

ORIGINAL

M. H. ... 1907

Recd. No. 200033

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

HYPER TYPE

Class: One

1. Surname	ALBERT
2. Christian name	ALBERT
3. Present address	...
4. Military Service Act letter and number	...
5. Date of birth	...
6. Place of birth	...
7. Married, widower or single	...
8. Religion	...
9. Trade or calling	...
10. Name of next-of-kin	...
11. Relationship of next-of-kin	...
12. Address of next-of-kin	...
13. Whether at present a member of the Armed Forces	...
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) Country of birth	...

DECLARATION OF RECRUIT

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

(Signature of recruit)

DESCRIPTION ON CALLING UP

Age	...
Height	...
Chest	...
Measurement of range of expansion	...
Complexion	...
Eyes	...
Hair	...

Place of birth: ...

Date of birth: ...

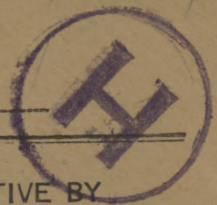
Country of birth: ...

REGIMENTAL DOCUMENTS

90/81
pte

NAME **HEMIEUX ALBERT**

REGT. NO. **2008593** UNIT **Can War G. Detch** H. Q. FILE NO.



CONTENTS

M

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

2/1
2

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

3 DENTAL HISTORY SHEET (M.F.B. 465)

9 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

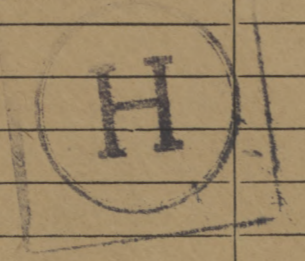
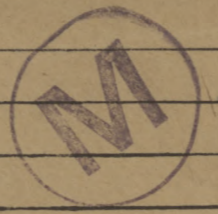
PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Misc

