

REGIMENTAL DOCUMENTS

NAME

CLEMENT

Medard K6

REGT. NO.

258 347

UNIT

10th Res Bn

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)

MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

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

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

Dental Cert

Y. D. Record

Form C.D. 3

M.F.W. 67

Record

R149

R122

15-7-19

M

H

24502

DEATH

Category

DISCHARGE

Category

Demob

DESERTION

41-17
10-17
5-17

T

M6A

Number

258347

Ranks

Pte

Surname

CLEMENT

Christian Name

Medard

Units

SR

Theatre of War

England

Date of Service

3-4-18

Remarks

Latest Address

Big River

Sask.

Roll No.

A page 5009

200m.-6-21...

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



H M T-OAROTIA
SAILING, T. 84
Embarked 25, 6, 19.1

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Dispersal Area " E "
Service Group 31
Occupational Group 7

W.S.B. Class

1. No. 258347

2 Rank. Pte.

3. Name. CLEMENT, Medard.

4. Unit. 10th. Canadian Reserve Battalion. Quebec Regt.

5 Date of Discharge JUL 4 1919

Place 1st Sask Dept Batt
Quebec

6 Reason for Discharge DEMOBILIZATION.

12-12-18
Cat. A
Farm Labores
N. A. Father
Religious R.C.
R. O 1420
Demobilization

7. Authority. Paid up order # 186 JUL 4 1919

8. Proposed Residence after Discharge Transportation to

Big River, Sask. Canada.

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. 39

Clement M
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Quebec

Date JUL 4 1919

Major
Commanding Dispersal Station E.

Signature (O. C. Discharging Unit.)

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.V.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in sealed envelope (P60M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
and Clothing
12. Last Pay Certificate (P.851).
13. Pay Book (A.F.B. 4).
14. War Service Certificate (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No. 21.....

.....

Date 10-6-19.....

4507E
Page 6

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

REGT. No. 258347

M. OR S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

PLACE

QUEB

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

BALANCE
FROM
PREVIOUS
ACCOUNT

MONTH

PAY AND F.A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

NO.
OF
DAYS

RATE

AMOUNT

\$ C.

\$ C.

\$ C.

\$ C.

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

\$ C.

\$ C.

\$ C.

NO. DATE

NO. DATE

NO. DATE

\$ C.

\$ C.

\$ C.

\$ C.

\$ C.

\$ C.

July 1

10

1¹⁰

11 00

70 00

35 00

116 00

262 73

262 73

197 68

5 00

487 368 96

WSG S.A.

70 -

70 -

6 60

122 days minus

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

280 -

PAYMASTER

REGT. NO. 258347 RANK PTE. NAME (IN FULL) CLEMENT MEDARD.
ORIGINAL UNIT _____ IF IN P.F. _____ (BLOCK LETTERS SURNAME FIRST)

PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P.F.	(BLOCK LETTERS SURNAME FIRST)	
			C.E.F.	WHAT UNIT?		
			1st SASK DR. BN			
			PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			DATE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
			ASSIGNED PAY \$	DATE EFFECTIVE		
			PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
			ADDRESS			
			STOP PAYMENT FORM	EFFECTIVE		
			ASSIGNED PAY			
			RENDERED, DATE			
			DISCHARGED	PLACE	DATE	REASON
				QUEBEC	4-7-19	DEMOR.
						AUTHORITY
						IF ENTITLED TO POST DISCHARGE PAY

[illegible]

Address.
Big River.
Sask.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 258347 (Rank) Pte.

Name (in full) CLEMENT, Medard. enlisted in
the 1st. Depot Battalion Sask. Regt.

CANADIAN EXPEDITIONARY FORCE at Regina, Sask. on the 16th.
day of February 19 18.

