

#3

M. D.

Depot Battalion

Regiment

Regtl. No. 3056709

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

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

- 1. Surname..... Leclerc
- 2. Christian name..... Albert
- 3. Present address..... 277 Clarence St., Ottawa, Ont.
- 4. Military Service Act letter and number..... PC.996502
- 5. Date of birth..... June 20, 1889.
- 6. Place of birth..... Ottawa, Ont.
(town, township or county and country)
- 7. Married, widower or single..... S.
- 8. Religion..... R.C.
- 9. Trade or calling..... Asst. Manager of Wholesale Furnishings & Clothing.
- 10. Name of next-of-kin..... Adolphe ~~Leclerc~~ Leclerc
- 11. Relationship of next-of-kin..... Father
- 12. Address of next-of-kin..... 277 Clarence St., Ottawa, Ont.
- 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..... Hull, Que. (b) Date..... Oct. 12, 1917. (c) Category..... A.11

DECLARATION OF RECRUIT

I, Albert ~~Leclerc~~ Leclerc, do solemnly declare that the above particulars refer to me, and are true.

Albert Leclerc (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	<u>28</u>	yrs.	<u>4</u>	<u>5</u>	mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.	
Height.....	<u>5</u>	ft.	<u>3</u>	<u>1/2</u>	ins.		
Chest measurement } fully expanded.....	<u>32</u>	ins.					
	range of expansion.....	<u>3</u>	<u>1/2</u>	ins.			
Complexion.....	<u>Medium</u>						} <u>Nil</u>
Eyes.....	<u>Blue</u>						
Hair.....	<u>Fair</u>						

121 lbs.

R. W. Smart Lt. Col.
O. C. 1st Depot Bn., E. O. Regt., C. E. F.

O. C..... Depot Btl.
..... Regt.

Place Kingston, Ont. Date Feb. 16, 1918.

REGIMENTAL DOCUMENTS

at
9-4-19

NAME **TECLERC ALBERT**

REGT. NO. **3056409** UNIT **1st DR. C. O. R.** H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

17074

DISCHARGE

Category

DESERTION

M

38

M

Sub to file

Box # 55/0

H

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- 1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 1 DENTAL HISTORY SHEET (M.F.B. 465)
- 1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 LAST PAY CERTIFICATE (M.F.W. 44)
- 1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- 1 PARTICULARS OF CHARACTER (A.F.W. 3226)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)
- 1 case 509
- 1 dms 1375
- 1 mzw 192
- 1 mao
- 1 case card
- 1 R 149
- 1 mao card