H Card

Friday Cards



DEATH

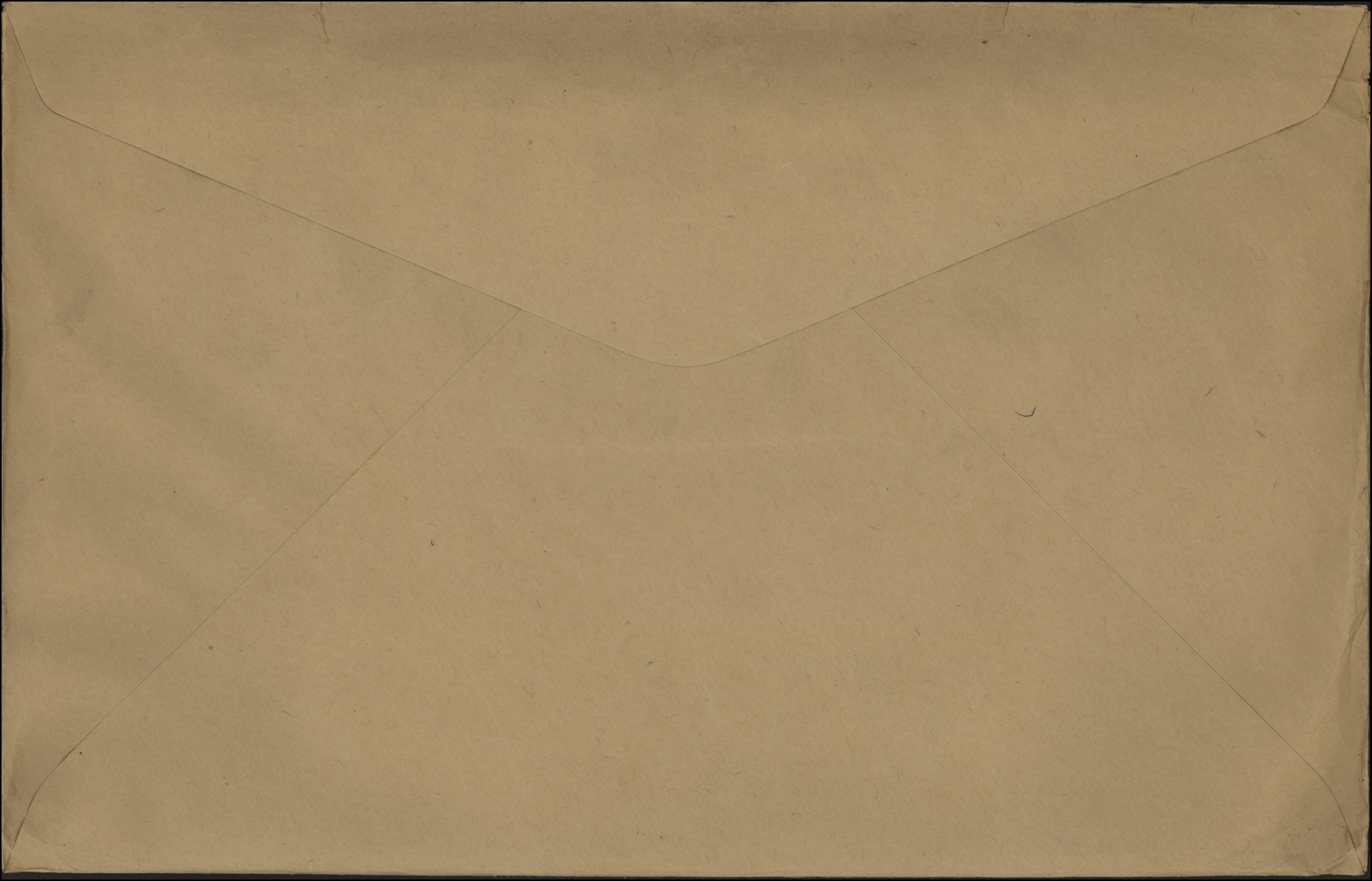
Category

DISCHARGE

20968 Category

Demob.

DESERTION



SURNAME. *Lemieux*

CARD NO. *3-81* 4

CHRISTIAN NAMES

Albert

808dis 7-8-19
Hemost FOLL. d 200
221 of 9-9-19

REGL. No. *2008593*

RANK

Spr.

UNIT

Eng. Tr. Sps. (R.H. # 75)

T. O. S. *Apr. 23 1918*

FORMER CORPS

nil

D.O. Part II No. *5*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Lemieux Mrs. Mary

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Ottawa West Ont.

COUNTRY OF BIRTH

Canada. Ottawa Ont.

DATE

Nov. 6th 1897.

PLACE OF ATTESTATION

Brockville Ont.

DATE

Apr. 23rd. 1918.

P.S. 27-6-18 $\frac{1300}{10}$

1918 6-8-19 381 P6
25

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

a.c. 131
Q

Number: 20085-93 Rank: *Ser.*

B

Surname: LEMIEUX

Christian Name: Albert

Unit: *C. E.* Theatre of War: *England*

Date of Service: *15-7-18*

Remarks:

Latest Address: *West Ottawa, Ontario*

Roll No. *a Page 488*



KR Rank Name **LEMIEUX. Albert.** Reg'l No. **2008593.**
 Unit **75th Dft Engineers** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Brockville April 23rd. 1918** Place of Birth **Ottawa. Ont.**
 Name and Address, Next-of-Kin **Mrs Mary Lemieux.**
Ottawa, West Ont. - *lan* Relationship **Mother.** ✓

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

N/E. R.B. No. **17042**
 File R.L.
 Category **ORCm**

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.				
			Arrived in England	15 7 18	S/ VALACIA
17-7 18	2nd, CERB	T.O.S. on Arrival from Canada	Seaford	15, 7 18	LC-48
16.8.18	C.E.R.D.	T.O.S. from 2nd C.E.R.D.			2 C.E.R.D. 75d/17/18
		& on com to 3rd C.E.R.D.	Seaford	15.8.18	Act 221, 3 rd CCD #190 by 21/18
24.10.18	3 rd CCD	Classes attached	"	24.10.18	251 4 th C.E.R.D. A.C.D.O
24.10.18	2 nd C.E.R.D.	T.O.S. from 3 rd C.E.R.D.	"	24.10.18	133 283y 28 th 18 emld.
12 Nov '18	2 GERB	S.C.S To CMGC	SEAFORD	11 Nov '18	DO14g 9 #301/15-11-18.
17.12.18	emld	Sol. to 3 rd C.E.R.D.	Seaford	15.12.18	✓ 32P.
28/3/19.	emld	Att. D.O. 3284/19/12/18 amended to read on com 3 rd C.E.R.D.	do	15.12.18	- 74.
4.4.19.	do.	Classes of com 3 rd C.E.R.D.	do	31.3.19	- 80.

80

Wms

91
10
11/12

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.				
19.5.19	CMSO.	Solutions to CWer from Detol	Pt Seaford	16.5.19	Pop. War Pass. DOB. 28.6.19 DO 116.
9-7-19	Gen. Dep.	SOS from CW Dep.	Witley	7-7-19	DO 149
10-7-19	" "	SOS to M. Wing. bbb.	" "	9-7-19	DO 150 M. Wing - 9/10/19
23-7-19	CWGD	Proceeded to England	Field	6-7-19	DO. 9.
	General Depot	Sailing 99-G:27.		25-7-19.	
9*10*19	Persnl.	S O.S. TO CANADA		London 25.4.19	AO-4

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. *2008593* (Rank) *Pte*

Name (in full) *Lemieux Albert* enlisted in

the *C. E. Co.*

CANADIAN EXPEDITIONARY FORCE at *Brockville* on the *23rd*

day of *April* 1918

HE served in *Can. War Service Detach in France*

Medically unfit general service

Demobilization. x Ro 1894

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age *21 8/12 yrs*

Marks or Scars

Height *5' 3 1/2"*

Scar St thumb.

