

REGIMENTAL DOCUMENTS

NAME

Caron Lorenzo

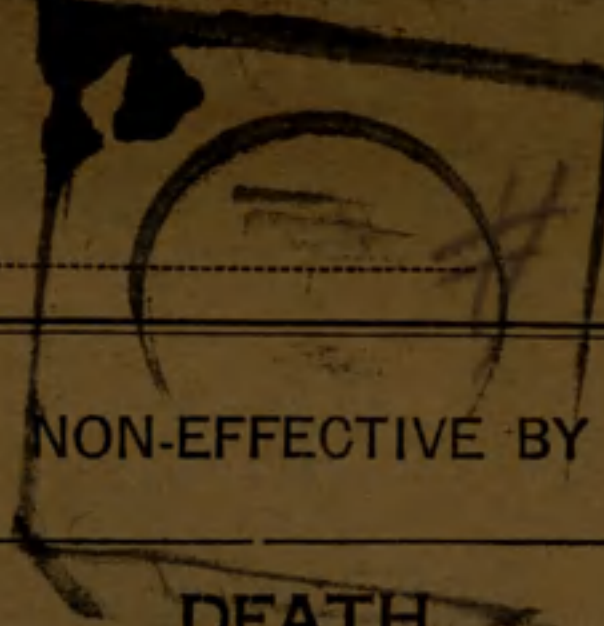
REGT. NO.

3285524

UNIT

10th CRB

H. Q. FILE NO.



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TO WHOM FORWARDED

DATE FORWARDED

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16/7/19

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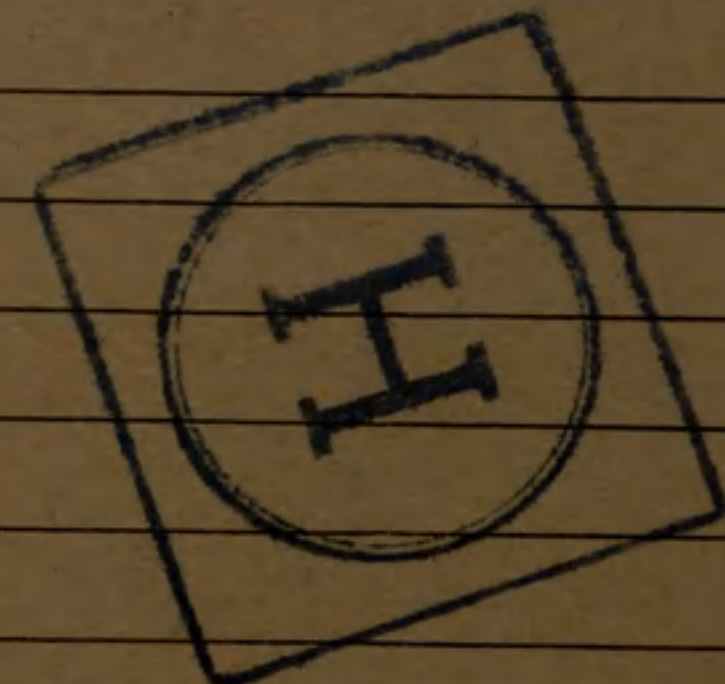
07955

