

**C.E.F. REGIMENTAL DOCUMENTS**

NAME **CLEMENT JOHNNY** REGT. No. **4040454** UNIT **1 D BN** H. Q. FILE No. **24484**



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DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO: .....  
À: ..... DATE ..7-8-74.....

ARMY / WW1

NAME CLEMENT, JOHNNY J. Service No. 4040454 CPC No. 165604  
NOM C ..... Matricule N° ..... CCP N° .....

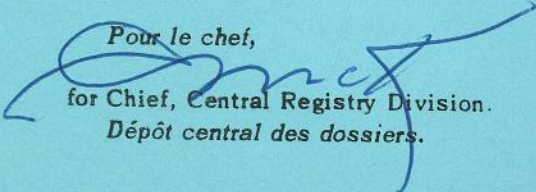
WVA No. ....  
AAC N° .....

Information Received from: CPC MTL DIST.  
Information reçue de: .....

Date of Death 16-7-74  
Date du Décès .....

Place N/S  
Endroit .....

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
  
for Chief, Central Registry Division.  
Dépôt central des dossiers.

WAR SERVICE BADGE

WAR SERVICE BADGE

Class "B" No. 64605 ISSUED

Class "A" No. 292430 ISSUED

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. 4040454

Rank Pte.

Surname CLEMENT, Johnny

Christian Name  
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 1/2 Q.R.

Date of Discharge JUL 16 1919 July 17-1919

Place of Discharge MONTREAL, QUE.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

|  | Age  | Height              | Complexion | Eyes  | Hair  | Trade     | Intended place of residence | Descriptive Marks |
|--|------|---------------------|------------|-------|-------|-----------|-----------------------------|-------------------|
|  | 28 y | 5 feet 4 1/2 inches | Medium     | Black | Brown | Woodsmen. | SAINT-MAURICE. QUE.         | NONE.             |

(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of RO 1420 & RO 1894. MEDICALLY UNFIT.

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

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

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

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

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

Handwritten notes: RGP 27-1-20

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

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

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).....

(Date).....

Commanding .....

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)..... MONTREAL, QUEBEC..... (Signature of Soldier.)

(Date)..... JUL 16 1919..... (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)..... MONTREAL, QUEBEC.....

(Date)..... JUL 16 1919.....

(Signature)..... Captain, Discharge Section, District Depot No. 4.

**Reservations referred to at Para. 8.**

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

List of Discharge Documents

**NO RESERVATIONS**

*J. Chment*

|   |   |   |  |  |                                    |  |
|---|---|---|--|--|------------------------------------|--|
| <p>Medical History Sheet (in the event such having been prepared)</p> <p>(a) Medical History Sheet (in the event such having been prepared)</p> | <p>Statement of Man's Account on Transfer and Last Pay Certificate</p> <p>D 877</p> | <p>Medical Report for Invalidity</p> <p>H 737</p> | <p>Medical History Sheet</p> <p>Medical Form B 312</p> | <p>Orders of Conditions by C. P. in MS</p> | <p>Conduct Sheet</p> <p>B 1034</p> | <p>Conduct Sheet</p> <p>Medical Form B 303</p> |
| <p>(b) Attestation</p>  |   |   |  |  |                                    |  |
| <p>(c) Proceedings on Discharge</p>   |   |   |  |  |                                    |  |
| <p>In the case of returns who are needed on final approval, the discharge documents will consist of</p>   |   |   |  |  |                                    |  |
| <p>Proceedings on Discharge</p> <p>B 312</p>  |   |   |  |  |                                    |  |
| <p>Attestation Paper</p> <p>Medical Form H 737</p>  |   |   |  |  |                                    |  |

W. R.—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.

## List of Discharge Documents.

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

*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.*

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

To be made out in duplicate.

H.Q. 54-21-23-53

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 BATTALION 2nd. QUEBEC REGIMENT

(2) Regimental Number.....

4040454

(3) Full Name of Soldier.....

Johnny Clement

(4) Place of Birth.....

St Maurice Grand Mee P.Q. Canada

(5) Are you married, or not?.....

No

(6) If married, state,  
(a) Full name of your wife.....

Not Applicable

(b) Present Postal Address.....

Not Applicable

(7) Are you a widower?.....

No

(8) Have you any children?.....

No

If so, give number of boys and girls.....

Not Applicable

Also their names and ages.....

Not Applicable

(9) Is your Father alive? *Yes. Joseph Clement*  
If so, state name and address *St Maurice, Grand Mere P.Q.*

(10) Is your Mother alive? *No*  
If so, state name and address.....  
*Not Applicable*

(11) If your Mother is a widow.....  
Are you her sole support, or not?.....

(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.  
*Not Applicable*

(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.  
*Not Applicable*

(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.  
*Not Applicable*

15) Are you insured? *No*  
If so, in what Company?.....  
Have you made arrangements for payment of your Insurance premium.....  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *13/3/18*

*[Signature]*  
O.C. 1st DEPOT BATTALION, QUÉBEC REGIMENT  
LT.-COL.  
Officer Commandant



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 Montreal, P.C., MD/4 DATE July 12, 1919.

1. 1 (a) Unit D.D. No. 4. (b) Regimental No. 4040454 (c) Rank Pte.  
 (d) Surname CLEMENT. (e) Christian name Jean  
 (f) Home address St. Maurice, P.Q.  
 (g) Next of Kin Joseph Clement, (h) Relationship Father  
 (i) Address of Next of Kin St. Maurice, P.Q.

2. Age last birthday 28 Date of birth Aug. 14, 1890.

3. Enlistment, or Appointment (if an Officer) (a) Place Quebec, P.C. (b) Date Mar. 13/18.

4. Personal description:  
 (a) Height 5-4½" (b) Weight 125 (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Nil.

5. Former trade or occupation Lumberman

|   |        |      |
|---|--------|------|
| 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 3/12 | 29   |

|                                 | PERIODS           |                   |
|---------------------------------|-------------------|-------------------|
|                                 | From              | To                |
| Canada                          | 13-3-18<br>1-6-19 | 21-3-18           |
| England                         | 21-3-18<br>5-3-19 | 21-8-18<br>1-6-19 |
| France or other theatres of War | 21-8-18           | 5-3-19.           |

7. Original disease, or injury Nephritis.

(a) Date of origin Jan. 16, 1919. (b) Place of origin Bonn, Germany.  
 (c) Cause Active service conditions.

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.)

Partial loss of function of kidneys.

General weakness.

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.)

Fairly well developed. Complains of weakness and inability to do much work and unable to walk more than one mile. At night has noticed his feet swollen but not his face. No oedema at present.

Pulse 68, regular, good volume and tension. B.P. 135 - 90

Heart:- No enlargement, no murmurs. Lungs negative.

Urine - While at Ste. Annes for 16 days no albumin but an occasional hyaline cast found.

Phenolsulphonalphthalein test - 1st hour 50%, 2nd 10%.

Wassermann Negative. Eyes normal. Fundi normal. There is slight dyspnoea on moderate exertion but pulse not unduly accelerated. Slight flat feet, - no disability.

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

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

First noticed swelling of feet in Jan. 16th, 1919.

Temp. 100 - 102 for 6 days. Normal for few days and then on Jan. 27, went to 104° falling to normal Feb. 8.

Fine rales in bases. Heart rapid.

Persistent albuminuria up to being admitted to Ste. Annes on June 1, 1919.

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.)

See Sec. 9.

11.—(a) Did the disabling condition have its origin before enlistment? No.

(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.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? No.

The regimental documents will be referred to.

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

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

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

Rest and diet.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No.  
(If the answer is "yes" state nature of treatment required and probable duration)

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

17. Recommendations. Medically unfit for service.

*M. M. Maleshulapov*

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, Private, 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 nothing.

*J. B.*

*J. Clement*

Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

Concur.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.)
- (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.)

as medically unfit for service.

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 Montreal, P.Q. V.D.#4.

DATE July 12, 1919.

Handwritten signatures of the President and 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.

PLACE..... DATE..... } President Members

APPROVED BY W. MacLennan Assistant Director of Medical Services.

DATE July 14th, 1919.

APPROVED BY Director-General of Medical Services.

DATE.....

ORIGINAL

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

5th M. D. Depot Battalion Regiment

Regtl. No. 4040454

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Clement
2. Christian name Johnny
3. Present address Post Office Grand mere P.Q. Canada
4. Military Service Act letter and number I63403
5. Date of birth August 14th 1890
6. Place of birth St. Maurice, Grand Mere, P.Q., Canada
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Woodsman
10. Name of next-of-kin Joseph Clement
11. Relationship of next-of-kin Father
12. Address of next-of-kin St. Maurice, Grand Mere P.Q., Canada
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act:—
(a) Place Quebec (b) Date 13-3-18 (c) Category A 2

DECLARATION OF RECRUIT

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

Johnny Clement (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs 5 mths.
Height 5 ft 4 1/2 ins.
Chest measurement } fully expanded 34 1/2 ins.
range of expansion 34 1/2 ins.
Complexion fair
Eyes black
Hair brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease.

LT COL. O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
O. C. Depot Btl. 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Place Quebec Date March 13-3-18

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**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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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.

No. 15, Can. Gen. Hospital,

STATION..... Taplow, Bucks..... DATE April, 15/19.

1. 1 (a) Unit 22nd Cans. (b) Regimental No. 4040454 (c) Rank Private  
 (d) Surname CLEMENT (e) Christian name JEAN  
 (f) Home address St. Maurice, Quebec.  
 (g) Next of Kin Joseph Clement (h) Relationship Father  
 (i) Address of Next of Kin St. Maurice, Quebec.
2. Age last birthday 28 years Date of birth Aug. 14th, 1890
3. Enlistment, or Appointment (if an Officer) (a) Place Quebec. (b) Date 13/3/18.
4. Personal description:  
 (a) Height 5' 4½" (b) Weight 125 lbs. (c) Complexion Dark  
(stripped)  
 (d) Colour of hair Dk. Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. ....  
Nil.
5. Former trade or occupation Lumberman.

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).

| Statements   | PERIODS                     |               |
|--|-----------------------------|---------------|
|  | Years                       | Days          |
|  | From                        | To            |
| Canada .....                                       | March 13/18                 | March 17/18   |
| England.....                                       | March, 1918<br>Feb'y. 23/19 | Aug. 19/18.   |
| France or other theatres of War..... <u>FRANCE</u> | Aug. 19/18                  | Feb'y. 23/19. |

7. Original disease, or injury NEPHRITIS.
- (a) Date of origin JAN. 16/19 (b) Place of origin BONN, GERMANY.  
 (c) Cause ACTIVE SERVICE CONDITIONS. INFECTION.

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.)

(NEPHRITIS)? PARTIAL LOSS FUNCTION KIDNEYS.

GENERAL WEAKNESS (MODERATE).

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.)

Pt. fairly well developed. No oedema present now. Heart - Apex beat inside nipple line rate slow about 60 rythm - slight pause after every third beat - sounds normal - SBP. 138 DBP. 92

Urine - sg 1018. React. acid - alb. less than .05% Pus cells very occasional - occasional RBC - Epithelial debris.

Pt. complains of headaches pains in back shortness of breath -

st. Pt. has to get up and pass water twice per night.

- (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..... No..... Cardio-Vascular System..... No..... Genito-Urinary System..... No  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No

Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No

Osseous and Joint Systems..... Yes (2)..... Any other general condition..... No.

(1) Specialists report- Eyes Ps A & E Tn Vision R6/6 L.6/6

fundi negative sgd. Captain A.J.Gibson, C.A.M.C.

Pt. complains of headaches when reading.

(2) Both feet slightly flat. Pt.complains of pain in feet after route marches - slight tenderness over plantar ligament.

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

Pt. reported sick 16/1/19 - 4th Can.Fld.Amb.- swelling of legs - pain in back 1st C.C.S. 16/1/19 to 11/2/19 Urine.Alb. x Temp. 100 to 102 for 6 days. Temp normal for A FEW DAYS and then Jan.27 and 28th. temp. went up to 104 degrees falling to normal about Feb.8th. Fine rales rt.lower lobe - heart - gallop rythm - No. 29 C.C.S. 11/2/19 to 17/2/19 - No. 32 Stationary Hospital 17/2/19 to 23/2/19. Urine alb xx Gr.casts xxx Hyaline casts x RBC xx pus cells x gty. 45 to 50 daily - Eastern General Hospital, Cambridge. 23/2/19 to 7/4/19. Trans.to Epsom M.C.H. 7/4/19 to 11/4/19 - While at Ep on urine found to contain albumin on 11/4/19. ~~Albumen~~ Alb xx R.B.C. x occ.gran.casts. Note "Albumen returning in increasing amts. transferred to Taplow 12/4/19.