Complexion *Fair*

Eyes *Blue*

Hair *L. Brown*

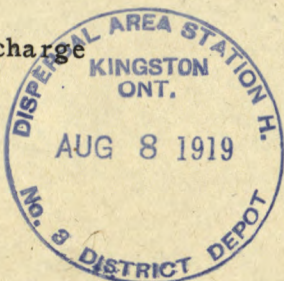
Pte Lemieux A

Signature of Soldier.

Carl J. Lewis Captain
for O. C. Dispersal Area Station H

Issuing Officer;

Date of Discharge



Rank

Date..... 19.....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1,
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No. <div style="text-align: center; font-size: 1.2em;">2008593</div>
---	-----------------------	--

Pte
Lemieux
Albert

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
--	---

Initials and Rank of an Officer.

(Authority) (date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
---	---	-----------------------------------

(22) Extended } (23) Re-engaged }

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemsmith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co.(3496)

(A) Report		(B) Authority of Part II. of Orders.	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
28.3.19	C.M.9.D		DO 328 amended to read "On Com. to 3rd C.C.D.	Seaford		PT II Do 74
4.4.19	C.M.9.D.		leaves on command	Seaford		PT II Do 80
17.5.19	CMGD		SOS to Can. War Graves Det.	Seaford	16.5.19	DO Pt 11 No. 117

L. Edmund

Lieut.
Adjutant, Canadian Machine Gun Unit

24/5/19 Unit 6 Arrived in France & T.O.S. 18/5/19 B.213. C.G. 39.
Ed. War Graves Det. a. 4.7.19 310/15/19
C/O 41057

O.C. ON PROCEEDING TO CANADA

Pr. 2. O. No 106. 25/4/19

army
FOR OFFICER COMMANDING,
"M" WING, O.C.S.

Sail # 99 Satornia Glasgow Montreal
25/7/19 4/8/19
medically unfit general service

25.7.19 T. O. S. 3rd D. Discharged. 8.8.19 Kingston. Pt. 2 Order. H. 9.221

Med unfit for 85 Ro 1894 for I. T. Hickney Lt. O. C. Dispersal Area Station

Nothing to be written in this margin.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

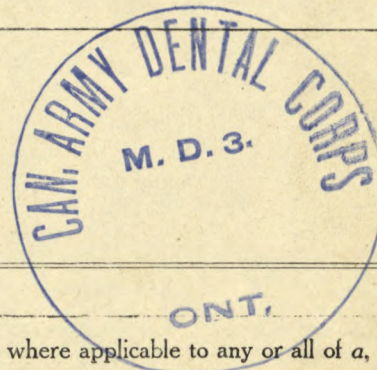
NAME OF SOLDIER (Block Letters) ALBERT JOSEPH LEMIEUX.
 REGIMENT Can War Graves Det RANK PTE. No. 2008593
 Date of Examination in England 10-7-19 Date of Examination in France _____

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 14 - 18
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