DISCHARGE

Category

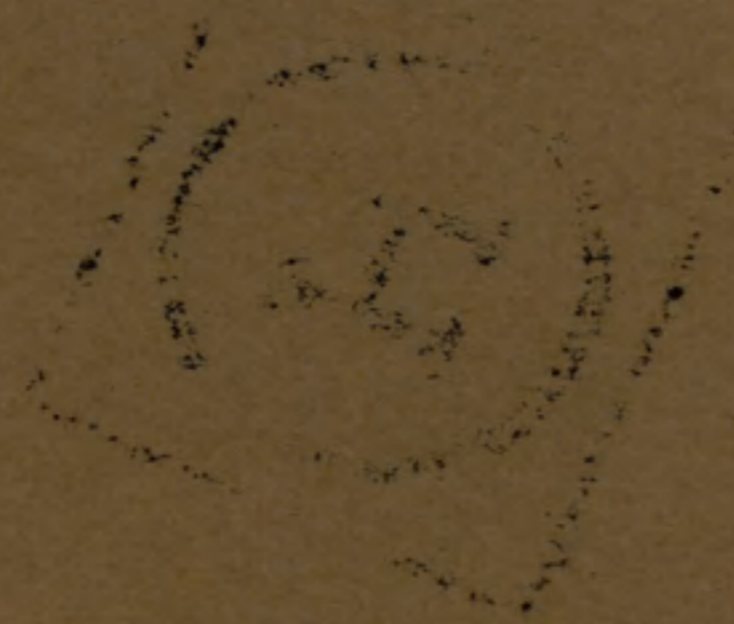
Disurb

DESERTION



CSB

Rina



5th.

M. D.

Depot Battalion

Regiment

Regtl. No. 3285524

ORIGINAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Caron
2. Christian name Lorenzo
3. Present address 170 Labourelle, Quebec, P.Q. Canada
4. Military Service Act letter and number Reported before ordered
(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 September 3th, 1898
6. Place of birth Cap. St. Ignaca
(town, township or county and country)
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Clerk
10. Name of next-of-kin Mde. W Caron
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 170 Labourelle St. 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 None
15. Medical Examination under Military Service Act :—
(a) Place Quebec, P.Q. (b) Date 22-5-18 (c) Category A 2

DECLARATION OF RECRUIT

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

Lorenzo Caron

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 19 yrs. 8 mths.

Height 5 ft. 6 ins.

Chest measurement } fully expanded 34 1/2 ins.
range of expansion 3 1/2 ins.

Complexion Dark

Eyes Grey

Hair Black

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

O. C. J. A. [Signature] Depot Btl.

Regt.

Place Quebec, P.Q.

Date 22-5-18

Regt. No.

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class) One

1. Surname
2. Christian name
3. Present address
4. Military Service Act letter and number
5. Date of birth
6. Place of birth
7. Marital status
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the Active Militia
14. Particulars of previous military or naval service, if any
15. Medical examination under Military Service Act

DECLARATION OF RECRUIT

I, the undersigned, do solemnly declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Age	Weight	Complexion	Build	Stature	Complexion	Build	Stature	Complexion	Build	Stature
5 ft 6 in	24 yrs	140 lbs	Light	Slender	Medium	Light	Slender	Medium	Light	Slender	Medium
5 ft 6 in	24 yrs	140 lbs	Light	Slender	Medium	Light	Slender	Medium	Light	Slender	Medium
5 ft 6 in	24 yrs	140 lbs	Light	Slender	Medium	Light	Slender	Medium	Light	Slender	Medium
5 ft 6 in	24 yrs	140 lbs	Light	Slender	Medium	Light	Slender	Medium	Light	Slender	Medium

Depot Battalion

Date

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3285524 (Rank) Pte

Name (in full) CARON, Lorenzo enlisted in

the 1st Depot Battalion 2nd Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Quebec, Canada on the 22nd

