be used for the purpose of recording the results of the examination of the patient's teeth.

(b) The form should be filled out by the examiner at the time of the examination.

(c) The form should be filled out in ink.

(d) The form should be filled out in the patient's presence.

(e) The form should be filled out in a clear and legible manner.

(f) The form should be filled out in a systematic manner.

(g) The form should be filled out in a complete manner.

(h) The form should be filled out in a thorough manner.

(i) The form should be filled out in a detailed manner.

(j) The form should be filled out in a comprehensive manner.

THE UNIVERSITY OF CALIFORNIA  
DENTAL CLINIC

DEPARTMENT OF DENTISTRY  
UNIVERSITY OF CALIFORNIA

UNIVERSITY OF CALIFORNIA  
DENTAL CLINIC  
DENTAL HISTORY SHEET



M.D. 3

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

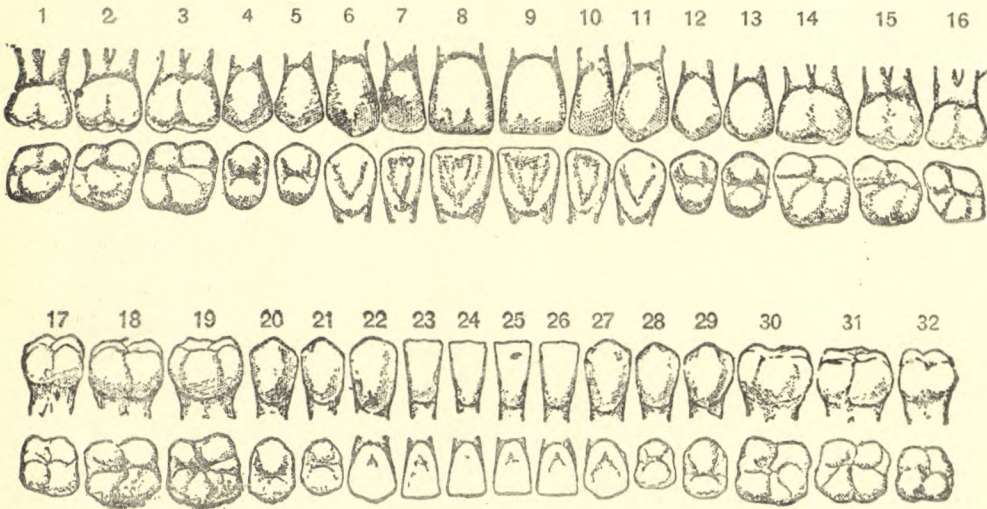
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) LAPOINTE, J. L.

REGIMENT Draft 46. RANK Private No. 3321875

Date of Examination in England 8/1/19. 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

2. EXTRACTIONS

*fit.*

3. CROWNS

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) ~~In Canada~~

(b) ~~In England~~

*no*

(c) ~~In France~~

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

*C. C. Graham Capt*



3-11-11



MEMORANDUM FOR THE RECORD

LAPINTE, J. J.

1911

1911

1911

Vertical text on the left margin, likely bleed-through from the reverse side of the page.

- 1. [illegible]
- 2. [illegible]
- 3. [illegible]
- 4. [illegible]

23



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

THIS SECTION FOR USE OVERSEAS

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. 3321875 Rank Pte. Surname Lapointe  
(Given name in full)  
Joseph Leo  
 Unit or Corps 3rd Sub Depot Birthplace Montreal Ont.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 140 lbs. Height 5 ft. 6 in. Colour of Eyes Blue  
 Nutrition good  
 Pulse 80  
 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 no  
 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.**

no an complaint of having had  
rheumatism since life.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....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 Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at...*Ottawa*.....(Canada)

Date .....*18-3-19*..... Signed ...*R. B. Jordanman 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 *J. L. Laporte*.....

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

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

*approved*  
*R. M. [unclear]*  
*for a [unclear]*

*18.3.19*

[OVER]



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

*The Service Badge Class.....*  
 No. .... Issued

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

Name (in full) 3321875 Private enlisted in

the LAPORTE, Joseph Leo

CANADIAN EXPEDITIONARY FORCE at 2nd Depot Battalion, E.C.F. on the

day of Ottawa 19 8th

HE served in May 18.

and is now discharged from the service by reason of Canada, England

DEMOBILIZATION R.C. 1420.

