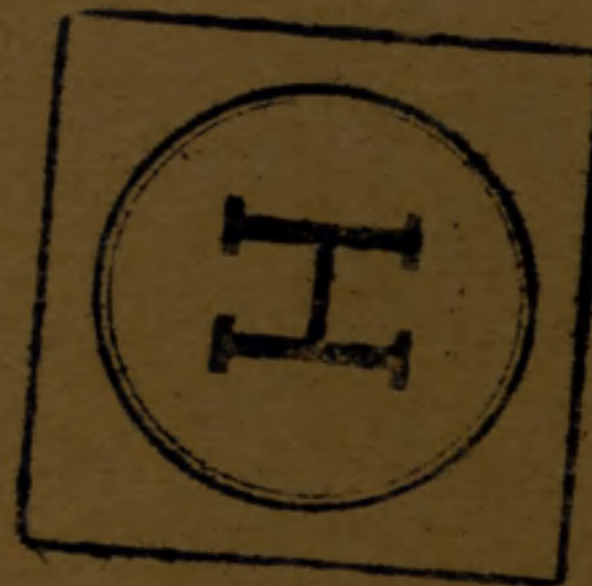
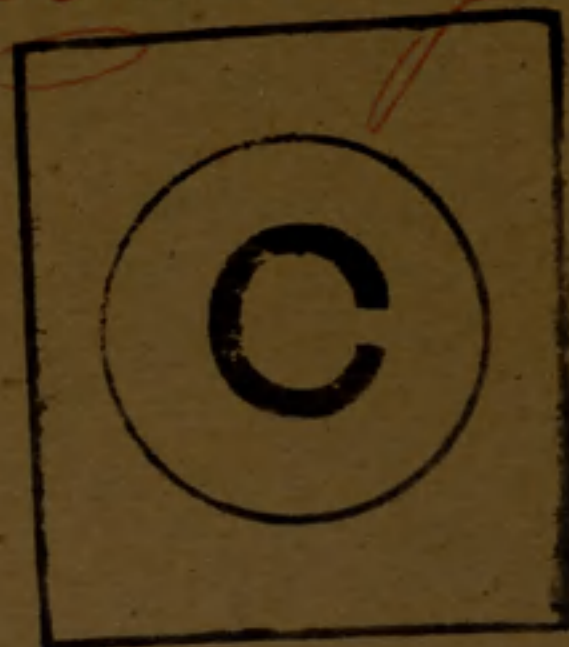


Proceedings of Court of Inquiry or on men reported Missing on Active Service.....  
 Attestation Papers..... 4 3  
 Declaration of change of name.....  
 Authority for special enlistments.....  
 Documents of re-enlisted men.....  
 Regimental Conduct Sheet..... 1  
 Compulsory Stoppages.....  
 Casualty Forms..... 1  
 Proceedings on discharge..... 1  
 Corps History Sheet.....  
 Date and No. of Deposit Receipt for Purchase Money and Amount.....  
 Parchment Certificate.....  
 Medical Report for Invalids.....  
 Medical History Sheet..... 2  
 Proceedings of Regt. Court Martial.....  
 Copies of Convictions by Civil Power.....  
 Company Conduct Sheet..... 1  
 Clothing Transfer Certificate.....  
 Inventory of Kit.....  
 Last Pay Certificate..... 2