3056709

I.D. number
No. d'identification

LECLERC

Surname
Nom de famille

ALBERT

Given names
Prénoms

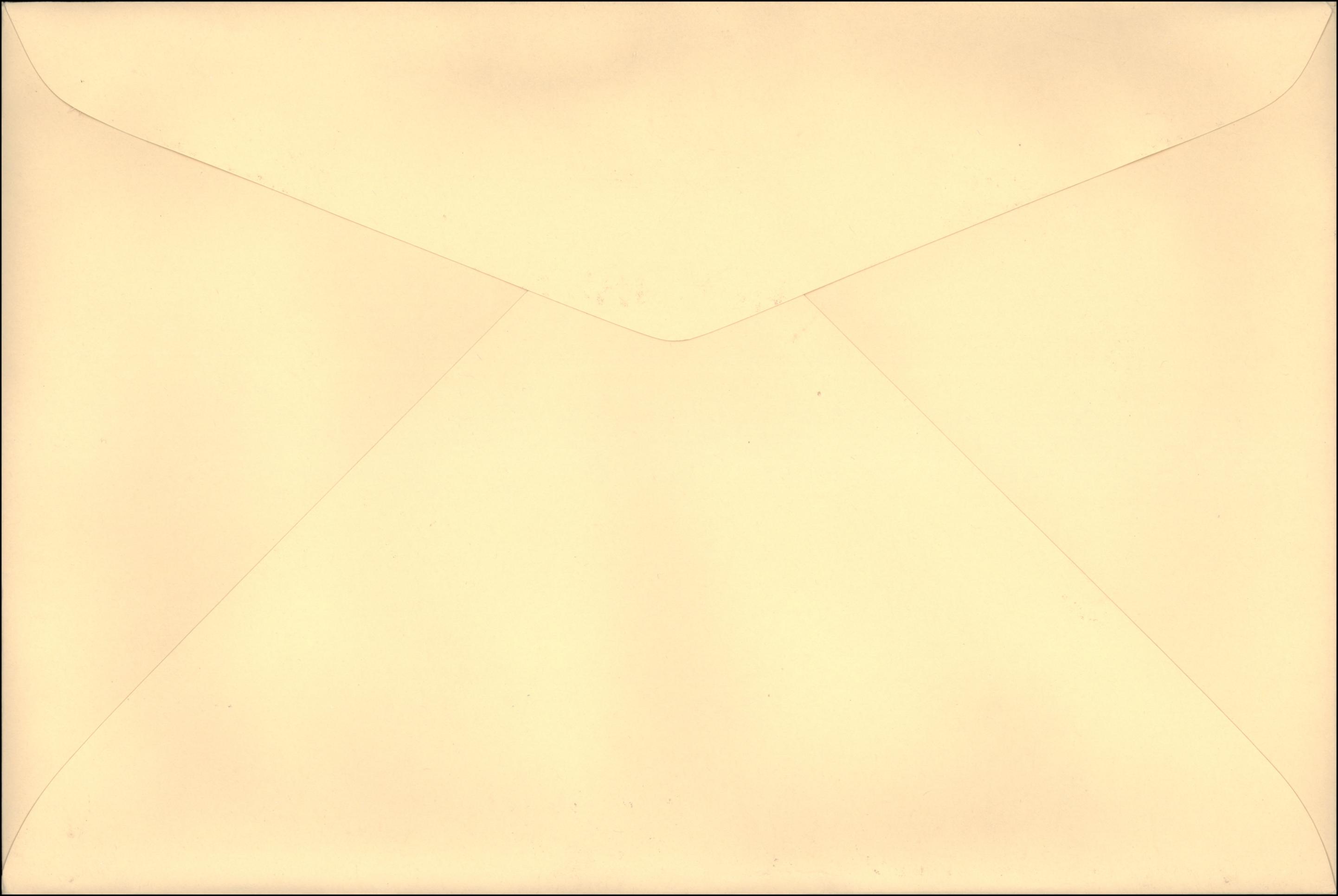
PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

5510

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



No.