XXXXXXXXXXXX

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

Age 23 yrs 5 mths

Height 5' 5 1/2"

Complexion Dark

Eyes Blue

Hair Dark Brown

Marks or Scars .....

.....

.....

.....

.....

.....

Signature of Soldier  
*LePorte J.L.*

*F.V. Matthews*

Issuing Officer

Rank

Appointment

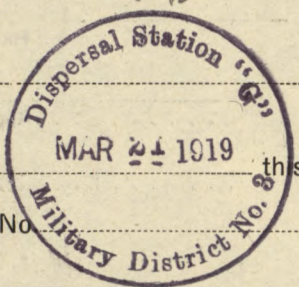
Date of Discharge .....

Signed at MAR 21 1919 this Capt. day of 19

in Military District No. 2

March 21st 1919

File Reference No. ....



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. \_\_\_\_\_ (Rank) \_\_\_\_\_ Name \_\_\_\_\_

Unit \_\_\_\_\_

Address on Discharge \_\_\_\_\_

Character and Conduct \_\_\_\_\_

Former Occupation \_\_\_\_\_

Special Qualifications of Value in Civil Life \_\_\_\_\_

Medals and Decorations \_\_\_\_\_

Remarks \_\_\_\_\_

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Name of Officer

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-	LAPORTE Joseph Leo. <span style="float: right;">B</span>
EFFECTIVE DATE:-	1-7-18.	EFFECTIVE DATE:-		NUMBER:-	3321875
AMOUNT:-	15 <sup>00</sup> .	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
	Mrs Mary J. Laporte (Sis-Mother) Pembroke, Ont.	P.O. 178	22.7.18 Pts.

UNIT AND TRANSFERS	ORIGINAL UNIT:-	DATE ACCOUNT FIRST OPENED:-	
On 49 Draft. 1 <sup>st</sup> R. Bn. E. O. R.	6TH. CAN. RES. BATTN.	1-7-18	
AUTHORITY	DATE EFFECTIVE	DATE LEGER SHEET T'S'D	UNIT TRANSFERRED TO
			6 <sup>th</sup> Res Canada Sec.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
29/1/18	10900	Witley	£2 9 73				
10/2/18	11852	✓	£3 14 60				
			24 33				

PARTICULARS OF RENDERING NON-EFFECTIVE: - Transfer to <sup>21/11/18</sup> NR 42 14/1/18 Witley 1174. L.P.C. Bal Cr. 46 31 Led Bal Cr 7064

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
JUNE, 30.	CR BAL CANADA								1920		
July/Aug.	919	68 20		bal. July/Aug.				30			
		33 -		AR 5 4/16/18	5						
				2019 7/26/18	4 87						
				3211 6 Res 16.8.18	4 87						
				3818 " 30.8.18	9 73				3298		
Sept	P.P.	33 -		bal	24 47			30			
		33		AR 4538 28/9/18 6 Res	9 73			15 -	41 20		Balance Agreed 30/9/18
					41.20			15 -			
Oct.	/	34 10		C.A.P.				15			
				AR 5273 10/10/18 6 Res	7 30						
				5747 26/10/18	9 73				43 77		
		34 10			17 03			15			
Nov.		33		C.A.P.				15			
				AR 5873 15/11/18 6 Res.	9 73						
Dec		34 10		Ca R				15			
				10900 29/1/18 Gen Sup	9 73						
				11852 17/2/18	14 60				46 31		
		67 10			34 06			30 -			
Feby				AR 13611 21/1/19. Remit. <sup>P.P.C.</sup> <sub>Financial</sub>	9 73				36 58		
					9 73						

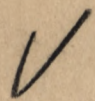
RECEIVED BY: *W. Barrow*  
 COMPILED BY: *W. Barrow*  
 CHECKED BY: *W. Barrow*







MME

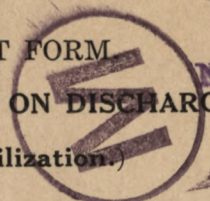


War Service Badge Class ~~A~~

SHORT FORM  
PROCEEDINGS ON DISCHARGE.

No. ~~102869~~ Issued

(Demobilization.)



