

3 M. D.

Depot Battalion

Regiment

Regtl. No. 3321869

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Stasias Leclair

2. Christian name Roland

3. Present address 418 Rideau St., Ottawa, Ont.

4. Military Service Act letter and number PC 62758
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 17th January 1896

6. Place of birth Ottawa, Ont.
(town, township or county and country)

7. Married, widower or single Single

8. Religion R. C.

9. Trade or calling Butcher

10. Name of next-of-kin Mr. Oscar Leclair

11. Relationship of next-of-kin Father

12. Address of next-of-kin 418 Rideau St., Ottawa, Ont.

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act:—
(a) Place Ottawa, Ont. (b) Date July 22nd, 1918 (c) Category E-11

DECLARATION OF RECRUIT

I, Roland Leclair, do solemnly declare that the above particulars refer to me, and are true.

Roland Leclair
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>22</u> yrs.	<u>6</u> mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>Birthmark centre back, Tachycardia, Mod. Flat feet.</u>
Height	<u>5</u> ft.	<u>5</u> ins.	
Chest measurement	fully expanded	<u>39</u> ins.	
	range of expansion	<u>3</u> ins.	
Complexion	<u>Sallow</u>		
Eyes	<u>Brown</u>		
Hair	<u>Black</u>		

O. C. 2nd. Depot Batt., E. O. R. Regt.

Place OTTAWA Date May 8-18

Recruit No. 3321000

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

Class I

1. Surname	Richard Leclair
2. Christian name	Roland
3. Present address	418 Rideau St., Ottawa, Ont.
4. Military service Act letter and number (If man is debilitated, he has not registered under the provisions of the Act)	PO 62758
5. Date of birth	17th January 1896
6. Place of birth	Ottawa, Ont.
7. Married, widower or single	Single
8. Religion	R. C.
9. Trade or calling	Bachelor
10. Name of next-of-kin	Mr. Oscar Leclair
11. Relationship of next-of-kin	Father
12. Address of next-of-kin	418 Rideau St., Ottawa, Ont.
13. Whether at present a member of the Active Militia	No
14. Particulars of previous military or naval service, if any	Nil
15. Medical Examination under Military Service Act	
(a) Place	Ottawa, Ont.
(b) Date	July 20th, 1918 (C) (C) 11

DECLARATION OF RECRUIT

I, Roland Leclair, do solemnly declare that the above particulars refer to me, and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	22	yes	6	inches
Height	5	ft.	0	inches
Weight	120	lb.		
	120	lb.		
Complexion	Yellow			
	Yellow			
Build	Slender			
Complexion	Yellow			
Build	Slender			