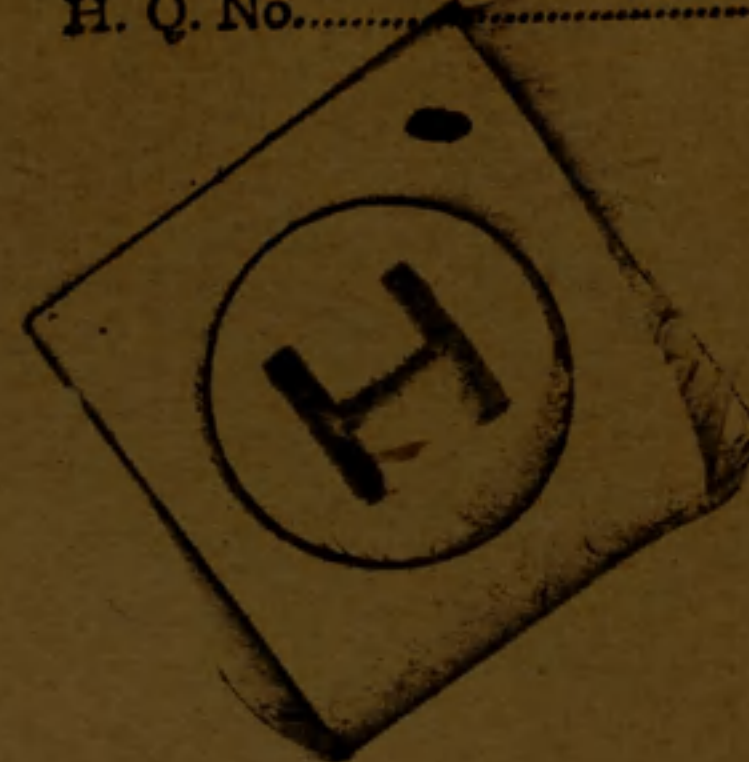
**DISCHARGE DOCUMENTS**

Name Caron, Napoleon  
 Regt. No. 68422 / Rank Private  
 Corps 141st Bn. C. E. F.

*Medically Unfit*



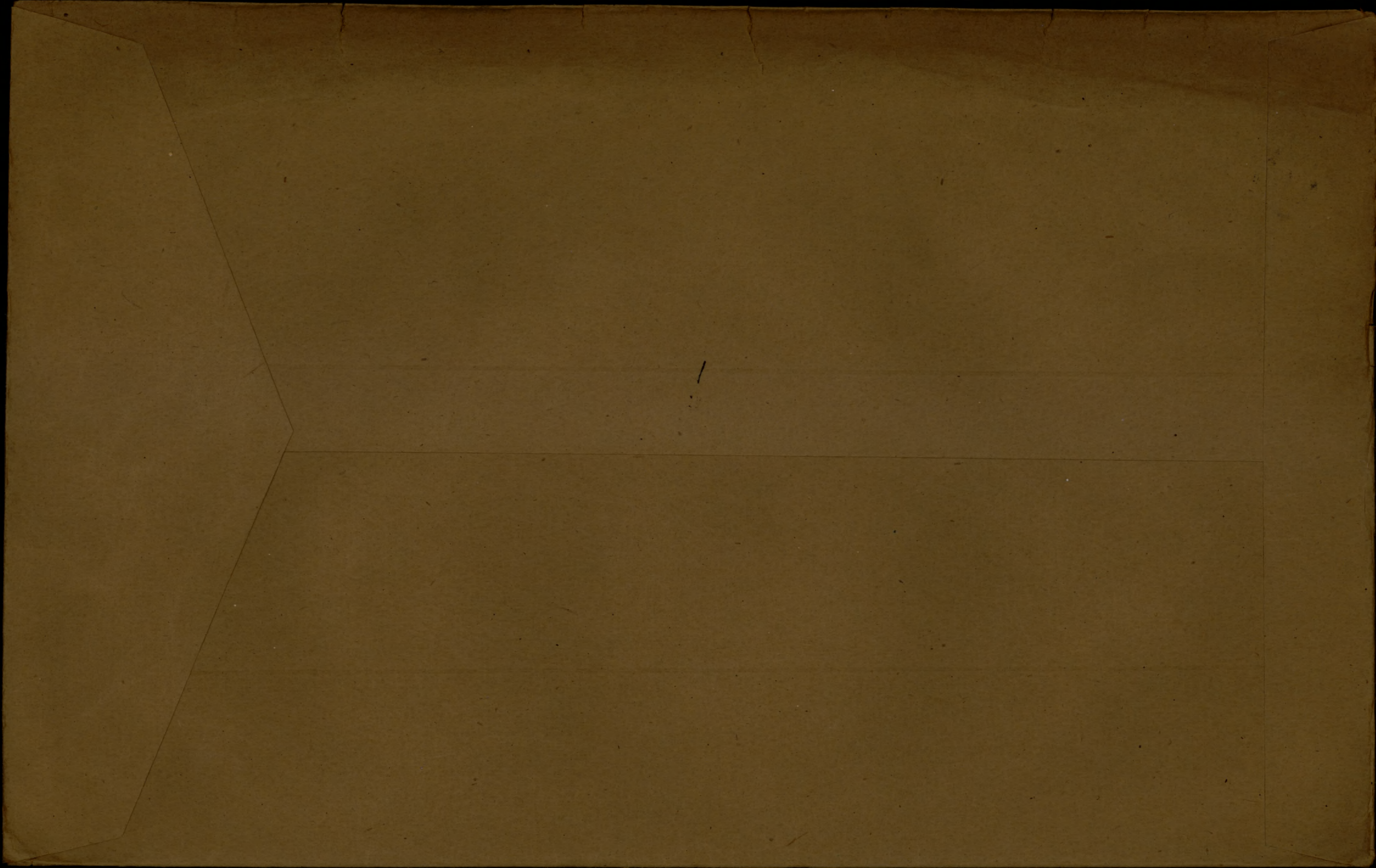
R. O. No. ....  
H. Q. No. ....