709

RANK

Pte

NAME

L. C. C. A.
Leclerc

T. O. S.

16-2-18

UNIT

1st. Depot. Battalion Co. Regt

D. 046 15-2-18

M. D.

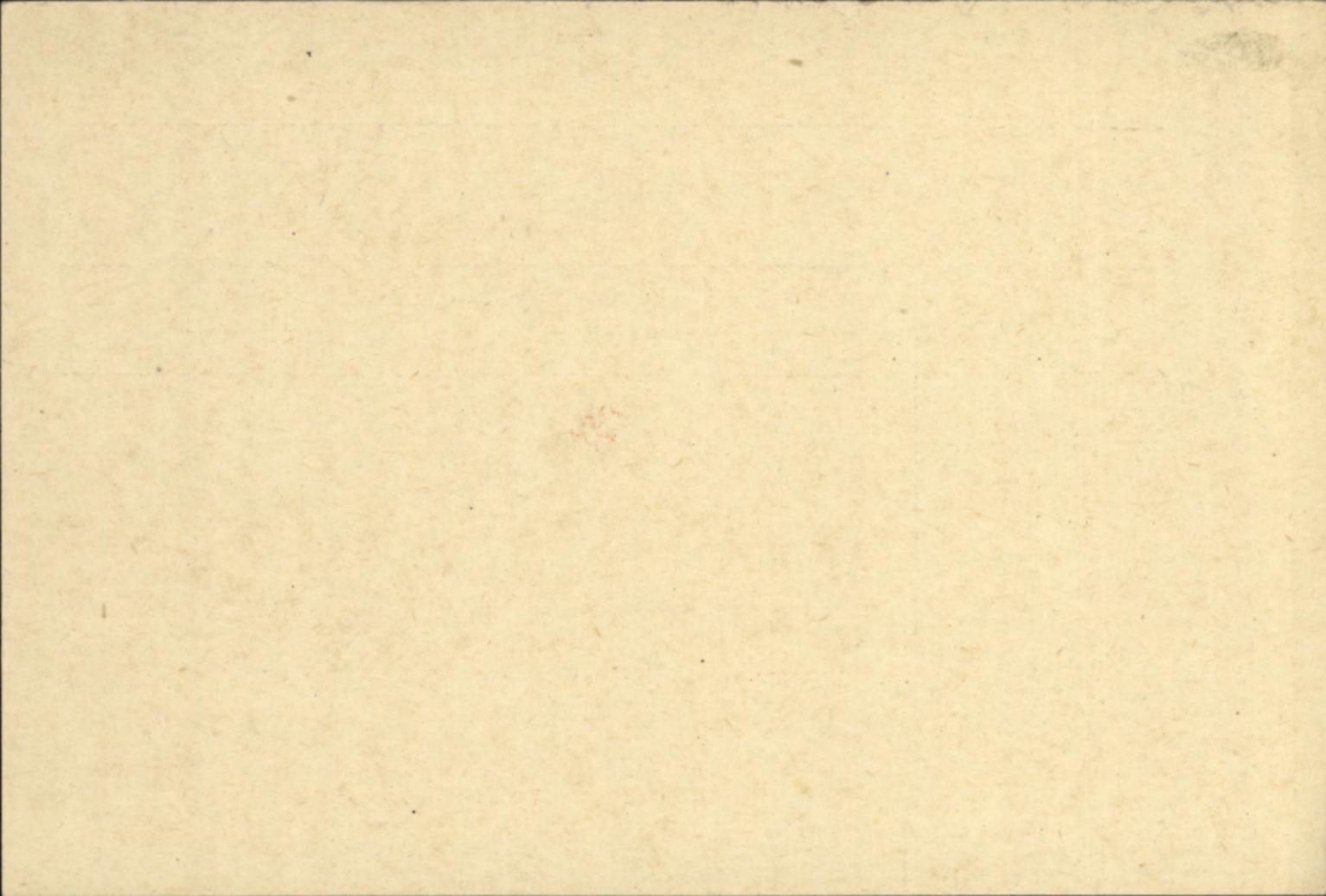
3.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 Feb. 16	1918 Feb. 28	n.		
Mar. 1	Mar. 16	n.		
Mar. 17	Mar. 31	n.		
Apr. 1.	Apr. 25	✓	Transferred Off.	D. 0104. Apr. 1918



Princess Patricia Canadian Red Cross Hospital

A. & D.
CARD

Corden Camp, Bexhill

Reg. 3056709 AT.....
 A. & D. No. 3056709 PL. OF ACTION *Cambria*
 RANK *Pte* REG. No. UNIT *38th Bn Can* SICK OR WOUNDED *15471*
 NAME *Leclerc A* AGE *29* RELIGION *Rc.*

PLACE IN HOSPITAL *DW I*DIAGNOSIS *Dw thigh + leg h.*ADMITTED *11-12-18* FROM *Graylingwood Wk Chichester*DISCHARGED *9-1-19* TO *6th Res. Bn. Witley*

TRANSFERRED

SERVICE AT HOME *9/12* IN FIELD *1/12*

RESULTS

DISCHARGED TO DUTY.

Cata

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

REMARKS.

Clerk.

J.
Apr. 14. 1918.
Ottawa

488
P

Number. 3056709 Rank. ~~Plé~~ ~~B~~

Surname. LECLERC

Christian Name. Albert ~~X~~

Unit: 38th Can Inf Theatre of War France

Date of Service. 12-9-18

Remarks

Latest Address. 175 ~~Boyer~~
277 Clarence St.

