LGG

1st DEPOT BN. 1st QUEBEC REG'T.

6

4

TRIPLICATE

M. D. ..... Depot Battalion ..... Regiment

Regtl. No. 3086726

CANADIAN OFFICERS TRAINING CORPS
CONTINGENT DE L'UNIVERSITE LAVAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname: LEBRUN
2. Christian name: Treffle
3. Present address: 114 Fabre Montreal P Q Canada
4. Military Service Act letter and number: DC 107781
   (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: November 21th 1896
6. Place of birth (town, township or county and country): Montreal P Q Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic.
9. Trade or calling: Police Man
10. Name of next-of-kin: LEBRUN Louis
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 114 Fabre Montreal P Q Canada
13. Whether at present a member of the Active Militia: Nil
14. Particulars of previous military or naval service, if any: Nil
15. Medical Examination under Military Service Act :—
    (a) Place: Montreal (b) Date: July 10th 1918. (c) Category: A2

MOBILIZATION CENTRE M. D. No. 4 JUL 10 1918 MONTREAL P.Q.

DECLARATION OF RECRUIT

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

Treffle LeBrun (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	21 yrs.	9 mths.
Height	5 ft.	8 1/4 ins.
Chest measurement — fully expanded		39 ins.
Chest measurement — range of expansion		3 ins.
Complexion	Dark	
Eyes	Brown	
Hair	Fair	

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

R. D. =	50
L. D. =	50
R. EAR	O/C
L. EAR	

Capt. Medical Officer

for O.C. 1st Depot Bn. 1st Quebec Regiment

O. C. ..... Depot Btn.

..... Regt.

Place: Montreal Date: July 11th 1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

REGIMENTAL DOCUMENTS

NAME LEBRUN. TREFFLE REGT. NO. 3086726 UNIT 12 Det COR H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				16797	Demobilin
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	Release					

W. 2589
100M-11-18
1772-39-1377

H. Q.

M. D. No. 4

Surname Lebrun

Christian names Trefflee

T. O. S. July 11th 1918

Regtl. No. 3052 Rank Pte.

D. O. Pt. II 169 of 10-7-18.

Unit 1st. Ques. Regt, 1st. Dpo. Bn

S. O. S. 19

Reason

Auth.

Next of kin Lebrun, Louis

Relationship Father.

Address 119 Fabre St., Montreal, P.Q.

Also notify:

BORN—Place Canada Montreal P.Q. Date Nov. 21st. 1896

ATTESTED—Place Montreal, P.Q. Date July 11th, 1918.

O/S

R/C

W. 22—100M 7-18. 1772-39-839.

H. Q.

M. D. No. X/12

Surname Lebrun

Christian names Treffle

T. O. S. 19

Regtl. No. 3086720 Rank Pte

D. O. Pt. II of

Unit ~~1st Depot Regt 1st Depot Bn~~ 12th Det. C.O.C.

S. O. S. Dis 5-5-19

Reason Demob

Auth. DU 124 of 4-5-19. 12th Det C.O.C.

~~with effect 3/3/19 D.O. 63 of 4/3/19~~ 12

Next of kin Lebrun, Louis

Relationship Father

Address 114 Rue Fabre St.
Montreal, P.Q.

Also notify:

BORN—Place Canada, Montreal, P.Q. Date Nov. 2nd, 1896

ATTESTED—Place Montreal, P.Q. Date July 11th, 1918.

O/S

R/C

W. 22—100M-7-18. 1772-39-839.

LEDGER NO. ..... SERIAL NO. 638300

REG. NUMBER 308626 NAME Lebrun Treffle

RANK Pte CORPS C.O.T.C. Laval

AGE 21 SERVICE 2 yrs 6 mos

NAME OF HOSPITAL Royal Victoria PLACE Montreal PQ

DATE OF ADMISSION 9-9-18.

DISEASE Chr Bronchitis

TRANSFERRED TO OTHER HOSPITALS .....

.....

OPERATION .....