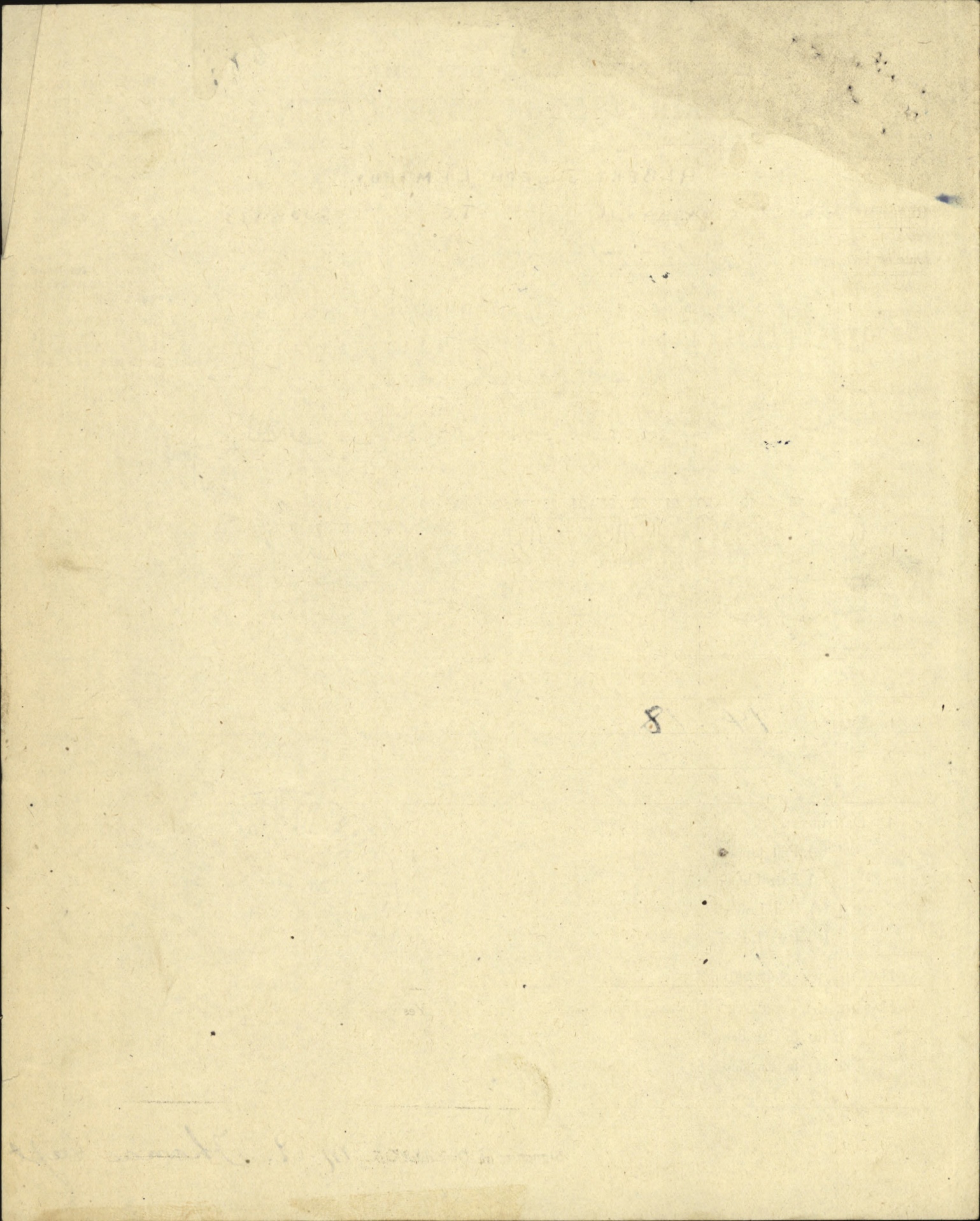


HAS HE EVER REFUSED DENTAL TREATMENT? Yes

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

- (a) In Canada _____
- (b) In England _____
- (c) In France _____

Signature of Dental Officer M. A. Thomas Capt



2008593

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 Lamein Christian name Lebert
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. not registered
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Ottawa West

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th. day of APRIL. 1918 by the undersigned medical board sitting at Ottawa.

5. Age as stated 20 Years 5 Months. 6. Apparent age _____ Years _____ Months
 7. Height 5 Feet 3 1/2 Inches. 8. Weight 128. Pounds.
 9. Chest measurement { Minimum 32 Ins. 10. Complexion Fair. { Eyes Blue.
 { Maximum 35 Ins. { Hair L. Brown.
 11. Physical development Good. { Good Fair Poor 12. Smallpox marks None.
 13. Number of vaccination marks { Right arm _____ 14. When vaccinated last 1910.
 { Left arm 2.
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

Scar Lf. thumb.

16. Slight defects but not sufficient to cause rejection _____
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis { Tuberculosis
 { Syphilis { 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. 6/36 L. 6/6
 (b) Hearing R. Normal. L. Normal.

N. Mochel Meyer President.
Chadlaw Capor Member. A. W. Ross Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
MAY 1 9 1918		<u>R. M. Cairns</u> M.O.	MAY 1 4 1918		<u>R. M. Cairns</u> M.O.
		M.O.	MAY 2 0 1918		<u>R. M. Cairns</u> M.O.
		M.O.	MAY 2 7 1918		<u>R. M. Cairns</u> M.O.

Joined 24th day of April 1918 at Ottawa

CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
Brockville, Ont	5/6/18	Nil.	A.2 <u>his. proban</u> Cap
<u>Shawana</u>	20/7/18	D.A.H. <u>Rigms</u>	PT <u>...</u> Lieut.
<u>Witley</u>	22-7-19	<u>amblyopia</u>	Bi <u>...</u> PRESIDENT

Signature of Man

3rd Lt. D. A. D. 18-10-18. Fit for Duty. Lt. Col. J. H. Dowling Major. C.A.M.C.

DENTAL HISTORY SHEET

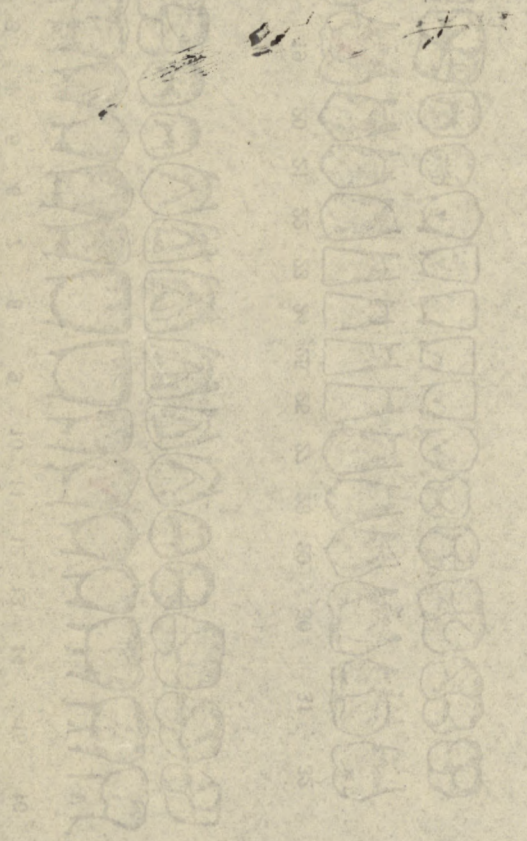
CANADIAN ARMY DENTAL CORPS

NAME OF PATIENT

REGIMENT

CLASS

To Be
2 Extracted
2 Fillings



TOOTH	EXAMINATION	OPERATION	REMARKS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

