

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name? *Arthur James Labonte*
- 2. In what Town, Township or Parish, and in what Country were you born? *Francis Town, New Hampshire*
- 3. What is the name of your next-of-kin? *Very Rev. Charles Behe B.*
- 4. What is the address of your next-of-kin? *St Bonifree, Manitoba*
- 5. What is the date of your birth? *193 October, 1883*
- 6. What is your Trade or Calling? *Clard in Holy Orders*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *Garrison in Winnipeg Jan 1916*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

A. J. Labonte (Signature of Man).
J. J. D. D. (Signature of Witness).
Capt

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date **MAR 16 1916** 1915. *Arthur J. Labonte* (Signature of Recruit).
J. J. D. D. (Signature of Witness).
Capt

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

..... (Signature of Recruit).
 Date 1915. (Signature of Witness).

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at

this day of 1915.
 (Signature of Justice).

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer).

Description of *Laboute, Arthur James* on Enlistment.

Apparent Age 32 years 5 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height..... 5 ft. 6 ins.

Chest measurement { Girth when fully expanded..... 34 ins.
 Range of expansion..... 2 ins.

Complexion..... Fresh

Eyes..... Greyish Blue

Hair..... Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants (Denomination to be stated.).....
 Roman Catholic..... X
 Jewish.....

1 Scar on right left arm
1 small mole on left shoulder (back)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date..... 14 March 1916

David Donald
Major, C.M.D.
 Medical Officer.

Place..... 86 Strand London

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

(Signature of Officer.)

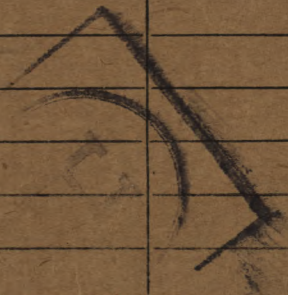
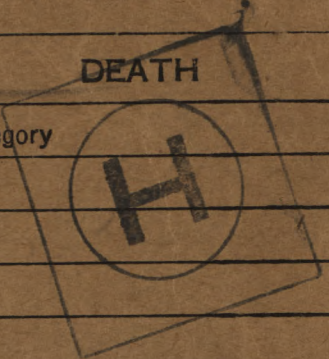
Date..... 1915.