DISCHARGED TO Unit 23-9-18 IN CATEGORY .....

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

PR

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

3086726

IMPORTANT.—Si le nom de l'homme n'apparait pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informera qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille LEBRUN Nom de baptême TREFFLE

2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste 107781 DC

3. Numéro consécutif de la liste des déclarations (s'il y apparait) Nil

4. Adresse (y compris la rue et le numéro s'il en existe) 114 Fabre Montreal P.Q. Can

CANADIAN OFFICERS TRAINING CORPS CONTINGENT DE L'UNIVERSITE LAVAL

MILITIA GENERAL M.D. No. 4 JUL 10 1918 MONTREAL, P.Q.

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 10 jour de July 1918, par le bureau médical soussigné siégeant à Montreal P.Q. Can

5. Âge affirmé 21 ans 9 mois. 6. Âge apparent 21 ans 9 mois.

7. Hauteur 5 Pieds 8 1/4 pouces. 8. Poids 139 livres.

9. Mesure de poitrine Minimum 36 pouces, Maximum 39 pouces. 10. Couleur Dark Yeux Brown Cheveux Fair

11. Développement physique Good (Bon / Moyen / Pauvre) 12. Marques de vérole Nil

13. Nombre de vaccinations Bras droit ..... Bras gauche 1 14. Dernière vaccination Child

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure N.D.D. Chronic

16. Défauts légers insuffisants pour l'exemption .....

Le sujet nie avoir souffert de (Rhumatisme / Tuberculose / Syphilis) Nous ne trouvons pas de preuve qu'il ait souffert de (Rhumatisme / Tuberculose / Syphilis)

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie A2

R. D. =	50
L. D. =	50
R. EAR	
L. EAR	

A. E. Cote Capt Président.

J. A. Fairie Capt Membre W. C. Gourley Capt Membre

Date	Résultat	Vacciné		Date	Résultat	Inoculations, Anti-Typhoïdes, Etc.	
OCT 17 1918		W. Taylor Lt	O.M.	29/8/18		cerebrospinal	O.M.
			O.M.	5/9/18		cerebrospinal	O.M.
			O.M.	30/9/18		C. Faulkner	O.M.

Enrôlé le 10 jour de July 1918 à Montreal P.Q. Can

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé	1st DEPOT BN. 1st QUEBEC REG'T.	D		28-9-18
Transféré à	CEF Siberia 3086726			

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

MEDICAL BOARD M.D. No. 4, MONTREAL

Quartier	Date	Maladie	Résultat
Montreal	OCT 16 1918	Temporary unfit abscess on lung	D SEP 7 1918 W. C. Gourley Capt

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Fil

Signature de l'homme Treffle LeBrun

Nom de famille LEBRUN Nom de baptême Treffle

QUARTIER	Date de l'arrivée au quartier	Dates de l'Admission à l'hôpital			Dates de Sortie de l'hôpital			MALADIE	Nombre de jours à l'Hôpital	Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques.	Signature de l'officier médical
		Jour	Mois	An	Jour	Mois	An				
ROYAL VICTORIA HOSPITAL, MONTREAL. SEP 9 1918		23	9	18				Slight Ch. Bronchitis	15	Ch. Bronchitis Slight. Probably due to excessive Cigarette smoking. Lungs clear at present. Sputum negative for Tbc. Fit for duty. Class A.11	

Wilfrid Leblanc Capt.
M. O. i/c of Troops Royal Victoria Hospital.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER LEBRUN Treffle

RANK Pte.

No. 3086726

REGIMENT OR TRADE CANADIAN OFFICERS TRAINING CORPS UNIVERSITE LAVAL

INSTRUCTIONS

X to be extracted
M are missing

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	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1/5/15																4			Capt. Lemieux et prophylaxis req		

C.A.M.C.

F. B. 465
2m-M-1-17.
1772-39 950

DENTAL HISTORY SHEET

Name

Address

Phone

Date

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname Lebrun Christian name Truffle.