INSTRUCTIONS

1. On examination the condition of patient's mouth to be recorded on diagram to the left.

2. On first visit of report record of same to be made on this slip.

3. Only such entries to be made on this slip as will show condition on departure.

4. Condition on leaving Canada.

5. Condition on re-examination, if any.

ADVANCED NIBOAM

* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>LEMIEUX Albert</i>				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>2009593</i>				
AMOUNT:- <i>15⁰⁰</i>		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <small>WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.</small>				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
				<i>Mrs D. Lemieux (mother) P.O. Ottawa West, Ont.</i>			<i>2nd Lt B.I.H.S.</i>	<i>15/7/18</i>
<i>Stop off 1/8/19</i>				UNIT AND TRANSFERS				
				ORIGINAL UNIT: <i>2nd Lt B.I.H.S. 6.6.42.</i>				
				DATE ACCOUNT FIRST OPENED:- <i>JUL 1 '18</i>				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T.S.F.D.	UNIT TRANSFERRED TO	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS <small>UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK</small>								
				DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT
<i>14-6-1915</i>		<i>Fol</i>	<i>4.15</i>					
<i>21-6-1918</i>	<i>492</i>		<i>4.15</i>	<i>Leakal</i>	<i>77-64</i>			
			<i>8.30</i>	<i>IPC Ch.</i>	<i>69.34</i>			
				<i>1/8/19</i>				
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
					<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Trans to Canada NR. 11610 starting 9/19 ending 31/10/18*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>JUN 30 '18</i>	<i>Balance from Canada</i>								<i>2075</i>		
<i>JUL 1 '18</i>	<i>July & Aug</i>	<i>6870</i>		<i>July & Aug Mo. 14. 60/11/18</i>	<i>5</i>			<i>30</i>			
<i>AUG 1 '18</i>	<i>July & Aug</i>	<i>6870</i>		<i>4765 29/8 3008</i>	<i>487</i>				<i>4908</i>		
<i>SEP 1 '18</i>		<i>33</i>		<i>5478 13/9</i>	<i>987</i>			<i>30</i>			
		<i>33</i>		<i>2659.5 23/9</i>	<i>1947</i>			<i>15</i>			
		<i>33</i>			<i>487</i>				<i>4274</i>		
<i>OCT 1 '18</i>		<i>3410</i>		<i>6903 15/10/18</i>	<i>2434</i>			<i>15</i>			
		<i>3410</i>		<i>7163 24/10</i>	<i>1947</i>			<i>15</i>			
		<i>3410</i>		<i>2477 24/10</i>	<i>487</i>				<i>3263</i>		
<i>Nov</i>		<i>33</i>		<i>6038 27/11</i>	<i>2921</i>			<i>15</i>			
<i>Dec</i>		<i>3410</i>		<i>Cap</i>	<i>973</i>			<i>15</i>	<i>13383</i>		
<i>Jan</i>		<i>3410</i>		<i>Cap</i>				<i>15</i>	<i>8883</i>		
				<i>5832 18/1</i>	<i>487</i>						
				<i>6527 21/1</i>	<i>487</i>						
				<i>6314 21/1</i>	<i>2433</i>				<i>4503</i>		
		<i>1020</i>			<i>4380</i>			<i>45</i>	<i>4503</i>		
<i>Feb</i>		<i>3180</i>		<i>9222 15/1</i>	<i>973</i>						
				<i>9264 29/1</i>	<i>487</i>						
				<i>Cap</i>					<i>15.00</i>	<i>10493</i>	
				<i>4690 26/2</i>	<i>2460</i>				<i>7380</i>		
		<i>3410</i>		<i>Cap</i>				<i>15</i>			
		<i>6400</i>		<i>10374</i>	<i>973</i>						
				<i>10543</i>	<i>487</i>				<i>3613</i>		
		<i>6490</i>			<i>4380</i>			<i>30</i>			