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.

*Both feet flat slightly.*

11.—(a) Did the disabling condition have its origin before enlistment? *No.*

(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.)

*Not applicable.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *No.*

The regimental documents will be referred to.

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

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

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

*digitalin - purges - hot baths - uranalysis special diet and general treatment.*

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)

*Yes 6 months special nephritic diet and general tonic treatment.*

16. Can the former trade or occupation be resumed? *No. not at present on account of debility.* (If not, briefly state why)

17. Recommendations. *Invalid to Canada.*

*W. Scott Capt C.A.M.C.*  
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, *Pte Clement J.* 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 *nil.*

*W.S.*

*John Clement* Rank.  
Signature of invalid examined.



OPINION OF THE MEDICAL BOARD

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

Yes.

Q.15. We concur in answer to Q.15.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) No.
- (b) Service abroad, not general service, ( " B) (Yes or No.) No.
- (c) Home service (Canada only), ( " C) (Yes or No.) No.
- (d) Temporarily unfit. ( " D) (Yes or No.) Yes. In. to Canada
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.) N.A.

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.)

Yes - Rest, Special Diet, Observation - 6 months.

- (b) Does not require treatment X
  - (c) Should pass under his own control S.E.B.
  - (d) Should not pass under his own control P.W.B.
- (Strike out condition not applicable.)

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

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.

STANDING MEDICAL BOARD  
 15 APR 1919  
 PLACE Taplow, Bucks.  
 CANADIAN GENERAL DUCHESS  
 OF CONNAUGHT CANADIAN RED  
 CROSS HOSPITAL  
 DATE 18/4/19.  
 TAPLOW, BUCKS.

*W. H. C. May, C.M.C.* President.  
*Members Capt Currie*  
 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.

PLACE.....  
 CERTIFIED TRUE COPY  
 DATE.....  
 APPROVED BY.....  
 APPROVED BY.....  
 President.  
 Members

*J. H. Scobor*  
 Assistant Director of Medical Services.  
 Captain, C.A.M.C.  
 for A.D.M.S., Canadians, London Area.

ASSISTANT DIRECTOR OF  
 MEDICAL SERVICES.  
 Director-General of Medical Services.  
 CANADIANS, LONDON AREA.  
 DATE APR 22 1919  
 13, BERNERS ST. LONDON, W.1

# BOARD OF PENSION COMMISSIONERS FOR CANADA

Aug. 7th 1919

Rank Private Date of att. March 13-1918  
Regimental Number 4040454 Date of Discharge July 17-1919  
Unit 1/3 Q.R.  
Name CLEMENT, Johnny  
Address St. Maurice, Que.  
B.P.C. District Office Montreal D.D. #4

## Attestation Form:-

Weight on enlistment: 135 lbs.  
Marks of Identification: None  
Rank at attestation: Private

## Casualty Form:-

Disability: General weakness due to Nephritis.  
Hosp. 48 days.  
Rank when disability was incurred: Private  
Misc: Nil

## Conduct Sheet:-

Venereal disease: Nil  
Conduct: Good  
Self inflicted wound: Nil

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 15 CAN GEN HOSP TAPLOW DATE APRIL 15<sup>TH</sup> 1919

1. 1 (a) Unit 22<sup>nd</sup> CAN B<sup>TN</sup> (b) Regimental No. 4040454 (c) Rank PRIVATE  
 (d) Surname CLEMENT (e) Christian name JEAN  
 (f) Home address ST. MAURICE QUEBEC  
 (g) Next of Kin JOSEPH CLEMENT (h) Relationship FATHER  
 (i) Address of Next of Kin ST MAURICE QUEBEC

2. Age last birthday 28 Date of birth AUG 14 1890

3. Enlistment, or Appointment (if an Officer) (a) Place QUEBEC (b) Date MARCH 13 1918

4. Personal description:  
 (a) Height 5' 4 1/2" (b) Weight 175 lbs (c) Complexion DARK  
(stripped) appet  
 (d) Colour of hair DARK BROWN (e) Colour of eyes BROWN (f) Identification marks, Scars, etc. nil.

5. Former trade or occupation LUMBERMAN

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 |
|---------------------------------|-------|------|
| Canada                          |       |      |
| England                         |       |      |
| France or other theatres of War |       |      |

*Statement*

|                                 | PERIODS              |                      |
|---------------------------------|----------------------|----------------------|
|                                 | From                 | To                   |
| Canada                          | <u>MARCH 13 1918</u> | <u>MARCH 17 1918</u> |
| England                         | <u>MARCH 1918</u>    | <u>AUG 14 1918</u>   |
| France or other theatres of War | <u>FEB 23 1919</u>   | <u>FEB 23 1919</u>   |

7. Original disease, or injury NEPHRITIS

(a) Date of origin JAN 16<sup>th</sup> 1919 (b) Place of origin BONN. GERMANY  
 (c) Cause ACTIVE SERVICE CONDITIONS. INFECTION.

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.)

(NEPHRITIS) PARTIAL LOSS FUNCTION KIDNEYS.  
GENERAL WEAKNESS (MODERATE)

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.)

Pt fully well developed— no oedema present now—  
Heart— apex beat inside nipple line. rate slow about 60  
rhythm— slight pause after every third beat—  
sounds normal— SBP. 138 DBP. 92—  
urine— sg 1018. React acid— alb. less than .05%  
Pus cells very occasional— occasional RBC—  
Epithelial debris.  
Pt complains of head aches pains in back shortness  
of breath— Pt has to get up to pass water twice  
per night.

(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... no Cardio-Vascular System... no Genito-Urinary System... no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses... yes (H) Respiratory System... no Integumentary System... no  
Disturbances of Mentality... no Digestive System... no Muscular System... no  
Osseous and Joint Systems... yes (2) Any other general condition... no

(1) Specialists Report. Eyes R & L. Tr. Vision R 6/6 L 6/6  
fundi negative. Spd. Capt A. J. Gibson A.M.C.  
Pt complains of headaches when reading.

(2) both feet slightly flat. pt. complains of pain in feet & swelling of feet  
after Route marches— slight tenderness over plantar ligament.

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

PT REPORTED Sick. 16-1-19 - 4th Cav Flg MUB - swelling of legs - pain in back.  
1st CCS 16-1-19 - To 11-2-19. Urine alb +. Temp. 100 To 102° for 6 days Temp normal  
for a few days and then Jan 27<sup>th</sup> - 428<sup>th</sup> Temp went up to 104° - fall to normal  
about Feb 8<sup>th</sup> Fine ves at lower lobe - Heart - gallop rhythm -  
#29 CCS - 11-2-19 to 17-2-19 - No 37 Stationary Hosp. 17-2-19 to 23-2-19.  
urine - alb ++. Gr casts +++ Hyaline casts + RBC ++ pus cells + - gly  
45 to 50 mg daily - Eastern Gen Hosp (Hatchester) Cambridge. 23-2-19  
To 7-4-19 - transf to Epsom M.H. 7-4-19 to 11/4/19 -  
while at Epsom urine found to contain alb. on 11/4/19. alb ++  
RBC + occ gran casts. note "albumen returning in increasing amounts transferred  
to Taplow - 12/4/19.

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.)

nil. <sup>case</sup> both feet flat slightly.

11.—(a) Did the disabling condition have its origin before enlistment? no

(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.)

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? no

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

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

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

digitalin - purges - hot baths - urinalysis  
special diet and general treatments.

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)

yes 6 months special nephritic diet and general tonic treatment

16. Can the former trade or occupation be resumed? no not at present on acct of debility (If not, briefly state why)

17. Recommendations. Invalid to Canada

C. J. Scott - Capt. C. M. C.  
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, Pte Clement J 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 nil.

Pte Clement

Pte Clement Rank.  
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

*yes*

*2.15 We concur in answer to 2.15*

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *no*
- (b) Service abroad, not general service, ( " B) (Yes or No.) *no*
- (c) Home service (Canada only), ( " C) (Yes or No.) *no*
- (d) Temporarily unfit. ( " D) (Yes or No.) *yes - Invalid to*
- (e) Unfit for service in Categories A, B and C ( " E) (Yes or No.) *not applicable Canada*

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.)

*yes - rest special diet, operation - 6 months*

- (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.)

*not applicable*

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

*be invalided to Canada*

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.

STANDING MEDICAL BOARD  
 15 APR 1919  
 PLACE *Taplow Bucks*  
 DATE *18-4-19*

*W. K. ...* President.  
*Members Capt. ...* 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]*  
 Assistant Director of Medical Services.  
 DATE..... Captain, C.A.M.C.  
 for A.D.M.S., Canadians, London Area.

APPROVED BY  
 ASSISTANT DIRECTOR OF MEDICAL SERVICES  
 Director-General of Medical Services.  
 DATE APR 22 1919  
 13, BERNERS ST., LONDON, W.1

HEB  
Number 404045-4 Rank Plt

Surname CLEMENT

Christian Name Johnny

Units 22nd Bn Can Inf Theatre of War France

Date of Service 20-8-18

Remarks \_\_\_\_\_

Latest Address ~~Saint-Maurice P.O.~~  
St James St

Roll No. Gran Mere

200m.-6-21... Blag 22193 2ue.

# GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

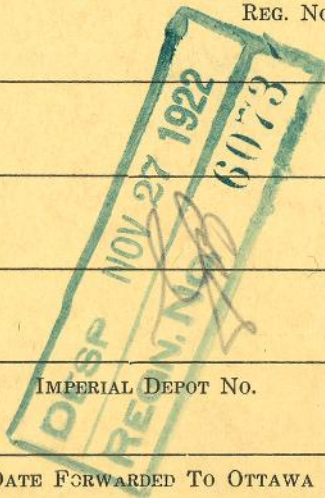
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA





LEDGER No. 698

SERIAL No. A 31740 24

REG. No. 4040454 NAME Clement J.

RANK PT3 CORPS AA4 AGE 28 SERVICE 6<sup>3</sup>/<sub>12</sub> 8<sup>9</sup>/<sub>12</sub> 5<sup>6</sup>/<sub>12</sub>

HOSPITALS

DATE OF ADMISSION

1 M. M. H. C. St. Anne de Bellevue 1.6.19

2

3

DIAGNOSIS OS Nephritis

TRANSFERRED TO

DISPOSITION mit 11-7-19

CATEGORY



NAME

Clement, Johnny

REGT. NO.

4040454

RANK AND UNIT

Pfc 22Bn 4040454 2.0, ne Regt 1/1

NEXT OF KIN

## CABLE

## NATURE OF CASUALTY

No.

DATE

| No.         | DATE    | NATURE OF CASUALTY   |
|-------------|---------|--|
| NK          |         | Joseph Clement (father) St Maurice<br>Grand Merit P. O.    |
| H638<br>4-4 | 21-1-19 | Dang Ill. 1. l. l. H. Jan 18th/19<br>Influenza & nephritis |
| H688<br>9-4 | 7-2-19  | Cond unchanged 1. l. l. H. Jan.<br>28th/19.                |
| H714        | 17-2-19 | Cond Impd 1. l. l. H. Feb 14th/19.                         |
| 5923<br>5-2 | 20-2-19 | Rem from Dang List 1. l. l. H.<br>Feb 14th/19.             |

| LIST NO. | HOSPITAL                | DATE OF ADMISSION | REMARKS               |
|----------|-------------------------|-------------------|-----------------------|
| A422     | H. Can. Fld. Amb.       | 7-1-19            | Myalgia legs          |
| A425     | Dang. Ill. 166 S.       | 18-1-19           | Influenza & Nephritis |
| A439     | Still Dang Ill          | 28-1-19           | " " Pneum             |
| A448     | Com Imp. Dang Ill.      | 14-2-19           | " " " "               |
| A454     | Rem from Dang List      | 14-2-19           | " " " "               |
| B45      | 32 St. W. in Essex      | 20-2-19           | Influenza & Pneum     |
| B45-7    | 1st East Gen Cambridge  | 23-2-19           | Pneumonia & Infl      |
| B494     | Mil Conv W. West of Exm | 8-4-19            | " & Nephritis         |
| B498     | 15 Con Gen Taplow       | 12-4-19           | Nephritis             |
| B508     | 5 Con Gen Liverpool     | 26-4-19           | Nephritis             |
| B530     | Invalide det & Canada   | 21-5-19           | Nephritis             |

Convalescent Hospital,  
Woodstock Park, Epsom.