HE served in England with 15th. and 10th. Canadian Reserve Battn.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

Part 11 Orders 185 of JUL 4 1919 *Demobilization R O 1420 (10) of 12-12-18*

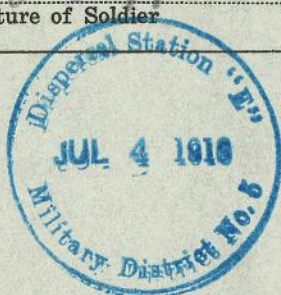
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 32 Years
Height 5ft. 5½in.
Complexion Dark
Eyes Brown
Hair Black

Marks or Scars _____

Clement M
Signature of Soldier

Date of Discharge



J. D. Le Moine
Issuing Officer

Major
Commanding Dispersal Station E.

Rank

Date *JUL 4 1919* 19

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

TLE Rank Name CLEMENT, Medard
 Unit 3rd Dft. 1st Bn SASK What Unit? If in perm. Corps, }
 Place and Date of Enlistment Regina, 16th. Febry. 1918
 Name and Address, Next-of-Kin Celestin Clement,
 St. George de Windsor, Que.
 Relationship Father
 Reg'l No. 258347
 Married or Single Single
 Place of Birth Windsor Mills,
 Que

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		3-4-18	S/S MISSANABIE
9, 4, 18	13 Res T.O.S. FROM Canada		4.4.18.	Pt II O 99	
28-5-18	15 th Res SOS on trans to 10 th Res Bn		Pt B'shott	25-5-18	Pt I 148. DO #1262/30.5-18 10 Res
24 6 19	10 Res SOS to Canada S/84		Pt B'shott	25-6-19	DO 147
S.L.84 D.D.4507E/25-6-19					

Jack

[illegible]

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REG'T'L. NO.

H. Q. FILE NO 649

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6232-1 C256-1	loan Spec. H Witley Camp Surrey Discharged	3 ⁶ / ₈ 1-7-18	V.D.S " " " "
------------------	---	---	------------------

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

CLEMENT

M.

258347.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Q. 10R.

HOSPITAL

DATE OF ADMISSION

Can. Spec. Witley.

3-6-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V.D.S.

1.

2.

3.

DISPOSITION

Dec. 17.18

DATE

CL. 6-6-18. C232.

REMARKS

5. 7.18 @ 256-1

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

M.S.A.

SURNAME.

Clement

CHRISTIAN NAMES

Medard.

REGL. NO.

258347.

RANK

pte.

UNIT

Sask. Regt. 1st. Hq. Bn.

FORMER CORPS

nil.

12

CARD NO.

6-5

FOLL.

Y.O.S. Feb. 15th 1918
V.O. Pt. II No. 46

NEXT OF KIN.

NAMES IN FULL

Clement Celestin

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

St. George de Windsor P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Windsor Mills

P.Q. DATE

Dec. 3rd. 1886.

PLACE OF ATTESTATION

Regina

Sask.

DATE

Feb. 16th. 1918.

Q/S. 25-3-18. $\frac{566}{3}$

R/L 2-7-19 $\frac{360}{104}$ P6

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

12

M. D.

First

Depot Battalion

Last

Regiment

Regtl. No. 258347

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class *Ord.*)

1. Surname..... *Clement*
 2. Christian name..... *Medard*
 3. Present address..... *Big River, Sask*
 4. Military Service Act letter and number..... *L.C. 988536*
 5. Date of birth..... *Dec. 3rd 1886*
 6. Place of birth..... *Windsor Mills, Que.*
 (town, township or county and country)
 7. Married, widower or single..... *Single*
 8. Religion..... *Roman Catholic*
 9. Trade or calling..... *Farm hand*
 10. Name of next-of-kin..... *Celestin Clement*
 11. Relationship of next-of-kin..... *Father*
 12. Address of next-of-kin..... *St George de Windsor, Que*
 13. Whether at present a member of the Active Militia..... *No*
 14. Particulars of previous military or naval service, if any..... *None*
 15. Medical Examination under Military Service Act:—
 (a) Place..... *Trincomalee* (b) Date..... *Nov. 29th 1917* (c) Category..... *A2*

DECLARATION OF RECRUIT

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

Medard Clement

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *30* yrs. *11* mths.
 Height..... *5* ft. *5 1/2* ins.
 Chest } fully expanded..... *36* ins.
 measurement } range of expansion..... *4* ins.
 Complexion..... *Dark*
 Eyes..... *Brown*
 Hair..... *Black*

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

H. P. Prime
 O. C. *First* Depot Btl. *Sask* Regt.
 Place..... *Regina, Sask* Date..... *16/2/18*

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

Casualty Form—Active Service.