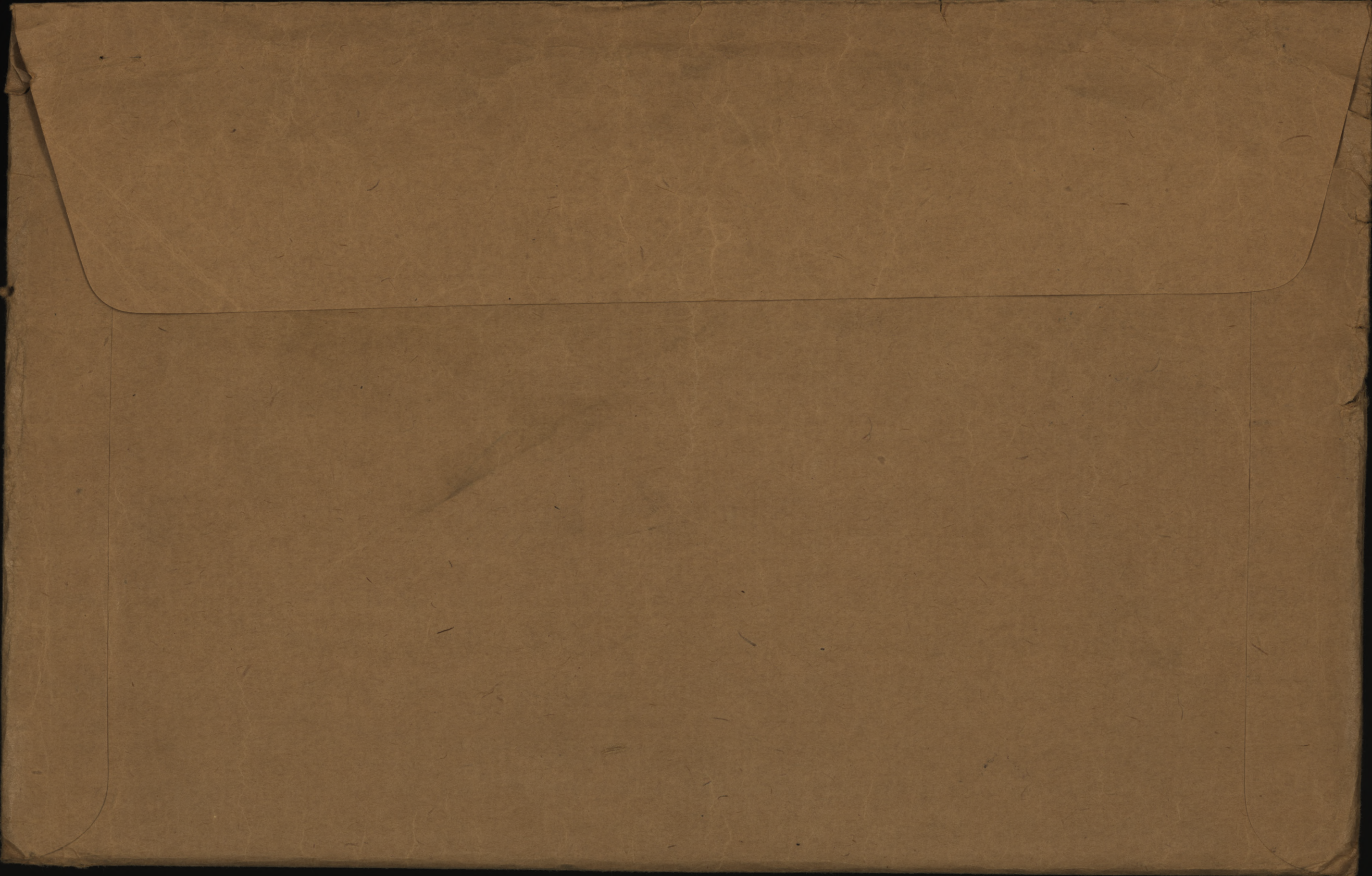
REGIMENTAL DOCUMENTS

NAME LABONTE, ARTHUR JAMES REGT. NO. A/Capt UNIT Dep. Service H. Q. FILE NO. _____



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Pers	24-9-19	Pers-1160-815	DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			21-10-19		Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	M				
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 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)					
2 MEDICAL EXAMINATION (M.F.W. 129)				00508	
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.V. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 P. 880		To S. A + A. P.	23-9-19	R/ Misc - 243	
1 M. 2591					
1 C. 23					
1 Misc					





CANADIAN EXPEDITIONARY FORCE

H.F.-4-40.

H.C.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Hon. Captain & Chaplain.....

(Name in full)..... Arthur James LABONTE.....

Enlisted in..... Chaplain Services.....

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~.....

day of..... ~~XXXXXXXXXXXXXXXXXXXX~~..... 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... Chaplain Services.....

CANADIAN EXPEDITIONARY FORCE on the..... Sixteenth..... day

of..... March..... 191..... 6

He SERVED in CANADA,..... England and France with the Chaplain

Services., Att'g No 3 Can. Gen. Hosp., 8th Can. Infantry Bde.,

H.Q. 3rd Can. Infantry Bde., H.Q. Can. Forestry Corps, #12 Dist.,

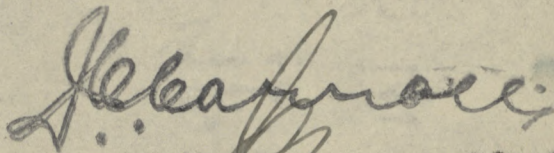
H.Q. 2nd Bde. C.B., and D.P. No 4.

and was STRUCK OFF THE STRENGTH on the..... Twenty-sixth..... day

of..... September..... 191..... 9 by reason of..... General Demobilization

Dated at Ottawa, this..... Twenty-first..... day

of..... January..... 191..... 21 1920.



Lieut.

for.....
Director of Personal Services.

mf

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that Rank

(Name in full)