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) Jabre St, Montreal, Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the .....day of ~~JAN 27 1919~~ .....19....., by the undersigned medical board sitting at ~~VICTORIA, B.C.~~ .....

5. Age as stated 22 Years 2 Months. 6. Apparent age.....Years..... Month

7. Height.....Feet.....Inches. 8. Weight.....Pounds.

9. Chest measurement { Minimum.....Ins. / Maximum.....Ins. } 10. Complexion..... { Eyes..... / Hair..... }

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

13. Number of vaccination marks { Right arm..... / Left arm ..... } 14. When vaccinated last .....

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, 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.

(a) Vision. R.....L.....

(b) Hearing. R.....L.....

.....President.

.....Member. .....Member.

Signature of Man.....

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined.....*day of*.....*19*.....*at* .....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	259th Bn.	3086726		

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
MOBILIZATION CENTRE VICTORIA			

Pres. Douglas Cowan

Member J K Ramsay

Member

A-11

JAN 27 1919

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.

M. F. B. 313.

300M.—6-18.

1772-20-420

Surname LeBREEN Christian Name Trefle

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Mil. Isol. Hospital.											
Macaulay Pt. B.C.		14	12	18	21	1	19	Gonorrhoea 20	39	B.S. serum reg. as to, Ch. to pus Massage. Smears now negative	T Miller Capt. A.M.C.

General Medical Board
REGINA, SASK.

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. 3068726 Rank Pte. Surname LEBRUN.
(Given name in full) Treffle

Unit or Corps 12th C.O.C. Birthplace Quebec

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 10 in. Colour of Eyes Brown.

Nutrition good

Pulse 76

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20/ ft.

Left 20/ ft.

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

Opinion as to general health and physical condition fair

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 Sytem No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No yes

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.

Sept / Mumps 9.9.18. Lungs are clear now - no sign of trouble - no cough - no expectoration.

Gonorrhoea 19. he says he has it before he signed up & reported but no pain no attention until Dec 1918 he was admitted Macaulay Pte. B/C. & Cured. No discharge now

(If space is insufficient, continue on back of form.)

[OVER]

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 Regina (Canada)

Date 3.5.19 Signed [signature] 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 T. LeBrun

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Copy

VENEREAL DISEASE CASE-SHEET

(GONORRHOEA)

Reg. No. 3086726 Rank Pte. Name Lebrun J. Unit 259th

Diagnosis Gonorrhoea Admitted 13-12-19 Discharged 7-1-19

Medical Officer i/c Case H.W. Bell Capt.

H I S T O R Y

No. of previous attacks None

Where and when acquired Montreal March 1918

Date and character of symptoms Urethral discharge March 1918

Date. (Day of disease)	Smear.	Urine.	Urinalysis.	Other Lab. Tests.	Complications.	Medicine.	Irrigation. Pot	Operations.
						Protosulfide	Permang	
13-12-1						"	"	
14-12-2						"	"	
15-12-3						"	"	
16-12-4						Santalwood oil	"	
17-12-5						"	"	
18-12-6						"	"	
19-12-7						"	"	
20-12-8						"	"	
21-12-9						"	"	
22-12-10						"	"	
23-12-11						"	"	
24-12-12						"	"	
25-12-13						"	"	
26-12-14						"	"	massage
27-12-15						"	"	
28-12-16						Arthopin	"	Agno 3
29-12-17						"	"	
30-12-18						"	"	
31-12-19						"	"	massage
1-1-20						"	"	
2-1-21	neg					"	"	massage
3-1-22						"	"	
4-1-23						"	"	
5-1-24						"	"	
6-1-25						"	"	
7-1-26						"	"	
8-1-27						"	"	massage
9-1-28						"	"	agno 3
10-1-29	neg					"	"	
11-1-30						"	"	
12-1-31						"	"	
13-1-32						"	"	
14-1-33						"	"	
15-1-34	neg					"	"	massage
16-1-35		Closed Treatment				"	"	
17-1-36						"	"	
18-1-37						"	"	
19-1-38						"	"	
20-1-39	neg					"	"	
21-1-40								

M.F.W. 101.
3,500-4-17.
1772-39-1053.

