

REGIMENTAL DOCUMENTS

NAME

GLEMENTI LEONARD HENRY

REGT. NO. 3112628

UNIT

Ft. Belvoir, CO

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

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

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

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

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

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PARTICULARS OF CHARACTER (A.F.W. 3225)

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

DEATH

Category

24494

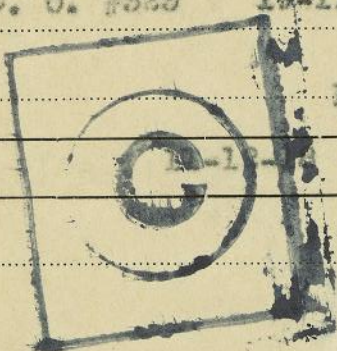
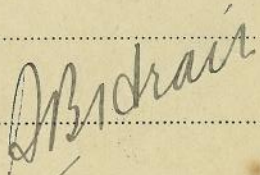
DISCHARGE

Category

Demobilization

DESERTION

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	3112628		
2. Rank.	Pte		
3. Name.	CLEMENTS, L.H.		
4. Unit.	1st Depot Bn. 2nd C.O.R.		
5. Date of Discharge		Place	Toronto
6. Reason for Discharge	Demobilization		
	Struck off strength on return to records of Registrar		
	28-12-18	Pt. 11. D. O. #323	19-11-18
			R.O. 977
7. Authority.	P.C. 3051		
8. Proposed Residence after Discharge			
			
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.		
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
	M. F. W.?		
	Signature of Soldier.		
10.	CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
	Place Toronto		
	Date 24-12-18		
	 LIEUT FOR MAJOR-MSA-DO (O. C. Discharging Unit.)		
	Signature		

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... <u>2</u>	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form..... <u>1</u>	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet..... <u>1</u>	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board..... <u>1</u>	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

✓

Surname Clement H. Q.
Christian names Leonard Henry M. D. No. 2
Regtl. No. 3112628 Rank Pte T. O. S. Oct. 31st 1918
Unit 2nd Can Ont Regt 1st Wp Bn D. O. Pt. II 305 of 1-11-18
Reason M. G. R. S. O. S. 28-12-1918
Auth. 480323 of 19-11-18 1/6 C. O. R.

Next of kin Clement William Relationship Father
Address Richmond Hill, Ont. Also notify:

BORN—Place Canada Maple Ont Date Dec 19th 1889
ATTESTED—Place Hamilton Ont Date Oct 31st 1918
O/S. R/C.

No. 2 M. D. 1st Depot Battalion 2nd C.O.R. Regiment

Regtl. No. 3112628

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname CLEMENT
2. Christian name Leonard Henry
3. Present address Maple, Ontario.
4. Military Service Act letter and number 788298
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth 19th December, 1889
6. Place of birth Maple, Ont.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Methodist
9. Trade or calling Cattle Dealer
10. Name of next-of-kin William Clement
11. Relationship of next-of-kin Father
12. Address of next-of-kin Richmond Hill Ontario
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No.
15. Medical Examination under Military Service Act :—
(a) Place Toronto, Ont. (b) Date 16th Nov. 1917 (c) Category "A-2"

DECLARATION OF RECRUIT

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

Leonard Henry Clement (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. 11 mths.
Height 5 ft. 3½ ins.
Chest measurement } fully expanded 38 ins.
range of expansion 4 ins.
Complexion Medium
Eyes Blue
Hair Medium.

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

Vision both eyes D30
Hearing Normal.

John O. C. 1st DEPOT BN., 2nd C.O.R. Depot Btl.

Regt.

Place Hamilton, Ontario Date 31st October, 1918.

M.S.A.

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

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

500M.—9.

H. Q. 1772-89-920.

Casualty Form—Active Service.

1st DEPOT BN., 2nd C. O. R.

Unit, Regiment or Corps

Regimental No.

Rank

Name

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

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				
		S.O. Saw transfer to R. of Registrar D.O. 323 19/11/18			

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

original
MILITARY SERVICE ACT, 1917.
M. S. A. No. 2
MEDICAL HISTORY SHEET.

1. Surname Clement Christian name Leonard Henry
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 788298
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) Maple, Ont.
The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the 16th. day of November 1917, by the undersigned medical board sitting at Toronto Ont.
5. Age as stated 27 Years 11 Months. 6. Apparent age Years Month
7. Height 5 Feet 3 1/2 Inches. 8. Weight 138 1/2 Pounds.
9. Chest measurement { Minimum 34 Ins. 10. Complexion Med. { Eyes Blue
Maximum 38 Ins. Hair Med.
11. Physical development Good { Good Fair Poor 12. Smallpox marks
13. Number of vaccination marks { Right arm 14. When vaccinated last
Left arm
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, Epilepsy
Tuberculosis, Syphilis
Nervous or Mental disorder. Asthma. We find no evidence of past { Rheumatism, Epilepsy
Tuberculosis, Syphilis
Nervous or Mental disorder. Asthma
(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2.