Entered in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917 AND WAS APPOINTED to COMMISSIONED RANK

in

CANADIAN EXPEDITIONARY FORCE on the

day of 1917

HE SERVED IN CANADA

and was STRUCK OFF THE STRENGTH on the

day of 1917 by reason of

Dated at Ottawa this

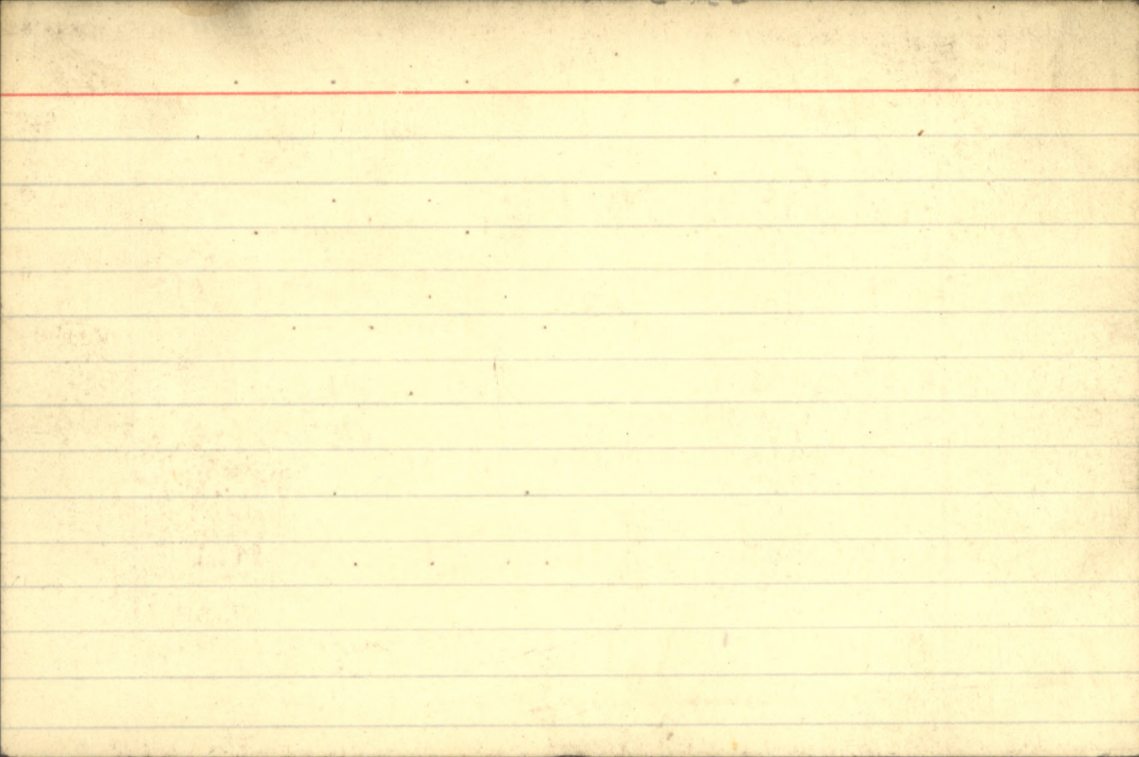
day of 1917

Director of Postal Service

L A B O N T E. Arthur James. Hon. Capt.

Roman Catholic.

Home address	Winnipeg. Man. 353 St. Mary's Ave.
Next of kin	Very. Rev. Charles Cahill St. Boniface. Man.
Date of appointment	June 1915.
Date of sailing from Canada	Feb. 26th 1916.
Unit attached	No. 3. Can. Gen. Hospital



SURNAME. *Labonte.*

CHRISTIAN NAMES *A. J. (Rev. Father)*

REGL. No.

UNIT

FORMER CORPS

RANK *Chaplain Hon Capt & Chap,*

*S.O.S 11-9-19
(Lemb)
auth R 6367/14-10-19*

CARD NO. *808.26/9/19*
FOLL. *902198-11/10/19.*

*also auth for SOS
DO 275 of 2-10-19
#426*

NEXT OF KIN.

Law of Chap. Lev.
CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE *R/6.19/9/19* ⁴¹²
19. H. Capt.

Sailed for England. S.S. "Missanabic" Feb. 26th. 1916 (H.Q. C 593-3-25)

Personal Address: Winnipeg, Man. M. F. W. 22. 250M.-2-16. H. Q. 1772-39-339.

Pro. Hon. Capt & Chap. Auth. P.F. 85 of 24/3/11.

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

Number

Rank

Hon. Capt.

Surname

LABONTE

Christian Name

ARTHUR JAMES

Units

Theatre of War

France

Date of Service

26-2-16

30-5-16

11-9-19

Remarks

P.O. Box 195

Chap

Latest Address

~~Rev. Abbate Fathers,~~

Kenora, Ont.

Roll No

"B" Page 8396.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

DESP NOV 3 1917
REGN. NO. 49503

*—Name will be given in full; surname first.