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

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 1st Dragoon Battalion Sask Regt
Regimental No. 25-8347 Rank Private Name Clement Medard
Enlisted (a) 16-2-18 Terms of Service (a) DURATION OF WAR Service reckons from (a) 16-2-18
Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }
Extended. Re-engaged. Qualification Military Hil.

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				
		<u>Embarked Canada</u>		<u>24/3/18</u>	<u>H.M.T. Minersalvi</u>
		<u>Arrived England</u>		<u>3/4/18</u>	
<u>APR 9 1918</u>		<u>Taken on the Strength of the 15th Can Res Batta.</u>	<u>BRAMSHOTT.</u>	<u>4 APR 1918</u>	<u>PART II. DAILY ORDERS No. 99...</u>
<u>MAY 28 1918</u>	<u>O.C. 15th RES. BN.</u>	<u>STRUCK OFF STRENGTH TO 10th Res. Bn.</u>	<u>BRAMSHOTT.</u>	<u>25.5.18</u>	<u>PART II. DAILY ORDERS No. 148...</u> <u>ADJUTANT, 15th RESERVE BATTALION</u>
<u>30.5.18</u>	<u>O.C. 10th Can. Res. Bn.</u>	<u>Transferred to 15th Res Bn</u>	<u>B'shott</u>	<u>25.5.18</u>	<u>D.O.P. II 126</u>
<u>24/6/19</u>	<u>O.C. 10th Can. Res. Bn.</u>	<u>Struck Off Strength on proceeding to Canada</u>	<u>Ripon</u>	<u>25/6/19</u>	<u>D.O.P. II. 147</u> <u>Lieut. Asst. Adjutant, 10th Canadian Reserve Battalion.</u>

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

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				

JUL 4 1918

DISPERSED WITH EFFECT

PART II ORDER No. 185 JUL 4 1918

Demobilization R O 1420 (16) of 12-12-18

J. LeMoin
Major
Commanding Dispersal Station E.

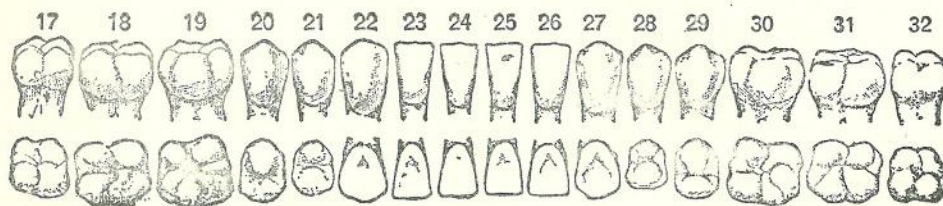
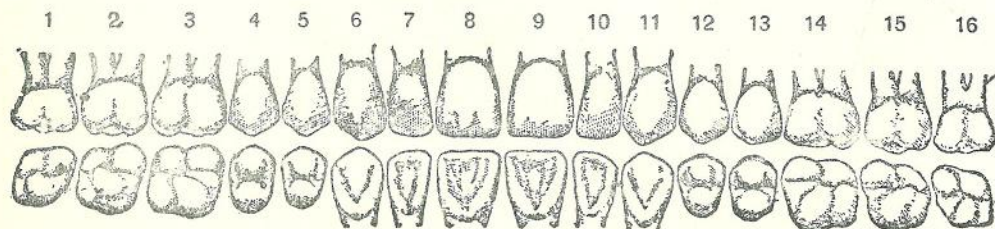
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ELEMENT M.
 REGIMENT 10th Res RANK plc No. 258347.

Date of Examination in England _____ Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 3, 7, 9, 10,

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES _____

(a) Full Upper _____

(b) Part Upper _____

(c) Full Lower _____

(d) Part Lower _____

*This is to certify that the Dental
 Treatment to be completed as shown
 here has been transferred to M. F. B.
 484.*

*Capt.
 O I/O Dental Discharge D. D. 5*

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 _____

Signature of Dental Officers

Ch. Thompson Cpl

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

[illegible]

MILITARY SERVICE ACT, 1917.