CASE HISTORY SHEET.

Willow Isola Hospital. Victoria B.C. Station.

No. 308-07-4 Rank Private Name L. Blanc Griffle Age 22

Unit 29th Rifles Completed years of service Where and how long 5/12 Years Canada

Date of admission 4/12/18 Date of discharge

Diagnosis Gonorrhoea Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complts: Discharge from urethra

History: First contracted gonorrhoea 8 mos ago in Montreal. No treatment. Discharge would dry up for a few weeks & then appear again. Exposed about two mos since then. Has desire to pass for past month.

Present pass discharge from urethra. No dribbling. Pain on micturition. Scrotum apparently normal. Glands in groin not enlarged.

11-12-18 Profuse discharge in the morning.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

CONDITION ON DISCHARGE,

(and disposal made of case.)

Date

Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

Reference copy of original C.E.F. Discharge Certificate issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 3086726 (Rank) Private.

(Name in Full) LeBRUN , TREFFLE. enlisted in

----- ---------1st Depot Battalion, 1st Quebec Regiment---------

Canadian Overseas Expeditionary Force, on the Eleventh of July.

191 8, and accompanied said unit to ----------CANADA----------

was returned to Canada, and discharged from the service at Regina.Sask.

on the ~~Fifth~~ Fifth of May. 191 9, in consequence of under

C.E.F. RoutineOrders 1328 and 1420 (1) (C) "On Demobilization"

~~12 MD 15-L-259 dated~~ 1-5-19

DESCRIPTION ON DISCHARGE

Age 23

Height 5 ft 8 ins

Complexion Dark

Eyes Brown

Hair Fair

Trade Policeman

Marks or Scars

NIL

Signature of Man T. LeBrun

D. Watt Lt-Col.

Officer in charge Discharge Depot.

Place and Date Regina. Sask. 5-5-19

M. F. W. 39 a.
50m.—8-17.
H. Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. .....

Rank .....

Name .....

Unit .....

Address on Discharge .....

.....

.....

.....

.....

On demobilization this Certificate should be called for on the back of this certificate will not be completed

His conduct and character while in the Service have been : .....

.....

.....

Place .....

Date ..... Commanding .....

Campaigns .....

Medals and Decorations .....

.....

.....

Paymaster

Auditor

M. or S.

Name and Address of Next of Kin Louis Lebrun Father
114 Fabre St
Montreal

Separation Allowance $ Effective Date

By Whom Paid

Payable to Relationship

Address

CASUALTIES AFFECTING PAY AND ALLOWANCES

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Regimental No. 3086726 Rank Rflm. Name Lebrun, Freffle

If in P.F. What Unit — P.F. Allowances — Original Unit C.E.F. 8-259 Bn.

Place of Attestation Montreal — Transferred to Bas. Gs. M.D. 11 Date 19-12-18 Authority D.O. 92

Date of Attestation 11-7-18 — Transferred to C.O.C. Regina, Date 28-2-19. Authority D.O. 59 Battery