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

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

500M.
H. Q. 1772 20.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. Rank *Capt* Name *Lo Bonte. A. J.*
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>4-10-19</i>	<i>M.H.Q. Ottawa</i>	<i>T.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 4</i>	<i>SEP 11 1919</i>	<i>C.E.F. R.O. No. 2208</i>
<i>1-10-19</i>	<i>M.H.Q. Ottawa</i>	<i>S.O.S. C.E.F. in Canada on General Demobilization</i>	<i>M.D. No. 4</i>	<i>26-9-19</i>	<i>C.E.F. R.O. No. 2198-19</i>

W. Hunter. Capt.
for Director Personal Services

(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.]

ARMY 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				

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LA BONTE *Arthur James*

REGIMENT Att/ 5th Bn. C.E. RANK Hon. Capt. & ChapNo.

Date of Examination in England 16/4/19 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 2
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

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 Officer *W. R. H. ...*

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. _____ Rank HON CAPT & CHAP Surname L A B O N T E
 (Given name in full) Arthur James
 Unit or Corps C. C. S. Birthplace New Hampshire, U.S.A.

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

I. GENERAL DESCRIPTION:

Physique Good Weight 138 lbs. Height 5 ft. 7 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 72
 Condition of arteries Normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

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

Nil

Opinion as to general health and physical condition Fit

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at *No 816 G.H.*(Overseas)
Date *25/8/19* Signed *Remoney Capt.* 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 *D. J. Remoney*

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
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 a Medical Board.)

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

[OVER]

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. _____ Rank Hon. Capt & Chap. Surname LA BONTE
(Given name in full)

Arthur James

Unit or Corps att/5th Bn C.F. Birthplace New Hampshire U.S.A

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

I. GENERAL DESCRIPTION: SSA

Physique good Weight 176 lbs. Height 5.7 ft. Colour of Eyes blue

Nutrition good

Pulse 72 regular

Condition of arteries suppl

Vision Rt. 4/12 Left 4/12

Hearing (conversational voice) Rt. 21 ft.

Left 21 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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Witley (Overseas)

Date 12-4-19 Signed C. B. [unclear] 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 A. J. Roberts

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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 a Medical Board.)

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

Certified by. File K.I. 116/447.

Casualty Form—Active Service.

Regimental Number _____

Regiment or Corps _____
 Rank Capt. Surname Gatoule Christian Name A. J.
 Religion Chaplain P. C. Age on Enlistment _____ years _____ months.
 Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

W.S.B. CLASS. "A"

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ... Disembarked ...			
10.6.16.	a a g band Sect.	att'd for duty. Auth Dbs Letter of 26/5/16 to S. C. G. Hosp. TEI E 290. P. 6 for a G. G. H. 2 2nd Ech. of 10/6/16 a a g file TEI 46693 of 26/5/16.	Boulogne	13/6/16.	pt 11 orders 26 of 30/6/16.
8.7.16	Ob. 36 G. Hosp	ceases to be att'd on proceeding to 8th b. Inf Bde for duty. P. 6 for a G. 2nd Ech. G. H. 2. 8. 367. of 30/6/16	"	2/7/16.	pt 11/31/7/8/16.
5.3.17.	A. A. G.	ceases to be attached to 2nd 8th C. I. Bde. on re- posting to 2nd 3rd C. I. Bde. attached 3rd 6th B. H. 2.	4 all	17.2.17	Pe II No. 7. 5/3/17
5.3.17	-			17-2.17.	Att order. 8 8/8/17.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such engagement or enlistment will be entered
 (b) Signaller, Shosing-Smith, &c.

[P.T.O.]