07977

26 24  
 4-24  
 6-24

*[Handwritten signature]*



# PIÈCE D'ATTESTATION.

No. 684221

Folio

171st. O/S BATTALION, C. I. F.

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER ORIGINAL

## QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ?..... *Caron*
- 1a. Quels sont vos noms de baptême ?..... *Napoléon*
- 1b. Quelle est votre présente adresse ?..... *St Eugène Lisle*
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... *St Eugène Lisle*
3. Quel est le nom de votre plus proche parent ?..... *Joseph Caron*
4. Quelle est l'adresse de votre plus proche parent ?..... *St Eugène Lisle*
- 4a. Quel est votre degré de parenté avec icelui ?..... *Père*
5. Quelle est la date de votre naissance ?..... *16 Novembre 1888*
6. Quel est votre métier ou profession ?..... *Journalier*
7. Êtes-vous marié ?..... *Non*
8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... *Oui*
9. Faites-vous déjà partie de la Milice active ?..... *Non*
10. Avez-vous déjà fait du service militaire ?..... *Oui 61 Regt*  
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ?..... *Oui*
12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... *Oui*

## DÉCLARATION REQUISE DU SUJET

Je, *Napoléon Caron* déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le Corps Expéditionnaire Canadien d'outre-mer et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

*Napoléon Caron* (Signature de la Recrue)

Date *17 Mars* 1916. *Jos W Labrecque Sergt* (Signature du Témoin)

## SERMENT REQUIS DU SUJET

Je, *Napoléon Caron* prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

*Napoléon Caron* (Signature de la Recrue)

Date *17 Mars* 1916. *Jos W Labrecque Sergt* (Signature du Témoin)

## CERTIFICAT DU MAGISTRAT

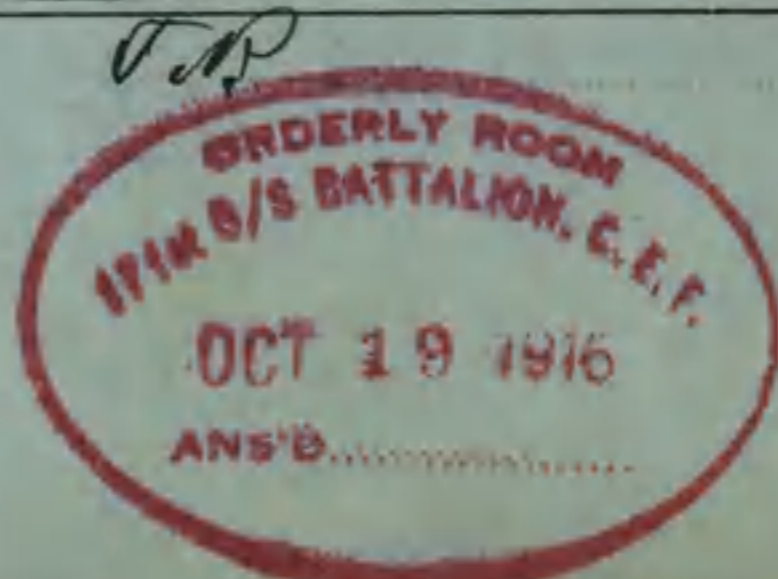
La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités prévues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma

présence, à *Montmagny* le *15* jour de *Mars* 1916.