Assigned Pay $ 20 00 — Date Effective 1-11-18 Authority M. F.W. 2583

Payable to Louis Lebrun — Relationship Father

Address 114 Fabre St. Montreal

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective

Discharged. Date and Place — Authority

L. L. Job 48205
M. & D. 20-9-18-12M

MONTH 1918	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C	OTHER CREDITS $	OTHER CREDITS C	ASSIGNED PAY CREDITS $	ASSIGNED PAY CREDITS C	TOTAL CREDITS $	TOTAL CREDITS C	ACQUITTANCE ROLLS COL. No. 1 No.	COL. No. 1 DATE	COL. No. 2 No.	COL. No. 2 DATE	COL. No. 3 No.	COL. No. 3 DATE	COL. No. 4 No.	COL. No. 4 DATE	CASH PAYMENTS COL. No. 1 $	COL. No. 1 C	COL. No. 2 $	COL. No. 2 C	COL. No. 3 $	COL. No. 3 C	COL. No. 4 $	COL. No. 4 C	ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES $	OTHER CHARGES C	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C	TOTAL DEBITS $	TOTAL DEBITS C	BALANCE DEBIT $	BALANCE DEBIT C	BALANCE CREDIT $	BALANCE CREDIT C	DEFERRED PAY $	DEFERRED PAY C	PAY AVAILABLE FOR ISSUE $	PAY AVAILABLE FOR ISSUE C	SEP. ALL'CE
Oct	31	1.00	34	10	7	60			41	70	3	9/11	6	23/71					10	-	10	-											20	00			21	70				
Nov.	30	1.10	33	00					33	00	9	3/12							29	-							20	00					49	00			5	70				
Dec.	19	1.10	20	90					20	90																	20	80			X 9	60	29	60	3	00						
									95	60																							98	60								
Feb.	14	1.10	18	70	12	10			12	10									30	-													30	-				80				
			10	70					18	70																																
									19	80																																

Blanket L.R.C. to.
M. D. 12 — 10-3-19.

Dr. Bal. Ledger No. 11 - D.A.C.
D.O. 59 Trans. to. C.O.C.
Regina. 28-2-19.

REMARKS

Dr. Bal. 30-9-18 Ledger C.O.C. m.d. 12
X2 D. Upton 11-12-18 D.O. 77 11/12/18

Drafts 11 Bas. Gs. eff 19-12-18 Auth.
16 inf. Bdes. letter P.A.O. 34/53 11 D 18/12

Carried Forward

Regimental No. ..... Rank ..... Name .....

MONTH	PAY				OTHER CREDITS	ASSIGNED PAY CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS								CASH PAYMENTS							
	No. OF DAYS	RATE	AMOUNT							COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4		COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 4	
			$	C	C	$	C	$	C	No.	DATE	No	DATE	No.	DATE	No	DATE	C	$	C		C		C	

ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS		BALANCE				DEFERRED PAY		PAY AVAILABLE FOR ISSUE		SEP. ALL'CE	REMARKS
								DEBIT		CREDIT							
		$	C	$	C	$	C	$	C	$	C	$	C	$	C		

Carried Forward

162

Date Jan. 21st 1919

This is to certify that

#308726 Pte L.E. Brun J.

is free from V.D. in compliance with A.M.C. order # 376.

He should be warned in regard to a recurrence of his symptoms.

T. Miller
..... Capt C.A.M.C.
Officer i/c V.D.
M.D. XI.

MILITARY ISOLATION HOSPITAL
ORDERLY ROOM
MACAULAY POINT, B.C.

MILITARY ISOLATION HOSPITAL
CAMBRIDGE (SOUTH)

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.	3086726
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	LeBrun. Treffle.
Corps (Squadron, Battery or Company)	12 Det: C.O.C., C.E.F.
Date of Discharge	5th May. 1919
Place of Discharge	Regina. Sask.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years ..... months.
Height	5 feet 8 inches.
Complexion	Dark
Eyes	Brown
Hair	Fair
Trade	Policeman
Intended place of residence (To be given as fully as practicable.)	Montreal PQ

Descriptive Marks

NIL

2. The above-named man is discharged in consequence of under C.E.F. Routine Orders 1328 and 1420 (1) (C) "On demobilization" 12 MD 15-L-259 dated 1-5-19

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.

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

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

M. F. B. 218.
100m.—6-16.
H. Q. 1772-39-113.

(OVER)

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) Regina.Sask. ..... Lt:Col.

(Date) 5-5-19 ..... *Commanding* 12 Det: C.O.C., C.E.F.

8. **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.

(Place) Regina.Sask. ..... *(Signature of Soldier.)*

(Date) 5- 5-19 ..... *(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.

..... *(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) Regina.Sask. .....

(Signature) ..... Lt-Col.

(Date) 5-5-19 .....