258347

MEDICAL HISTORY SHEET.

ORIGINAL

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

- Surname Clement Christian name Medard
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 988536 L.C
- Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) Big River, Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of Nov. 1917, by the undersigned medical board sitting at Prince Albert.

- Age as stated 30 Years 11 Months.
- Apparent age 30 Years 0 Months
- Height 6 Feet 5 1/2 Inches.
- Weight 140 Pounds.
- Chest measurement { Minimum 32 Ins. Maximum 36 Ins.
- Complexion Dark. { Eyes Brown Hair Black
- Physical development. good { Good Fair Poor
- Smallpox marks 00
- Number of vaccination marks { Right arm 0 Left arm 1
- When vaccinated last infancy
- 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

A²

- (a) Vision R. D 30 L. D 30
- (b) Hearing. R. 20' L. 20'

R.D. German capt. med. resident.

R.L. King Lieut. Member.

Schulze Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/2/18</u>	<u>+</u>	<u>Wannershall</u> M.O.	<u>22/2/18</u>	<u>+</u>	<u>Wannershall</u> M.O.
		M.O.	<u>28/4/18</u>	<u>+</u>	<u>Wannershall</u> M.O.
		M.O.	<u>4/3/18</u>	<u>+</u>	M.O.

Joined 16th day of Feb. 1918 at Regina 4 cos.

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to {	<u>1st Depot Batt.</u> <u>Sask. Regt.</u> <u>15th Canadian Res. Batta</u>	<u>258347</u>		<u>16/2/18</u> <u>4 APR 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

Signature of Man Medard Clement

Christian Name:

Cement

Christian Name:

Cement

[illegible]

10th CANADIAN RESERVE BATTALION

Branshott, Hants,
2-6-1918.

No. 251347

Rank Private

Name Clements W.

I hereby certify I have examined the marginally
listed MAN
noted ~~not~~ and placed him in Category... D. III.....

Previous Category... A. 2.....

J. J. Lewis

Capt. C. A. H. C.
M. O. 10th Can. Reserve Battalion.

INSTRUCTIONS

the condition of patient's mouth to be marked on

the record of same to be made in red ink.

to be made on this sheet as will show :

Examination on examination (in red).

Examination on leaving Canada.

Examination on discharge.

OPERATOR	Military Dist.	REMARKS

NOMINAL ROLL OF 4 OTHER RANKS NOT TRANSFERRED
FROM 69th BATTALION C.E.F. to THE 22nd BATTALION, 5th BRIGADE
2nd CANADIAN DIVISION, CEF. BUT SHOWN AS TRANSFERRED ON NOMINAL
ROLL FURNISHED ON THE 27th ~~1916~~ OF AUGUST 1916.

No.	Rank and Name	Occupation	Former service	Medically & Physically fit	suffering from venere- real, contagious, in- fectious or skin disease.	Inocu- lation	Vaccination
448484	Pte Albert G.	Farmer	Nil	Yes	No	Yes	Yes
416634	" Poirier D.	Labourer	nil	Yes	No	Yes	Yes
449152	" Fournier G.	Labourer	Nil	Yes	No	Yes	Yes
448800	" Aube G.	Farmer	Nil	Yes	No	Yes	Yes.

Upper Libgate Aug. 28th 1916
Capt. CAMC.

Lieut. Colonel.
O.C. 69th Batt n C.E.F.

VENEREAL DISEASE RECORD.

Date 2-6-18

R. S. No. 258347 Rank Pte Name Clement M
 Unit 10th Can Res Bn Area Bramshott
 Diagnosis V.D. H.S. Date and Area of Exposure Bramshott 25-5-18

Details of early treatment:- Type Nil

Interval after exposure (days) Nil

Place London

Description of alleged infected prostitute:-

(1) Name Unknown
 (2) Address no
 (3) Height no (4) Figure Not applicable
 (5) Complexion no (6) Hair no
 (7) Eyes no (8) Dress no

(9) Habitat London

(10) Companion no

I certify that I can identify the above described suspected prostitute.