IV  
A. & D.  
CARD

AT.....  
A. & D. No. T 34685 PL. OF ACTION.....  
RANK..... REG. No. 4040454 UNIT 22 Co. 1. B.N. SICK OR WOUNDED  
NAME Clement AGE 28 RELIGION R.C.  
PLACE IN HOSPITAL.....  
DIAGNOSIS Nephritis (acute)  
ADMITTED 7. 4. 19 FROM 1st Lt. Glanville  
DISCHARGED..... TO.....  
TRANSFERRED 11. 4. 19 15 698 Taplow  
SERVICE AT HOME 12/12 IN FIELD 6/12  
RESULTS .....

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

REMARKS.

Lans Levington

Wm Blakley Capt

REMARKS.

Leans / sleeping low

Wm Blakley Capt

Convalescent Hospital,  
Woodcote Park, Epsom.

11  
A. & D.  
CARD

AT.....  
A. & D. No. T 34685 PL. OF ACTION.....  
RANK Pte. REG. No. 4040454 UNIT 22 Co. 1. B.W. SICK OR WOUNDED  
NAME Clement, J. AGE 28 RELIGION P.C.  
PLACE IN HOSPITAL.....  
DIAGNOSIS Nephritis (acute)  
ADMITTED 7. 4. 19 FROM 1st. Lt. G. Lambury  
DISCHARGED..... TO.....  
TRANSFERRED 11. 4. 19 15 688 Taplow  
SERVICE AT HOME 6/12 IN FIELD 6/12  
RESULTS.....



No. 4040454 RANK Plt.

NAME

Clement Johnny

T. O. S. 13-3-18

UNIT

1<sup>st</sup> Depot Battalion 2<sup>nd</sup> Quebec Regt.

(No 73 of 14-3-18)

M. D. ✓

|                 |                 |               | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |                  |
|-----------------|-----------------|---------------|---|------------------|
| PAID FROM       | PAID TO         | SIG. OR REC'T | PARTICULARS                             | AUTHORITY        |
| 1918<br>mar. 13 | 1918<br>mar. 21 | ✓             | Transfd O/S. 21-3-18                    | DO 80 of 21-3-18 |

No. 5 CANADIAN  
GENERAL HOSPITAL  
LIVERPOOL

HOSPITAL.

A. & D.  
CARD

AT.....

A & D. No. *T 11683*

PL. OF ACTION.....

RANK.....

REG. No. *H040454*

UNIT.....

SICK OR WOUNDED

NAME.....

AGE.....

RELIGION.....

PLACE IN HOSPITAL.....

DIAGNOSIS.....

ADMITTED.....

FROM.....

DISCHARGED.....

TO.....

TRANSFERRED.....

SERVICE AT HOME.....

IN FIELD.....

RESULTS.....

*Quebec*

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

REMARKS.

FROM

TO

Surname

Christian Name or Names

Reg. No.

CLEMENT.  
Rank  
Pte.

J.  
Unit  
Que. 22.

4040454.

Cas. List.

4. C.F. Amb.

7-1-19.

16-1-19. A422.

Myalgia Legs. not at

20-1-19 A425

Disc. to Duty — 11-1-19

" " "

1 C.C.C. Stat. — 18-1-19

5-2-19 A439

Influenza & nephritis  
Still Sick 28-1-19 & PNEUMONIA

15-2-19 A448

Cond. improving 14-2-19

18-2-19 A450

Removed from Dazell list 11-2-19

26-2-19 A457

32 Stat. Hosp. Emergent 18-2-19

28-2-19 B459

1st C.G. Cambridge 23-2-19

10-4-19 B494

Mil. Con. W. Pk. Epsom. 8-4-19

15-4-19 B498

15 C. G. Taplow 12-4-19

30-4-19 B508

Seaujen Liverpool 7-4-19

27-5-19 B530

Invalided to Canada 21-5-19

A.M.D. 2 DEPT.

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

# Cas. List.

---

*W.S.B.* 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

~~Fill in only: Unit, Number, Rank and Name.~~

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

**W. S. B. CLASS. A.**

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Bn. 2nd Quebec R<sup>g</sup>  
 Regimental No. 4040454 Rank Private Name Johnny Clement  
 Enlisted (a) 13-3-18 Terms of Service (a) C.E.F. DofW Service reckons from (a) 13-3-18  
 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) Woodsmen

| 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 |   |       |      |   |

CERTIFIED CORRECT.  
 16/8/18  
 24 AUGUST 1918  
 G. I. B. D. RECORDS, LONDON.

|  |  |                                 |                      |                        |                               |  |
|--|--|---------------------------------|----------------------|------------------------|-------------------------------|--|
|  |  | Embarked                        | Canada               | 24-3-18                | } H.M.I. Scandinavian         |  |
|  |  | Arrived                         | England              | 3-4-18                 |                               |  |
|  |  | <i>on arriving from Canada.</i> |                      |                        |                               |  |
|  |  |                                 | Bramsholt            | 3/4/18                 | D.O.P. 11 89 ✓                |  |
|  |  |                                 | B'sholt              | 18.8.18                | D.P. II. O. 195               |  |
|  |  |                                 | Ass-Adj.             | 10th. Can. Res. Battn. |                               |  |
|  |  |                                 | 22 <sup>nd</sup> Bn. | France                 | 20 8/18 A732 P20 82 2/30 8/18 |  |
|  |  |                                 | Field                | 23 8/18                | NR. 1354.                     |  |
|  |  |                                 | "                    | 23.8.18                | " 1312                        |  |
|  |  |                                 | Field                | 27.8.18                | " 1487.                       |  |
|  |  |                                 | Field                | 28-8-18                | B217.                         |  |
|  |  |                                 |                      | 4/11/19                | } 4814                        |  |
|  |  |                                 |                      | 11/11/19               |                               |  |
|  |  |                                 | 22 <sup>nd</sup> Bn. | 16-1-19                | N5296.                        |  |

20 8/18  
 20 8/18  
 23.8.18  
 27.8.18  
 28.8.18  
 11/1/19  
 16-1-19

C.I.B.D.  
 C.I.B.D.  
 C.C. Rein. C.  
 D.  
 22<sup>th</sup> Bn.  
 H.C.A.

Myalgia legs

4Cdn FA.

Myalgia Gen'l Adm To 1CCCS

(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.]

CASUALTY REPORT

| 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 |  |            |          |   |
| 16-1-19   | 1 Cdu CCS          | Myalgia to Nephritis Adm 1 CCCS  |            | 16/19    | N 5307.   |
| 11-2-19.  | 50                 | Nephritis 50 29CCS.  |            | 11-2-19. | N 7492  |
| 50  | 29CCS.             | myalgia (Adm 11/19) 50 6 a. T.   |            | 15-2-19. | N 8083.   |
| 18-2-19.  | 32 Staty           | Nephritis Adm. 32 Staty  |            | 18-2-19. | N 8083.   |
| 23.2-19.  | 50                 | 50   | 20 England | 23.2-19  | N 8434  |
| 50  | 50                 | INVALIDED Sick TO ENGLAND AND POSTED TO QUEBEC REGT. South Ripon PER "A. T. Jan Breydel."  | ENGLAND    | 23-2-19. | W 3083-6846.<br>P. II. O. 17/1919   |
| <p>Major Genl. for Lt.-Col., A.A.G.<br/>Canadian Section. G. H. O. 3rd Echelon B.E.F.</p> |                    |  |            |          |   |
| 3.3.19.   | QRD                | TOS from 22 Bn Pte Rifon.  |            | 23.2.19  | D 049.  |
| 2-6-19  | MONTREAL           | T.O.S.D.D.# 4  | MONTREAL   | 21-5-19  | FOR LT: COL: WC RECORDS, C.O.M.F.<br>D.O.PT.11.153-p-1                            |
| 27-7-19.  | S.O.S              | Disch. Med. Unfit RO.1420  | Montreal.  | 16-7-19. | DD4/DO/Pt.11/198  |

  
 Captain,  
 Officer in Charge Section, District Depot No. 4

C/133 (18)

1st DEPOT BATTALION MILITARY MEDICAL SERVICE ACT, 1917

ORIGINAL

4040454

# 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 Clement Christian name Johnny

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) Grand Miere

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of March 1918 by the undersigned medical board sitting at Quebec Drill Hall

5. Age as stated 27 Years 5 Months. 6. Apparent age 27 Years 5 Months

7. Height 5 Feet 4 1/2 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 36 1/2 Ins. 10. Complexion Medicum { Eyes Black Hair Brown

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

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

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.)

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 II

K. Cairns Capt. President. MacD. Ford Member.

| Date           | Result | VACCINATIONS | Date           | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|--------------|----------------|--------|---------------------------------|
| <u>18-3-18</u> |        |              | <u>18-3-18</u> |        |                                 |
|                |        | M.O.         |                |        | M.O.                            |
|                |        | M.O.         |                |        | M.O.                            |
|                |        | M.O.         |                |        | M.O.                            |

Joined 13 day of March 1918 at Quebec

| CORPS                                   | REG'TL NUMBER  | HABITS | DATE           |
|---|----------------|--------|----------------|
| <u>1st. Depot Bn. 2nd. Quebec Reg't</u> | <u>4040454</u> |        | <u>13-3-18</u> |

Joined on enlistment  
Transferred to..... { 23 Bn

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STANDING MEDICAL BOARD  
M. F. B. 313  
MONTREAL  
JUN 12 1919

| DATE           | DISEASE          | RESULT                  |
|----------------|------------------|-------------------------|
| <u>18-4-19</u> | <u>neuralgia</u> | <u>Inval. to Canada</u> |

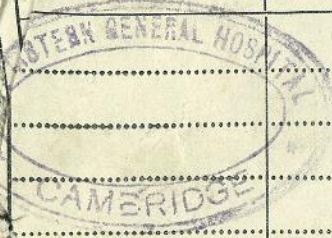
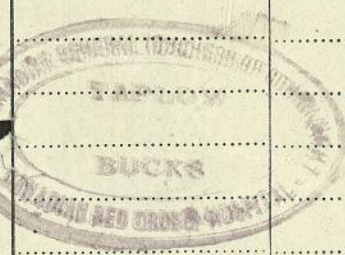
no disease  
except for  
service

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.  
800M.—10-17.  
1772-39-439.

Signature of Man Johnny Clement  
CANADIAN



Surname *Blens* Christian Name

| STATION.   | Date of Arrival at the Station. | DATES OF                |       |      |                         |       |      | 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.   |
|--|---------------------------------|-------------------------|-------|------|-------------------------|-------|------|-----------|-----------------------------|--|---|
|  |                                 | Admission into Hospital |       |      | Discharge from Hospital |       |      |           |                             |  |   |
|  |                                 | Day                     | Month | Year | Day                     | Month | Year |           |                             |  |   |
|   |                                 | 23                      | 2     | 19   | 7                       | 4     | 19   | Nephritis | 43                          | Innans Woodcote Park Epom  | <i>in absentia</i><br>Capt. R.A.M.C. (T.)<br>Registrar<br>for Col. Cdg. 1st Eastern General Hospital,<br>Cambridge. |
| Epom   |                                 | 7                       | 4     | 19   | 11                      | 4     | 19   | Nephritis | 5                           | Albumin returning in<br>urinary excretion,<br>pain over back returned.<br>After several relapses, symptoms<br>completely cured   |   |
|  |                                 | 11                      | 4     | 19   | 25                      | 4     | 19   | Nephritis | 16<br>15                    | Slight oedema - p. in back<br>urine alb + RBC + WBC occas.<br>Transfer to Hosp<br>15/4/19. no oedema - now. p.T<br>urine alb - less than .05% occas. RBC<br>& WBC. <i>Wounded. I.F.C.</i><br>to no 5 Can Gen Hos Kirkdale<br>awaiting transfer to Canada<br>Urines -   | <i>Went out<br/>of bed,</i>   |
| No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL  |                                 | 25                      | APR   | 1919 | 21                      | MAY   | 1919 |           |                             |  |   |

"ARAGUAYA."