Ottawa Ont

Roll No. B. Page 4624

Received British
War * Victory
Medals

16 ⁸/₁₁

Albert Leclerc

Albert

Name Teclerc

Rank

Plt

Reg. No. 3056709

Unit

28 Bn

(Next of Kin
Father)Adolphe Teclerc 277 Clarence St
Ottawa

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-10-18	16 th & 4 th Lt Teclerc	St. Catharines	SW thigh			29045
14-10	Chathamville W. I.	Chatham	7 Leg	2338		29045
12-12	W. I. C.R. X. 3d.	Bethel	Do	3309		29045
7-1-19	Discharged		Do	3417		29045
	Will proceed on 17-1-19 to 6 th Reg Witley					29045

REGT'L. No. 305-6709
H. Q. FILE No. 649

NAME Leclerc Albert

RANK AND CORPS

Pte. 35th Br. (from C.O.R. 1st 10 p 12)

CABLE

FOLLOWS

No.

FOLLOWS

No. DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<u>16-3</u>		<u>Prof. X Adolphe Leclerc "facteur"</u>
		<u>277 Clarence St Ottawa Ont.</u>
<u>609</u>	<u>9-10-18</u>	<u>Adm. 16 Gen. H. Le report</u>
<u>H.L. 4338</u>	<u>7-10-18</u>	<u>Oct 1st/18. G. suit thigh, leg,</u>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B.399. ²	St Graylingwell War	Chichester	
	No P. P. Con. + Bexhill:	12-12-15	gsw. L. thigh & leg. set.
B417. ²	Kosci	7-1-19	gsw. L. thigh & leg. set.

Surname

Christian Name or Names

Reg. No.

LECLERC

A.

3056709

Rank

Unit

Pte.

EO 38

Cas. List.

16. G. Le Treport 1. 10. 18

Graylingwell W. Chichester 14-10

7. 10. 18 a 338-

16-10-18 B344

GSW L. Thigh & L. Leg. *h*

19-12-18 B 329/2

P.P.C. R. G. Ho. Beshill

12-12-18

14-1-19 B4172

Dis.

7-1-19

A.M.D. 2 DEPT.

Bch. of D.C.M.S. O.M.F.C. London.

W. S. B. CLASS A

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

Casualty Form—Active Service.

Unit, Regiment or Corps *1st Depot Bn., E. O. Regt., C. E. F.*

Regimental No. *3056709* Rank *Pte.* Name *de Giese Albert*

Enlisted (a) *16/12/18* Terms of Service (a) *D.O.W.C.E. 4* Service reckons from (a) *16/12/18*

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) *Gents Furnishes.*

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				

~~1st Depot Bn. Transferred Overseas Kingston 14/11/18 D.O. 102 of 14/11/18 No Record.~~

CERTIFIED CORRECT.
 20 SEP 1918
 CAN. CORPS, LONDON.

30-4-18 O.C. 6th. Res. T.O.S. 6th. Can. Res. Bn. Seaford. Embarked Canada Disembarked England. 17-11-18 H.M.T. Tolosa. 28-4-18 ✓ 28-4-18 Pt. 11. B.O. 102. ✓

SEP 12 1918 PART II No. 216

de Giese
 Capt. & Adjt.
 1st Depot Bn., E. O. Regt., C. E. F.

13 SEP 18
 16 SEP 18
 17 SEP 18
 21 SEP 18

C.B.D. TAKEN on STRENGHT 38th
 » *Joined ecde* FIELD
 » Left for Unit
 Unit Joined Unit FIELD

13 SEP 18
 16 SEP 18
 17 SEP 18
 18 SEP 18

OFFICER IN RECORDS 6th CAN. RES. BN
 N.R. 2090 2199.18
 21388
 N. 1637
 B. 213.

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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 ALBERT Surname LECLERC
 Unit or Corps 6 Can. Rec. (If a soldier) Regtl. No. 3056709
 Born at Ottawa Ont Canada on, date 20/6/89
 Signature (for identification) Albert Leclerc

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

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

Weight 125 lbs. wt
 Height 5 ft. 3 1/2 ins.

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 ?