REGIMENTAL DOCUMENTS



NAME *Beclair, Roland.*

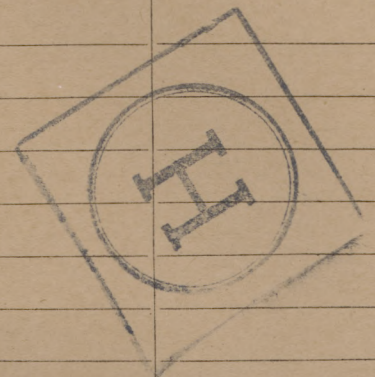
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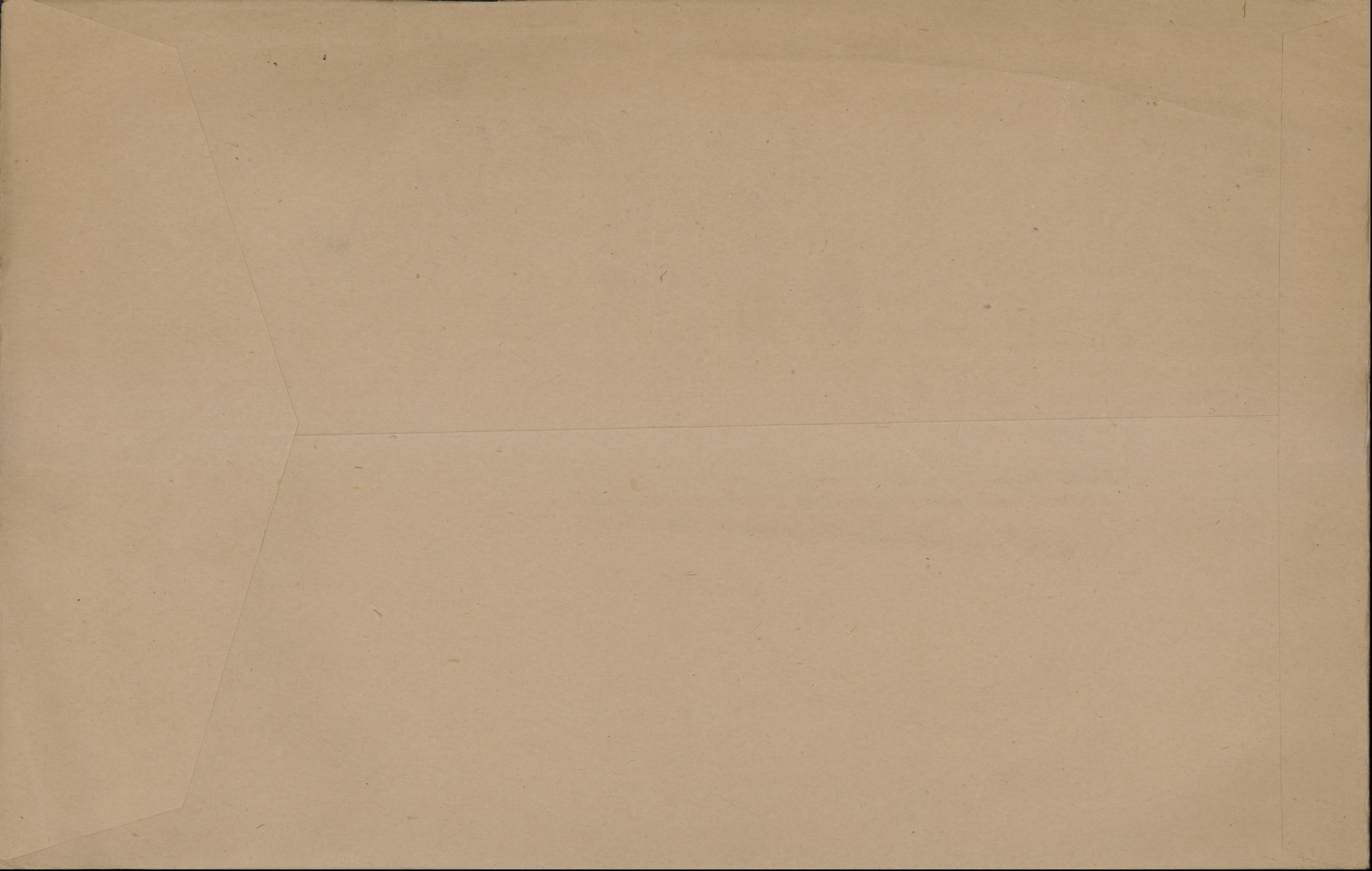
REGT. NO. *3321869.*

UNIT *RudDep EOR.*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>2</i> ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>C</i>			DEATH
<i>1</i> CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
<i>1</i> TRAINING HISTORY SHEET (M.F.W. 113)					
<i>1</i> 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)					
<i>1</i> MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>1</i> DENTAL HISTORY SHEET (M.F.B. 465)					Category
<i>2</i> MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
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
<i>1</i> LAST PAY CERTIFICATE (M.F.W. 44)					
<i>1</i> 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)					
<i>Misc. 1</i>					





Surname Leclair H. Q.
Christian names Roland M. D. No. 3
Regtl. No. 3321869 Rank Pte T. O. S. May 8th 1918
Unit East ont Regt 2nd Depo. Bn. D. O. Pt. II 129 of
S. O. S. 18-9-1918 Reason R to R.
Auth. DD 269 of 20-9-18 2/EOR MD 3

Next of kin Leclair Oscar Relationship Father
Address 418 Rideau St Also notify:
Ottawa ont

BORN—Place Canada Ottawa ont. Date Jan. 17th 1896
ATTESTED—Place Ottawa ont. Date May 8th 1918
O/S R/C



No. 3321869 RANK Pte

NAME Leclair R.

