

# ATTESTATION PAPER.

No. 345268

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Leclair,
- 1a. What are your Christian names?..... Joseph Aime,
- 1b. What is your present address?..... 418 Rideau St. Ottawa, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Ottawa, Ont. Canada,
- 3. What is the name of your next-of kin?..... Oscar Leclair,
- 4. What is the address of your next-of-kin?..... 418 Rideau St. Ottawa, Ont.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Dec. 26th. 1897.
- 6. What is your Trade or Calling?..... Book Keeper
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia? OF No.  
NAVY No.
- 10. Have you ever served in any Military Force?..... No.  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } Yes.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? .. --
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? ..... No.
- 16. If so, what was the reason?..... --

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Aime Leclair, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date April 19th. 1918. Joseph Aime Leclair (Signature of Recruit)  
W. H. [unclear] (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Aime Leclair do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date April 19th. 1918. Joseph Aime Leclair (Signature of Recruit)  
W. H. [unclear] (Signature of Witness)

### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Ottawa this 19th day of April 1918.  
Wm. H. [unclear] (Signature of Justice)

Description of LECLAIR, Joseph Aime on Enlistment.

Apparent Age 20 years 4 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 4 ins.

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

Complexion Fresh

Eyes Blue

Hair Brown

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

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Vac. Mx. left arm (Childhood)  
Scar back of neck

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* FIT for the Canadian Over-Seas Expeditionary Force.

Date April 19th. 191 8.

Place Ottawa, Ont.

*W. MacLeod M.D.*  
*W. MacLeod*  
Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Aime Leclair having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

*W. MacLeod* Captain,  
(Signature of Officer)

O.C. 74th. Battery CFA. CEF.

Date April 22nd. 191 8.

af 3-19

Pte **LECLAIR, JOSEPH, AIME**

345268- 2<sup>nd</sup> D.B.E.O.R

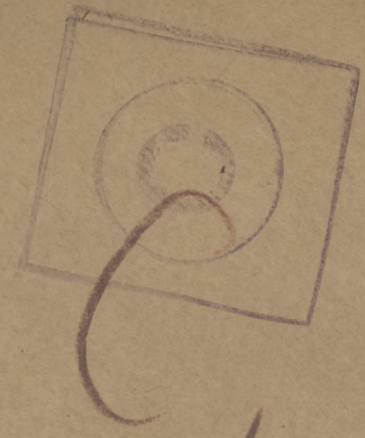
**S**

**O. H. M. S.**

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*WLB — /*

16984



LEDGER No. 3494

SERIAL No. A 13732

REG. NUMBER 345268 NAME Leclair J A

RANK DM CORPS 2nd C.A. Band

AGE 20 SERVICE C. 5/12

NAME OF HOSPITAL Fleming (Conva) PLACE Ottawa

DATE OF ADMISSION 30/9/18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Unit 31/10/18 IN CATEGORY a

REMARKS:.....

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.....

.....

Rank

Name

*Leclair J. A.*

Regt'l No.

*342568*

T.O.S.

*29-1-18*

B.O. No.

*305*

Serial No.

Examined at

Date

*"D"*  
Co.

Nationality

Born at

Date

Age

yrs.

mos.

Height

ft.

Ins.

Chest

Ins.

Weight

lbs.

Complexion

Eyes

Hair

Distinctive Marks

Category

Married or Single

Religion

Occupation

Next of Kin

S.O.S.

Date

*28. 11. 18.*

B.O. No.

*334*

Overseas.

Date

B.O. No.

Tr. id to

Date

B.O. No.

B O.No.	Part	Date	Nature of Casualty	Remarks
311	7	7-11-18	Sick leave 30-10-18 to 11-11-18	
<del>B O 324 F/L EXT, TO 1-12-18</del>				
324	6	20/1/18	S.L. 21/1/18 to 4/2/18	80% Pay day for that period
8/11/18				



SURNAME. *Leclair*

CHRISTIAN NAMES

*23-68 Joseph Aime*

REGL. NO. *348-268*

RANK *Gr.*

UNIT *74<sup>th</sup> Spo. Bty.*

FORMER CORPS

*nil.*

3.