*J. P. Poirondreau* (Signature du Juge)



Signalement de Napoleon Caron à l'Enrolement

Age apparent 27 ans.....mois.  
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approuvateur.

Taille ..... 5 pieds.....8 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 38.....pouces  
 Marge d'expansion 1 1/2.....pouces

Teint.....Blanc

Yeux.....Bleus

Chevelure.....Blonde

Confession religieuse { Anglican.....  
 Presbytérien.....  
 Méthodiste.....  
 Baptiste ou Congregationaliste.....  
 Catholique Romain..... X  
 Juif.....  
 Autres dénominations.....  
(Indiquer laquelle)

**CERTIFICAT D'EXAMEN MÉDICAL**

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise; le cœur et les poumons sont sains; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère\*.....valide.....pour le Corps Expéditionnaire Canadien d'outre-mer.

Date.....15 Mars.....1916.....J. Masson

Lieu.....Montmagny.....  
 Médecin-Officier.

\* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

**CERTIFICAT DE L'OFFICIER COMMANDANT**

Napoleon Caron.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

[Signature].....(Signature de l'officier.)

Date.....Mars 25.....1916.....G. F. Giesse Major

fa.O.C. 171st, O/S BATTALION, C. E. F.  
(abs on lv)



684221

# MEDICAL HISTORY SHEET.

Surname Caron Christian Name Napoleon

Examined { on 15<sup>th</sup> day of March 1916  
at Montmagny

Approved by \_\_\_\_\_  
Rank \_\_\_\_\_ M.O.

Birthplace { City or Town St. Eugaine  
County L'Islet P.Q.

Apparent age 27

Trade or occupation Laborer

Height 5 Feet 8 Inches

Weight \_\_\_\_\_ Lbs.

Chest measurement { Minimum 38 inches.  
Maximum expansion 4 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { A r m Right Left  
Number \_\_\_\_\_

When Vaccinated last \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease Nil

(b) Slight defects but not sufficient to cause rejection Nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13/5/16</u>		<u>L.P.P.</u> M.O.
<u>14/7/16</u>		<u>L.P.P.</u> M.O.
		M.O.

Enlisted on 14<sup>th</sup> day of March 1916 at Montmagny P.Q.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>171<sup>st</sup> Bataillon C.S.</u>	<u>684221</u>		<u>14-3-16</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet 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.

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of 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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Talcartier Camp. Hospital							Arthritis	H1	Transferred to Military Hosp. Quebec	<i>R. H. Bonycastle</i> Major, C.C. A.M.C. Training Depot No. 4.	
Quebec		2	10	16	12	10	16	Stiff joint.	11	Brought before a Medical Board and recommended for discharge	<i>[Signature]</i> Major

AUG 23 1916

OCT 2 1916

221

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 684221 Rank Pte Name Caron N.

Corps. 171st O/S Battalion C.E.F. who was\* discharged.

On 21-10-16 1915, to

\* Insert "discharged" or "transferred."

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

DR.		\$	c.	CR.		\$	c.	
From 1-10-16 To 21-10-16	Bal. Dr. from previous month			From 1-10-16 To 21-10-16	Regimental pay 21 days at \$1	c	21	
	Total payments during period				Field allowance 21 "	\$	c.10	2.100
	from 1-10-16 to 21-10-16	19	70		Other allowances			
	Assigned Pay				Other Credits (give particulars)			
	Other Charges (give particulars)		4		40	Bal. Dr. on discharge or transfer		
	Forfeitures of pay A.W.I							
Bal. Cr. on discharge or transfer								
<b>TOTAL</b>		<b>23</b>	<b>10</b>	<b>TOTAL</b>			<b>23.10</b>	

The amount shewn as Balance Cr. due on discharge or transfer has † paid.