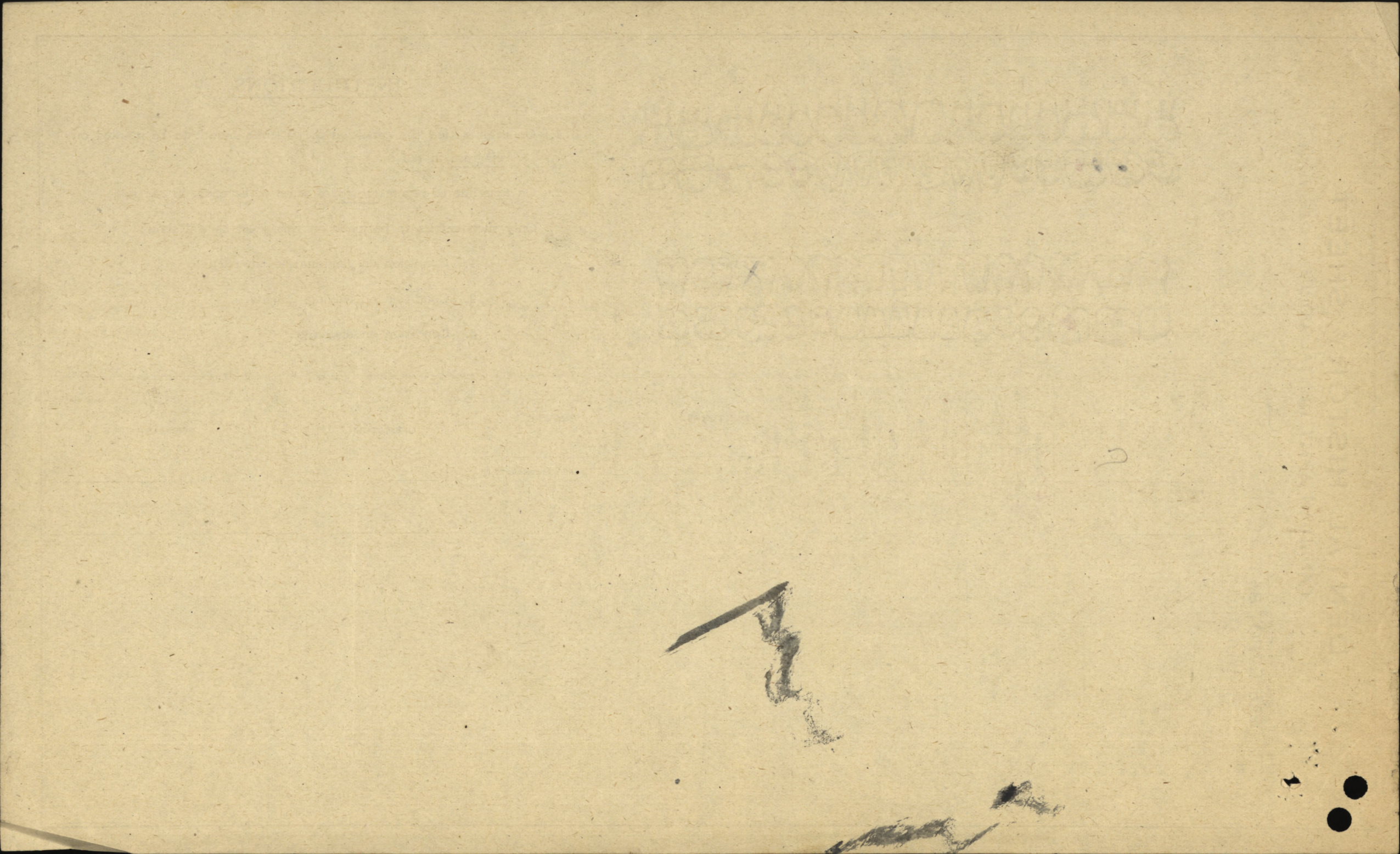
T. O. S.

UNIT 2nd Depot Battalion C.O.R.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 June 3	1918 June 30	<i>m</i>		





CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Sept.
Folio 81
Line 17

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3321869 Rank Pte. Name Leclair, R.

Corps. 2nd Depot Battalion, E.O.R. who was* Discharged.

On Sept. 18th, 1918. 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sept. 1st, 1918. 191....., to Sept. 18th, 191. 8, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	32.20	
Advances } No.....			Reg't Pay <u>18</u> days at \$ <u>1.00</u>	18.00	
by } No.....			Field Allow. <u>18</u> days at \$ <u>10</u>	1.80	
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No. <u>4720</u>	19.09		Other Allowances*		
Other charges		91	Other Credits*.....		
Payment on transfer or discharge No. <u>4628</u>	32.00		Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	52.00		Total.....	52.00	

* Give particulars.

A monthly stoppage of \$ 20.00 (†) has Not (‡) been paid on account of Assigned
 { Pay for the month of..... 191..... } Father,
 { and Sep'n Allce. for month of..... 191..... } (to) Assignee Mr Oscar Leclair
 (Address) 418 Rideau St., Ottawa, Ont.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment 8-5-18
- (2) if married and if a Separation Allowance Card has been submitted No. No.
- (3) cause of discharge E. authority R.O. 977 D.O. 263
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Oct. 7th, 1918.

Place Ottawa, Ont.

Douglas Stewart
Cap't.