CARD NO.

*S.O.S. Div. "Demob."*

*28-11-18 No. 0-374 of  
30/11/18 FOLL. 7<sup>th</sup> C. B. R.  
3*

T. O. S. *April 22 1918*

D.O. Part II No. *414*

NEXT OF KIN.

NAMES IN FULL

*Leclair, Oscar*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*418 Rideau St., Ottawa Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada, Ottawa Ont.*

DATE

*Dec. 26th, 1897*

PLACE OF ATTESTATION

*Ottawa Ont.*

DATE

*Apr. 22nd, 1918*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

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

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

500M.—9-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

74th BATTERY, C. F. A., C. E. F.

Unit, Regiment or Corps.....

Regimental No. 345268 Rank Gunner Name LECLAIR, Joseph Aime

C. E. F.

Enlisted (a) 22-4-18 Terms of Service (a) C.E.F. Service reckons from (a) 22-4-18.

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

Extended ..... Re-engaged ..... Qualification (b) Bookkeeper

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				
Transferred to		2nd Tank Battalion effective	24-9-18.	Auth.	Camp Order <u>1250</u> .
					<u>Thomas</u> Captain O C 74th Battery, C. F. A., C. E. F.
28/1/18		S. O S. 2nd. Depot Bn.	E. O. R., B. O.	334.	

*[Signature]*  
..... Lt. Col.  
O. C. 2nd. Depot Batt., E. O. R.

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

2nd. Depot Bn. E. O. R.

Army Form 101-1  
Casualty Form - Active Service

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				

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Leclair, J. A.

REGIMENT 7th Bn. Battery,

RANK Emt.

No. 245268



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

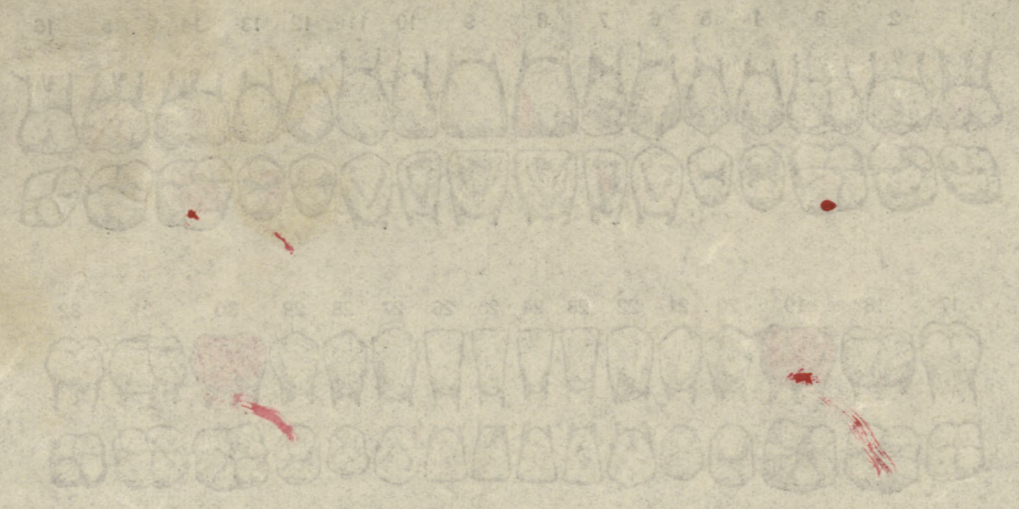
Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
											U	L	P			Gold	Porcelain				
1918																					
Apr 25		4 3-7-13 14												1 8-1	2 19-30				Lieut M. M. M. M. M.	3	
" 25																			" "	3	Patient O.K.
Nov 28																			R.A. Patterson Lieut	3	Car: 2-10-15-18-23-24-19 Condition on discharge same as above