21-5-19 31 5 19 do

do

T. S. Tupper  
*Registrar*

4040454

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 Clement Christian name Johnny  
 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) Grand Mir

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of March 1918 by the undersigned medical board sitting at Quebec Drill Hall

5. Age as stated 27 Years 5 Months. 6. Apparent age 27 Years 5 Months  
 7. Height 5 Feet 4 1/2 Inches. 8. Weight 125 Pounds.  
 9. Chest measurement { Minimum 34 Ins. 10. Complexion Medium { Eyes Black  
 { Maximum 36 1/2 Ins. { Hair Brown  
 11. Physical development fair { Good  
 { Fair  
 { Poor 12. Smallpox marks \_\_\_\_\_  
 13. Number of vaccination marks { Right arm \_\_\_\_\_  
 { Left arm one 14. When vaccinated last Childhood  
 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 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 A<sup>III</sup>  
Kearns Capt. President.  
MacDonald Member.

Signature of Man Johnny Clement

| Date           | Result | VACCINATIONS | Date           | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|--------|--------------|----------------|--------|---------------------------------|
| <u>18-2-18</u> |        | M.O.         | <u>18-2-18</u> |        | M.O.                            |
|                |        | M.O.         |                |        | M.O.                            |
|                |        | M.O.         |                |        | M.O.                            |

Joined 13 day of March 1918 at Quebec

| CORPS                             | REG'TL NUMBER  | HABITS | DATE           |
|-----------------------------------|----------------|--------|----------------|
| 1st. Depot Bn. 2nd. Quebec Reg't. | <u>4040454</u> |        | <u>13-3-18</u> |

Joined on enlistment \_\_\_\_\_  
 Transferred to \_\_\_\_\_

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION         | DATE                    | DISEASE          | RESULT  |
|-----------------|-------------------------|------------------|---|
| <u>St Annes</u> | <u>5<sup>2</sup>/19</u> | <u>hepatitis</u> | <u>Cap't J. Brown</u><br><u>Det. Lt. C. A. S.</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.

Surname *Oliver* Christian Name *Johnny*

| STATION.       | Date of Arrival<br>at the<br>Station. | DATES OF                   |          |          |                             |           |          | DISEASE.  | Number of<br>days in<br>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<br>Medical<br>Officer.  |                    |
|----------------|---------------------------------------|----------------------------|----------|----------|-----------------------------|-----------|----------|-----------|-----------------------------------|--|--|--------------------|
|                |                                       | Admission<br>into Hospital |          |          | Discharge<br>from Hospital. |           |          |           |                                   |  |  |                    |
|                |                                       | Day                        | Month    | Year     | Day                         | Month     | Year     |           |                                   |  |  |                    |
| <i>Stewart</i> |                                       |                            | <i>1</i> | <i>6</i> | <i>19</i>                   | <i>11</i> | <i>7</i> | <i>19</i> | <i>42</i>                         | <i>Diphtheria</i>  | <i>Ulcer shows furrowed, &amp; ...<br/>Squamous cell. BP 144-86. Fever<br/>normal. ...<br/>Subjective slight weakness<br/>diphtheria ... CTC</i> | <i>[Signature]</i> |

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names **John**..... 2. Surname .. **CLEMENT**.....
3. Rank ... **Pte.**..... 4. Original Unit ... **2/2nd. Q.R.**..... 5. Reg. No. **4040454**.
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
**Mr. John CLEMENT**  
**St. Maurice, Co. Champlain, Que.**
7. Date of enlistment in the C.E.F. **14th. March. 1918**.....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .... **Not applicable**.....
9. Relationship of such dependent ..... **Not applicable**.....
10. Present address, in full, of such dependent .....  
**Not applicable**.....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? ..... **Not applicable**.
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
**10th. Can. Res. Bn. in England, 5-4-18 till 15-8-18**  
**22nd. Battn. in France 15-8-18 till demobilised.**
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? **Not applicable**.....
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service ..... **Not applicable**.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... **1 year 4 months**.....  
~~XXXXXXXXXX~~  
**2/2nd. Que. Regt. and 22nd. Battalion**.....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... **Not applicable**.....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? **No**.....

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

Not applicable.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

\$70.00 War Serv. Gratuity.

20. Have you been issued with a War Service Badge? If so, what class? ..Class "A".....

21. Have you, during the present war, served in the Imperial Forces? ..No.....

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

Not applicable.

23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England.....No.....

(b) If so, was such reversion in consequence of misconduct or inefficiency? ..Not applicable.

24. Are you now serving in the C.E.F. ....No..... If not, give:—(a) Date of discharge

16-7-19.....

Demobilization.

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....Not applicable.....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.....

Yes with the 22nd. Can. Battn. as previously stated.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?...No.

(b) If so, are you in receipt of full pay and allowances from that Department? ..No.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

J. Clement

Place of Residence:

Grandmere, P.Q.

Declared before me at:

Monhele

This

16 day of July

1917.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths.

J. J. Gauthier  
A Commissioner of the Superior Court for the Province of Quebec.

POST DISCHARGE PAY.

Date paid      Paid Soldier      Paid Dependent      War Service Gratuity      Net amount due

Not applicable.

Certified Correct.

District Paymaster.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 4040454 (Rank) Private

Name (in full) CLEMENT, Johnny enlisted in  
the 1st Depot Battalion, 2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at QUEBEC, Quebec on the 13th.  
day of March 19 18.

HE served in FRANCE

and is now discharged from the service by reason of MEDICALLY UNFIT

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

Age 28 years  
Height 5 feet 4 1/2 inches.  
Complexion Medium  
Eyes Black  
Hair Brown

Marks or Scars

NONE.

J. Clement  
Signature of Soldier

[Signature] Captain.  
Officer i/c Discharge Issuing Officer District Depot No. 4.

Date of Discharge July 16th, 1919.

Rank

Appointment

Signed at MONTREAL, QUEBEC. this 16th. day of July 1919

in Military District No. 4.

File Reference No. DD4 19-C-1058

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and liable to usual military discipline, as if on the strength of a unit.
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

On demobilization the particulars called for on the back of this certificate will not be completed.

\*Name..... **CLEMENT** , **Johnny.** ..... Rank. **Pte.** ..... Regtl. No. **4040454**  
 Original unit **2nd Q.R.** Present unit **D.D.#4** ..... M. or S. **S** Age. **27** Religion **R.C.** ..... Fyle Depot **19-C.1058**  
 Ref. H.Q. ....

Port, ship, and date of arrival..... **H.M.H.T. ARAGUAYA PORTLAND ME.** .....

Next of kin..... **(F) J.Clement, St. Maurice, Grand Mere, P.Q.** .....

Address on leave..... **As above.** .....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... **Woodsman.** ..... Date and place of enlistment..... **Quebec, 13-3-18.** .....

Diagnosis..... Date of Medical Boards.....

| Date.         | Remarks   | Pt. 2 Order No. |
|---------------|---|-----------------|
| <b>2-6-19</b> | <b>T.O.S. from O/S 21-5-19 Posted to Hosp. Sect. 1-6-19</b> |                 |
|               | <b>Granted Fur. W/S until 16-6-19</b>                       | <b>153</b>      |
|               |   |                 |

\*—Name will be given in full; surname first.



Date.

Remarks.

Pt. 2 Order No.

11-7-19

S.O.S. HOSP. SECT. ON. TRANS. TO. CAS. CO. 11-7-19

192-p-4

17-7-19

S.O.S. Gen demob, effect 16-7-19 Auth, R.O. 1420

198-p

TLH No 2 Dft. 1st Bn 2nd QUA Rank Name CLEMENT, Johnny,  
Unit If in perm. Corps, }  
What Unit? }

Reg'l No. 4040454

Married or Single Single

Place and Date of Enlistment Quebec, March 13th. 1918

Place of Birth St. Maurice, Grand Mere, P. Q. Canada

Name and Address, Next-of-Kin Joseph Clement,  
St. Maurice, Grand Mere, P. Q. Canada

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

24651  
R.L.  
Category M-UCANADA

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<br>Taken from Official Documents. |
|-----------|---|--|-----------|-----------|---|
| Date.     | From whom received.                             |  |           |           |   |
|           | Arrived in England                              |  |           | 8-4-18    | SCANDINAVIAN                              |
| 16. 4. 18 | 10 Res T.O.S.                                   |  | At Benoit | 3. 4. 18  | Do # 87                                   |
| 19. 8. 18 | " S.O.S. to 22nd                                |  | "         | 18. 8. 18 | Do # 82a/30. 8. 18. 22 Bn. 195-           |
| 3. 3. 19  | QRW 708 from 22 Bn                              |  | " Rifles  | 23. 2. 19 | 8049                                      |
| 25-3-19   | 22 Bn Invalid Sick & posted to QRD              |  | " Fla     | 23. 2. 19 | 17  |
| 27. 5. 19 | QR Invalid to Canada & 5th Hosp. Mpl. 503. MWS. |  | Lpool     | 27. 5. 19 | Ch B 530.                                 |
| 21. 5. 19 | QR S.O.S. to Canada                             |  | Whitby    | 2. 6. 19  | Do 126                                    |

O.B. 03 CHECKED AUG 1918



CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
200M-3-19 (D.P. 254).  
1772-39-903 (9986).

*Duplicate*

LAST PAY CERTIFICATE

Regimental No. 4040454 Rank Pte Name Clement John (Surname first)  
Unit 2nd Q.R. who was\* Discharged  
On 16-7-19 191... to 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-7-19 to 16-7-19 191... the inclusive date of transfer or discharge.

|  | Dr.    | Cr.    |
|--|--------|--------|
| Bal. Dr. or Cr. from prev. month.....                              |        | 109.13 |
| Regimental Pay..... <u>16</u> days at \$ <u>1.00</u> c.....        |        | 16.00  |
| Field Allowance..... <u>16</u> days at \$ <u>.10</u> c.....        |        | 1.60   |
| Separation Allowance.....  |        |        |
| Clothing Allowance.....  |        | 35.00  |
| War Service Gratuity.....  |        | 70.00  |
| *Other Credits.....  |        |        |
| Advances.....  |        |        |
| Separation Allowance and Assigned Pay Cheque No.....               |        |        |
| *Other Charges.....  |        |        |
| Balance on transfer or on discharge, cheque No..... <u>OK 8435</u> | 231.73 |        |
| Total.....   | 231.73 | 231.73 |

\*Give particulars.

A monthly stoppage of \$ 15.00 (†) has..... (‡) been paid on account of  
Assigned Pay for the month of June 191... 9 }  
and Separation Allee. for month of nil 191... } (to) Assignee Jos Clement  
St Maurice  
Co Champlain.  
(Address) .....  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

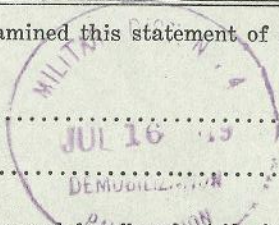
ON TRANSFER OF AN OFFICER.

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

REMARKS:—  
State (1) date of enlistment..... 13-3-18..... married or single.....  
(2) Separation Allowance, entitled or not..... nil..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... D.D. 4-19-C. 1058.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.  
Date .....  
Place .....  
CAPT. JIN.  
Paymaster.



N.B.—(A) This form is to be used for all ranks (vide Articles 122 and 130) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.



# CASE HISTORY SHEET.

MILITARY Hospital. Ste Anne de Bellevue Station.  
No. 4040454 Rank. Private Name. Clement, J. Age. 28  
Unit. D.D.#4. Completed years of service <sup>Where and how long</sup> C. 3/12. E. 7/12- F. 6/12.  
Date of admission. 1.6.19-16.6.19. Date of discharge. 11-7-19  
Diagnosis. Nephritis. Place of origin. Germany

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Enlisted March 1918. Apparently well until December 1918 when whole body commenced to swell following exposure to cold and wet. Was in bed 10 weeks. Since then swelling has disappeared and feels well except indefinite pains in kidney region and in stomach. No vomiting. No nausea. Works in Bush and feels he could not go back to that work. Appetite good. There is no subjective nor objective dyspnoea.

Phenolsulphonaphthalein Test: 1st hour 50%. 2nd hour 10%.

Pupils: Normal. Blood Pressure: 144/86.

Wasserman: Negative. Heart: Negative.

Urine: Persistently shows no albumin, but an occasional hyaline cast may be found and a few pus cells.