Paymaster, 2nd Depot Battalion, E.O.R. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

NAVY DEPARTMENT LIBRARY

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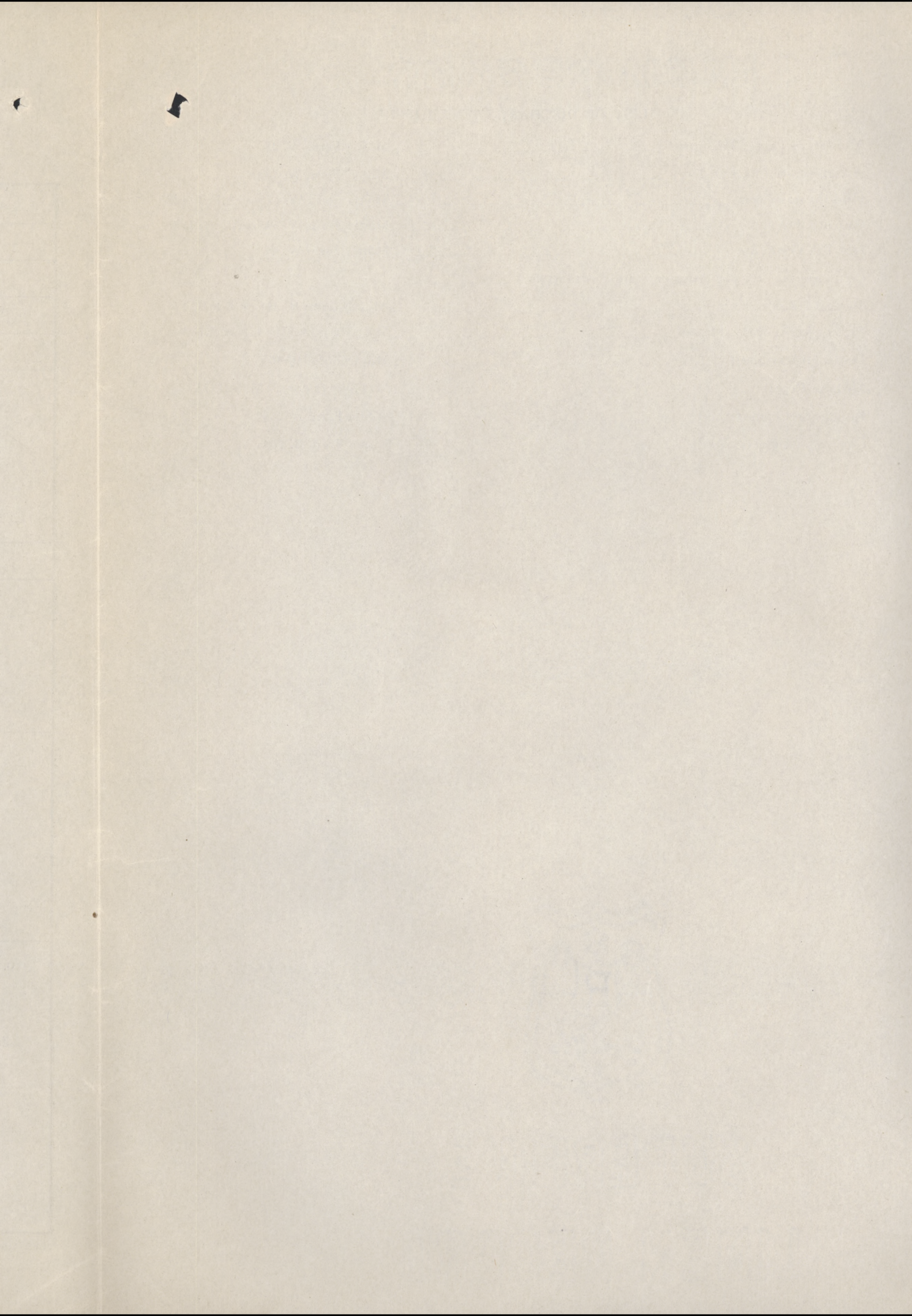
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SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No. <i>Regt. 332/869.</i>	<i>P.C. 62758</i>
2. Rank <i>Plé.</i>	
3. Name <i>LECLAIR. Roland.</i>	
4. Unit <i>2nd Dep. Batt. EOR.</i>	
5. Date of Discharge	Place
<i>18th Sep. 1918</i>	<i>Ottawa. Ont.</i>
6. Reason for Discharge..... DEMOBILIZATION Struck off Strength on return to Registrar's records <i>18th Sep. 1918</i> Daily Order No. <i>363</i> of <i>20th Sep. 1918</i> Discharged under authority P C-3051 of 11-12-18	
7. Authority	
8. Proposed Residence after Discharge..... <div style="text-align: center; padding: 10px;"><i>418 Rideau St. Ottawa. Ont</i></div>	
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. ?..... <div style="text-align: right; margin-top: 20px;">Signature of Soldier.</div>	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <div style="text-align: right; margin-top: 20px;">Signature..... (O. C. Discharging Unit.)</div>	