Non bapt. Lavonke A.J

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16/6/17	O.C. 14 th	Granted 10 days leave of absence to Paris		11.6.17	1st B. Div. Letter AQ 15-263 d/9.6.17
23/6/17	G.O.C. 3 rd Bde	Returned from leave		22.6.17	A 213 213 Pte Orders. No. 17 d/29.6.17
15/12/17	-	Granted 14 days L of A to U.K.		30.12.17	B 213 Orders. No. 1 &
-	-	Returned from leave		15/12/17	B 213
22.12.17	"	Cases to be att. to 3 rd Bde H.Q. on proceeding to Can. Forestry Corps.		20.12.17	Can Corps. A. 11/1/87 d/11.12.17. Pte 11 37 d/31.12.17 Pt 2 D.O. No 1 d/ 11-1-18
22.12.17	H.Q. 675 12 th Div	Cut to H.Q.s 2012 and 578 from 586 H.Q.s		21.12.17	B 213. Pte 20.1.1. d/4.1.18.
		Attached as in H.Q. to N.C. 676.		28.12.17	Pte no 5 d/11.2.1918.
5.10.18.	A.O.C.S. 10 th Bde.	Cases to be posted to Hq. C.F.C. (now listed) on being attached for duty to 2 nd Bde. C.F. Hq.		5.10.18	Pat. 2 45 d/4/18.
17.8.18.	12 District	Granted 14 days Leave	U.R.	15.8.18	B 213. Pat. 26 31/8/18
31.8.18	do	Rejoined from Leave.		30.8.18	B 213
	O.C. Emb. Camp	ENGLAND GROUP 19		13 APR 1919	
11.8.19		S.O.S. D.M.R. of C. ON EMPLOYMENT FOR CANADA.			For Major General Canadian Section, G.H.Q. 3rd Echelon, B

Adjutant General

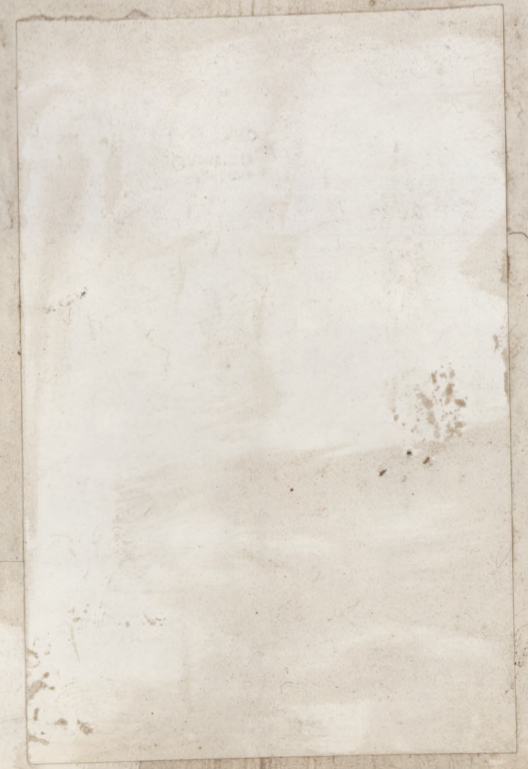
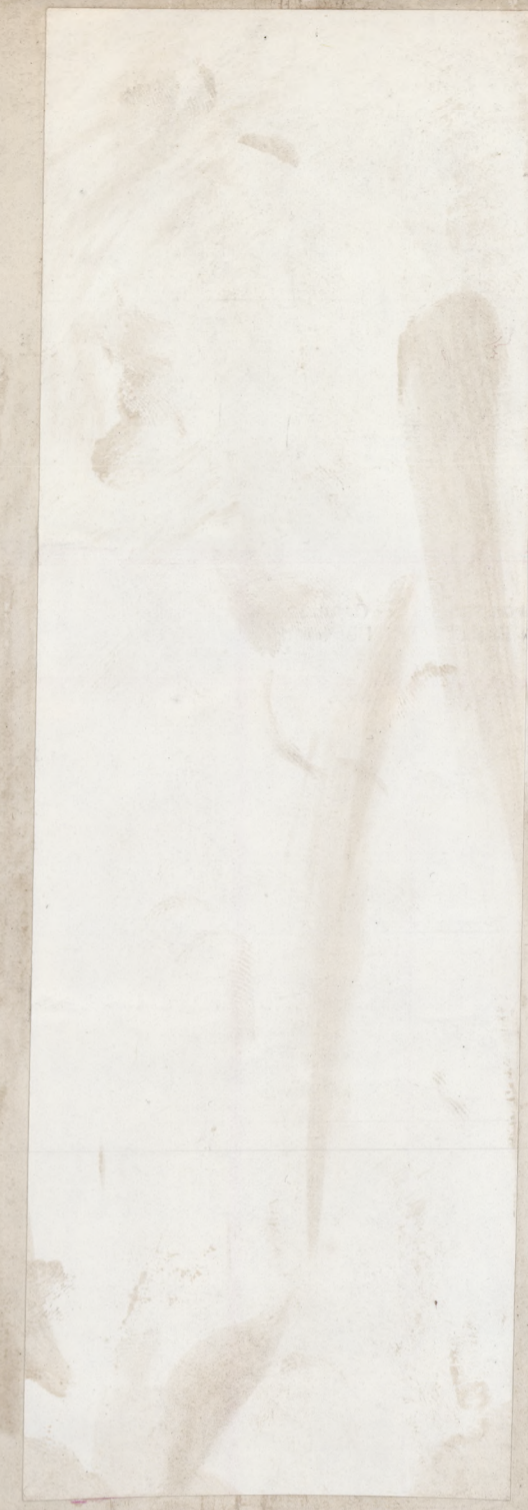
NAME
DATE OF ACCOUNT
PARTIAL (YES OR NO)
NEXT OF KIN - NAME
ADDRESS
DATE EMPLOYED
(AND DATE)