COMPILED BY *CP Crawford*
CHECKED BY *10190*

NUMBER	RANK	NAME		MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
													36 13		
Apr	Pra	33			Cap							15 00			
					CR 338 cm 9 D. 15/4	5		9 73							
		31/10			582		30/4	8	4 87				103 23		
					1025		16/5	11	9 73				59 20		
					1162		16/5	12	4 87						
					Cap.							15	44 03		
		67/10							29 20			30			
June		33			Cap.							15			
July		31/10			Cap.							15			
					Dr. 47.5 9 130. 27 6/9			3 49					77 64		
		67/10						3 49				30			
Sept					Dr 47.5 9 130. 27 6/9			9 43							
					Dr 492 27 6/9 6 11/9			4 16							
					65 19/6/9			4 16					59 59		
								18 05							

W. J. ... 25/11/9 ... 996 ...

1. No. *2008593*

2. Rank. *Pte.*

3. Name. *Lemieux Albert.*

4. Unit. *Can. War. Graves Detch.*

5. Date of Discharge *8.8.19* Place *Kingston*

6. Reason for Discharge *Demobilization.*
Medically unfit for
general service R.O. 1894

7. Authority *R.O. 1894*

8. Proposed Residence after Discharge
West Ottawa, Ontario

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W. *1329*

Pte Lemieux Albert.

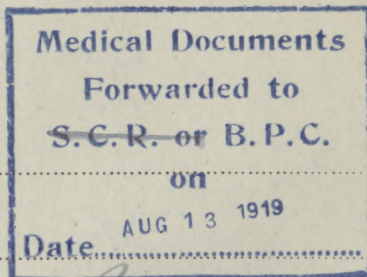
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



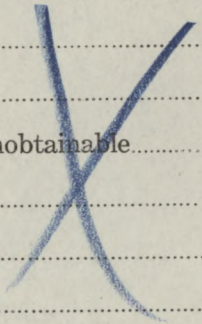
Paul J. Lewis
for O. C. Dispersal Area Station H

Signature.....

(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



1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178),
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.V.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings of Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.I.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.F.B. 11).
14. War Service Certificate (Form M.F.W. 2595).

Dup

Group..... *B*

Checked by No..... *17*

Date... *24 JUL 1919*

"5"
M wing

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. 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.
2. 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 invalid 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."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. 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 Witley DATE 22-7-19

1. 1 (a) Unit C.M.C.D. (b) Regimental No. 2008593 (c) Rank Plt.

(d) Surname Lemieux (e) Christian name Albert Joseph

(f) Home address P.O. Ottawa West.

(g) Next of Kin Mr. David Lemieux (h) Relationship father

(i) Address of Next of Kin P.O. Ottawa West.

2. Age last birthday 21 Date of birth Nov. 6, 1897

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 22-4-1918

4. Personal description
(a) Height 5'7" est (b) Weight 130 est (c) Complexion fair

(d) Colour of hair light (e) Colour of eyes grey (f) Identification marks, Scars, etc. Scar left shoulder

5. Former trade or occupation labourer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days
	1	91

	PERIODS	
	From	To
Canada	22-4-18	June 1918
England	June 1918	May 1919
France or other theatres of War	May 1919	July 1919

7. Original disease, or injury Amblyopia

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause unknown

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Vision

9. Present condition— (a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Sp. Report (9-7-19) Tuttle

Amblyopia

Vis R 3/60 not improved e glasses
Vis L 6/6

Capt F. Macneil

Subjective - short sighted

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System	<u>no</u>	Cardio-Vascular System <small>(If pulse rate is abnormal, B. P. will be taken.)</small>	<u>no</u>	Genito-Urinary System <small>(Albumen and Sugar will be excluded.)</small>	<u>no</u>
Special Senses	<u>no</u>	Respiratory System	<u>no</u>	Integumentary System	<u>no</u>
Disturbances of Mentality	<u>no</u>	Digestive System	<u>no</u>	Muscular System	<u>no</u>
Osseous and Joint Systems	<u>no</u>	Any other general condition	<u>no</u>		

10. (a) History (of the condition referred to in Section 9 (a).)

States eye condition has been the same since childhood. Never wore glasses. Never bounded or fussed.

10.—(b) (Here give to or since

(c) (Here give a descr

11.—(a) Did the

(b) If so, ha condition at

12. Was the disa

refusal to a The regiment (If the answer is in this question

13. What is the p

than one?

14. Treatment (

15. Is further tre

16. Can the form

17. Recommendat

(Sections 7, 8, 9 a

I, the undersi present condition

I complain in ad

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

nil

(c) (Here give a description of wounds, scars and deformities.)

Scar Lt thumb

11.—(a) Did the disabling condition have its origin before enlistment?

Yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

no

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment?

a) no b) 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.)

nil

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.

Perish Capt Army
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, *A. J. Lemieux* 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

[Handwritten notes]

Albert Lemieux Rank. *Plt*
Signature of invalid examined.

ss—slight, moderate, some of its parts, for
examination. Import- e recorded in Section first, then subjective
they
ved e glasses
neil
ove?
no
no
no
ion
ne
never
ounded

4
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 criticised.

Yes, we concur.