Normal

4. RESPIRATORY SYSTEM.

Normal

5. HEART ?

Abnormal Sounds? none
 Abnormal Size? no
 Pulse Rate? 86 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM ?

normal

8. GENITO-URINARY SYSTEM ?

Urinalysis—S.G.? 1.010 Reaction? acid Albumen? neg Sugar? neg

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

normal

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 Seaford Signed J. M. M. M. O.
 Date 5-2-19 Signed J. M. M. 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 report leaving the State
and Order to the Medical Officer of a State in the City

307071
A.C.E. 110
City of New York
Albion L. ...

1. Name
2. Age
3. Sex

4. Occupation and Industry

5. Present Illness

6. History of Illness

7. Present Examination

8. Physical Examination

9. Laboratory Examinations

10. X-ray Examinations

11. Pathological Examination

12. Prognosis

13. Treatment

14. Remarks

15. Signature

16. Date

17. Place

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. 3056709 Rank private Surname LECLERC, Albert
 (Given name in full)

Unit or Corps No 3. Sub Depot Birthplace Ottawa Ont

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

1. GENERAL DESCRIPTION:

Physique fair Weight 121 lbs. Height 5 ft. 2 1/2 in. Colour of Eyes blue

Nutrition fair

Pulse 74

Condition of arteries soft

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. normal ft.

Left normal ft.

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

19.5 W on back of ^{left} thigh
19.5 W on outer side of left leg.

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.

x 19.5 W on back of ^{left} thigh. Entry just above popliteal fossae, incision for removal of bullet is 6" above ^{entry} and on the inner side of thigh
 x 19.5 W on outer surface of left leg 5" below left knee.
No disability from either wound

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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*March 20/19*..... Signed *W. A. Parkhill*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. Leclere P6*.....

(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. Adams Capt
for AT
21.3.19

[OVER]

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 1st Depot Bn., E. O. Regt., C. E. F.

(2) Regimental Number 3056709

(3) Full Name of Soldier Leclerc, Albert

(4) Place of Birth Ottawa, Ont.

(5) Are you married, or not? no

(6) If married, state,
 (a) Full name of your wife nil
 (b) Present Postal Address nil

(7) Are you a widower? nil

(8) Have you any children? nil
 If so, give number of boys and girls nil
 Also their names and ages nil

(9) Is your Father alive? **yes**.....

If so, state name and address **Adolph Leclerc, 277 Clarence St., Ottawa, Ont**

(10) Is your Mother alive? **yes**.....

If so, state name and address **Mrs Adele Leclerc, 277 Clarence St.**

Ottawa, Ont.

(11) If your Mother is a widow **no**.....

Are you her sole support, or not? **partial**.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

\$45.00 per month. Father unable to support the family

and this man helps all he can

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

nil

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

nil

(15) Are you insured? **yes**.....

If so, in what Company? **New York Life.**

Have you made arrangements for payment of your Insurance premium? **Yes**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

R. W. Smith
Lt. Col.
O. C. 1st Depot Bn. C. E. F.
Officer Commanding

Date **Feb. 16, 1918.**

THE UNIVERSITY OF CHICAGO
LIBRARY

PHYSICS DEPARTMENT
CHICAGO, ILL.

THE UNIVERSITY OF CHICAGO
LIBRARY

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Class. *A*
 158079 Issued

THIS IS TO CERTIFY that No. 3056709 (Rank) Private

Name (in full) LACLERE, Albert enlisted in
 the 1st Depot Battalion, R.C.E.F.

at Kingston on the 16th
 day of February 1918.

HE served in Canada, England and France

and is now discharged from the service by reason of Demobilization.
Medical Unfitness. R.O. 1420.

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

Age 29 yrs, 9 mths
 Height 5' 2 1/2"
 Complexion Medium
 Eyes Blue
 Hair Fair

Marks or Scars
G.S.W. on back of left thigh.
G.S.W. on outer side of left leg.

A. Lelere
 Signature of Soldier

R.V. Neathew
 Issuing Officer

Date of Discharge



Captain.