INSTRUCTIONS

1. On examination the condition of patient's mouth is to be noted on the form in red ink.
  2. On the line of report record of treatment is made in red ink.
- Only such cases to be made as this sheet as well show
1. Condition of patient's mouth, in red
  2. Condition of teeth, in red
  3. Condition of dentures, in red



MADE IN CANADA

TEETH HISTORY SHEET

PATIENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

74th BATTERY, C.F.A., C.E.F.  
**MILITARY SERVICE ACT, 1917.** #345268  
 2nd Depot Bn. E.O.R.  
**MEDICAL HISTORY SHEET.** Original.

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 of 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 Leclair Christian name Joseph Anne  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....  
 3. Consecutive number on schedule of men reporting for service (if he appears) on it.....  
 4. Address (including street and number, if any) 418 Rideau St Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th, day of APRIL, 1918 by the undersigned medical board sitting at Ottawa.

5. Age as stated 20 Years 4 Months. 6. Apparent age..... Years..... Months  
 7. Height 5 Feet 4 Inches. 8. Weight 143 Pounds.  
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Fresh. { Eyes Blue.  
 { Maximum 36 Ins. { Hair Brown.  
 11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.

13. Number of vaccination marks { Right arm.....  
 { Left arm 1. 14. When vaccinated last Childhood.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease  
Scar back of neck.

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 All.  
 17. (a) Vision R. 6/6 L. 6/6  
 (b) Hearing. R. Normal. L. Normal.

M. Woodhead Major President.  
C. Leighton Member. A. Daves Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
28.4.18	M.O.	<u>W. Shillington</u>	28.4.18	M.O.	<u>W. Shillington</u>
	M.O.		3.5.18	M.O.	<u>W. Shillington</u>
	M.O.		8.5.18	M.O.	<u>W. Shillington</u>

Joined 22nd day of Apr 1918 at Ottawa, Ont

CORPS	REG'TL NUMBER	HABITS	DATE
74th BATTERY, C.F.A., C.E.F.	345268		Apr 22/18
Joined on enlistment			
Transferred to.....			

**EXAMINED OR DISCHARGED BY A MEDICAL BOARD.**

STATION	DATE	DISEASE	RESULT
<u>Peterborough</u>	<u>Sept 7</u>		<u>A II - 1st Regt</u>
<u>Peterborough</u>	<u>21/9/15</u>	<u>nil</u>	<u>A II - 1st Regt</u>

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Signature of Man J. Leclair





# 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. 345268 Rank Private Surname Leclair  
(Given name in full)  
 Unit or Corps 2 Depot Bu Coy Birthplace Oshtemo, Ont.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 143 lbs. Height 5 1/2 ft. Colour of Eyes Blue  
 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).

Scar pt back of neck - following boil.

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.**

# 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 ..... (Canada)

Date .....  
*Apr 28 18*

Signed ..... M.O.  
*Lt. J. J. Gifford Capt.*

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. J. Gifford*

(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.)

[OVER]

# CASE HISTORY SHEET.

Ottawa General Hospital Water St Ottawa Ont Station.  
 No. 345268 Rank Driver Name Leclair, Joseph A Age 20  
 Unit 2nd Co. Artillery Tank Batt. Completed years of service C 5 yrs. Where and how long }  
 Date of admission Sept 30 1918 Date of discharge Oct 29 1918  
 Diagnosis Influenza Place of origin C. Sept 28 1918

CONDITION ON ADMISSION AND PROGRESS OF CASE

When admitted complained of  
 headache, sore throat, soreness in  
 neck and back - cough  
 vomiting, - stomach disturbance

On admission temp 102.3 pulse 90  
 resp 22

Temp remained high for 5 days  
 and then dropped to  
 normal.