day of May 1918

HE served in England with 10th Can. Res. Battn. From 19-8-18

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

Part II Orders # 185 of JUL 4 1919 *Demobilization R O 1420 (1c) of 12-12-18*

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

Age 20 and 8 Mths

Marks or Scars _____

Height 5ft 6ins

Complexion Dark

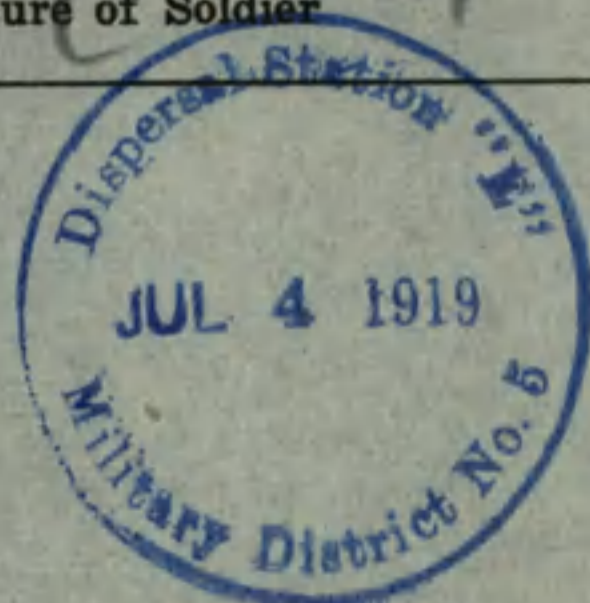
Eyes Grey

Hair Black

Lorenzo Caron
Signature of Soldier

J. S. Le Moine
Issuing Officer
Major
Commanding Dispersal Station E.

Date of Discharge



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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

(Rank)

enlisted in

Name (in full)

the

CANADIAN EXPEDITIONARY FORCE at

on the

day of

HE served in

and is now discharged from the service by reason of

Demobilization

Medical Unfitness

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

Age

Height

Complexion

Eyes

Hair

Marks or Scars

Signature of Soldier

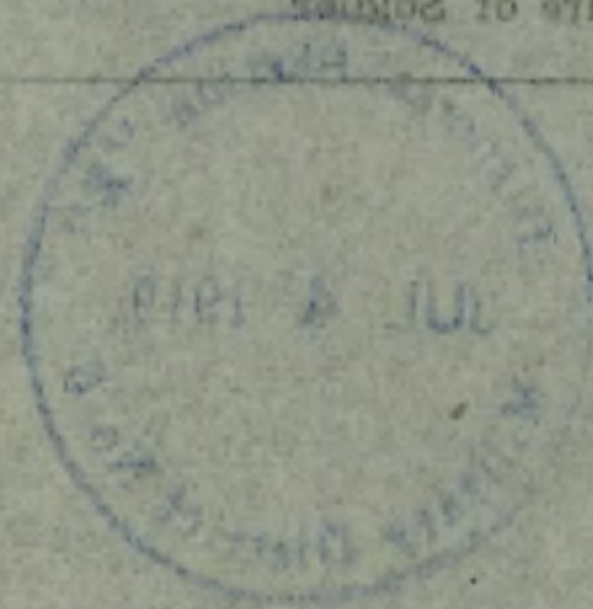
Date of Discharge

Issuing Officer

Rank

Date

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, Military Council, Ottawa, Canada.

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. 3285524 Rank Pte. Surname CARON.
 (Given name in full)
Lorenzo.

Unit or Corps 10th. Can. Res. Bn. Birthplace Cap St-Ignace, Co. Montmagny.

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

I. GENERAL DESCRIPTION:

Physique Robust Weight 135 lbs. Height 5 7 ft. in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. OK Left OK
 Hearing (conversational voice) Rt. 5 ft.
 Left 5 ft.

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

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.

No disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Pipon (Overseas)

Date 12/5/19 Signed [Signature] 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 [Signature]

(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 [Signature] 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.)

3285574

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 Caron Christian name Lorenz
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)
- 4. Address (including street and number, if any)... 170 Latourville Quebec

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22 day of May 1917, by the undersigned medical board sitting at Quebec

- 5. Age as stated 19 Years 8 Months. 6. Apparent age 19 Years 8 Months
- 7. Height 5 Feet 6 Inches. 8. Weight 119 1/4 Pounds.
- 9. Chest measurement { Minimum 31 Ins. Maximum 34 1/2 Ins. 10. Complexion Dark { Eyes Dark Blue Hair Black
- 11. Physical development. Good { Good Fair Poor 12. Smallpox marks.....
- 13. Number of vaccination marks { Right arm One Left arm..... 14. When vaccinated last Childhood
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

Signature of Medical Board

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 A11

A.M. Dorrie President. Witchell & Gale Capt. Member. W. H. Bellwell Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/2/18</u>	<u>*</u>	<u>Good Jr.</u>	<u>7/6/18</u>	<u>*</u>	<u>Jr. Eschscholch Jr. M.O.</u>
			<u>8/6/18</u>	<u>*</u>	<u>Jr. Eschscholch Jr. M.O.</u>
			<u>25/6/18</u>	<u>*</u>	<u>Jr. Eschscholch Jr. M.O.</u>

Joined..... day of..... 1917 at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
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.