5.7.19: Recommend Discharge Cat: "C".

*J. R. Cantor*

## 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.

ST. ANNE DE BELEVUE MILITARY HOSPITAL.

2

TO PATHOLOGICAL LABORATORY.

Date . 21-6-19

Specimen of urine

NAME. S. L. MONT Rank. Pfc Reg. No. 41040434

M.O. Cap. Robinson Bed. No. 6 Ward T-4

Nature of examination required:-

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Acid.  
Albumin.O.  
Sugar.O.  
S.G.1024.  
Micro.A few leucocytes & epithelial cells. <sup>a</sup>

(8845)  
A.T. Serum }  
Dose and date } 1st  
2nd

FIELD AMBULANCE NOTES.

Morphia }  
Dose and time }

Date of wound or }  
onset of illness }

Religion  
PC. 28-10-4

WKB  
C Army Form W. 3118.  
FIELD MEDICAL CARD.

No. 4010054 Rank 1st Lt  
Name CLEMENT J  
Unit 22 Cavalry at 2 Cavalry  
AP

Battle Casualty ~~Accidentally Wounded.~~ "Sick"  
(Strike out description which does not apply).

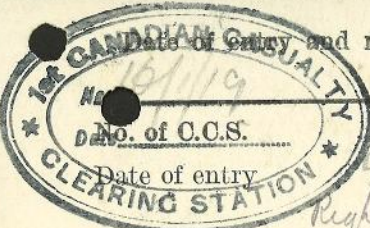
No. of F.A. IV Field Ambulance C. E. F.  
Date of admission 16-1-19  
F.A. diagnosis

Myalgia (Gen)  
Harrison Captain  
Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Nephritis. Full of me  
captain ✓  
Base Hospital diagnosis (alterations or additional)





Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

Unit - *Albany*  
 Gradual weakness  
 Right lower lobe  
 18.1.19. Fine moist rales - fine  
 rales over axillary region left side  
 area of bronchial breathing lower left  
 lobe. General appearance partly  
 oedema of face & legs. B.P. ++  
 18.1.19. Gallop rhythm:  
 dyspnoea, diffuse crackles both lungs.  
 20.1.19. Digitalin  $\frac{1}{50}$  g. 4hr for 8 doses.  
 heart steadier this am.  
 28.1.19. J. up. Intero costal in lungs.  
 10.2.19. Better.

No. of Hospital *29 CS*  
 Date of entry *11-2-19*  
*Better. Tobacco*  
*William St. ...*  
*Major ...*  
*32 lat 14-2-19*  
*Better. T. wound*  
*Urine - no albumen*  
*no cast or deposit.*  
*24 WKB.*

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 4040454 Pte. Clement J. Age 28 Corps 22nd Bn

Disease nephritis Hospital MCH. Epsom

To Officer i/c Laboratory. Ward 100

Please carry out an examination of the accompanying specimen of urine with special regard to albumen.

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

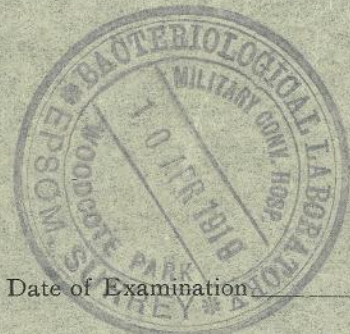
Date \_\_\_\_\_ [Signature]  
O. i/c \_\_\_\_\_ Ward. \_\_\_\_\_

LABORATORY REPORT.

nephritis case, ~~and~~

|         |              |
|---------|--------------|
| COLOR   | <u>Amber</u> |
| REACT.  | <u>Acid</u>  |
| SP. GR. | <u>1018</u>  |
| ALB.    | <u>Pos +</u> |
| SUGAR   | <u>Neg.</u>  |

Micro  
Few R.B.Cs.  
& an occasional  
G. Cast



Date of Examination \_\_\_\_\_

[Signature]  
O. i/c Laboratory.

# CASE HISTORY SHEET.

MILITARY Hospital. Ste Anne de Bellevue Station.  
No. 4040454 Rank Private Name Clement, J. Age 28  
Unit D.D.#4. Completed years of service <sup>Where and how long</sup> C. 3/12. E. 7/12- F. 6/12.  
Date of admission 1.6.19- 16.6.19. Date of discharge 11-7-19  
Diagnosis Nephritis. Place of origin Germany

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Enlisted March 1918. Apparently well until December 1918 when whole body commenced to swell following exposure to cold and wet. Was in bed 10 weeks. Since then swelling has disappeared and feels well except indefinite pains in kidney region and in stomach. No vomiting. No nausea. Works in Bush and feels he could not go back to that work. Appetite good. There is no subjective nor objective dyspnoea.

Phenolsulphonaphthalein Test: 1st hour 50%. 2nd hour 10%.

fund: Normal. Blood Pressure: 144/86.

Wasserman: Negative. Heart: Negative.

Urine: Persistently shows no albumin, but an occasional hyaline cast may be found and a few pus cells.

5.7.19: Recommend Discharge Cat: "C".

## 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.

STE. ANNE DE BELLEVUE MILITARY HOSPITAL.

8

TO PATHOLOGICAL LABORATORY.

Date . 20-6-19

Specimen of Urine

NAME. Flourent Rank. PL Reg. No. 410410 4104

M.O. Cap. Parvovirulite Bed. No. 6 Ward T-4

Nature of examination required:--

Special circumstances surrounding case:--

PATHOLOGICAL REPORT:--

Acid.  
Albumin.O.  
Sugar.O.  
S.G.1030.  
Micro.A number of leucocytes.

PATHOLOGICAL LABORATORY.

Lab. No. 4760.....

Date. 14-4-19.....

Ward. K.....

Name. Clement..... Regt. No. 4040454..... Unit. 22 Lancers.....

URINALYSIS.

Quantity in 24 hours..... Sp. Gr. 1018..... Reaction. acid

Consistence. Slightly turbid Colour amber..... Sediment. none

CHEMICAL.

Albumen approx. Traces..... Sugar..... Urea.....

Remarks.....

Microscopical.

Casts..... nil.....

Pus..... very occasional Pm cell.....

Blood..... occasional R.R.C......

Other elements.....

C.S. Bailey..... Capt. C.A.M.C.  
Pathologist.

PATHOLOGICAL LABORATORY

Lab. No. 4751...

Date 12-4-19.

Ward K. 1

Name Clement Regt. No. 4040454 Unit 2 Leeches

URINALYSIS.

Quantity in 24 hours Sp. Gr. *1.020* Reaction *Acid*

Consistence *Slightly Turbid* Colour *Amber* Sediment *none*

CHEMICAL.

Albumen approx *Leeches 0.5%* Sugar Urea

Remarks

Microscopical.

Casts

Pus *Negative*

Blood

Other elements

..... Capt. C.A.M.C.  
Pathologist.

Date. 13-4-19..

Ward, K 13

Name. Clement ..... Regt. No. 4040454. Unit.....

URINALYSIS.

Quantity in 24 hours..... Sp. Gr. 1.020..... Reaction. Alkaline

Consistence. Slightly turbid. Colour. Pale Amber..... Sediment. None.

CHEMICAL.

Albumen approx. Less than 0.5% Sugar..... Urea.....

Remarks.....

Microscopical.

Casts..... Nil

Pus..... very occasional Pus cell

Blood..... occasional R.B.C.

Other elements..... Epithelial debris

C. S. Bailey ..... Capt. C.A.M.C.  
Pathologist.

Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name 4040454 Plt. Clement Age \_\_\_\_\_ Corps 22 Can. Bu

Disease nephritis Hospital No. 1 C.C.S.

To Officer i/c Laboratory. Ward C.

Please carry out an examination of the accompanying specimen of Urine

with special regard to Albumin & casts

Nos. of previous Reports (if any) \_\_\_\_\_

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 17-1-19.

O. i/c

Ward

### LABORATORY REPORT.

SG. 1013

Albumin - + + + +

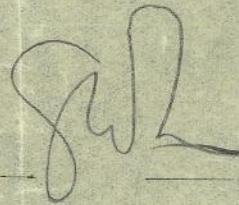
Sugar. nil

Muc. - (casts) Granular casts + + + +

Hyaline +

RBC - + +

WBC +



Date of Examination \_\_\_\_\_

O. i/c Laboratory.



Report No. \_\_\_\_\_

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name { 4040454 The Clement } Age 28 Corps 22 Can Bn

Disease \_\_\_\_\_ Hospital PMC H. Epson

To Officer i/c Laboratory. \_\_\_\_\_ Ward Quat 100

Please carry out an examination of the accompanying specimen of urine

with special regard to routine & microscopy.

Nos. of previous Reports (if any) repeated.

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 11-4-19 Legent AMSD O. i/c \_\_\_\_\_ Ward. \_\_\_\_\_

### LABORATORY REPORT.

|         |                    |
|---------|--------------------|
| COLOR   | <u>C. Amber</u>    |
| REACT.  | <u>acid</u>        |
| SP. GR. | <u>1018</u>        |
| ALB.    | <u>Positive ++</u> |
| SUGAR   | <u>Free</u>        |

R. B. P. STT  
Pus +  
G x N. Casts



Date of Examination \_\_\_\_\_

Wheeler

O. i/c Laboratory.

Report No. 1035

Army Form W. 3212.

(In books of 100.)

Regtl. No., Rank and Name Pte Clements 404045-4 Age      Corps 22 Canadian

Disease typhus Hospital 32 Stationary

To Officer i/c Laboratory. Ward T II

Please carry out an examination of the accompanying specimen of urine  
with special regard to albumen (amb) blood cast

Nos. of previous Reports (if any)     

In Pathological Reports a résumé of clinical history, treatment or progress since last report should be given.

Date 11/2/15      O. i/c      Ward.     

**LABORATORY REPORT.**

*no albumen. — no deposit.*

Date of Examination 28/2/15 John A. Lucas  
Capt.

O. i/c Laboratory.

**NEPHRITIS CASE SHEET.**

Name and No. *Clement* Regiment

Age Length of Service

Month of arrival in France Trenches or base work

Onset with dates *16. 1. 19.*

Illness immediately preceding this attack

Dropsy *Slight*

Dyspnoea, ? nocturnal ~~+~~ +

Headache -

Vomiting -

Fits -

Bronchitis +

Heart *good*

Aortic 2nd *not +*

Radial vessel *good*

(Fundus)

Urine

Albumen +

blood +

*casts hyaline + granular.*

Progress *Good*

Duration of dropsy ?

*no dropsy ~~was~~ in 32 slots days.*

„ „ albuminuria ?

*no albumen " " " "*

Past History

Occupation in civil life

Previous dropsy or renal trouble

Scarlet fever or other infections

Alcohol

Syphilis

STE ANNE DE BELLEVUE MILITARY HOSPITAL.

6.

TO PATHOLOGICAL LABORATORY.

Date 26-6-19

Specimen of Blood

NAME Clement Rank Pfc Reg. No. 4040454

M.O. Capt Rabinovitz Bed No. 5 Ward 74.

Nature of examination required:- Wassermann

Special circumstances surrounding case:-

PATHOLOGICAL REPORT:-

Wassermann Reaction:- **Negative.**

27-6-19.

*Gold Jones*

*St. Andrew's*

HOSPITAL

REQUISITION FOR TREATMENT OR EXAMINATION.

Date *Jun 18, 19*

Reg'tal No.

Rank

Name

Unit

*4040 454*

*1st*

*Clement*

Bed

Ward

*5-*

*F4*

Injury or disease

Part affected

Treatment or Exam

Report

*Phenacetylphenol*

*Perd*

*Pen*

*Wentz Capt.*

1st. hour specimen

50%

2nd. hour specimen

10%

*21-6-19.*

Signed

*R. H. C. Gibson*

*major case*

M. F. W. 2509.

50m.4.19.M.

1772.39.1276.

Johnny.