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.)

Nil G LeBrun

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

[redacted]SE HISTORY SHEET.

[redacted] Hospital. Victoria B.C. Station.

No. 308672 [redacted] Name Lebrun T. Age 22

Unit 25-9th Batt Completed years of service Where and how long } Canada 5/12

Date of admission 13-12-18. Date of discharge 21-1-19.

Diagnosis Gonorrhoea 2o Place of origin Montreal

1. COMPLAINT.
CONDITION ON ADMISSION AND PROGRESS OF CASE. Discharge from penis esp in morning.

Infected in March 1918. Discharge seen about 1 wk later. Treated himself
2. HISTORY OF PRESENT ILLNESS. for a month with syringing with pot permang
He remained duty for 2 months & then discharge recommenced & has continued
ever since. Has been treated for 5 days at Willows Camp. Pt beginning had
3. CONDITION ON ADMISSION. Urethral discharge in pain on micturition
mornings - gland enlargement of both groins - and painful erections

4. SYSTEMS. NERVOUS. Normal
CIRCULATORY. Normal
RESPIRATORY. Flattening of left lower chest in front. Harsh breathing here.
DIGESTIVE. Tonsils jutted - apparently old ulcers.
BONY & MUSCULAR. Normal
SKIN. Papular eczema on fronts of thighs
GENITO-URINARY. As above

5. PROGRESS OF CASE. June 14-12-18. Smear from meatus shows no gonococci
many epithelial cells & a few leucocytes. 18-12-18. Prostatic smear shows
few gonococci, many leucocytes & epithelial cells. 26-12-18. Sees no discharge.
2-1-19. Prostatic smear after $AgNO_3$ - no Gonococci seen - many leucocytes. 10-1-19. Prostatic smear
after $AgNO_3$. No Gonococ - many leucocytes. 15-1-19. Prostatic smear after $AgNO_3$ no Gonoc - many leucocytes

FAMILY HISTORY. Father alive - Mother alive suffers from indigestion. 3 brothers
(Tuberculosis, mental or nervous diseases.) all healthy. 3 sisters died when young - cause not known
PERSONAL HISTORY. P has always been liable to colds & coughs & sore throats. In August was in hospital with a lung trouble

TREATMENT. Ol Santal Terra Pot Permang b.i.d.
(Especially any specific or special form.) Hexamine Mist gee x 8 t.i.d.
Prostatic Massage & $AgNO_3$ p.r.n.

CONDITION ON DISCHARGE, GENITO-URINARY. No discharge for 18 days - Prostatic Massage
(and disposal made of case.) gives smear with no gonococci but many leucocytes after $AgNO_3$
NERVOUS. Normal CIRCULATORY Normal RESPIRATORY Normal
DIGESTIVE " BONY & MUSCULAR " SKIN "

Date Jan 21st 1919

H. Mell Capt
Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A 33229

PR

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

M.L.T.W. 54. (A. F. B. 103.
500M.—9-16.
H. Q. 1779-39-9-20.

THIS HAS BEEN CHECKED WITH ATTESTATION PAPERS

CANADIAN OFFICERS TRAINING CORPS
CONTINGENT DE L'UNIVERSITE LAVAL

Casualty Form—Active Service.

Unit, Regiment or Corps ..... A.M.C. Hdqrs. ...

Regimental No. 3086726 Rank Pte Name LERRUN Treffle

Enlisted (a) ~~10/7/18~~ 11-7-18 Terms of Service (a) ~~C.E.F.~~ C. E. F. msd Service reckons from (a) ~~10/7/18~~ 11-7-18