REMARKS
CASH
DEPOSIT
TOTAL PAY
ALLOWANCES
TOTAL
MEMBERS
COMMISSIONS
TOTAL
TOTAL PAY
TOTAL ALLOWANCES
TOTAL
TOTAL PAY
TOTAL ALLOWANCES
TOTAL
TOTAL PAY
TOTAL ALLOWANCES
TOTAL

SUNDRY PAYMENTS

REMARKS
AMOUNT
PARTICULARS

ALLOWANCES DEPOSITED



ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

at Montreal

Honr Capt.

From Canada

Name Labonte

Address

Barracks Hospital

Chaplain

1/0/12 183/16.

Initials A. J.

Amount. \$

D.O. 1388 6.1.20 3/16.

Bank of Montreal.

Separation Allowance issued. Yes or No.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
Apr 27	Pay April (R)		142 50			142 50		
" 28	Bank			142 50				
May 14	Pay May R		147 25					
" 29	Bank			147 25				47
June 22	Pay June R.		142 50					
" 28	Bank			142 50				✓
July 27	Pay July (R)		147 25					
" 26	Bank			147 25				
Aug 18	Pay Aug (R)		147 25					
" 24	Bank			147 25				
Sept 2	Pay Sept (R)		142 50					
" 28	Bank			142 50				
Oct 21	Pay Oct. (R)		147 25					
" 28	Bank			147 25				
Nov 21	Pay Nov (R)		142 50					
" 24	Bank			142 50				
Dec 12	Pay Dec (R)		147 25					
" 18	Bank			147 25				
1917	Jan 22		147 25					
" 25	Bank	19286		147 25				
Feb 20	Pay Feb R.		133					
" 22	Bank	21913		133				
Mar 15	Pay Mar R.		147 25					
" 20	Bank	24818		147 25				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

10

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

B. G. B.

Pay *3⁰⁰*
F.A. ~~*50⁰⁰*~~
Messing *1⁰⁰*

Capt Robt Chap.

Name *Labonte.*

Initials *A. J.*

Bank *of Montreal.*

Add Outfit Allow. 1⁰⁰ 8

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
April 22	Pay.			142 50.				
24	Bank.	1186		142 50				
May 3	Pay.			147 25.				
24	Bank.	2679		147 25				
June 4	Pay.			142 50				
24	Bank.	4144		142 50				
July 8	Pay.			147 25				
24	Bank.	5625		147 25				
August 1 st	Pay.			147 25				
24	Bank.	7161		147 25				
Sept 3	Pay.			142 50				
24	Bank.	9186		142 50				
Oct 1 st	Pay.			147 25				
23	Bank.	10393		147 25				
28	Add Outfit Allow. 1 ⁰⁰ 8		100					
30	Bank.	10853		100				
Nov 23	Pay R/capt La p 12 78			162 50				
	Bank	12568		162 50				
Dec	Pay. R.			155				
	Bank	13770		155				
1919				155				
Jan	Pay. R.							
17	Bank 8 19. N.Y. 16.5.7. less 90 Jan to 1162.			30 56				
	Bank.	15558		12444				
Feb 10	Pay. R.			140				
24	Bank	17136		140				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

A.F.C.

Pay *3*

Capt & Cap.