Name **CLEMENT.** Rank **Private**Reg. No. **4040454.**Unit **22 Cans.**Next of Kin **Canada.**

| Date      | Movement            | Place       | Casualty     | List No. | Notified N/K O. | W.O. List |
|-----------|---------------------|-------------|--------------|----------|-----------------|-----------|
| 11. 1919. |                     |             |              |          |                 |           |
| 11. 1.    | 4 ban Fla Amb.      |             | myalgia legs |          |                 | 41426     |
| 11. 1.    | Disch to Duty.      |             | do.          | 4425     |                 | 41537.    |
| 18. 1.    | 1 ban b. b. S.      |             | Influenza    |          |                 | 165875.   |
|           | <b>Wang. Ill</b>    |             | nephritis    | 4425     |                 |           |
| 21. 1.    | no change.          | (no action) |              | 4425     |                 | P166610.  |
| 28. 1.    | no change.          |             | Influenza    | 4430     | H 588           | P167310.  |
|           |                     |             | pneumonia    |          |                 |           |
| 14. 2     | Improved            |             | do           | 4447     | H 719           | P1684406  |
| 14. 2     | Out of D. Auger     |             | do           | 4450     | H 123           | P169049   |
| 18. 2     | 32 stg. H. Wimeruse |             |              | 4457     |                 | 231411    |
| 23-2      | 18. an H. Cambridge |             |              | 4459     |                 | 7612.     |
|           |                     | P.T.O       |              |          |                 |           |

| Date    | Movement      | Place  | Casualty                 | List No. | Notified N/K O. | W.O. List |
|---------|---------------|--------|--------------------------|----------|-----------------|-----------|
| 8-4     | Mil Con Hk    | Epsom  | Nephritis +<br>Nephritis | 13494    |                 | 9558      |
| 12-4    | 15 6th Tank   |        | Nephritis                | 13498    |                 | 9730      |
| 26-4    | 5 8th Mchdals |        | do.                      | 13508    |                 | 16211     |
| 21-5-19 | Invalided     | Canada | 2503                     | 13530    |                 | 9014      |

714  
Bed 5  
CASE HISTORY SHEET.

Military Hospital. Ste Anne de Bellevue Station.  
No. 4040454 Rank Pk. Name Clement J. Age 28  
Unit 504 Completed years of service } Where and how long } C<sup>3</sup> 2 2 F 6  
Date of admission 1/6/19 - 16/6/19 Date of discharge 11-7-19  
Diagnosis nephritis Place of origin Germany

CONDITION ON ADMISSION AND PROGRESS OF CASE. Entered Mar 1918. Appeared well until Dec 1918 when whole body commenced to swell following exposure to cold. Was in bed 10 weeks. Prior to swelling he appeared well & did not report pain in legs or in back. By vomiting he managed to get back to work. Appetite good. There was no subjective or objective evidence.

Phenolsulfonephthalein Test: 1st hour 50% 2nd hour 10%

Ureids normal

PR. 144-86

Wassermann: negative  
Heart: negative

FAMILY HISTORY: present and past tuberculosis. Latent tuberculosis. Lymphatic system may be affected. Few parasites.

Rec. des ches Cat "O"

TREATMENT. (Especially any specific or special form) J. R. Carter

CONDITION ON DISCHARGE, (and disposal made of case.)  
Date

Medical Officer i/c case.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

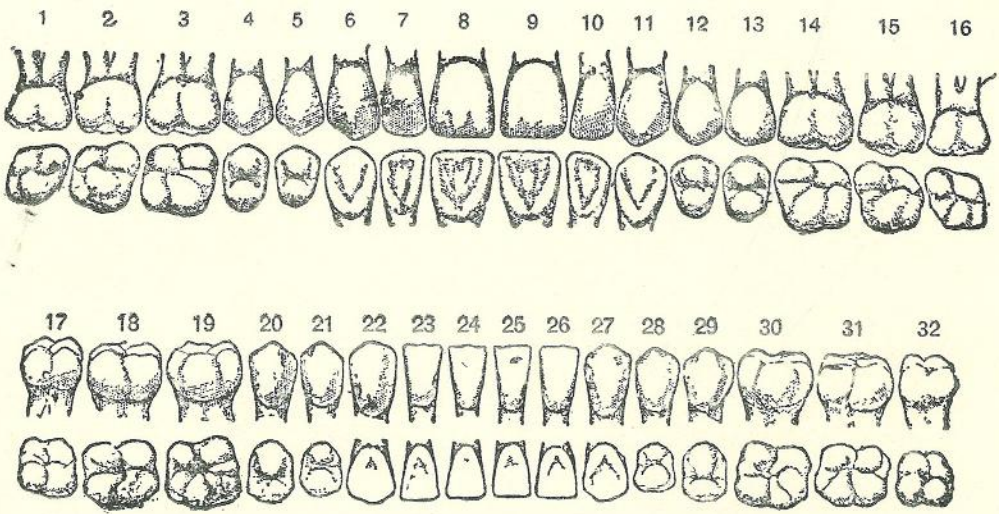
NAME OF SOLDIER (Block Letters) CLEMENT, G.

REGIMENT 22nd Bn RANK PLT No. 4040454

Date of Examination in England Apr 30 19 Date of Examination in France \_\_\_\_\_

DIRECTIONS TO DENTAL OFFICERS

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 1
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

HAS HE EVER REFUSED DENTAL TREATMENT? No

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 Yes

Signature of Dental Officer L. D. Skule

CAPT. CADC

MEDICAL CASE SHEET.\*

| No. in Admission and Discharge Book.  | Regimental No.                                | Rank. | Surname.   | Christian Name.   |
|---|---|-------|------------|-------------------|
|   | 4040454                                       | Plt   | CLEMENT.   | Jean              |
| Year<br>1919  | Unit.<br>22 <sup>nd</sup> Coa BT <sup>n</sup> |       | Age.<br>28 | Service.<br>13/12 |
| Station and Date.<br>Taplow<br>12/4/19  | Disease NEPHRITIS                             |       |            |                   |
| HOME ADDRESS St Maurice Que.  |   |       |            |                   |
| NEXT OF KIN - FATHER. - Joseph Clement<br>address - St Maurice Que.   |   |       |            |                   |
| <p>Plt Reported sick 16-1-19 - # 14 C. Fld Amb<br/>swelling of legs &amp; feet - pain in back<br/>1st CCS. 16-1-19 to 11/2/19 - urine albumen +<br/>fine vales Rt lower lobe - fine pectum rub<br/>axilla - areas of bronchial breathing.<br/>temp. 100-102 for 6 days - temp up again<br/>Jan 27<sup>th</sup> - 28<sup>th</sup> to 104° down to normal<br/>about 26<sup>th</sup> - diffuse crackles 2<sup>nd</sup> &amp; 3<sup>rd</sup><br/>lungs - heart gallop rhythm - digitalin<br/>gr 1/4 grs for 5 doses -<br/>transferred to No 29 CCS 11-2-19 to 17-2-19.<br/>No 32 Stationary 17-2-19 to 25-2-19<br/>urine no alb. no casts or deposit to normal<br/>(urine 17-1-19) no ices.<br/>alb. + + + Gr casts + + + Hyaline casts +<br/>Rbc ++ Pus cells +<br/>urine qty. Jan 23 to Feb 10<sup>th</sup> 45 to 50 oz daily.<br/>Eastern Gen Hosp Cambridge. 23-2-19 to 7-4-19<br/>transf to Epsom 7-4-19 to 11-4-19.<br/>11/4/19 urine: alb ++ Rbc + occ. Gr. &amp; H casts<br/>note albumen Return in increasing amts. transf. to Taplow.</p> |   |       |            |                   |

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Clement 30

Station  
and Date.

12/4/19.

PT fairly well developed - looks well nourished  
slight oedema under eyes and along shin bones  
chest apparently normal

Heart apex beat inside nipple line rate slow  
about 60 - rhythm not regular slight pause  
after every 3rd beat. Sounds appar. normal.  
S.B.P. 138 D.B.P. 92

PT complains - of headache - pains in back.  
shortness of breath.

PT has to get up to pass water twice per night.

PT put to bed. R. Mag Sulph - milk diet.

urine: 14/4/19. Sp Gr 1018. Reaction, Acid. alb approx Less  
than .05%. (Pus) Very Occ. (Blood) Occ R.B.C. epithelial debris  
to be transferred to

12/4/19

C. P. A. R. B. T. n. Chest X-ray done  
Vision: R 6/6. L. 6/6. Presbyopia

A. J. [Signature]  
Cap

15/4/19

Boarded, to  
Chest test

MEDICAL CASE SHEET.

| No. in Admission and Discharge Book. | Regimental No. | Rank. | Surname. | Christian Name. |
|--------------------------------------|----------------|-------|----------|-----------------|
|                                      | 4040454        | Pte   | Clement  | J.              |
|                                      |                | Unit. | Age.     | Service.        |

| Year.        | Unit.         | Age. | Service. |
|--------------|---------------|------|----------|
| MCH<br>EPSOM | 22 Cav. Batt. |      |          |

| Station and Date. | Disease          |
|-------------------|------------------|
| 8 APR 1919        | Nephritis (cont) |

8 APR 1919  
 11/4/19.  
 Put of bed 2 weeks. Apparently a typical nephritis case. Feels well now. Urinalysis, soft diet. No albumen. Urinalysis no albumen today shows that albumin is returning in increasing amounts. Numerous blood and pus cells. Urine. Excretion & Urinary pigment

Sumnerman  
 Wm. a  
 London.  
 12/3/19.  
 TAB

Station  
and Date.

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

*Clement John*

REGIMENT

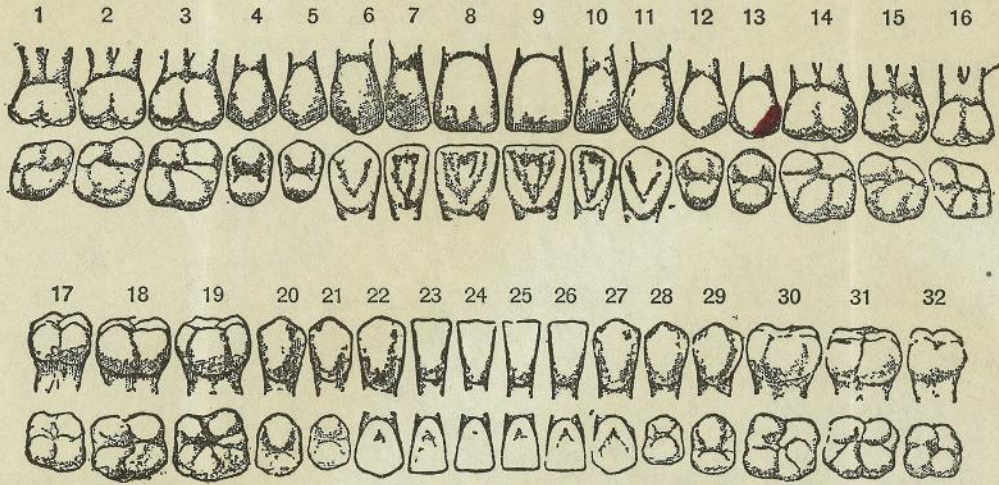
*44 R.R. Reg*

RANK

*Plt*

No.

*4040454*



## INSTRUCTIONS

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

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

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

| Condition on first Examination | Date        | Amalgam | Temporary Filling<br>(a) G. P.<br>(b) Cement | Cement | Treatment<br>Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrhoia | Synthetic Porcelain | Extracting | DENTURES |   |   | Gold Clasp | Gold Filling | CROWNS |           | Bridge Work | Prophylaxis | OPERATOR | Military District | REMARKS              |
|--------------------------------|-------------|---------|--|--------|------------------------------|--------------|----------|----------------|----------|---------------------|------------|----------|---|---|------------|--------------|--------|-----------|-------------|-------------|----------|-------------------|----------------------|
|                                |             |         |  |        |                              |              |          |                |          |                     |            | U        | L | P |            |              | Gold   | Porcelain |             |             |          |                   |                      |
| <i>Good</i>                    | <i>1919</i> |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |             |          |                   | <i>prophylaxis</i>   |
|                                | <i>7/4</i>  |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |             |          |                   | <i>Cavities</i>      |
|                                |             |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |             |          |                   | <i>Extractions</i>   |
|                                |             |         |  |        |                              |              |          |                |          |                     |            |          |   |   |            |              |        |           |             |             |          |                   | <i>Completed 7/4</i> |

*Good*  
*E. Levesque*  
*major*  
*4.32*

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

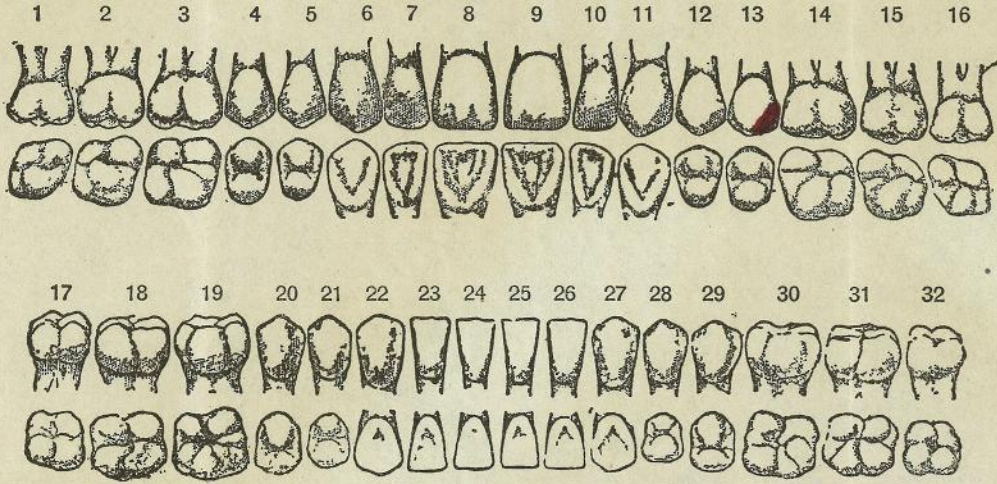
*Clement John Ple*

REGIMENT

*544 27 Reg RANK*

No.