Pulse became regular.  
 Stomach condition <sup>did not</sup> improve  
 so quickly - Stomach lavage  
 had to be done.

Had a relapse Oct 15th. - Temp went  
 up to 103 pulse 90 - Remained  
 up for 3 days and then became  
 normal.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative.

TREATMENT

(Especially any specific or special form)

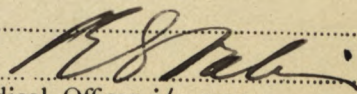
Rest in bed - liquids, antipyretics  
 stimulents, Todd's mixture + cough  
 mixture, gargle  
 Stomach lavage

CONDITION ON DISCHARGE

(and disposal made of case.)

Satisfactory Recovery

Date Oct 29 1918

  
 Medical Officer i/c case.

CASE HISTORY SHEET



10/10/00

10/10/00

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# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

====345268===== Private=====

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

Name (in full) ..... Joseph Aime Leclair .....

enlisted in  
 the ..... 74th Battery, C.E.F., Transferred to 2nd Depot Bn., E.O.R., C.E.F. ....

..... Ottawa, Ont., ..... 22nd .....

CANADIAN EXPEDITIONARY FORCE at ..... on the .....

day of ..... April ..... 18 .....

..... 19 .....

HE served in ..... Canada .....

and is now discharged from the service by reason of ..... Demobilization under authority  
 of R.O. 1328 .....

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

Age ..... 20 Yrs, 11 Months =

Height ..... 5' 4" .....

Complexion ..... Fresh .....

Eyes ..... Blue .....

Hair ..... Brown .....

Marks or Scars ..... Scar back of neck .....

.....

.....

.....

.....

*J. A. Leclair*  
 Signature of Soldier

*[Signature]*  
 Issuing Officer

Date of Discharge ..... 28th November 1918 ..... 2nd Depot Bn., Rank, E.O.R., C.E.F.

Signed at ..... Ottawa, Ont., ..... 28th ..... Appointment ..... November ..... 18  
 this ..... day of ..... 19 .....

in Military District No. ..... 3 .....

File Reference No. ..... 2 E.O.R. 1-L-632 .....

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 .....

ON DEMOBILIZATION, PARTICULARS CALLED  
FOR ON BACK OF DISCHARGE CERTIFICATE  
WILL NOT BE COMPLETED.  
D.O. 1676

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

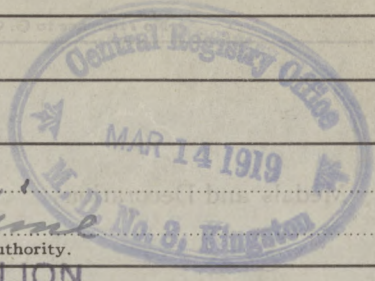
99-L-194

This space to be for numbers.

# Proceedings on Discharge.

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

No.	345268
Rank	Private
Surname	Geisler
Christian name	Joseph Amel
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd. DEPOT BATTALION, Eastern Ontario Regiment.
Date of discharge	28th November 1918
Place of discharge	OTTAWA



## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	20	years.....	11	months.	Descriptive marks  <i>Scar. back of neck</i>
Height.....	5	feet.....	4	inches.	
Complexion	<i>Fresh</i>				
Eyes	<i>Blue</i>				
Hair	<i>Brown</i>				
Trade	<i>Book-keeper</i>				
Intended place of residence (To be given as fully as practicable.)	<i>418 Rideau St. Ottawa Ont</i>				

2. The above-named man is discharged in consequence of **ON DEMOBILIZATION**

Authority for discharge..... **R. O. 1328**.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

*Good one*

*Bookkeeper*

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

*nil*

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 parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

Place) *Atbara Post*

*A. B. Smith* Lt. Col.  
O. C. 2nd. Depot Batt., E. O. R.

Date) *28th November*

Commanding.....