Rank

Date March 24, 1919

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

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____ enlisted in _____

the _____ day of _____ 19____

at _____ CANADIAN EXPEDITIONARY FORCE at _____

on the _____ day of _____ 19____

HE served in _____

and is now discharged from the service by reason of _____

Medical Certificate _____

Demobilization _____

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

<p>Age _____</p> <p>Height _____</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Signature of Soldier _____</p> <p>Date of Discharge _____</p>	<p>Marks or Scars _____</p> <p>Issuing Officer _____</p> <p>Rank _____</p> <p>Date _____</p>
---	--

N.B.—As no duplicate of this Certificate will be issued, any person thinking same is required to forward it in a stamped envelope to the Secretary, Military Council, Ottawa, Canada.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE Nov. 23, 1978

NAME
NOM Hecker, Albert

Service No.
Matricule No 3056709 Army

CPC No.
CCP No 2144236

WVA No.
AAC No
WWI

Information Received from:
Information reçue de:

CPC OT

Date of Death
Date du Décès 1-9-78

Place
Endroit n/s

Distribution: WSR-DASG

VI - ASS
DO - BD
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

11/23/78

214532

11/23

CPG 07

1-9-78

2/2

Robert A. [unclear]

11/23/78
11/23/78
11/23/78
11/23/78

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1.5.18	EFFECTIVE DATE:-	
AMOUNT:-	\$20.00	AMOUNT:-	
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.	
Adolphe Leclerc, 277 Clarence St. Ottawa Ont.			
Stopped 1.2.19.			

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
1.1.19	3117	Corden 10-0-0	4867				
22.1.19	3118	Wiley 2-0-0	975				

PARTICULARS OF RENDERING NON-EFFECTIVE: Disposal 1.2.19 Mr. B2208 Wiley

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS
aprs	back from Canada per L.P. 277. 26-30	560		a.p.
May	"	3410		AR 598 6 Res O.1359 - 6 Res. 19.5.18
June	"	3960 32		AR 2954 " 29.5.18
July	"	3410		" 1393 " 13.6.18 " 1661 " 26.6.18
Aug	"	3410 3410		" 1934 " 9.7.18 " 2613 " 27.7.18
Sept	2	3410 33		" 3128 " 15.8.18 3/30 " 28.8.18 C.A.P. AR 4019 12/9/18
Oct	✓	3410 3410		C.A.P.
Nov	✓	33		AR 913 16/11/18
Dec 1918	✓	3410		
Jan 1919	-	3410		
Feb	20.8.10/19. 6 Res 10 days 5.7.7/17-1-19.	10170 730		AR 3199 6/1/19 + Res 8099 27/1/19 6 8441 3/2/19 1547 16/2/19 Kennel

Checked 24/1/19.

* Strike out whichever inapplicable.