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.....

Regimental No. 7285524 Rank Pte. Name Caron Lorenzo

C. E. F.

Enlisted (a) 22-5-18 Terms of Service (a) Can. Exp. Forces Service reckons from (a) 22-5-18

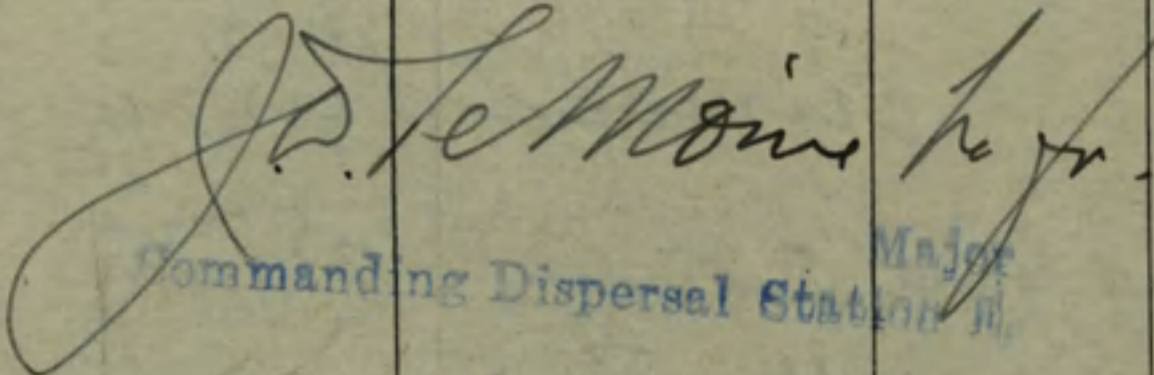
Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b) Clerk

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 Quebec</u>	<u>21-7-18</u>	<u>H. M. S.</u>
			<u>Arrived Tilbury</u>	<u>8.8.18</u>	<u>"Somali"</u>
<u>19.8.18</u>	<u>O.C. 10th Can. Res. Bn.</u>	<u>T.O.S. on transfer from arriving from Canada</u>	<u>10th Bn. Sholt-</u>	<u>8-8-18</u>	<u>D.O.P. II 195</u>
<u>18/6/19</u>	<u>O.C. 10th Can. Res. Bn.</u>	<u>Struck off strength on attachment to 23rd Bn. on proceeding to Canada</u>	<u>Ripon</u>	<u>18/6/19</u>	<u>D.O.P. II 142</u>
					<u>Cancelled</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>Reginald Morin</u> <u>Lieut. Asst. Adjutant,</u> <u>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.

Casualty Form - Active Service

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				
		DISPERSED WITH EFFECT..... PART II ORDER No. 185.....		JUL 4 1918 JUL 4 1918	
		Demobilization R O 1420 (1c) of 12-12-18			
		 Major Commanding Dispersal Station			

Lorenzo

Rank *92nd Dft* Name *Caron* Reg'l No. *3285524*
 Unit *C O T C LAVAL UNIV* If in perm. Corps, }
 What Unit? }

Married or Single *Single*

Place and Date of Enlistment *Quebec May 22-18* Place of Birth *Cap St. Ignace*

Name and Address, Next-of-Kin *Mde St. Caron*

170 Labourelle Str Quebec Relationship *Mother*

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.				
					<i>8.8.18 S S SOMALI</i>
<i>19.8.18</i>	<i>10th Res J.O.S.</i>		<i>B'shatt</i>	<i>8.8.18</i>	<i>DO 195.</i>
		<i>S.O.S To Canada 25-6-19</i>			
		<i>10 Res D'O 147 24.6.19</i>			
		<i>S.L.84 D.D.4507E/25-6-19</i>			

