REGIMENTAL DOCUMENTS GLENENT LEONARD HENRY REGT. NO. 3112 628. UNIT F Befot Br COM H. Q. FILE NO. M. F. W. 2505 CONTENTS TO WHOM FORWARDED DATE RECEIVED DATE FORWARDED NON-EFFECTIVE BY REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) CASUALTY FORM (M.F.W. 54 or A.F.B. 103) Category TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.S. 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) DISCHARGE DENTAL HISTORY SHEET (M.F.B. 465) Category MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) DESERTION LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3225) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

 $({\bf Demobilization.})$

1. No. 3112628
2 Rank.
3. Name. CLEMENTS, L.H.
4. Unit. let Depot Bn. 2nd O.O.R.
5 Date of Discharge Place
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.O. 5051
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
Date. 24-12-18
Madrau Mandrau
LIEUT FOR MAJOR-MSA-DO (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

	H. Q
\mathcal{O}	M. D. No. 2
Surname Clement	
Christian names Seonard Henry	D. O. Pt. II. 30.5. of 1-11-18
Regtl. No. 3 11 2 6 2 8 Rank Pte 1	S. O. S. 2812 19/87
Unit 2 nd Cen Ont Regt 1 at Doo 3	n Reason R to K
	Auth. 120 323 of 19-11-18 1/2 Col
Next of kin Clement- William Address Richmand Hill Ont	Relationship of ather
Address Richmond Hill Ont	Also notify:
/	
BORN-Place Canada maple Ont Dat ATTESTED-Place Hamilton Dat Dat	e Dec. 19th 1889
ATTESTED Place & amillion Dat Dat	e Det 31 St 1918
O/S	R/C
W. 22—100 _M ·7-18. 1772-39-839.	

Regtl. No. 3112 628

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

5. Date of birth	Maple, Ontario. Tamber 788298 der Proclamation, this fact should be stated, together	
4. Military Service Act letter and m (If man is defaulter, i.e., has not registered und) 5. Date of birth	number 788298 der Proclamation, this fact should be stated, togethe	
(If man is defaulter, i.e., has not registered und 5. Date of birth	der Proclamation, this fact should be stated, togethe	r with date of apprehension. or surrender)
	19th December. I	
6. Place of birth		1889
	Maple, Ont.	
7. Married, widower or 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 (ntario
13. Whether at present a member of	the Active Militia	
4. Particulars of previous military or	r naval service, if any).
I, Leonard Henry C	CLARATION OF RECRUIT CLEMENT true. The Henry Clement	
	RIPTION ON CALLING U	
Apparent age 27		
Height5		marks indicating con- gential peculiarities or
fully expanded		previous disease.
Cnest	on4 ins	
Complexion Medi		
EyesBlu		
HairMe	edium.	

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

M. F. W. 54. (A.) 500м.-9-H. Q. 1772-39-920.

Fill in only.—Unit, Number, Rank and Name. Casualty Form—Active Service.

		Unit, Regiment or Corps.	LTUI DIV., ZI	iu o. o.	
Regimen	ntal Nos3//	7628 Rank Ste. Nam	e Clemen	t	conard Henry
	. 31//1/	C. E.F.	16 Miss Ser	vice reckon	s from (a) 3 / 0 / 8 /
Date of pres	promotion to sent rank	Date of appointment to lance rank	nt}	Numer roll	of N. C. Os.
Extende	d	Re-engaged.	Qualification (b))(<i>W</i>	any reserve
	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as re-			Remarks taken from Army Form B. 213,
Date	From whom received	ported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Army Form A. 36, or other official documents
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	/	J.O. 323 19/11	118		
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	4				

	Report	Record of promotions, reductions, transfers,			Remarks
Date	From whom received	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	taken from Army Form B. 213, Army Form A. 36, or other official documents
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MEDICAL HISTORY SHEE