*4040454*



## INSTRUCTIONS

- On examination the condition of patient's mouth to be marked on diagram in red ink.
- 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:

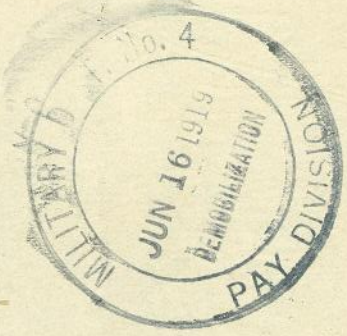
- Condition on examination (in red).
- Condition on leaving Canada.
- Condition on discharge from the Service.

| Condition on first Examination | Date        | Amalgam | Temporary Filling<br>(a) G. P.<br>(b) Cement | Cement | Treatment<br>Putrescent Pulp | Root Filling | Pulp Cap | Devitalization | Pyrrthosa | Synthetic Porcelain | Extracting | DENTURES |   |   | Gold Clasp | Gold Filling | CROWNS |           | Bridge Work | Prophylaxis | OPERATOR           | Military District | REMARKS            |
|--------------------------------|-------------|---------|--|--------|------------------------------|--------------|----------|----------------|-----------|---------------------|------------|----------|---|---|------------|--------------|--------|-----------|-------------|-------------|--------------------|-------------------|--------------------|
|                                |             |         |  |        |                              |              |          |                |           |                     |            | U        | L | P |            |              | Gold   | Porcelain |             |             |                    |                   |                    |
| <i>Good</i>                    | <i>1919</i> |         |  |        |                              |              |          |                |           |                     |            |          |   |   |            |              |        |           |             |             |                    |                   | <i>prophylaxis</i> |
|                                | <i>7/4</i>  |         |  |        |                              |              |          |                |           |                     |            |          |   |   |            |              |        |           |             |             | <i>E. Levesque</i> |                   | Cavities           |
|                                |             |         |  |        |                              |              |          |                |           |                     |            |          |   |   |            |              |        |           |             |             | <i>major</i>       |                   | Extractions        |
|                                |             |         |  |        |                              |              |          |                |           |                     |            |          |   |   |            |              |        |           |             |             |                    |                   | <i>Completed</i>   |

*Good*

*4.32*

61750



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

M. & R. S.

REGT.

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARTICULARS: J. S. Ser. 21-5-19 D. 153 P-4

EFFEKTIVE DATE: 1-6-19 D. 153 P-4

AUTHORITY: D. 195 P-4

ORIGIN. C.E. PLACE ATTESTA DATE ATTESTA ASSIGNER PAYABLE ADDRESS STOP PAY ASSIG RENDEN DISCHAF

IS SEPARATION ALLOWANCE PAID? *nil.* DATE EFFECTIVE: *bas la.* 11-7-14

TO WHOM PAID: *nil.* RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BALANCE FROM PREVIOUS ACCOUNT

| MONTH    | PAY AND F.A. |                 |        | OTHER CREDITS |    | TOTAL CREDITS |        | ACQUITTANCE ROLLS |            |            | CASH PAYMENTS |            |            | ASSIG PA |            |
|----------|--------------|-----------------|--------|---------------|----|---------------|--------|-------------------|------------|------------|---------------|------------|------------|----------|------------|
|          | 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.            |    |               |        |                   | NO.        | DATE       | NO.           | DATE       | NO.        |          | DATE       |
| 30/4/19  |              |                 |        |               |    |               |        |                   |            |            |               |            |            |          |            |
| 1-5-19   |              |                 |        |               |    |               | 143 83 |                   |            |            |               |            |            |          |            |
| May      | 31           | 1 <sup>10</sup> | 34     | 10            |    |               | 143 83 |                   |            |            |               | 4 87       |            |          |            |
| June     | 30           | 1 <sup>10</sup> | 33     | 00            | 12 | 80            | 34 10  |                   |            |            |               | 9 73       | 500        | 5000     |            |
| July     | 16           | 1 <sup>10</sup> | 17     | 60            | 35 | 00            | 45 80  |                   |            |            |               | 15 00      |            |          |            |
|          |              |                 |        |               |    | 70 00         | 122 60 |                   |            |            |               | 231 73     |            |          |            |
|          |              |                 |        |               |    |               | 346 33 |                   |            |            |               |            |            |          |            |
|          |              |                 |        |               |    |               | 280 00 |                   |            |            |               |            |            |          |            |
| 16/8/19  |              |                 |        |               |    |               |        |                   |            |            |               |            |            |          |            |
| 16/9/19  |              |                 |        |               |    |               |        |                   |            |            |               |            |            |          |            |
| 16/10/19 |              |                 |        |               |    |               |        |                   |            |            |               |            |            |          |            |

War Service Gratuity





*9213*

|   |                    |   |                         |                                    |                |               |               |
|---|--------------------|---|-------------------------|------------------------------------|----------------|---------------|---------------|
| ASSIGNED PAY.   | ENGLAND OR CANADA. | SEPARATION ALLOWANCE.   | ENGLAND OR CANADA.      | NAME: <i>CLEMENT. Johnny D</i>     |                |               |               |
| EFFECTIVE DATE: <i>1/4/18</i>                                     |                    | EFFECTIVE DATE: -   |                         | NUMBER: <i>H040454</i>             |                |               |               |
| AMOUNT: <i>15.00</i>  |                    | AMOUNT: -   |                         | PARTICULARS OF RANK OR APPOINTMENT |                |               |               |
| 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. |                         | AUTHORITY                          |                |               |               |
| <i>Joseph Clement. N/R. St. Maurice Co. Champlain P.Q. Father</i> |                    |   |                         | <i>LPC Can</i>                     |                |               |               |
| <i>Stopped 1/5/19</i>   |                    |   |                         | DATE EFFECTIVE                     |                |               |               |
|   |                    |   |                         | RANK OR APPOINTMENT                |                |               |               |
|   |                    |   |                         | <i>Rte</i>                         |                |               |               |
| UNIT AND TRANSFERS  |                    |   |                         |                                    |                |               |               |
| ORIGINAL UNIT: <i>1st Dep Bn 2nd Div. Reg 2nd Div</i>             |                    |   |                         |                                    |                |               |               |
| DATE ACCOUNT FIRST OPENED: <i>1/3/18</i>                          |                    |   |                         |                                    |                |               |               |
| AUTHORITY   |                    | DATE EFFECTIVE  | DATE LEDGER SHEET T & D | UNIT TRANSFERRED TO                |                |               |               |
|   |                    |   |                         | <i>10 Res Bn</i>                   |                |               |               |
|   |                    | <i>82. 20.8.18.</i>   | <i>1.9.18</i>           | <i>20.9.18 22nd Bn</i>             |                |               |               |
| 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        |
|   |                    |   |                         |                                    |                |               |               |
|   |                    |   |                         |                                    |                | <i>LPC</i>    | <i>143.83</i> |
|   |                    |   |                         |                                    |                | <i>Leayer</i> | <i>143.83</i> |
| DAILY RATES OF PAY AND ALLOWANCES                                 |                    |   |                         |                                    |                |               |               |
| AUTHORITY   |                    | PAY   | F.A.                    | P.F.A.                             | SUBS'CE ALL'CE |               |               |
| <i>LPC Can</i>  |                    | <i>1.</i>   | <i>10.</i>              |                                    |                |               |               |

PARTICULARS OF RENDERING NON-EFFECTIVE: *29/4/19 Dis Can with TAP. A.83 G.H. Leikdale 29/4/19 Leikdale M.D 5*

| MONTH          | PARTICULARS                  | CR. 1       | CR. 2. | PARTICULARS                           | DR. 1       | DR. 2. | DR. 3. | DR. 4.    | BALANCE     | DEFERRED | SEPARATION |
|----------------|------------------------------|-------------|--------|---------------------------------------|-------------|--------|--------|-----------|-------------|----------|------------|
| <i>21.3.18</i> | <i>Balance from Canada</i>   |             |        |                                       |             |        |        |           | <i>990</i>  |          |            |
| <i>Apr.</i>    | <i>PP. 22.3.18 - 30.4.18</i> | <i>44</i>   |        | <i>ap.</i>                            |             |        |        | <i>15</i> | <i>3890</i> |          |            |
|                |                              |             |        | <i>AR. 121 - Det B'n hott 11.4.18</i> | <i>487</i>  |        |        |           | <i>3403</i> |          |            |
|                |                              |             |        | <i>✓ 121 10th Res Bn 24/4/18</i>      | <i>487</i>  |        |        |           | <i>2916</i> |          |            |
| <i>May</i>     |                              | <i>44</i>   |        |                                       | <i>974</i>  |        |        | <i>15</i> |             |          |            |
|                |                              |             |        | <i>Can ap.</i>                        |             |        |        | <i>15</i> | <i>1416</i> |          |            |
|                | <i>PP</i>                    |             |        | <i>AR 247 10th Res Bn 12/5/18</i>     | <i>487</i>  |        |        |           | <i>929</i>  |          |            |
|                |                              | <i>3410</i> |        | <i>✓ 386 ✓ 26/5/18</i>                |             |        |        |           | <i>4339</i> |          |            |
|                |                              |             |        | <i>✓ ✓ ✓ - 487</i>                    |             |        |        |           | <i>3852</i> |          |            |
|                |                              | <i>3410</i> |        |                                       | <i>974</i>  |        |        | <i>15</i> |             |          |            |
| <i>JUN</i>     |                              |             |        | <i>Can ap.</i>                        |             |        |        | <i>15</i> | <i>2352</i> |          |            |
|                | <i>PP</i>                    |             |        | <i>AR 183 10th Res Bn 12/6/18</i>     | <i>487</i>  |        |        |           | <i>1865</i> |          |            |
|                |                              | <i>33</i>   |        |                                       |             |        |        |           | <i>5165</i> |          |            |
|                |                              |             |        | <i>✓ 613 ✓ 7/6/18</i>                 | <i>487</i>  |        |        |           | <i>4678</i> |          |            |
|                |                              | <i>33</i>   |        |                                       | <i>974</i>  |        |        | <i>15</i> |             |          |            |
| <i>July</i>    | <i>PP</i>                    | <i>3410</i> |        | <i>✓ 765 ✓ 15/7/18</i>                | <i>487</i>  |        |        |           | <i>8088</i> |          |            |
|                |                              |             |        | <i>✓ 487</i>                          |             |        |        |           | <i>7601</i> |          |            |
|                |                              |             |        | <i>Can ap.</i>                        |             |        |        | <i>15</i> | <i>6101</i> |          |            |
|                |                              |             |        | <i>✓ 493 ✓ 26/7/18</i>                | <i>2433</i> |        |        |           | <i>3668</i> |          |            |

*Father*  
*stopped 1/5/19*

UNIT AND TRANSFERS

ORIGINAL UNIT: - *1st Dep Bn 2nd Cav Reg 2nd Div*  
 DATE ACCOUNT FIRST OPENED: - *7/2/18*