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

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

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Laurens* 2. Surname *Caron*
- 3. Rank *Pte* 4. Original Unit *1st Det Bn 2nd Que Reg C.O.P.C.* 5. Reg. No. *3285524*
- 6. Address, in full, to which future payments of gratuity are to be forwarded.....
*170 LaSalle St
Quebec Que*
- 7. Date of enlistment in the C.E.F. *22/5/18*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not applicable
- 9. Relationship of such dependent.....
Not applicable
- 10. Address, in full, of such dependent.....
Not applicable
- 11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
No
- 12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
- 13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
- 15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served.....
*In Canada 1st Det Bn 2nd Que Reg
C.O.P.C. 22/5/18 till 21/7/18 In England 10th Gen
Reception 7/8/18*
- 16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department.....
No
- 17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.?.....
No

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*

20. Have you been issued with a War Service Badge? If so what class? *No*

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

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

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No*

24. Are you now serving in the C.E.F.? *No* If not, give: (a) Date of discharge *4-7-19* (b) Reason for discharge *Demob.*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

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

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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

Signature of Applicant: *Lorenz O'Carroll*

Place of Residence: *170 Latonaulle St. Quebec. Que.*

Declared before me at: *Ripon. Yorks. England*

This *15th* day of *May* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12, 13, 14, 20, 24, 25, 26 and 27 ARE LEFT UNANSWERED.

W. J. Macdonald
Magistrate

POST DISCHARGE PAY.

10th CANADIAN RESERVE BATTALION

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

Certified Correct.

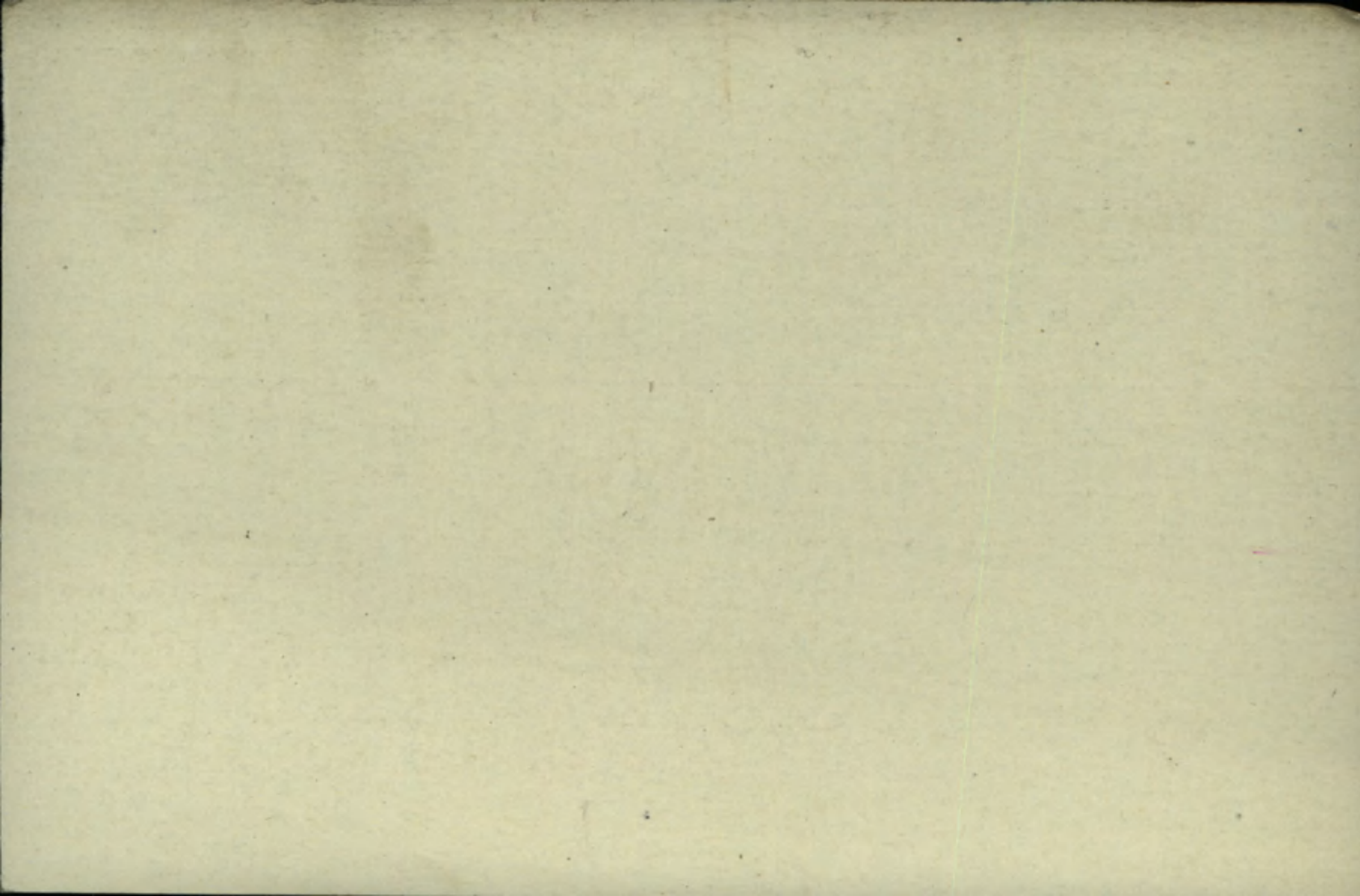
District Paymaster.