1. No. 3321875		
2. Rank. Private		
3. Name. LAPOINTE, Joseph Leo		
4. Unit. 2nd Depot Battalion E.O.R.		
5. Date of Discharge	March 21st/19	Place Ottawa, Ont.
6. Reason for Discharge..... <b>DEMOBILIZATION</b>		
7. Authority. R.O. 1420, #3, DD. 3-L-2092.		
8. Proposed Residence after Discharge..... Pembroke, Ont. Box 563		
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.?  Lapointe J.L. Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Ottawa, Ont. Date March 21st, 1919  G.V. Heathcott Signature..... Captain for O. C. Dispersal Area Station G. (O. C. Discharging Unit.)		











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



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

M. F. W. 54. (A. F. B. 103.)

500M.—9-16  
H. Q. 1772-30,920.

# Casualty Form—Active Service.

2nd. DEPOT BATTALION,

Unit, Regiment or Corps..... Eastern Ontario Regiment

Regimental No. 3321875 Rank Private Name Rapointe, Joseph Leo

Enlisted (a) 8-5-18 Terms of Service (a)..... Service reckons from (a) 8-5-18

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

Extended..... Re-engaged..... Qualification (b) Stationary Engineer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

S. O. S. 2nd. Depot Bn. E. O. R., B. O. 179

G. S. Bowden Lieut.

a) Adjt. 2nd. Depot Batt. E. O. R. Canada 11-7-18

S. Lusinin

30/7/18.  
15.11.18

De. 6th Res.

L. O. D. 6th Res. on reporting  
to LORD

Sudford  
Witley

PT-B.O. 178.  
PT-B.O. 269

J. C. Moore

OFFICER i/c RECORDS 6th CAN. RES. BN.

15.11.18

De. 6th Res.

attached to 6th Res. hon. LORD

Witley

15.11.18

PT-B.O. 269

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered  
(b) e.g. Signaller, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.



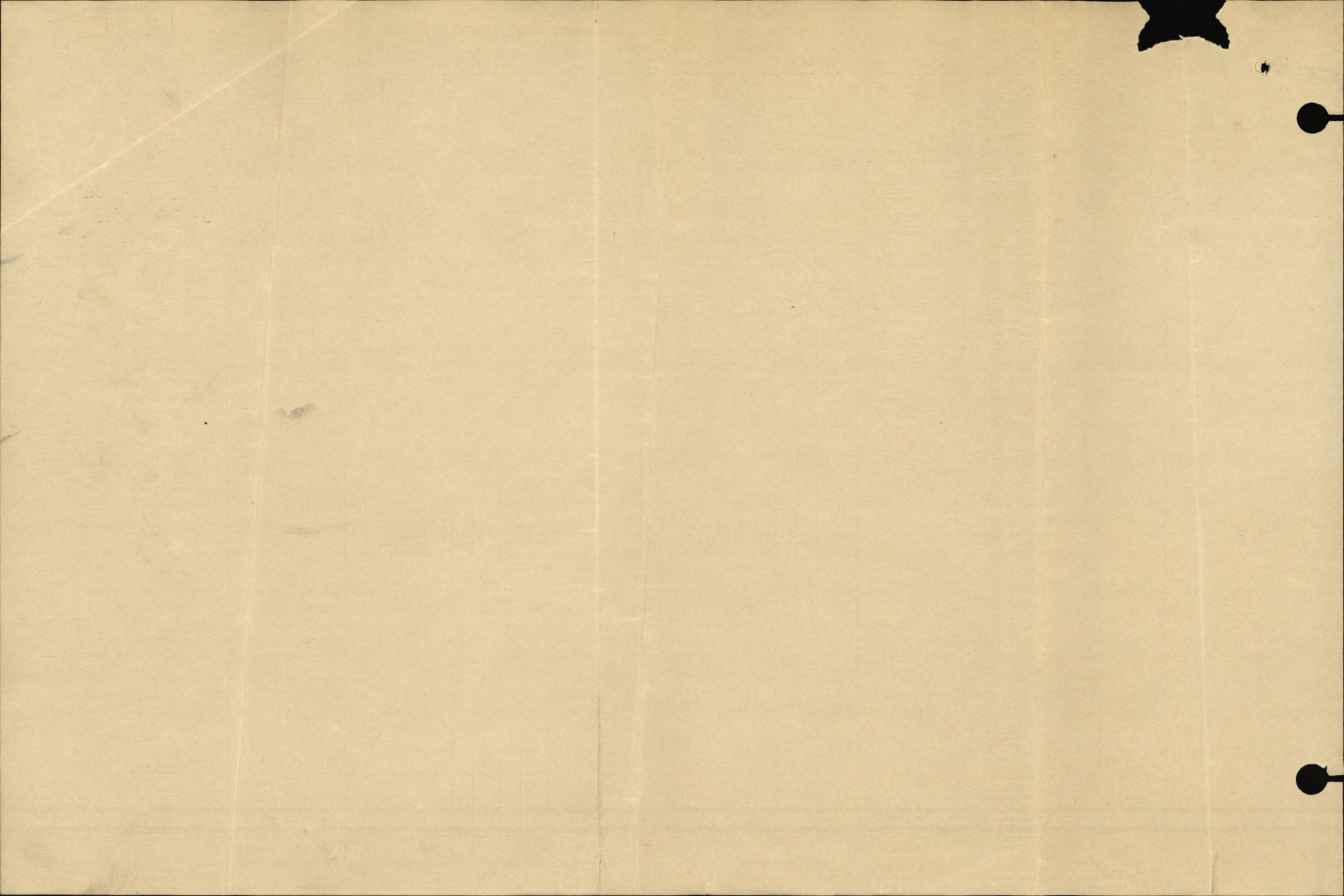
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18/11/18	Col. 6th Res.	be sent to be attached 6th Res. from E.O.R.D.	Witley	18/11/18	A. II B.D. 271 R. H. Sutshimondy Officer i/c records, 6th Can. Res. Battalion.
20. 11. 18.	E.O.R.D.	P.O.S. from 6th Res.	Witley	19. 11. 18.	D.O. 288.
21/11/18	do.	attached depot company	do	19/11/18	D.O. 289.
<del>24/12/18</del> 6/1/19	<del>E.O.R.D.</del> E.O.R.D.	<del>"ON COMMAND" 1st C.D.D., BUXTON</del> Comm 66 Camp Staff	Witley do	<del>23/12/18</del> 5.1.19	<del>D.O. 316</del> 4