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

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Ottawa, Ont DATE Sept 16th /18

1. 1 (a) Unit 2nd Depot Batt EOR (b) Regimental No. 3321869 (c) Rank Pte
 (d) Surname Leclair (e) Christian name Roland

2. Age last birthday 22 yrs Date of birth July 17th, 1896

3. Enlisted at Ottawa, Ont on May 8th /18

4. Personal description:—

(a) Height 5 ft 5 in (b) Weight 143 lbs (c) Complexion Sallow
 (d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks Bellmark centre of Back

5. Address after discharge (for the use of the Board of Pension Commissioners)

418 Rideau St, Ottawa

6. Former trade or occupation Butcher

7. (a) Service

	PERIODS	
	From	To
<u>2nd Depot Batt EOR</u>	<u>May 8th /18</u>	<u>date</u>

(b) Has he been overseas? no 8. Original disease or disability Goitre Hypertension

(a) Date of origin five years ago (b) Place of origin Ottawa, Ont

(c) Cause* Unknown

(d) Present disease or disability Goitre Hypertension

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective:—

Man states that he feels very nervous
Also states that he becomes short of breath on slight

9. Present condition.—(Continued.)

exertion such as walking or climbing a hill.

Objective:—

There is a moderate enlargement of thyroid gland. There is a marked tachycardia. Pulse at rest is 140. There is a fine tremor of fingers & exophthalmos. Man appears nervous.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous. As above Digestive. Normal Respiratory. Normal Cardiac. Both sounds normal Marked Tachycardia Genito-Urinary. Normal Skin, Middle Ear, Eye or any other part. As above

10. History: (a) of Condition referred to in "a" section 9.

States that trouble began five years ago.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

Not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

No

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....

Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

None

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18. Doe
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19. Is t

20. It is
(a)
(b)
(c)
(d)

OPINION OF THE MEDICAL BOARD

14. (Continued).

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

no

16. Can the former trade or occupation be resumed?
(If not, briefly state why.)

yes

17. Recommendations

Category E no disability due to service

[Signature] Capt and
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

[Signature]
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

no

19. Is the soldier fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service, (Canada only),
- (d) Temporarily unfit,
- (e) Unfit for service in Categories A, B and C,

- (Category A) (Yes or No).
- (" B) (Yes or No).
- (" C) (Yes or No).
- (" D) (Yes or No).
- (" E) (Yes or No).

yes

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Carey E. No disability due to service

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE.....

*Ottawa
16/9/18*

DATE.....

..... President.

[Signature]
[Signature]

..... Members.

APPROVED BY

[Signature]

Assistant Director of Medical Services. *MD3*

APPROVED BY

Director-General of Medical Services.

DATE.....

Sept 17th 1918

DATE.....

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

..... President.

PLACE.....

DATE.....

..... Members.

MEDICAL HISTORY SHEET.

1. Surname Leclair Christian name Roland
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule } PC 62758
 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, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of July 1918, by the undersigned medical board sitting at Ottawa Ont.

5. Age as stated 22 Years 6 Months. 6. Apparent age 22 Years 6 Month
 7. Height 5 Feet 5 Inches. 8. Weight 143 Pounds.

9. Chest measurement { Minimum 36 Ins. 10. Complexion sallow { Eyes Brown
 { Maximum 39 Ins. { Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks none

13. Number of vaccination marks { Right arm 0 14. When vaccinated last 1900
 { Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Birthmark centre back

16. Slight defects but not sufficient to cause rejection hypocardia - mod. flat feet

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma.
 (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

17. OK
 (a) Vision. R. 6/6 L. 6/6
 (b) Hearing. R. 20 L. 20
E. Chaislaw Capt. President.
J. Nelson Capt. Member.

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/18/18</u>	<u>M. O.</u>	<u>M. O.</u>			<u>M. O.</u>
	<u>M. O.</u>				<u>M. O.</u>
	<u>M. O.</u>				<u>M. O.</u>

Joined 8th day of May 1918 at Ottawa Ont.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>16/9/18</u>	<u>Hypertension Extreme tachy</u>	<u>E. Chaislaw Capt. J. Nelson Capt.</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>16/9/18</u>	<u>Hypertension Extreme tachy</u>	<u>E. Chaislaw Capt. J. Nelson Capt.</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.

If raised in category, record category in a square. The M. O. will initial and date.

Signature of Man
 H. Q.
 H. Q.