1. Sumples of prepare for exercise or claim for exemptions according to Postmaster's Page 19 Postmaster's Page 1	1. Sur	name C	lement	••••••	Christian	name	Leon	nard Henr	·y -	
3. Consecutive number on schedule of man reporting for service (if he appears) on 10 A. Address (including street) and number if any)	2. Nur	mber of repo	rt for service or claim	for exemption of	aconding to B	Ocetwo a stanta				
4. Address (including street) and number if any). The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the Add. A	3. Con	secutive nur	nber on schedule of me	en reporting for	service (if	he annears	.)			*
The following are accurate particulars with re ard to the above named man as ascertained by the medical board sitting at	4. Add	ress (includ	ing etmost)							3
medical examination on the Laths. day of Hovember 1917, by the undersigned medical board sitting at TOK. 91. 9. Oht. 1917. 5. Age as stated: 2.7 Years 11 Months. 8. Weight 136 1/2 Pounds. 7. Height 5. Feet 3.1/2 Inches. 8. Weight 136 1/2 Pounds. 9. Cheet measurement Maximum 34 Inc. Maximum 34 Inc. Maximum 34 Inc. Maximum 35 Inc. Maximum 36 Inc.	The fol	llowing are	e accurate particula	ars with re ar	d to the ab	ove name	ed man a	s ascertaine	l by the	3
S. Age as stated 2.7 Years 11 Months 6. Apparent age. Years. Month 7. Height 5. Feet 3. 1/2. Inches. 8. Weight 159. 1/2. Pounds. 9. Chest measurement Minimum 34. Ins. 10. Complexion 16. Med Hair 16. H	me	edical exar	mination on the	16th.	lay of	Novemb	er	1077	by the	79
5. Age as stated 2.7 Years 1.1 Months 6. Apparent age Years Month 7. Height 5. Peet 3.1 Inches 8. Weight 1.38 1.2 Pounds 9. Cheet measurement Maintum. 3.8 Ins. 10. Complesion 1.2 Smallpox marks 11. Physical development Good Fair 12. Smallpox marks 13. Number of vaccination marks 14. When vaccinated last 15. Distinctive marks and marks indicating congenital peculiarities or previous disease 15. Distinctive marks and marks indicating congenital peculiarities or previous disease 16. Slight defeeds but not small citizent to cause rejection 17. The man dentes having had for the control of	un	dersigned	medical board sitti	ng atTo	ronto	Ont.			, by the	Y
7. Height 5. Feet 3.1.6. Inches 9. Chest measurement Maximum 34. Ins. 10. Complexion ided Eye 10. 11. Physical development Good Fair 12. Smallpox marks From Left arm 14. When vaccinated last Poor 12. Smallpox marks Poor 13. Number of vaccination marks Left arm 14. When vaccinated last Poor 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 16. Suight develop but not semiliated to cause rejection Figure and Conscious Poor North State 14. When vaccinated last Poor 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 16. Suight develop but not semiliated to cause rejection Figure and Poor 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 17. Northware of Poor North State 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 18. Suight develop but not semiliated to cause rejection Figure 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 18. Suight develop but not semiliated to cause rejection Figure 15. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicating congenital poculiarities or previous disease 19. Distinctive marks and marks indicated and marks indic										K
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13. Number of vaccination marks Right arm			(Maximum38			n	L		led	7
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 Ebecamatism. Performance of Mental disorder. Additional previous disease. 17. We find Resource Additional Sphiliss Philippy (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 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) Hearing. President. Member. Member. Member. Date Result VACCINATIONS Date Heart APPLYPHOID INCOLLATIONS, EYC. M. O. M.	11. Phys	ical develop				12. Sm:	allpox mark			a a
15. Distinctive marks and marks indicating congenital peculiarities or previous disease. TITI 16. Slight defects but not sufficient to cause rejection The man denies having had filterantism. Endepsy New and Consecution of Part New and Consecution of P	13. Num	ber of vacci	nation marks{		14 7	When vacci	nated last		***************	8
16. Slight defects but not sufficient to cause rejection The man denies having had (Rhemmatien, Epilepsy Dubercoloses, Chervious or Mental disorder, Ashima, Strike out disease admitted or suspected) We have examined the above named man in accordances, with the C. E. F. Regulations for medical examinations, and he is placed in Category Member. Date Result VACCINATIONS Date Result ANTI-TYPHOID INCOULATIONS, Brc. M. O.	15. Disti	nctive mark			*******					2
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FIED TRUE C. Mobilizal	Hami	lton l	at . Nov. 2-10	due.	to sund	tiske	F	21300	Same.	0,130
N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Madical Sandard Company of the data process of th				in s	mmer	1918		1	Barrier de	No R
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N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Science and Army										0 1 0
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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.

1772-89-439.

Surname

14 THE STATE OF TH	Date of Arrival	i		2000	ES OF				Number of	Remarks on nature of the disease; how induced; if mild or severe; if com-	Signature of
STATION.	at the Station.	- 9	Admissio to Hospi	1		Discharg m Hospi		DISEASE.	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.	Medical Officer.
	Station	Day	Month	Year	Day	Month	Year	March 1 2 - 124	Liospiotal	appliances supplied. Particulars of prophylactic inoculations.	
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THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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	788298	Overline 1918
(d) Surname (e)		AND THE LIE STATE OF THE PARTY OF
(f) Home address.		
(g) Next of Kin Krs. John Lebons		
(i) Address of Next of Kin Richard Hill Ont	•	
2. Age last birthday	Date of birth Date 194	h. 2880
3. Enlistment, or Appointment (if an Officer) (a) Place		you bileval salt as H (4)
(a) Height	(c) Complex	ion
(d) Colour of hair (e) Colour of eyes 1.10	(f) Identification mar	ks, Scars, etc.
5. Former trade or occupation		
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).	A THE PROPERTY OF THE PARTY OF	Days 12
	PE	RIODS
	From	То
Canada 3/2 0.0.B.	et. 31-1918	Datw.
England.		
France or other theatres of War	200	
7. Original disease, or injury Sunstroke.		ACCUMENTAL CONTRACTOR
(a) Date of origin (b)		