19. Is the invalid fit for

- | | | |
|--|---------------------------|-----------------|
| (a) General service, | (Category A) (Yes or No.) | <i>Yes, B I</i> |
| (b) Service abroad, not general service; | (" B) (Yes or No.) | |
| (c) Home service (Canada only), | (" C) (Yes or No.) | |
| (d) Temporarily unfit. | (" D) (Yes or No.) | |
| (e) Unfit for service in Categories A, B and C | (" E) (Yes or No.) | |

20. It is certified that the invalid

(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.)

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

R.F.C. with a.g. tel 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Witley.*
 DATE *22-7-19*

[Signature]
 President.
[Signature]
 Members

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 invalid 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

APPROVED BY *[Signature]* APPROVED BY *[Signature]*
 Assistant Director of Medical Services A.D.M.S. HEADQUARTERS Director-General of Medical Services.
 CANADIAN CORPS CAMP.
 DATE *22-7-19* DATE *23 JUL 1919*
 WITLEY SECTION.

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

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

500M.—9-16
H. Q. 1772-30-970.

Casualty Form—Active Service.

ENGINEER DEPOT
BROCKVILLE, ONT.

Unit, Regiment or Corps.....

Regimental No. 2008593 Rank Plt. Name Lemieux Albert

Enlisted (a) 24-4-18 Terms of Service (a) 5-10-7 Service reckons from (a) 24-4-18

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

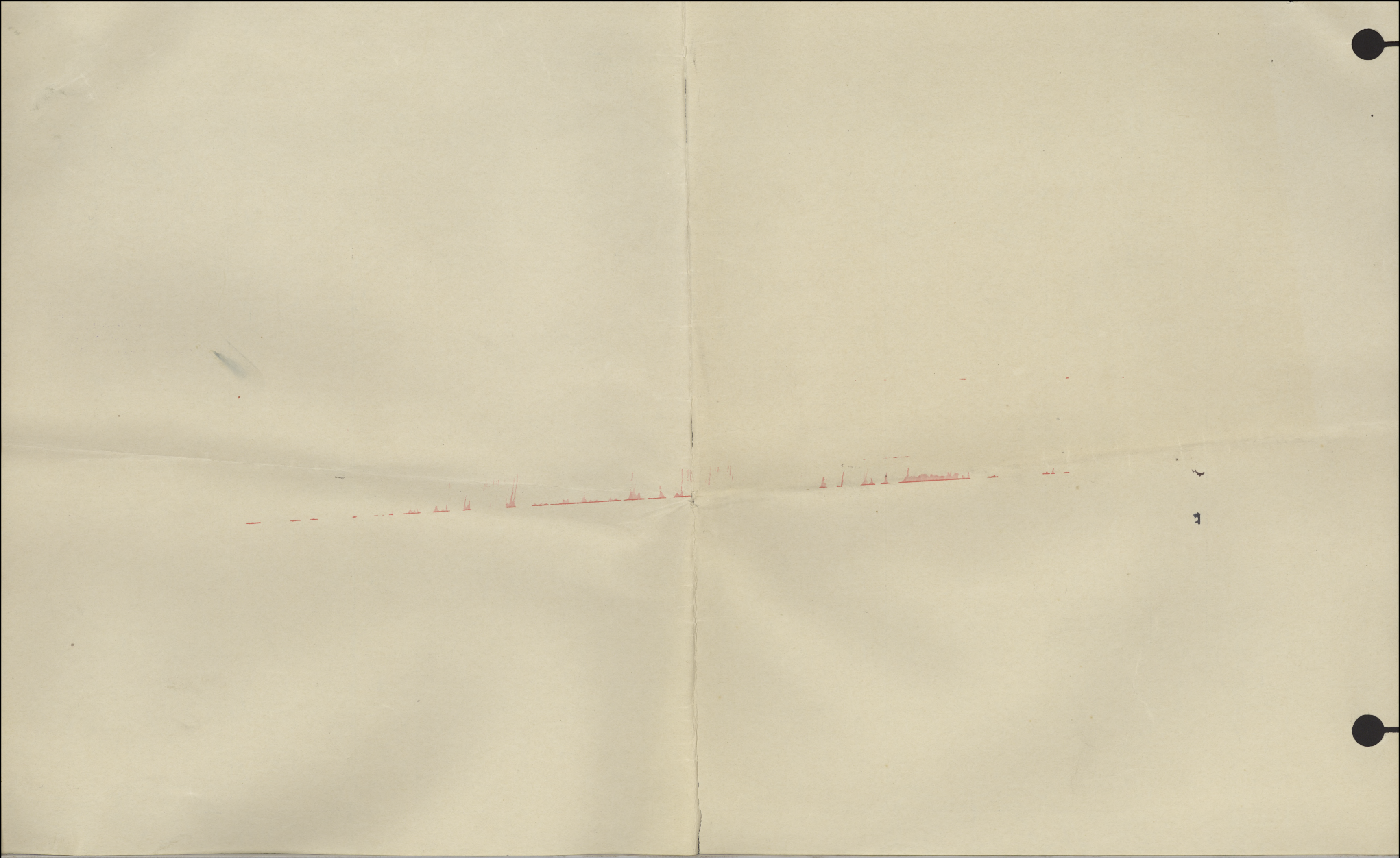
Extended..... Re-engaged..... Qualification (b) Military Police - Signal Lab'or