Signature of soldier Clement M

I on leave, reason for same Sending Leave

Date of Discharge 17-5-18 till 23-5-18

Date of Visit Nil

REMARKS.

This man was transferred from the 10th Reserve Bn on the 29-5-18

D.L.S. B. 9
 20-10-17 (300)

Signature of Medical Officer

Capt. C.A.M.C.

M.O. 10th Can. Res. Batta.

1036-18

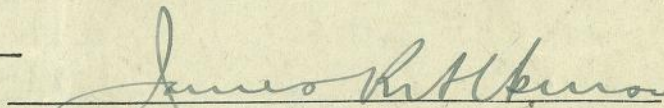
Army Form I. 1239.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
10 Can Regt.	D.	258347	Pte Clements	2-6-18
				REMARKS
4-11-18 in Hy 11-7- in Hy 18-7- in Hy 25-7- in Hy 7-8- none				ok wd

To MO

Station and date _____



The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease. (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
104th Can Res.	D.	258347	Pvt Clements M.	
6-6-18	116	Ny	OK	
13-6-18	116	Ny	OK	
20-6-18	116	Ny	OK	
27-		Ny	OK	
4-7-18	116	Ny	OK	
11-7-18	116	Ny	OK	
18-7-18	116	Ny	OK	
25-7-18	116	Ny	OK	
31-7-18	mass			

REMARKS

To Patient.

Station and date

The Officer who places the man under surveillance will prepare this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will have the surveillance of the man. When any circumstances arise likely to interfere with the regular attendance of men on the continued treatment list, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officer will apprise the Medical Officer of the fact.

* When cases are transferred Medical Officers will be careful to insert the date on which the case was first placed on a syphilis register, irrespective of the number of registers the case may have passed through.

51

Particulars of case for which wasserman test is required.

The particulars below are required for statistical purposes, and future reference. Unless these are furnished the Test will not be carried out.

Name. *Clementi, M. Rtd* Rank. *Rtd* Reg. No. *258347*
Unit. *1st Can Rec Co*
Diagnosis (if syphilis) what stage. *Syphilitic Course*
Date of first sore. *2-6-18* T. Palladium found, date and place.
Secondaries, if any. Date.
Other symptoms. Date.
Treatment: Arosenical preparation employed. *606*
Total dosage. No. of injections. *7*
Mercurial preparation employed.
Date of last. *25-7-18*
Total dosage. No. of injections. *8*
Date of last. *25-7-18*
Other treatment.
Previous Wassermann's. Date. *25-6-18* Result. *Positive + + X*
Where performed. *Can Spec Work Witley*
Station and date. *Bdham 19-8-18* Signature. *Scoble Capt Camp*
Result of test (original Wassermann) Quarter System. **WASSERMANN**
NEGATIVE
Date. Serial No. Result.
Remarks.

No. 1 Canadian Mobile Laboratory,
Witley Camp.

10 Res

Wassermann
for 100
LABORATORY.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 258347 Rank Pte. Surname CLEMENT,
(Given name in full)
Medard.

Unit or Corps 10th. Can. Res. Bn. Birthplace Windsor Mill, P.Q.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 5 1/2 ft. Colour of Eyes Brown
Nutrition Good
Pulse 68
Condition of arteries Good
Vision Rt. 4/6 Left 4/6
Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

None

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of Mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

AD. 18 - 1-7-18

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Repsen (Overseas)

Date 13. 1. 19 Signed T. E. Curlett M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Medward Clement

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at QUEBEC, P.Q. (Canada)

Date JUL 3 1919 Signed T. E. Curlett M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

