REGIMENTAL DOCUMENTS

NAME ALLAIRE LEONIDAS REGT. NO. 3291377 UNIT 1st Hqs Emp. Que. Regt. H.Q. FILE NO. 4635

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M 26 3/9				DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	MLC 565					
1						

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 27 1919
1/2 Q.R.

This is to Certify that No. 3291277 (Rank) Private

Name (in full) ALLAIRE Leonidas enlisted in

the 1st/2nd Quebec Regiment,

CANADIAN EXPEDITIONARY FORCE at Quebec on the 16th

day of August 1918. 19

HE served in

and is now discharged from the service by reason of DEMOBILIZATION

P.O. 1357 of 25-11-18 P.C. 2865 D.O. PART II 48

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

Age 28 years 6 months	Marks or Scars
Height 5 feet 4½ inches	
Complexion Medium	
Eyes Bleu	NIL
Hair Brown	

Léonidas allaire
Signature of Soldier

LT.-COL.
Issuing Officer
1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Rank

Appointment

Date of Discharge 15-2-19

Signed at DRILL HALL Quebec this 15th day of February 1919 19

in Military District No. 5

File Reference No. 1-A-101

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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 .....

.....

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

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

.....
Name of Officer

.....
Rank

.....
Appointment

MOBILIZATION CENTRE M. D. 5

5th M. D. First Depot Battalion Second Quebec Regiment

Regtl. No. 3291277

REGISTRY OFFICE 1/2 QUEBEC REGT. FEB 8 1919 1/2 R 1-A-101

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: Allaire,
2. Christian name: Leonidas
3. Present address: 162 Dollard Street, Quebec, P.Q. Canada
4. Military Service Act letter and number: 230907 EC
5. Date of birth: August 25th, 1890
6. Place of birth (town, township or county and country): Quebec, P.Q. Canada
7. Married, widower or single: Married
8. Religion: Roman Catholic
9. Trade or calling: Carter
10. Name of next-of-kin: Almanda Rood Allaire,
11. Relationship of next-of-kin: Wife,
12. Address of next-of-kin: 162 Dollard Street, Quebec, 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 Drill Hall Quebec (b) Date 17 8 18 (c) Category A2

DECLARATION OF RECRUIT

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

Leonidas Allaire (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. 11 mths.

Height 5 ft. 4½ ins.

Chest measurement: fully expanded 34½ ins.; range of expansion 3½ ins.

Complexion: Medium

Eyes: Blue

Hair: Brown

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

Old fracture of tip of coccyx

M.S.A.

O. C. Raymond Fauvrelt Depot Btln.

O. C. MOBILIZATION CENTRE M. D. 5

Regt.

Place Quebec Date 18 8 18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

M. D. 5

26

Regimental No. 3391277 Rank Pte Name ALLAIRE Leon
(Surname first)

Unit 1st/2nd Que. Reg. who was* Discharged

On 15-2-19 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ..... to ..... 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay ..... days at $..... c.		
Field Allowance ..... days at $..... c.		
Separation Allowance		
Clothing Allowance — nil		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No.		
Total		

*Give particulars.

A monthly stoppage of $..... (†) has ..... (‡) been paid on account of

Assigned Pay for the month of ..... 191..... nil
and Separation Allce. for month of ..... 191..... } (to) Assignee .....

(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 18-8-18 married or single single

(2) Separation Allowance, entitled or not ..... (3) Reason for discharge Demobil;

(4) Authority for discharge or transfer Bn. O. 48

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 15-2-19

Place Quebec, P.Q.

Lieut.
Paymaster.
1st/2nd Que. Reg.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) 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.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....