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) Constable

Report: Date	Report: From whom received	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
18-7-18	Transferred	To C.O.T.C. Laval Auth D.O. # 1061 & 15-7-18 (22-L-2385) T.O.S. 259th Bn. C.R. C.E.F. 1-11-18	Montreal Que	18-7-18	Paid Sols Orders # 199 & 18-7-18 J.D.L. Lerrun Capt. Capt. Adjutant for O.C. 259th Bn. Can. Rifles, (Siberia)
19/12/18		S.O.S. 259th Bn. C.R. C.E.F. On transfer to Casualty Co D.O. Pt II 19-12-18 Discharge Depot New West Minister B.C. Auth SCA 24/5311 Date Nov. 18/12-18			A.W. Mulholland Captain 259th Bn. C.R. C.E.F.
28/12/18 From 259 Bn	C.S.E.F.	(T. O. S. District Depot, M. D. XI.	Victoria, B. C.	20/12/18	D. O. Part 11. 255/2379 1918)

(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.

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				
12-2-19.		S.O.S. D.D. M.D. XI	Vancouver	11-2-19.	D. D. 43/
28-2-19	85 Batty	S.O. attached strength 85. Batty for tasks to # 12 Det 606.	N. Westminster	28-2-19	Auth T.d. # 879. A.G.O. M.D. 11 Graham Robertson Lt. for, MAJOR C. O. Artillery Bde., C. F. A., C. E. F., (Siberia)
5-5-19		Discharged Regina			W. Faunt. Lt. Col. COMMANDING No. 12 DET., C. O. C.

CASE HISTORY SHEET.

ROYAL VICTORIA HOSPITAL. Hospital. MONTREAL P.Q. Station.

No. 3086726 Rank Private Name Treffle. LEBRUN. Age 21

Unit C.O.T.C. Laval. Completed years of service (Where and how long) C/2½

Date of admission 9th September 1918 Date of discharge 23rd September 1918

Diagnosis Ch. Bronchitis. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE. Ch. Bronchitis. Patient states he was quite well until three years ago when he developed a cough. This seemed to be aggravated by exercise, Expectorated considerably. During past three years patient states he has lost 3 or 4 weeks from work suffering from colds. Bowels regular. No blood noticed in sputum. Appetite Good. Gets out of breath quickly.he says.

Physical Examination — General condition Good. Physique good. Color slightly flushed. M.M. rather pale. Head - Normal shape and size Eyes Normal Pupils equal and symmetrical React tp L & A. No tenderness of sinus or mastoid. No nasal obstruction. Ears normal. Teeth Condition good. No Glandular enlargement.

Thorax. - Well formed and sym. Respiratory movements free and equal. Percussion note clear and resonant throughout. Expiration a little prolonged.

Heart sounds normal. No murmurs.

Abdomen - Normal. No abnormal masses. Liver and spleen not palpable.

Urine. Amber acid. 1018 No sug. No alb.

Sputum Negative for Tbc.

The attending Physician reports - Ch. Bronchitis Slight, probably due to excessive cigarette smoking. Lungs clear at present.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Observation and diagnosis. Rest and diet.

(Especially any specific or special form.)

CONDITION ON DISCHARGE, Improved. Discharged fit for duty.

(and disposal made of case.)

Date 23rd September 1918

H. Mac Cullum Capt.
Medical Officer i/c case.

M. O. Military Hospital, Royal Victoria Hospital.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

C
b 38300

M. D. No. 11
No. 52

Demobilization Pay M.D. No. 11

AUDITOR | PAYMASTER

M. OR S. S

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

REGT. No. 3086726 RANK Pte NAME (IN FULL) LEBRUN J. C

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T/or P	20/12/18	D.O. 114

ORIGINAL UNIT C.E.F. 259th Bn — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Hastings St Montreal — DATE OF ATTESTATION 11/7/18.

ASSIGNED PAY $ 20.00

PAYABLE TO Louis Lebrun

ADDRESS 114 Fabre St Montreal

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

TRANSFERRED TO	DATE	AUTHORITY
85th Batty C.S.E.F.	11-2-19	D.O. 43
C.O.C. Regina	28-2-19	D.O. 59 Battery,

DATE EFFECTIVE 1/1/19 by 11 D.D.