Surname *Caron*
 Christian names *Lorenzo*
 Regtl. No. *3 285-524* Rank *Pte*
 Unit ~~*2nd Que Regt. 1st Dep Bns*~~ Reason
C. O. J. C. Laval Auth.

H. Q.
 M. D. No. *5-5*
 T. O. S. *May 22nd 1918*
 D. O. Pt. II *173 of 22/6/18*
 S. O. S. 19.....
 Reason
 Auth.

Next of kin *Caron, Mrs. W.* Relationship *Mother*
 Address *170 Latourville St., Quebec, P. Q.* Also notify:

BORN—Place *Canada, Cap. St. Ignace P. Q.* Date *Sept 3rd 1898*
 ATTESTED—Place *Quebec, P. Q.* Date *May 22nd 1918*
 O/S *21-7-18 1329* R/C *217/19 560*
3 *109*



Date of Enlistment 22-5-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **C** 16093

1-8-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰			
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9 27 69 Bab.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____ Name _____

Rank _____ Promoted _____ Reverted _____ Discharge _____ Address _____

Soldier's Name _____ Change of Address _____

Battalion *C.O.T.C., Caval. Detach. M.D 5. Dft. 92.*

Beneficiary _____

Relationship _____

Address _____

1 MME. W. CARON

2 170 RUE LATOURELLE

3 QUEBEC, P.Q. 15 15.00

4 A-C 3285524 PTE. LORENZO CARON

FIFTEEN DOLLARS

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Aug.	X 38410		15	15	✓
Sept	H 47307		15	15	✓
Oct	I 49728		15	15	✓
NOV	A 49763		15	15	✓
DEC	M 65565		15	15	✓
Jan '19	J 70302		15	15	✓
FEB	K 80469		15	15	✓
MAR	L 91987		15	15	✓
APR	M 1167		15	15	
MAY	N 6783		15	15	
JUN	O 10163		15	15	
JUL	P 12485		15	15	
			<u>180</u>		

02718-L-9

ENTERED IN
AUDIT LEDGER
AUG 24 1918
M. F. W. 128
400M-6-17-1772-58-1141
L. L. 22320-M. & D. 7393.

A/c Closed

Ret'd per *Caron*

Date *2-7-14* F. X. *M.D. 5*

Clerk *Mrs* 93063

AUDITED.

*M.D. 5-B-7
A. Armstrong 22-8-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22220-M. & D. 1968.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) CARON. L.

REGIMENT 10th Res Bn RANK Plt No. 3283324

Date of Examination in England 12/5/19 Date of Examination in France _____

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS _____
2. EXTRACTIONS 7629
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.