*R. Edwards*  
Lieut. i/c Records,  
East Ont. Regtl. Depot.











Date of Enlistment 8-5-18

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch L

OVERSEAS CONTINGENTS

9250

1 July 1918

1 July 1918

### RATE OF SEPARATION ALLOWANCE

<del>25.00</del>	30		
	1-9-18		

PC 2753.  
M.R.O. 29532.

### RATE OF ASSIGNMENT

20.00			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. 3321875  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Joseph Leo Lapointe  
 Battalion 2nd Dep. Bn. E.O.R. 46 Dft  
 Beneficiary Mrs M. J. Lapointe M.R.O. 2554  
 Relationship Widowed Stepmother noted 22/11/18  
 Address Pembroke, Ont.

### PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1 MRS. M. J. LAPOINTE, L9250  
 PEMBROKE,  
 2 ONT. 20 25 45.00  
 3 % 3321875 PTE JOSEPH LEO LAPOINTE  
 FORTY FIVE DOLLARS  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	A 26443	25	20	45	✓
Aug	J 35640	25	20	45	✓
Sept	K 45943	25	20	45	✓
Oct	P 50709	25	20	45	✓
Nov	E 61608	25	20	45	✓
Dec.	L 63215	45	20	65	✓
Jan	P 69726	30	20	50	✓
Feb	K 79542	30	20	50	✓
Mch	G 91375	30	20	50	✓
		260	180	440	

File 10656-9-44

Dr. Henry L. H. 69322 sent 5 <sup>3</sup>/<sub>19</sub> N.S.

ENTERED IN  
 AUDIT LOGS  
 JUL 16 1918  
 W.K.S.  
 CHECKER SECTION

M. F. W. 128  
 4000x-637-172-89-1141  
 L. L. 22220-M. & D. 7563.

..... A/c Closed 31-3-19  
 Ret'd per... Seolian  
 Date... 2/3/19 F.X. 5/3/19  
 Clerk... H Davidson  
 Transf to M.D. #3

AUTHORITY FOR  
 FOR } H R M D 3 B 8  
 EW ACCT. } Mr. Seolian  
 17-7-18







RECEIVED

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Lapointe Christian name Joseph Leo  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule P.C. 961853  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
 4. Address (including street and number, if any) Pembroke - Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of May 1918 by the undersigned medical board sitting at Ottawa.