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 Overseas 27-6-18, D.O. 32			
		27-6-18 EMBARKED MONTREAL			<u>Adjutant, H. M. T. VALACIA.</u>
<u>17/7/18</u>	<u>H. E. B.</u>	<u>Disembarked</u>	<u>England</u>	<u>15/7/18</u>	
		<u>T.O. Sp. and 6 E.R.B.</u>	<u>Seaford</u>	<u>15/7/18</u>	<u>Part II Ord. No. 48</u>
		<u>from Canada</u>	<u>Seaford</u>	<u>15.8.18</u>	<u>Part II Order 75</u>
<u>17.8.18</u>	<u>C. E. R. D.</u>	<u>S.O. to C.E.R.D.</u>			<u>Above Lieut. C.E.</u> <u>Adjutant,</u> <u>2nd CAN. ENGRS. RESERVE BN.</u>
<u>16-8-18</u>	<u>C.E.R.D.</u>	<u>T.O. 1. in Com 3.C.C.D.</u>	<u>Seaford</u>	<u>15-8-18</u>	<u>Part II No. 221.</u> <u>Mr. Malin</u> <u>Lieut</u> <u>of O.C. GERD</u>

(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. [P.T.O.]

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				
24-10-18	DISCHARGED FROM 3 rd C. C. D. Seaford		Seaford	24-10-18	BN. PART II D. O. NO. 251 24/10/18. To M. Nammon a Capt. For O.C. 3rd Canadian Command Depot
28-10-18	CERD	Cease Com 3 rd in S.O.S. printed 2 nd CERD	Seaford	24-10-18	S.O. 283. D. Shawe Lieut or O.C. CERD
24/10/18	2 CERD.	T.O.S from CERD	Seaford	24/10/18	Pr 4 Ord 133
12-11-18	2nd. CERD	S.O.S. of 2nd C.E.R.B. to the C.M.C. Depot.	Seaford	12-11-18	Part II. Order No. 149. B. H. Row Lieut. C.E. for Adit. for Lt-Col. C.E. Commanding, 2nd C.E. Res. Battn. C.E.C.
15-11-18	Com. CMGD. Taken on Strength.		SEAFORD.	12-11-18	Depot Order Pl. 11 No. 301
17-12-18	C.M.G.D.	S.O.S. to 3rd C.C.D.	Seaford	15-12-18	D.O. Pt. II 328 R. Edmund Adj. A/Adjutant, Canadian Machine Gun Depot. Capt. for O.C. 3rd Canadian Command Depot.
11/11/18	DISCHARGED FROM 3 rd C. C. D. Seaford		Seaford		BN. PART II D. O. NO. 2347 3rd Canadian Command Depot.



Date of Enlistment

23-4-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

9335

1 July 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

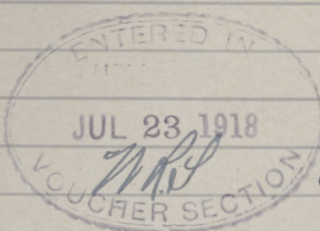
PARTICULARS OF ASSIGNMENT

No. _____
 Rank _____ Promoted _____ Reverted _____ Discharge _____
 Soldier's Name _____
 Battalion Canadian Engineers Draft 75
 Beneficiary _____
 Relationship _____
 Address _____

Name _____
 Address _____
 Change of Address _____
 1 MRS. D. LEMIEUX L9335
 P.O. OTTAWA WEST
 2 ONT. 15 15.00
 % 2008593 SPR ALBERT LEMIEUX
 3 FIFTEEN DOLLARS
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
July	K 1200	-	15	15	✓ 15 to adj A.P. July - ord 24 78, mailed 27/7/18
Aug.	38486		15	15	✓
Sept	M 42123		15	15	✓
Oct.	P 53888		15	15	✓
Nov.	J 59202		15	15	✓
Dec.	O 67315		15	15	✓
Jan.	P 72633		15	15	✓
Feb	N 76549		15	15	✓
March	L 83917		15	15	✓
Apr	J 2329		15	15	✓
May	N 8319		15	15	
June	J 11251		15	15	
July	S 11919		15	15	
AUG	M 13217		15	15	✓

10891-a-72



M. F. W. 128.
 40M. 6-7-1772-33-1141
 L. L. 22320-M. & D. 7303.

M.D.3.
 A/c Closed 31-8-19
 Ret'd per Saturnia
 Date 7/8/19 F.X. 14/8/19
 Clerk A.J.S.
 No. 107847

AUTHORITY FOR NEW ACCT. M.D. 3. 135 G Style 24 7 18

AUDITED.