TO BENEAU AND STATE OF THE STATE AND ADDRESS OF THE STATE
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 the third partial of the parts, for the partial organ or member, or of occupation.)
Reryons Instability. Indepedity due to partial loss of frantisment
and and contains the second of the property of
9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Import- 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective
SUBJECTIVE: Occasionally on exertion or on hot days he becomes dizny, his bead 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 section he has been only one ache gaverely. He also says he loses control of them.
OBJUCTIVEL Ence jarks exaggerated. Abow herks much exaggerated. No encestheria.
STATION ACCESSED AND ACCESSED ACCESSED AND ACCESSED ACCESSED AND ACCESSED AC
Fill (a) Unit Marchaella (b) Regimental North Marchaell
(d) Springer (\$250.00 m) (e) (i) (historia (\$250.00 m) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
(4) Rome Address Agents
West of Kin Letter March Control of the Control of
(i) Address of Next of Kin. 1922) and Market State Law .
The policy of th
(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
Special Senses
Disturbances of MentalityDigestive SystemMuscular SystemMuscular System
Osseous and Joint SystemsAny other general condition
The state of the s
10. (a) History (of the condition referred to in Section 9 (a).)
for three hours. Since then the above symptoms have been present.
The control of the co

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered example to or since enlistment, and not included in Section 10 (a).)
BUES
(c) (Here give a description of wounds, scar. and deformities.
11.—(a) Did the disabling condition have its origin before enlistment?
(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 conduction at time of enactment.)
(S) (Signal (R)) solves leting the fact that (S)
12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable
The state of the s
refusal to accept treatment? The regimental documents will be referred to. In answering
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?
H. It is recommended that the invalid be discharged. (When no lordstare are addensed also comparid about 1982)
14. Treatment (Case reports, general or special, should be secured and attached where possible.)
thiseld of the to being anomality and been live brack house. And to instance and any anomality and a subject to
to the parties is indicated, well initial the statement. If, as a result of the cring of the contract Scale and the contract of the contract o
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 CONTRACTOR OF THE PROPERTY
Seekland Comment of the Comment of t
16. Can the former trade or occupation be resumed?
(If not, briefly state why)
17. Recommendations
17. Recommendations. The be discharged as physically unfit for further service.
All the matery and to state that businesses were the control of the treatment of the treatment which
1 melally month
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 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
VA TRIVOSTIVA
3 nen
Leonard Henry Clement Rank. Signature of invalid examined.
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, number of the answer criticised.	quoting the
We sonsur.	
	ananyaanana
A CONTRACT OF THE PROPERTY OF	
The state of the s	not trades
19. Is the invalid fit for (a) General service, (b) Service abroad, not general service, (c) Home service (Canada only), (d) Temporarily unfit. (e) Unfit for service in Categories A, B and C (Category A) (Yes or No.) ("B) (Yes or No.) ("C) (Yes or No.) ("D) (Yes or No.)	b odrawy.
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.)	refusal i
(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.)	What is a
21. It is recommended that the invalid be discharged. (When not for discharge add special recommended)	lation.)
Having been found medically unfit for service.	aomina(1A
Before signing the President of the Medical Board will read the statement signed by and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the in no change is indicated, will initial the statement. If, as a result of differing opinions regarding 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previous	valid and if
remarks of the Medical Board will be added here.	ously made,
remarks of the Medical Board will be added here.	ously made,
Parameter of the Medical Board will be added here.	ously made,
remarks of the Medical Board will be added here.	ously made,
Parameter of the Medical Board will be added here.	Ously made,
remarks of the Medical Board will be added here.	ously made,
Place Hamiltone Place Hamiltone Place Hamiltone	Ously made,
PLACE Hamilton. DATE 12/11/18.	President.
PLACE Hamilton TO BE COMPLETED WHEN TREATMENT IS REFUSED I, the undersigned understand the nature of the treat it is recommended that I should undergo and refuse to accept it. Witness Signed	President. Members
Place. Hamilton. Date. 12/11/18. TO BE COMPLETED WHEN TREATMENT IS REFUSED I, the undersigned	President. Members
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PLACE. Hamiltone. TO BE COMPLETED WHEN TREATMENT IS REFUSED I, the undersigned	President. Members
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From- C.C. 1st Depot B n, 2nd C.O.R. Hamilt on, Ont.

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

REGIMENTAL NUMBER

3117 678

Elemente, Leonard Henry

has served continuousely in the C.E.F. for

and is therefore entitled to 200 Post Discharge Pay.

Por O.C. 1st Depot Bn, 2nd C.O.R.