Monthly stoppage on account of assignment of pay is, and has been charged in Pay-list for month of

† Insert "been" or "not been" as case may be.

### REMARKS:—

State (1) date of enlistment 14-3-16.

(2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge and authority M.D.5 17-13-6 of Oct. 9th.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 21-10-16

Place Quebec

*R. D. Woodside* CAPT.  
PAYMASTER 171st O/S BATT., C. E. F.  
Paymaster.

LAST PAY CERTIFICATE

This form to be used for all ranks (vide Article 14 Financial Instructions C.E.F. 1914).

Regimental Number: \_\_\_\_\_ Rank: \_\_\_\_\_ Name: \_\_\_\_\_

Company: \_\_\_\_\_ who was \_\_\_\_\_ of the service.

On \_\_\_\_\_ 1914

having discharged or transferred.

The following is a statement of the amount of the above named to date of transfer or discharge including:

	Dr.	Cr.
1. Bal. Brought forward month		
2. Total payments during period		
3. Other allowances		
4. Other Credits (give particulars)		
5. Bal. Dr. on discharge or transfer		
<b>TOTAL</b>		

The amount shown as balance due on discharge or transfer has been

paid by cheque on account of assignment of pay to \_\_\_\_\_ and has been charged in favour of \_\_\_\_\_

month of \_\_\_\_\_ 1914

and has been charged in favour of \_\_\_\_\_

(1) name of the bank and authority

(2) name of the bank and authority

If changed from the contingent, state if stop payment advice for assigned pay has been forwarded, and

I have carefully examined this statement of account and find it to be correct except from the payment

of the sum of \_\_\_\_\_

Place: \_\_\_\_\_

PAIMASTER-GENERAL



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

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

# Casualty Form—Active Service.

250M.—1-16.  
H. Q. 1772-39-920.

Unit, Regiment or Corps 171st. QAB BATTALION, C. E. F.

Regimental No. 684221 Rank Cpl Name Napoleon Baron  
C. E. F.

Enlisted (a) March 14/16 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

(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, Shoing 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				

✓  
SURNAME.*Laron,*

CHRISTIAN NAMES

*Napoleon,*REGL. No. *684221*

RANK

*Pte*UNIT *171st**Batt*

FORMER CORPS

*61st Regt**80.821/10/16 Dis. 5*

## NEXT OF KIN.

## CHANGE OF ADDRESS

NAMES IN FULL

*Laron, Joseph*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*St Eugaine L'islet, P. Q.*

COUNTRY OF BIRTH

*Canada, St Eugaine L'islet*

DATE

*Nov 16th 1888*

PLACE OF ATTESTATION

*Montmagny, P. Q.*

DATE

*Mar 15th 1916*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Laborer.*

RELIGION

*Roman Catholic.*

DESCRIPTION.

APPARENT AGE

*27*

YEARS

MONTHS

HEIGHT

*5-*

FEET

*8*

INCHES

CHEST MEASUREMENT

*38*

INCHES

EXPANSION

*4 1/2*

INCHES

COMPLEXION

*Clear.*

EYES

*Blue*

HAIR

*Blonde.*

DISTINGUISHING MARKS

*Nil*

MEDICAL EXAMINATION.

PLACE

*Montmagny*

DATE

*Mar 15-11-1916*

No.

RANK

*Pvt.*

NAME

*Baron, Napoleon.*

T. O. S.

UNIT

*Recruiting Staff (171st Br.)*

M. D. *5*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Mar. 15</i>	<i>1916 Mar. 31</i>	<i>✓</i>	<i>Recruiting for 171st Br.</i>	



No. 684221 RANK Pte

NAME Baron. H.