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. 3291277 Rank Pte Surname Allaire
(Given name in full) Leonidas

Unit or Corps 1/2Quebec Regt Birthplace Quebec

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

1. GENERAL DESCRIPTION:

Physique Good Weight 115 lbs. Height 5' 4½" ft. in. Colour of Eyes Blue

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. OK Left OK

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

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

Vacc mark left arm

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 Sytem 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.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Quebec (Canada)

Date 15/2/19 Signed .....M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1083 (D.P.) 500M-11-18.
1772-39-1142.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Allaire. Leonidas. DISTRICT 5

REGIMENT ..... RANK ..... No. 3291277

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Aug 21. 1918											10 / 3.4.13 / 14.17.18 / 19.30.31 / 32									N J Vetal Pound	5 Cap	Ext. 4.
Aug 21. 1918											1 / 4											

M.F.B. 465.
200M.—6-18.
1772-39-950.

Sujet 102

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

3291277

FEUILLE MÉDICALE

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

1. Nom de famille: Allaire — Nom de baptême: Leonidas
2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste: 230907 E.C.
3. Numéro consécutif de la liste des déclarations (s'il y apparait):
4. Adresse (y compris la rue et le numéro s'il en existe): 162 rue Dollard St Sauveur Quebec

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 17 jour de Janvier 1917, par le bureau médical soussigné siégeant à Quebec Quebec

5. Âge affirmé: 27 ans 11 mois.
6. Âge apparent: 28 ans mois.
7. Hauteur: 5 Pieds 4½ pouces.
8. Poids: 115 livres.
9. Mesure de poitrine: Minimum 31 pouces; Maximum 34½ pouces
10. Couleur: medium — Yeux: Bleu; Cheveux: Brun
11. Développement physique: fair (Bon / Moyen / Pauvre)
12. Marques de vérole: nil
13. Nombre de vaccinations: Bras droit 1; Bras gauche —
14. Dernière vaccination: Quelques
15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure:
16. Défauts légers insuffisants pour l'exemption: Old fracture of tip of Coccyx

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

(Rayez la maladie admise ou soupçonnée.)

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

eyesight 20/20 hearing OK

Signature de l'homme Leonidas Allaire

Président.

Membre — *Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
20-8-18		xc Cam Capt. O.M.	20-8-18	xcc	O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le 17 *jour de* Janvier *191* 5 *à* Quebec

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé				17/1/15
Transféré à				

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat
Quebec Tur discharge	15/2/19	Ind. a ii	Beat the lays

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

Nom de famille Allaire Nom de baptême

QUARTIER	Date de l'arrivée au quartier	Dates de l'Admission à l'hôpital			Dates de Sortie de l'hôpital			MALADIE	Nombre de jours à l'Hôpital	Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques.	Signature de l'officier médical
		Jour	Mois	An	Jour	Mois	An				

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Btln. 2nd. Quebec Regiment

Regimental No. 3291277 Rank Private Name Allaire, Leonidas

Enlisted (a) 16-8-18 Terms of Service (a) C. E. F. Can. Exp. Force Service reckons from (a) 17-8-18

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) Carter

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				
15-2-19		DISCHARGED UNDER R.O. A1357 of 25-11-18 P.C. 2865 D.O. PART II 48	Quebec	15-2-19	

DEMOBILIZATION

1st DEPOT BATTALION 2nd QUEBEC REGIMENT.

Adjutant.

Officier i/c R. & S.

(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				

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

Co

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 27 1919
1/2 Q. R.

1. No. 3291377

2 Rank. Private

3. Name. ALLAIRE Leonidas

4. Unit. 1st/2nd Quebec Regiment,

5 Date of Discharge 15-2-19 Place DRILL HALL Quebec

6 Reason for Discharge DEMOBILIZATION

7. Authority. R.O. 1357 of 25-11-18 P.C. 2865 D.O. PART II 48

8. Proposed Residence after Discharge

162 Dollard St

QUEBEC Q.Q.

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

Léonidas Allair

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place DRILL HALL Quebec

Date 15-2-19

Signature [signature] LT.-COL.
1st DEPOT BATTALION 2nd QUEBEC REGIMENT
(B.C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.