17. Nose & Throat normsl

(a) Vision. R. D30 L. D30

(b) Hearing. R. N L. N

President.

Member.

Member.

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

Joined 31 day of October 1918 at Hamilton Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st D.Bn</u>			
Transferred to	<u>2nd C.O.R.</u>	<u>3117628</u>		<u>31-10-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Hamilton Ont.</u>	<u>Nov. 2-18</u>	<u>Nervous symptoms due to sunstroke in summer 1918</u>	<u>E</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.

M. F. B. 313.

300M.—6-18.

1772-89-430.

CERTIFIED TRUE COPY

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

FOR:— LT.-COLONEL
O. C. Mobilization Centre
HAMILTON, ONT.

Signature of Man Leonard Henry Clement

Surname_____

[illegible]

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 Hamilton, Ont. DATE Nov. 11th, 1918

1. 1 (a) Unit 1/2 G.O.R. (b) Regimental No. 788298 (c) Rank Private

(d) Surname LEHANT (e) Christian name Leonard, Henry

(f) Home address Maple, Ont.

(g) Next of Kin Mrs. Jane Lehant (h) Relationship Mother

(i) Address of Next of Kin Richmond Hill, Ont.

2. Age last birthday 28 Date of birth Dec. 19th, 1890

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton, Ont. (b) Date Oct. 31-18

4. Personal description:

(a) Height 5' 3 1/2" (b) Weight 138 (c) Complexion Medium
(stripped)

(d) Colour of hair Black (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

small scar left side cheek.

5. Former trade or occupation Cattle-Buyer.

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
		<u>12</u>

	PERIODS	
	From	To
Canada <u>1/2 G.O.R.</u>	<u>Oct. 31-1918</u>	<u>Date.</u>
England		
France or other theatres of War		

7. Original disease, or injury Sunstroke.

(a) Date of origin existed enlistment (b) Place of origin Maple, Ont.

(c) Cause Excessive heat.

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.)

Nervous instability. Incapacity due to partial loss of function of nervous system.

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.)

SUBJECTIVE: Occasionally on exertion or on hot days he becomes dizzy, his head aches and his vision becomes impaired to the extent that objects appear to be blurred. These attacks in August and Sept. came on about three or four times a week. Since the onset of cold weather he has had only one ache severely. He also says he loses control of them.

OBJECTIVE: Knee jerks exaggerated. Elbow jerks much exaggerated. No anaesthesia.

- (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... as above Cardio-Vascular System... normal (If pulse rate is abnormal, R. P. will be taken.) Genito-Urinary System... normal (Albumen and Sugar will be excluded.)
Special Senses... normal Respiratory System... normal Integumentary System... normal
Disturbances of Mentality... none Digestive System... normal Muscular System... normal
Osseous and Joint Systems... normal Any other general condition... normal

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

In August he suffered a sunstroke. During which he was unconscious for three hours. Since then the above symptoms have been present.

- 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).)

NONE

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

NONE

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

YES

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

NO

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

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?

UNKNOWN

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

NONE

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

NO

16. Can the former trade or occupation be resumed?

YES

(If not, briefly state why)

17. Recommendations.

Th t he be discharged as physically unfit for further service.

H. McHally
Lieut.
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, Leonard Henry Clement 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

Leonard Henry 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.

We 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.)

Having been found 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 Hamilton.

DATE 12/11/18.

Lawrence G. G. G. G. President.
J. A. Dickson Maj. 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.....

APPROVED BY

APPROVED BY

Capt. H. H. H. H.
 Assistant Director of Medical Services.

Director-General of Medical Services.

DATE 18/11/18

DATE.....

Hamilton, Ont. *Nov. 17* 1918.

From- C.C. 1st Depot Bn, 2nd C.O.R.
Hamilton, Ont.

TO- A.D.M.S. M.D. #2.
Toronto, Ont.

REGIMENTAL NUMBER

3117 678

Clemente, Leonard Henry

The marginally noted man
has served continuously in the C.E.F. for
17 Days
and is therefore entitled to *no*
Post Discharge Pay.

D. Pye

.....Lt. & Asst Adjt.
For C.C. 1st Depot Bn, 2nd C.O.R.