RELATIONSHIP

ANY CHANGE IN ASSIGNEE OR ADDRESS

DISCHARGED — PLACE — DATE — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 20-12-18																																				
Jan 1-31	43 31	1.10	47	30					47	30	M3319				23580		24	30					20 -				3			47	30					
Feb 1-11	11		12	10					12	10	19026						3	00																12	10	D.O. 43 Hd. 85th Batty C.S.E.F. 11-2-19
Feb.	17	1.10	18	70					18	70																				30	00			80	D.O. 59 Trans. to C.O.C. Regina 28-2-19

Certified that all payments have been made on this account for which covering authority has been received to date except

A. K. Lovell Lieut.,
Paymaster, Demobilization Pay M.D. No. 11

Blanket Allotment M.O. 12. 10-3-19.

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment 11-4-18.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L.11387

Date of Assignment 1st Nov. 1918.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20cts.			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion Siberian Dft.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 LOUIS LEBRUN,
114 FABRE ST.,
MONTREAL, QUE. 20 20.00
2 % 3086726 PTE TREFFLE LEBRUN
TWENTY DOLLARS

3

4

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	
					Tyle 10819-T-9 REMARKS
Nov	N 1375		20	20	✓
Dec	O 66515		20	20	✓
Jany	P 71615		20	20	✓
				40	

Trabs envelope Dft.

a/c Nov only L 748984 Mailed 27-11-18 H
ck P. 71615 Canc. L.H. 4552 as a/c closed 31-12-18 and transf to 11th Bn C. G. R. per telle. Jany 7th 1919 Major Harrison, Victoria B.C. on Tyle, Dsalray order L. H. 29438 Sent 16-1-19. H.D.G.
M T W T F S Mail M D No 11. Feb 20-1-19 BADT.

AUTHORITY FOR NEW ACC'T Tyle, 10819-T-9. M. Shipley 23-11-18

M. F. W. 128.
400m. 6-17—1772-39-5141
L. L. 22230—M. & D. 7983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch G

OVERSEAS CONTINGENTS

CANCELLED

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'Om. 6-17—1772-39-1141.
L. L. 22820—M. & D. 7993.

AUTHORITY
FOR
NEW

12 LORM-L-445

AUDITOR | PAYMASTER

M. OR S. Single

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

REGT. No. 3086726 RANK Pte NAME (IN FULL) LEBRUN TREFFLE (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Cassia LeBrun RELATIONSHIP Father

ADDRESS 114 Faber Street, Montreal, Que

IS SEPARATION ALLOWANCE PAID? No DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Arr'ds Dft CEF for quarters & rations	3-3-19	D063 dated 11-3-19
Reg. pay 1.00		
Field Serv .10		

ORIGINAL UNIT C.E.F. 60Ilo (Mar no 11) (663 Bde) IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Montreal Que TRANSFERRED TO No 12 Dist 60Ilo 663 DATE 3-3-19 AUTHORITY D0.63

DATE OF ATTESTATION 11-7-18 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Regina Sask DATE 5/5/19 REASON Demobilization AUTHORITY D0. 12d IF ENTITLED TO POST DISCHARGE PAY No

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	Cr. from previous acct $	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1	DATE	COL. NO. 2	DATE	COL. NO. 3	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	Carried Forward $	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT								80	—	80																											
1-3-19									34	10																											
March	31	110	34	10				80	34	90	45	15/3/19			58	31/3/19	10	00			14	90							10	00	24	90	34	90			10	00	Pd adjusted to 28/2/19
					P.	F.	Mar's S. 9. etc.														Victory Bonds						P. F.		Mar's other Engts.								
April	30	110	33	00					33	00	4	15/4/19	110	29/4/19			15	00	18	00												33	00			10	00	
May	5	110	5	50			35	00	40	50			2	5/5/19					50	50												50	50					Bo 35 Clothing
			72	60	U		35	80	U108	40							25	00	U68	50	U 14	90	U								108	40			10		

CAPTAIN
For A.A.G.T. DIRECTOR OF PAY SERVICES
MILITARY DISTRICT No. 12

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	