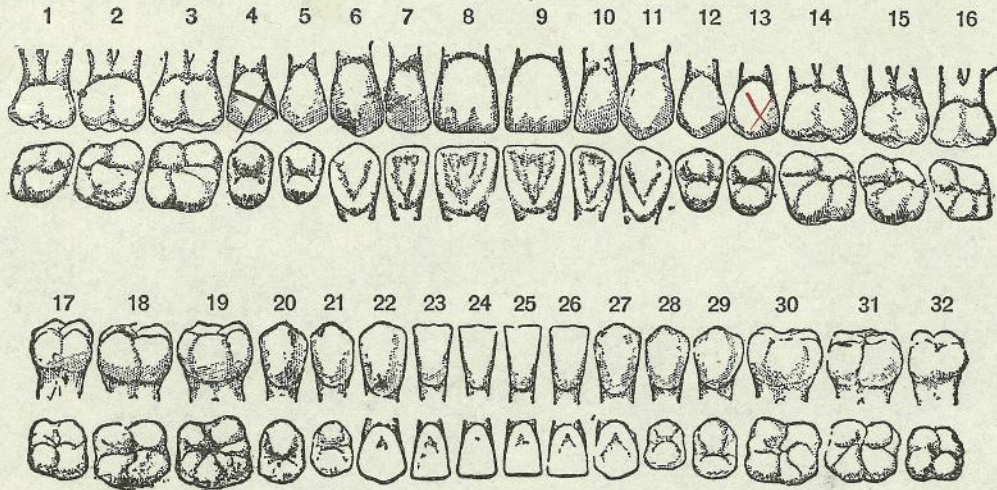
Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *12*NAME OF SOLDIER *G. Clement*REGIMENT *1st Sask. Dragoon Bn.*RANK *Pvt.*No. *258347*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.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoes	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
Condition on first Examination	<i>1918</i>										<i>1/13</i>											<i>Cond. 1, 2, 31.</i>
	<i>Feb 28</i>																			<i>Capt. Robertson 12</i>	<i>6 x 4.</i>	
	<i>Jul 28</i>										<i>1/4</i>									<i>Capt. J. Robertson</i>	<i>1, 2</i>	

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*
Sask Regt.

(2) Regimental Number..... *258347*

(3) Full Name of Soldier..... *Clement*
Medard

(4) Place of Birth..... *Windsor Mills*
Quebec
Pingle.

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

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

(b) Present Postal Address.....

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

(8) Have you any children?.....
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive? *Yes. Celestin Clement*
If so, state name and address *St-George de Windsor Que.*

(10) Is your Mother alive? *Yes.*
If so, state name and address *Deliane Clement*
St-George de Windsor Que

(11) If your Mother is a widow.....
Are you her sole support, or not? *No.*

(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.

(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.

(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.

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 *1/6/2/18*

H. J. Dinnie Major
for Officer Commanding.
1st Depot Bn

MILITARY SERVICE ACT, 1917.

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 Mydard

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 988536 L-C

3. Consecutive number on schedule of men reporting for service (if he appears on it) _____

4. Address (including street and number, if any) Big River Sask

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of November 1917, by the undersigned medical board sitting at Prince Albert, Sask.

5. Age as stated 30 Years 11 Months. 6. Apparent age 31 Years _____ Months

7. Height 5 Feet 5½ Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 32 Ins. 10. Complexion dark { Eyes brown
Maximum 36 Ins. { Hair black

11. Physical development good { Good Fair Poor 12. Smallpox marks 00

13. Number of vaccination marks { Right arm 00
Left arm 1 14. When vaccinated last infancy

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 V. R. eye D 30
L. eye D 30
H. R. ear 20ft
L. ear 20ft
(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"

R. D. German Captain
President.

B. L. King Member.

J. C. Clushohn Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>22/2/18</u>	<u>+</u>	<u>Wannerschald</u> M.O.	<u>22/2/18</u>	<u>+</u>	M.O.
		M.O.	<u>28/2/18</u>	<u>+</u>	<u>Wannerschald</u> M.O.
		M.O.	<u>6/3/18</u>	<u>+</u>	M.O.

Joined 16 day of February 1918 at Regina

CORPS	REG'TE NUMBER	HABITS	DATE
<u>1st Dep'ty Bn Sask Regt.</u>	<u>258347</u>		<u>16/2/18 #4 Coy.</u>
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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.

Signature of Man Mydard Clement

midland

Christian Name.

Surname.

[illegible]