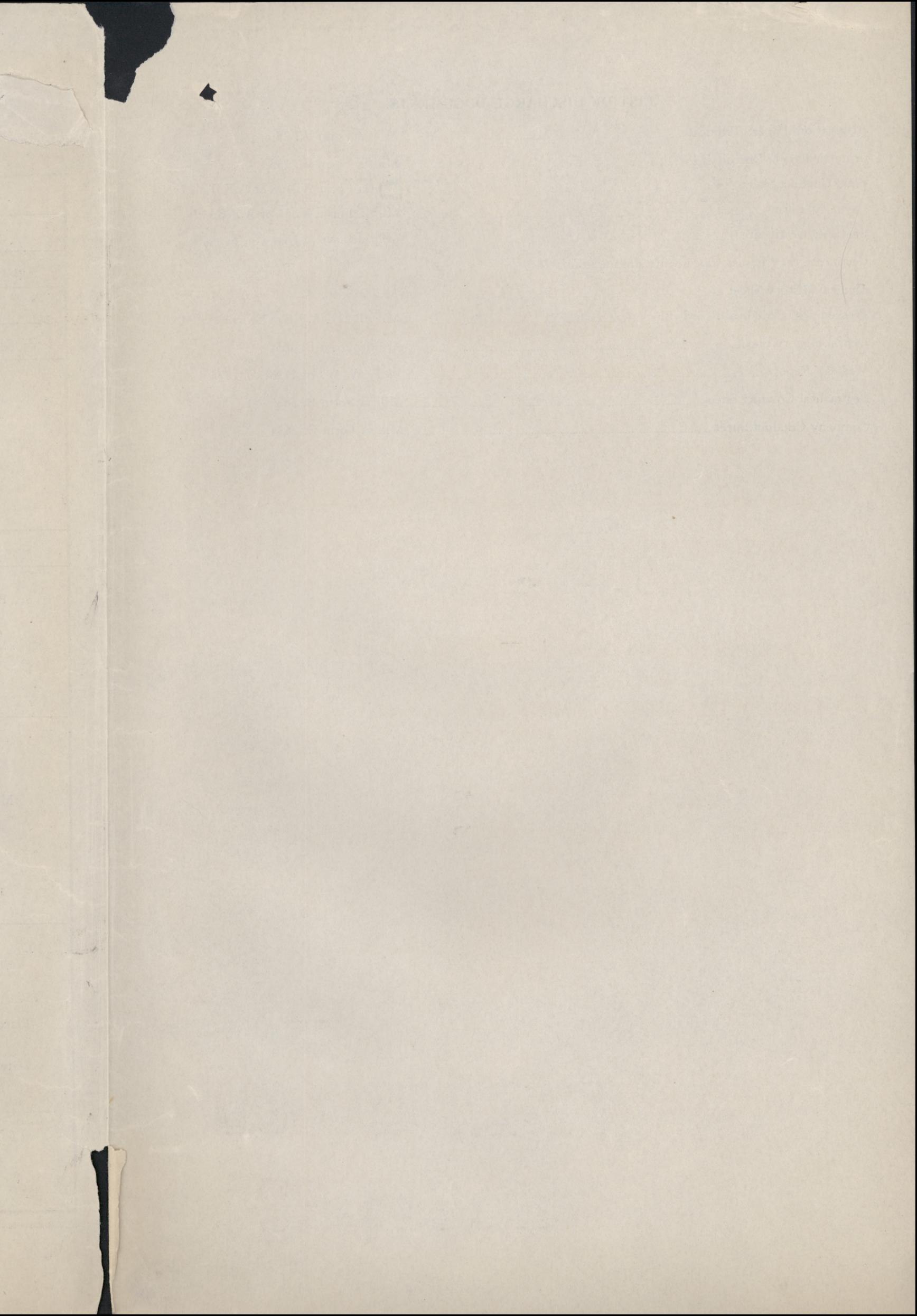
SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

Service Badge (Year) *A*
158079
MM *B*

1. No.		3056709	
2. Rank		Private	
3. Name		LECLERC, Albert.	
4. Unit		1st D. Battalion, E.O.R.	
5. Date of Discharge	24-3-19	Place	Ottawa, Ontario.
6. Reason for Discharge.....			
DEMOBILIZATION			
7. Authority			
R.O. 1420.		3DD 3-L-2102.	
8. Proposed Residence after Discharge.....			
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. XXXX B. 39.			
			<i>A. Leclerc</i> Signature of Soldier.
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place.....			
Ottawa, Ontario.			
Date.....			
March 24, 1919.			
Signature.....			Captain
for O. C. Dispersal Area Station G.			(O. C. Discharging Unit.)

E. R. J.





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

CR. Rank **4th Dft. 1st Bn E, ONT** Name **LECLERC, Albert.** Reg'l No. **3056709.**
 Unit **4th Dft. 1st Bn E, ONT** If in perm. Corps, }
 What Unit? }

Place and Date of Enlistment **Kingston, Feb. 16th. 1918.** Place of Birth **Ottawa, Ont.**

Name and Address, Next-of-Kin **Adolphe Leclerc,**
277 Clarence St., Ottawa, Ont., Canada. Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason

H. W. & V., Ltd.—9546-16.

N/E. R.B. No. **11194**
 File R.L.
 Category **CAN OR**
 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.				
	Arrived in England			28-4-18	S/S TELIA
30-7-18	6th Res. Bn.	T.O.S. from Canada.	Seaford	28-7-18	P.T.D. 1090.
12-9-18	"	Posted to 38th Bn. 7s	"	12-9-18	— 216.
7-10-18	EOR	Wounded	"	Field	1-10-18
19-10-18	EOR.D.	Posted from 38th Bn	Seaford	14-10-18	P.T.D. 0262.
14-1-19	6th Res.	Posted from EOR.D.	Witley	7-1-19	8
10-2-19	"	SOS to be SW 3 Rlyl	Seaford	8-2-19	— 31
26-2-19	Ind 3	SOS to 687 Canada.	Rlyl	22-2-19	— 49
		Sailing 23			

A.F. 103 CHECKED
17 SEP. 1918

Station
and Date.