T. O. S.

UNIT 171<sup>st</sup> Battalion

M. D. 5,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr	1916 Apr 30	✓		
May		✓	a.w.l. forfeits 3 Days Pay	DL 68 of 20-5-16.
June		n		
July		n	Lo ber bpl 26-7-16	DL 122 July Paylist
Aug		n	fine 2. or Reduced to Ranks.	DL 130 of 11-8-16.
Sept		n		<b>UNIT SAILED</b>
Oct 1	Oct 21	✓	a.w.l. forfeits 2 Days Pay Discharged. 21-10-16 etc closed by Payments.	<b>NOV 23 1916</b> DL 192 of 16-10-16 DL 198 of 29-10-16.





Reg. No. 684221 Name Larson, I

Rank Plt Corps 171 Age 27 Service 7/12

Ledger No. 942 Serial No.

HOSPITALS	DATE	DIAGNOSIS
Camp Hosp. Valcartier Transf to Mil Hosp Quebec	23-8-16	6 Inf. Rheumatism
	7-10-16	
Dis	12 10 16	

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

## Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <i>684221</i>	
Rank <i>Private</i>	
Name <i>Napoleon Caron</i> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <i>171st Battalion CEF</i>	
Date of Discharge <i>Oct 21st 1916</i>	
Place of Discharge <i>Quebec. Que.</i>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <i>27</i> .....years.....months.	Descriptive Marks
Height..... <i>5</i> .....feet..... <i>8</i> .....inches.	
Complexion <i>Fair</i>	
Eyes <i>Blue</i>	
Hair <i>Fair</i>	
Trade <i>Labourer</i>	
Intended place of residence } <i>St Eugene</i> (To be given as fully as practicable.) } <i>Lislet</i>	
2. The above-named man is discharged in consequence of <i>being</i> <i>Medically unfit</i> <i>auth. MD 5 No 17-13-6</i> <i>of Oct 20. 1916</i>	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.  
15m.—10-15.  
H. Q. 1772-39-113.

(OVER)

*Caron*  
*31-1-11*  
*M. M.*

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Jules Napoleon Baron* ..... (Signature of Soldier.)

(Date)..... *Oct 21<sup>st</sup> 1916* ..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature) .....

(Date) .....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*none*  
*Napoleon Baron*

MEDICAL HISTORY OF AN INVALID.

APR 1916  
5.D. 17-14-6  
DEPT MILITIA & DEFENCE  
JUN 30 1916  
649-C-3666  
CANADA

- 1. Station. *Quebec.*
- 2. Regiment or Corps. *189<sup>th</sup> Balm.*
- 3. Regimental No. and Rank. *Pte.*
- 4. Name. *Napoleon Caron*
- 5. Age last Birthday. *18*
- 6. Enlisted on *March 14/16.*  
at *Montmagny*
- 7. Former Trade or Occupation. \_\_\_\_\_  
Date. *April 8<sup>th</sup> 1916.*
- 8. General remarks on his:
  - (a) Conduct.
  - (b) Habits.
  - (c) Temperance.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

(At Station or Hospital where finally disposed of.)  
Station and Hospital } Arrived from }

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depot.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of final Medical Board or decision. } Administrative Medical Officer. \_\_\_\_\_

9. Service.	Years.		Days.	
	FROM.	To.	PERIODS.	
<i>189<sup>th</sup> Balm</i> <i>171<sup>st</sup> Bn</i>	<i>March 14<sup>th</sup></i>	<i>Present</i>		

- 10. (a) Disease or disability. *Underdeveloped.*
- (b) Date of origin. *not applicable*
- (c) Place of origin. *not applicable*
- (d) Cause.

11. Present Condition. (Most Important).  
(To include full description of present disabling condition or conditions.)  
*Is a growing boy. looks younger than he states. not fully developed. Is undersized - and under weight*

- 12. (a) Is the disability the result of service or climate? *No.*
- (b) Has it been aggravated by intemperance, vice or misconduct? *No.*

*Carded*  
*8-7-16*  
*P.S.B.*

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.  
100 M-2-16.  
H. G. 1772-39-117.

Date	Disability	Name	Regimental No.	Rank	Corps	Station	Hospital or Station transferred to for final disposal.
							Date of final disposal } How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.