5. Age as stated 22 Years 8 Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Months  
 7. Height 5' Feet 5 1/2 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 34 1/2 Ins. 10. Complexion Dark { Eyes Blue  
 Maximum 37 Ins. Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks no

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 1 14. When vaccinated last Recent

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar left shin

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_  
 The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category Aii

17. (a) Vision R. 20/20 L. 20/20  
 (b) Hearing. R. N L. N

Chadlaw Capt President  
Mr Scott Capt Member

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
11. 5-18		<u>W Shellington</u> M.O.	<del>25-5-18</del>		<del><u>W Shellington</u></del> M.O.
		M.O.	<u>25-5-18</u>		<u>Curkowan</u> M.O.
		M.O.	<u>1-6-18</u>		<u>Curkowan</u> M.O.
		M.O.	<u>8-6-18</u>		<u>Curkowan</u> M.O.

Joined 8 day of May 1918 at OTTAWA

	CORPS	REG'TL NUMBER	HABITS	DATE
joined on enlistment	<u>2<sup>d</sup> Depot Bn</u>	<u>3321975</u>		<u>8-5-18</u>
Transferred to.....	<u>6th Res Bn</u>	<u>3321875</u>		<u>30-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Camp Witley</u>	<u>3-1-19</u>	<u>no</u>	<u>A<sup>1</sup> Calif</u> <u>Brn J. F. Fuller Capt</u>

Signature of Man







## Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank PTE Name JOSEPH LEO Surname LAPOINTE  
 Unit or Corps H6 BATT. EORD (If a soldier) Regt. No. 3321875  
 Born at MATTAWA ONT. CAN. on, date 24/10/95  
 Signature (for identification) Lapointe J.L.

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 140 lbs.  
 Height 5 ft. 6 in.

good.

**2. NUTRITION AND DIATHESIS ?**

good.

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM ?**

neg.

**4. RESPIRATORY SYSTEM ?**

neg.

**5. HEART ?**

Abnormal Sounds? none  
 Abnormal Size? none  
 Pulse Rate? 72 Intermittence or irregularity? none

neg.

**6. ARTERIES.**—Any hardening?

none

**7. DIGESTIVE SYSTEM ?**

good

**8. GENITO-URINARY SYSTEM ?**

neg.

Urinalysis—s.g.? 1.022 Reaction? neutral Albumen? nil Sugar? nil

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

Skin neg.  
ORE 6/6  
OSE 6/6  
Ear - hearing normal

J. Shalmer Capt. C.A.M.C.

**10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.**

no



**11. Opinion as to the health and physical condition of the one examined?**

good

Examined at Camp Witley Signed W. J. ... Capt M.O.  
 Date 3-11-19 Signed W. J. ... Capt M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.



Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

Officers leaving the Service upon being found unfit for general service by a Medical Board and Soldiers leaving the Service upon being found unfit for duty by a Medical Board are not to be reported on this form.

Name of Soldier: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Company: \_\_\_\_\_  
Regiment: \_\_\_\_\_  
Post: \_\_\_\_\_  
Date of Examination: \_\_\_\_\_

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE - any abnormality, malformation, or injury. If so, describe.

Height: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Build: \_\_\_\_\_  
Complexion: \_\_\_\_\_  
Hair: \_\_\_\_\_  
Eyes: \_\_\_\_\_  
Ears: \_\_\_\_\_  
Nose: \_\_\_\_\_  
Mouth: \_\_\_\_\_  
Throat: \_\_\_\_\_  
Lungs: \_\_\_\_\_  
Heart: \_\_\_\_\_  
Stomach: \_\_\_\_\_  
Intestines: \_\_\_\_\_  
Genitals: \_\_\_\_\_  
Skin: \_\_\_\_\_

2. NUTRITION AND DENTISTRY

Give a description of any abnormality and describe any malformation or disease or impairment of the parts indicated below in the margin.

3. NERVOUS SYSTEM

4. RESPIRATORY SYSTEM

5. HEART

Abnormal sounds  
Abnormal size

6. ARTERIES - any abnormality

7. DIGESTIVE SYSTEM

8. GENITO-URINARY SYSTEM

9. SKIN, MIDDLE EAR, EYE, OR ANY OTHER PART

10. Is there any evidence of impairment of health or physical condition not mentioned above?

11. Opinion as to the health and physical condition of the one examined.

Examined at \_\_\_\_\_  
Signed \_\_\_\_\_  
Date \_\_\_\_\_  
If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for further consideration.