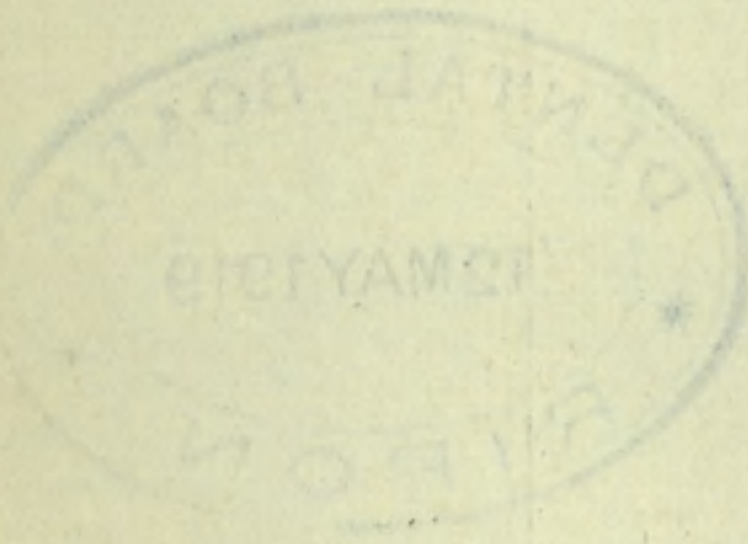
[Signature]
 Capt.
 O I/c Dental Discharge D. D. 5

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 yes
- (c) In France _____

Signature of Dental Officer [Signature]
 Capt.



This is to certify that the holder
of this license has been
examined and found to be
qualified to practice
the profession of
dentistry in
the Straits Settlements
and F.M.S.

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.A.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 special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.B.).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.F.B. 104).
14. War Service Certificate Form (M.F.W. 2595).
15. Laundry Receipt.

Group..... *A*
 Checked by No. *91*
ems
 Date..... *10-6-19*

H M T CAROVIA
SAILING NO.
Embarked 25, 6, 19.

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

Dispersal Area "R"
 Service Group 33
 Occupational Group 3
 W.S.B. Class

1. No.	3285524
2. Rank.	Pte.
3. Name.	CARON, Lorenzo.
4. Unit.	10th. Canadian Reserve Battalion, Quebec Regiment
5. Date of Discharge	JUL 4 1919
Place	Quebec
6. Reason for Discharge	DEMOBILIZATION. <i>Cat A</i>
	<i>12-12-18</i> <i>Demobilization R.O. 1420 (to) Clerk</i>
	<i>J. D. K. Mathes</i> <i>Religion P.C.</i>
7. Authority.	<i>Part 185 order # 185</i> JUL 4 1919
8. Proposed Residence after Discharge	170 Latourelle St. Quebec City. P.Q. 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. No.	<i>829</i>
Signature	<i>Lorenzo Caron</i> Signature of Soldier.
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	<i>Quebec</i>
Date	<i>JUL 4 1919</i>
Signature	<i>[Signature]</i> Commanding Dispersal Station E. (O. C. Discharging Unit.)

Address.

#170 Latourelle, Str.
Quebec.

NUMBER 2285524 RANK

PLC

NAME CARON Lorenzo

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1974											
Mich	Food	6490			N 3797			20	4641		me
		6490			3797			30			
Apr	RP	33		bal				15	6441		
				MR 4164 10 Res. 25 3/19	730				57 11		
				- 71. - 10/4	10 22				46 89		
May		3410		Cap.				15	65 99		
				MR 299 - 28.4.19	779				58 20		
				422 - 2.5.19	24 33				33 87		
				78.495 - 14.5.19	10 22				23 65		
		6710			5986			30			
				AR 609 ✓ 79 3/19	1509				8 56		
				" 822 " (End) 3/8 1/9	24 82				16 76		
				✓ 10-7 ✓ ✓ 18 6/19	973				2599		
					4964						

SOS to Canada 25767.9 S.L. 80 - QRD MDS.

[Handwritten signature]