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T S F D | UNIT TRANSFERRED TO |
|-----------|----------------|---------------------------|---------------------|
|           |                |                           | <i>10 Res Bn</i>    |
| <i>82</i> | <i>20.8.18</i> | <i>1.9.18</i>             | <i>22nd Bn</i>      |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

| DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R. | UNIT PAID BY  | AMOUNT        |
|-----------------|----------------|--------------|--------|-----------------|----------------|---------------|---------------|
|                 |                |              |        |                 |                |               |               |
|                 |                |              |        |                 |                | <i>LTC</i>    | <i>143.83</i> |
|                 |                |              |        |                 |                | <i>Leaver</i> | <i>143.83</i> |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY  | PAY        | F.A.     | P.F.A.    | SUBS CE ALL CE |
|------------|------------|----------|-----------|----------------|
| <i>LTC</i> | <i>Cav</i> | <i>1</i> | <i>10</i> |                |

PARTICULARS OF RENDERING NON-EFFECTIVE: *30/4/19 Dis Cav auth TAP.A.83 G.H. Kirkdale 29/4/19 Kirkdale M.D. 5*

| MONTH          | PARTICULARS                 | CR. 1       | CR. 2 | PARTICULARS                           | DR. 1      | DR. 2       | DR. 3 | DR. 4     | BALANCE     | DEFERRED | SEPARATION |
|----------------|-----------------------------|-------------|-------|---------------------------------------|------------|-------------|-------|-----------|-------------|----------|------------|
| <i>21.3.18</i> | <i>Balance from bandage</i> |             |       |                                       |            |             |       |           | <i>990</i>  |          |            |
| <i>Apr.</i>    | <i>PP 22-3.18 - 30.4.18</i> | <i>144</i>  |       | <i>ap</i>                             |            |             |       | <i>15</i> | <i>3890</i> |          |            |
|                |                             |             |       | <i>AR. 121 - Det B'x hatt 11.4.18</i> | <i>487</i> |             |       |           | <i>3403</i> |          |            |
|                |                             |             |       | <i>✓ 121 10th Res Bn 24/4/18</i>      | <i>487</i> |             |       |           | <i>2916</i> |          |            |
|                |                             |             |       |                                       |            | <i>974</i>  |       | <i>15</i> |             |          |            |
| <i>May</i>     |                             |             |       | <i>Cav ap</i>                         |            |             |       | <i>15</i> | <i>1416</i> |          |            |
|                |                             |             |       | <i>AR 247 10th Res Bn 12/5/18</i>     | <i>487</i> |             |       |           | <i>929</i>  |          |            |
|                | <i>PP</i>                   | <i>3410</i> |       | <i>✓ 386 ✓ 26/5/18</i>                |            |             |       |           | <i>4339</i> |          |            |
|                |                             |             |       | <i>✓ ✓ ✓</i>                          | <i>487</i> |             |       |           | <i>3852</i> |          |            |
|                |                             | <i>3410</i> |       |                                       |            | <i>974</i>  |       | <i>15</i> |             |          |            |
| <i>JUN</i>     |                             |             |       | <i>Cav ap</i>                         |            |             |       | <i>15</i> | <i>2352</i> |          |            |
|                |                             |             |       | <i>AR 453 10th Res Bn 12/6/18</i>     | <i>487</i> |             |       |           | <i>1865</i> |          |            |
|                | <i>PP</i>                   | <i>33</i>   |       | <i>✓ 613 ✓ 7/6/18</i>                 | <i>487</i> |             |       |           | <i>5165</i> |          |            |
|                |                             |             |       | <i>✓ 765 ✓ 12/7/18</i>                | <i>487</i> |             |       |           | <i>4678</i> |          |            |
|                |                             | <i>33</i>   |       |                                       |            | <i>974</i>  |       | <i>15</i> |             |          |            |
| <i>July</i>    | <i>PP</i>                   | <i>3410</i> |       | <i>Cav ap</i>                         |            |             |       | <i>15</i> | <i>8088</i> |          |            |
|                |                             |             |       | <i>✓ 893 ✓ 26/7/18</i>                | <i>487</i> |             |       |           | <i>7601</i> |          |            |
|                |                             |             |       |                                       |            | <i>2433</i> |       |           | <i>6101</i> |          |            |
|                |                             | <i>3410</i> |       |                                       |            | <i>2920</i> |       | <i>15</i> | <i>3668</i> |          |            |
| <i>Aug</i>     | <i>PP</i>                   | <i>3410</i> |       | <i>Cav ap</i>                         |            |             |       | <i>15</i> | <i>5578</i> |          |            |
|                |                             |             |       | <i>AR 1049 ✓ 15/8/18</i>              | <i>730</i> |             |       |           | <i>4848</i> |          |            |
|                |                             |             |       |                                       |            | <i>730</i>  |       | <i>15</i> |             |          |            |
|                | <i>di</i>                   | <i>33</i>   |       | <i>ap</i>                             |            |             |       | <i>15</i> | <i>6648</i> |          |            |
|                |                             |             |       | <i>AR 423 5-69 Bn 6/9</i>             | <i>714</i> |             |       |           | <i>5934</i> |          |            |
|                |                             | <i>33</i>   |       |                                       |            | <i>714</i>  |       | <i>15</i> |             |          |            |

COMPILED BY  
 CHECKED BY

SEP

NUMBER *4040454* RANK

NAME

*CLEMENT J*

| MONTH          | PARTICULARS | CR. 1.        | CR. 2. | PARTICULARS                       | DR. 1        | DR. 2 | DR. 3. | DR. 4.    | BALANCE          | DEFERRED | SEPARATION |
|----------------|-------------|---------------|--------|-----------------------------------|--------------|-------|--------|-----------|------------------|----------|------------|
|                |             |               |        | <i>Bal fwd</i>                    |              |       |        |           | <i>59 34</i>     |          |            |
| <i>OCT</i>     | <i>P.P.</i> | <i>34 10</i>  |        | <i>vac</i>                        |              |       |        | <i>15</i> | <i>48 44</i>     |          |            |
|                |             |               |        | <i>AR 816. 5 Inf Bde 15/10/18</i> | <i>4 46</i>  |       |        |           | <i>70 98</i>     |          |            |
|                |             | <i>34 10</i>  |        |                                   | <i>7 46</i>  |       |        | <i>15</i> |                  |          |            |
| <i>Nov.</i>    | <i>--</i>   | <i>33</i>     |        | <i>vac</i>                        |              |       |        | <i>15</i> | <i>88 98</i>     |          |            |
|                |             |               |        | <i>AR. 7109 10th Coy 16/11/18</i> | <i>3 73</i>  |       |        |           | <i>85 25</i>     |          |            |
|                |             |               |        | <i>2615 3/12/18</i>               | <i>13 06</i> |       |        |           | <i>72 19</i>     |          |            |
| <i>Dec Jan</i> | <i>P.P.</i> | <i>68 20</i>  |        | <i>vac</i>                        | <i>16 79</i> |       |        | <i>30</i> | <i>110 39</i>    |          |            |
|                |             | <i>101 20</i> |        |                                   | <i>16 79</i> |       |        | <i>45</i> |                  |          |            |
| <i>Feb</i>     | <i>P.P.</i> | <i>30 80</i>  |        | <i>vac</i>                        |              |       |        | <i>15</i> | <i>126 19</i>    |          |            |
| <i>Mar</i>     | <i>P.P.</i> | <i>34 10</i>  |        | <i>vac</i>                        |              |       |        | <i>15</i> | <i>148 29 00</i> |          |            |
|                |             |               |        | <i>AR 77146 -</i>                 | <i>9 73</i>  |       |        |           | <i>138 56 00</i> |          |            |
|                |             | <i>64 90</i>  |        |                                   | <i>9 73</i>  |       |        | <i>30</i> |                  |          |            |
| <i>Apr</i>     | <i>P.P.</i> | <i>33</i>     |        | <i>vac</i>                        |              |       |        | <i>15</i> | <i>153 56</i>    |          |            |
|                |             |               |        | <i>AR 1061 10th Coy 4/4/19</i>    | <i>9 73</i>  |       |        |           | <i>143 83</i>    |          |            |
|                |             |               |        | <i>2348 5 10th Coy 4/5/19</i>     | <i>4 87</i>  |       |        |           | <i>138 96</i>    |          |            |
|                |             |               |        | <i>3458 14/5/19</i>               | <i>9 73</i>  |       |        |           | <i>129 23</i>    |          |            |
|                |             | <i>33</i>     |        |                                   | <i>24 33</i> |       |        | <i>15</i> |                  |          |            |

*10th leave 21/5/19*

|         |      |                 |  |  |          |                                      |
|---------|------|-----------------|--|--|----------|--------------------------------------|
| Dec-Jan | P.P. | 68 20<br>101 20 | 2615<br>6 a P                                    | 3/2/8 13 06<br>16 79                       | 30<br>45 | 7219<br>11039                        |
| Feb     | P.P. | 30 80           | 6 a P.   |  | 15       | 12619                                |
| Mar     | P.P. | 34 10<br>64 90  | 6 a P<br>HR 77146                                | 9 73<br>9 73                               | 15<br>30 | 148 29 a<br>138 56 a                 |
| Apr     | P.P. | 32<br>33        | 6 a P<br>HR 1061 Epeon<br>2348 5 10 4 73<br>3458 | 9/6/19 9 73<br>4/5/19 4 87<br>14/5/19 9 73 | 15<br>15 | 153 56<br>143 83<br>138 96<br>129 23 |

10 5 lean 21/5/19

# Separation and Assigned Pay Branch

C 14850  
885

Apr 1st 1918

13<sup>3</sup>-18

## OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### RATE OF ASSIGNMENT

|                         |  |  |  |
|-------------------------|--|--|--|
| 15 <sup>00</sup><br>100 |  |  |  |
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### PARTICULARS OF SEPARATION ALLOWANCE

No. **4040454**  
 Rank **PTE.** Promoted Reverted Discharge  
 Soldier's Name **JOHNNY CLEMENT**  
 Battalion **1<sup>st</sup> Depot Am 2<sup>nd</sup> Quebec Regt 2<sup>nd</sup> draft**  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name **JOSEPH CLEMENT,**  
 Address **ST. MAURICE, Co. CHAMP., QUE**  
 Change of Address  
 1 **JOSEPH CLEMENT,**  
 2 **ST. MAURICE,**  
 3 **CO. CHAMP., QUE. 15 15.00**  
 4 **% 4040454 PTE JOHNNY CLEMENT**  
**FIFTEEN DOLLARS**

| Date     | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|----------|------------|------------|------------|-------|---------|
| 1918     |            |            |            |       |         |
| APRIL    | M 8890     | -          | 15         | 15    | ✓       |
| MAY      | K 19699    | -          | 15         | 15    | ✓       |
| JUNE     | G 23639    | -          | 15         | 15    | ✓       |
| JULY     | T 33655    | -          | 15         | 15    | ✓       |
| Aug      | g 36815    | -          | 15         | 15    | ✓       |
| Sept     | g 45212    | -          | 15         | 15    | ✓       |
| Oct      | l 54413    | -          | 15         | 15    | ✓       |
| Nov      | 10 54395   | -          | 15         | 15    | ✓       |
| Dec      | M 68865    | -          | 15         | 15    | ✓       |
| JAN 1919 | J 74567    | -          | 15         | 15    | ✓       |
| FEB      | M 78678    | -          | 15         | 15    | ✓       |
| MAR      | H 85678    | -          | 15         | 15    | ✓       |
| APR      | J 4082     | -          | 15         | 15    | ✓       |
| MAY      | H 5039     | -          | 15         | 15    | ✓       |
| JUN      |            |            | 210        | 210   |         |

3296-845-

AUTHORITY FOR NEW ACCT.

M. F. W. 128  
400M-647-172-89-141  
L. L. 2520-M. & D. 7888.

A/c Closed 31-5-19  
 Ret'd per **Araguaya**  
 Date 30/5/19 M.F.W. 187 M.D. 4  
 Closed **J. Spanghar**  
 M.R.O. 117994-7

AUDITED

AUTHORITY FOR NEW ACCT.  
 M.R. M.D. 5 2/3  
 M. J. Beaudoin  
 2.4.18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|  |  |  |  |
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RATE OF ASSIGNMENT

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|--|--|--|--|

## PARTICULARS OF SEPARATION ALLOWANCE

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Eeneficiary \_\_\_\_\_

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.  
400M-517-1773 39-1141  
L. L. 22320-M. & D. 1993.