OPINION OF THE MEDICAL BOARD.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

✓

Does the Board concur with the preceding report? If not, give differing opinion.

- 10.
11.
12.
15.
16.
17.

The Board fully concurs

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

✓

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

✓

14. Treatment

None

19. Is he unfit for Military Service.

Yes

20. Recommendations :

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

No

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Will be developed 6 months.

Recommended for discharge

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

None

Signatures :-

18. State if for discharge on account of unfitness for Service.

W. G. G. Capt

Medical Officer by whom the case is brought forward.

Wainwright Lt-Col. President.

W. G. G. Capt

Members.

Station. Quebec.
Date. April 8/16

Date. APR 10 1916

Approved. 17/16
Date.

Wainwright Lt-Col.
Asst. Director of Medical Services.
W. G. G. Capt
Director-General of Medical Services.

30/10  
 24/11/16  
 25/11/16  
 R. C. OCT 30 1916

R. C. NOV - 3 1916

ae 17 24/11/16

Do not the Board concur with the preceding report? If not, give differing opinion.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }  
 Date \_\_\_\_\_

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of final Medical Board or decision. }

Administrative Medical Officer.

**DETAILED MEDICAL HISTORY OF INVALID.**

Militia Form B. 227.  
 150 M-5-16.  
 H. Q. 1772-89-117.

Station	Corps	Regimental No.	Rank	Name	Disability	Date

Hospital or Station transferred to for final disposal. }  
 Date of final disposal }  
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

MEDICAL HISTORY OF AN INVALID.

Military District No. 5  
 Quebec, Que.  
 OCT 7 1916  
 17-13-6  
 M. D. N. 5

1. Station. *Quebec* 8. General remarks on his: \_\_\_\_\_  
 2. Regiment or Corps. *141<sup>st</sup> Batt.* (a) Conduct. \_\_\_\_\_  
 3. Regimental No. and Rank. *684221 Pte.* (b) Habits. \_\_\_\_\_

4. Name. *Napoleon Caron* (c) Temperance. \_\_\_\_\_  
 5. Age last Birthday. *27* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

6. Enlisted on *Mar. 12 - 1916*  
 at *Montmagny*  
 7. Former Trade or Occupation. *Labourer* Date. *6/10/16*

9. Service. Years. *209* Days. \_\_\_\_\_

PERIODS.	PERIODS.	
	FROM.	TO.
<i>Canada</i>		
<i>17<sup>th</sup> Batt. C.E.F.</i>	<i>Mar 12/16</i>	<i>6/10/16</i>

10. (a) Disease or disability. *Stiff joint. 1909 Rheumatic fever (sub-acute)*  
 (b) Date of origin. *2 yrs ago.*  
 (c) Place of origin. *St. Paterne*  
 (d) Cause. *Exposure to cold + water when lumbering in the St. Charles*

11. Present Condition. (Most Important)  
 (To include full description of present disabling condition or conditions.)  
*Limitation of extension movement of forearm. caused by stiffness + partial ankylosis of elbow joint. no pain - no swelling.*

12. (a) Is the disability the result of service or climate? *no*  
 (b) Has it been aggravated by intemperance, vice or misconduct? *no*

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

*none*

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

*not applicable*

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

*not applicable*

14. Treatment

*Iodine + electricity + massage*

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

*no*

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

*Permanent*

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

*less than 1/8*

18. State if for discharge on account of unfitness for Service.

*Yes*

*Robbie Stone*  
Medical Officer by whom the case is brought forward.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

12.

*Yes.*

15.

16.

17.

18. Is he unfit for Military Service. *Yes.*

Recommendations : As this condition was present prior to enlistment the Board recommend that he be discharged as medically unfit.

Signatures :—

*[Signature]* Major A.M.C. President.  
*[Signature]* Capt. A.M.C.  
*[Signature]* Capt. A.M.C. Members.

Station. *Quebec, Q.*

Date. *7.10.16.*

Date. *7-10-16*

Approved.

Date. *11/16*

*[Signature]* Ass. Director of Medical Services. (copy)  
*[Signature]* Director-General of Medical Services.