**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.

(Signature) *J. A. Leclair* (Signature of Soldier.)

(Date) *28th November 1918* (Signature of Witness.)

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

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

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

*J. A. Leclair* (Signature of Soldier.)

**10. Statement of Service.**

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

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

**11. Confirmation of Discharge.**

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

(Place) *Atbara Post*

*A. B. Smith* Lt. Col.  
O. C. 2nd. Depot Batt., E. O. R.

(Date) *28th November 1918*



Reservations referred to at Para. 8. When there are none, it is to be so stated, and signed by the soldier.

List of Discharge Documents

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

Reservations referred to at Para. 8.

1. Certificate of Discharge	DD Form 1300	1
2. Certificate of Release or Discharge	DD Form 1300	1
3. Certificate of Discharge (with Remarks)	DD Form 1300	1
4. Certificate of Discharge (with Remarks) - (A)	DD Form 1300	1
5. Certificate of Discharge (with Remarks) - (B)	DD Form 1300	1
6. Certificate of Discharge (with Remarks) - (C)	DD Form 1300	1
7. Certificate of Discharge (with Remarks) - (D)	DD Form 1300	1
8. Certificate of Discharge (with Remarks) - (E)	DD Form 1300	1
9. Certificate of Discharge (with Remarks) - (F)	DD Form 1300	1
10. Certificate of Discharge (with Remarks) - (G)	DD Form 1300	1
11. Certificate of Discharge (with Remarks) - (H)	DD Form 1300	1
12. Certificate of Discharge (with Remarks) - (I)	DD Form 1300	1
13. Certificate of Discharge (with Remarks) - (J)	DD Form 1300	1
14. Certificate of Discharge (with Remarks) - (K)	DD Form 1300	1
15. Certificate of Discharge (with Remarks) - (L)	DD Form 1300	1
16. Certificate of Discharge (with Remarks) - (M)	DD Form 1300	1
17. Certificate of Discharge (with Remarks) - (N)	DD Form 1300	1
18. Certificate of Discharge (with Remarks) - (O)	DD Form 1300	1
19. Certificate of Discharge (with Remarks) - (P)	DD Form 1300	1
20. Certificate of Discharge (with Remarks) - (Q)	DD Form 1300	1
21. Certificate of Discharge (with Remarks) - (R)	DD Form 1300	1
22. Certificate of Discharge (with Remarks) - (S)	DD Form 1300	1
23. Certificate of Discharge (with Remarks) - (T)	DD Form 1300	1
24. Certificate of Discharge (with Remarks) - (U)	DD Form 1300	1
25. Certificate of Discharge (with Remarks) - (V)	DD Form 1300	1
26. Certificate of Discharge (with Remarks) - (W)	DD Form 1300	1
27. Certificate of Discharge (with Remarks) - (X)	DD Form 1300	1
28. Certificate of Discharge (with Remarks) - (Y)	DD Form 1300	1
29. Certificate of Discharge (with Remarks) - (Z)	DD Form 1300	1

*[Handwritten Signature]*  
*[Handwritten Initials]*

Reservations referred to at Para. 8.  
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }          or          Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."          ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

*h-86*

AUDITOR *SPH* PAYMASTER *JAM*

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

REGT. No *345268* RANK *P6* NAME (IN FULL) *Leclair J*

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	BLOCK LETTERS SURNAME FIRST
NEXT OF KIN					<i>74 Bty.</i>		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE	
TO WHOM PAID	RELATIONSHIP	<i>418 Pudeau St</i>			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS		<i>Ottawa</i>			ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.	NO.	DATE	NO.	DATE					NO.	DATE			
																	<i>p.a 1/10/18 to 28/1/18. ap. 10810-9-420454 ✓ 104. 14/1/19.</i>		
				<i>74 90 ✓</i>				<i>74 90 ✓</i>					<i>74 90 ✓</i>				<i>JWS</i>		