MEDICAL HISTORY SHEET.

COPY

18 SEP 1918

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 Leclerc Christian name Albert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

17 OCT 1918

3. Consecutive number on schedule of men reporting for service (if he appears on it)..... 996503

4. Address (including street and number, if any)..... 277 Clarence Street Ottawa Ont

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 12th day of October 1917, by the undersigned medical board sitting at.....

5. Age as stated 28 Years 4 Months. 6. Apparent age..... Years..... Months

7. Height 5 Feet 3 1/2 Inches. 8. Weight 121 Pounds.

9. Chest measurement { Minimum 28 1/2 Ins. Maximum 32 Ins. 10. Complexion..... { Eyes..... Hair.....

11. Physical development..... { Good Fair Poor 12. Smallpox marks.....

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

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

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.) 7-1-19-A

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2. 17. (a) Vision R. D 40 L. D 40 (b) Hearing. R. L.

R.A. Parent President.

E.P. Aubrey Member.

J. Archambault Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>23-2-18</u>		<u>Ph.</u>	<u>23-2-18</u>		
		M.O.	<u>2-3-18</u>		M.O.
		M.O.	<u>9-3-18</u>		M.O.
		M.O.			M.O.

Joined 16th day of February 1918 at Kingston

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Bn Coy</u>			
Transferred to.....	<u>38th Bn</u>	<u>3056709</u>		<u>12 SEP 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Kingston</u>	<u>Mar 27/18</u>	<u>nil</u>	<u>a ti</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 Albert Leclerc

CANADIAN

Q. B. II

Bushell

Dr. Greenleaf M.O. Captain, A.M.C.

Date of Enlistment 16-2-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 2974

May 1st 1918.

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20. ⁰⁰			
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26-7-18

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Eattalion *1st Depot Bn. C.O.R. 4th Draft.*
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 _____
 2 _____
 3 _____
 4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>May</i>	<i>L 15965</i>	<i>-</i>	<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>H 20890</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>P 32893</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>J 37563</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>K 48074</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>P 52862</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>J 58191</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>O 66076</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>P 71690</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>K 81356</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>March</i>	<i>J 83092</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>220</i>		

10811-a-81

..... A/c Closed *31-3-19*
 Ret'd per *Belgie*
 Date *1-3-19* F.X. *7-3-19*
 Clerk *M.R. Des 67399*
M.R. Des 67399 7-3-19 H R

M. F. W. 128.
400M-5-17-1773-39-1141
L. L. 23320-M. & D. 7993.

AUTHORITY FOR NEW ACCT. *M.R. M.D.3.B.1.*
M. Hollerand
7/3/18

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

M. OR S. _____ REGT. No. *356704* RANK *Pvt* NAME (IN FULL) *Le Cleve, Albert*
 NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT C.E.F. *St. D.P.M.* IF IN P.F. WHAT UNIT? _____ (BLOCK LETTERS SURNAME FIRST)
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION *16-2-18* TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? _____ DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____
 TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS _____ ADDRESS _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED *Ottawa* PLACE _____ DATE *24-3-19.* REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

L-677

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	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	\$		C.
	<i>122</i>	<i>min</i>			<i>280</i>											<i>70</i>	<i>70</i>	<i>210</i>		<i>1st pay Ottawa</i>
<i>April</i>							<i>9319302</i>									<i>70</i>	<i>140</i>	<i>140</i>		
<i>May 16/19</i>							<i>9332171</i>									<i>70</i>	<i>210</i>	<i>70</i>		
<i>June 6/19</i>							<i>9430641</i>									<i>70</i>	<i>280</i>			

L-335
M. F. W. 2595 Recd

OK

BALANCE FROM PREVIOUS ACCOUNT