Name *Labonte*

Address

F.A. *1*

Initials *A.F.*

Amount. \$

Messing *1*

Bank *Montreal*

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919								
Mar 8	Pay R		155					
24	Bank	18683		155				
Apr	Pay R.		150					
16	Adv of Pay by P.M. C.M.G.C. No. 479 for 50. List 109 1/4	1475		9 13				
25	Bank	1052		295 84				
May	Pay R		155					
June	Pay R		150					
28	Bank			150				
July	Pay R.		155					
16	Adv for P.M. 6/46. 50 for 47/4. Chgd in error	10141		9 13				
	Bank			164 13				
Aug 21	Aug Pay		155					
	Asst outfit allow 5/1 7/9	108		100				
	Bank			100				
29	Bank			155				
Sept 9	Adv Sept Oct Pra			305				
16	Rules 6-11 9/19	6748						
25	Pay R. Sini - Dec 19		500					

RETURNED TO CANADA
L.P.C. TO
TRANSFER TO N.E. LEDGER

Accepted
15/19
Sept 21 1919

RETURNED TO CANADA
L.P.C. TO
TRANSFER TO N.E. LEDGER

#510
10.31.10.19
2.9.415.00

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Name
Initials
Bank

3 Sep 18

Pay 3rd
4a. 7th
Mess 1st

Cpl + Chap 15th

F. Can.
20. 1388 C.R.
20th

Name Labonte
Initials A.J.
Bank of M.

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1917

1917-18

Apr 23

Pay Apr R.

Bank 2940

142 50

142 50

25

May 19

Pay May R.

Bank 6022

147 25

147 25

24

June 18

Pay June R.

Bank 7999

142 50

142 50

21

July 20

Pay July R.

Bank 13007

147 25

147 25

25

Aug 18

Pay Aug R.

Bank 17020

147 25

147 25

22

Sept 18

Pay Sept R.

Bank 21610

142 50

142 50

22

Oct. 23

Pay

✓

147 25

147 25

23

Nov 22

Pay

Bank 16282

142 50

142 50

22

Dec 15

Pay

Bank 30733

147 25

147 25

15

1918
Jan 24

Pay

Bank 35096

147 25

147 25

24

Feb 23

Pay

Bank 39459

133 -

133 -

23

March 4

Pay

Bank 41013

147 25

147 25

25

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Suspension area ^F
Occupational Group 19

L. 189

**Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.**

Aracucayan

● RANK *Hon. Captain*

2. NAME *LABONTE, Arthur James*

3. UNIT *Chaplain Services, C.M. Canada*

4. DATE STRUCK OFF STRENGTH _____ PLACE _____

5. REASON *Demobilization.*

SOS 26-9-19 Ro 2198-19 War Service Badge Class "A" No. _____

6. AUTHORITY

7. PROPOSED RESIDENCE

*Co. Rev. J. B. Bays,
Juniata, (O.M.I.),
St. Boniface, Manitoba.*



This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

H Capt La Bonte. A. J.

M. F. W. 2591.

(923) Wt. /45P 3/19 15M D.St.

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

1. RANK
2. NAME
3. UNIT
4. DATE STRUCK OFF STRENGTH
5. REASON

PLACE

War Service Medal
Class "A" No. _____

6. AUTHORITY
7. PROPOSED RESIDENCE



This folder should contain the following documents:—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 51.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 237.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Handwritten notes and signatures in the right margin, including the word "copy" and other illegible markings.

Group
Checked by No.
Date 10 SEP 1919

Group..... *H 40*
Checked by No..... *29*
J. M. M.
Date..... 10 SEP 1919

OK. 52.

*3rd Inf Bde
Chap Gen*

Rank and Name **LABONTE, Arthur, James.**

Hon-CAPTAIN.

~~(No Attestation)~~

*d. A. B. 158
38/10 JUN 31 1916*

Regimental No. **CHAPLAIN Det.**

Name and Address of Next-of-Kin

Unit **C.A.M.C.**

Very Rev Charles, Cahill.

Date of enlistment **March. 16. 1916.**

St. Boniface, Winnipeg.

Place of birth **Francis Town New Hampshire.**

Manitoba. Canada.

Married (Yes or No) **Single.**

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

LEFT CANADA 26-2-16. A.F.B. 103

*8 Bde 1-8-16
5-CMR 1-8-16
8 Bde 1-9-16
do 1-10-16
5CMR 1-10-16
8 Bde 1-12-16
do 1-2-17
5CMR 1-2-17
3 Bde 1-3-17*

Report

Date	From whom received	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
20/3/16.	<i>g.o.c C.F.D.</i> Com: Can:	To be Hon-Capt'n & Chaplain C.E.F. & post'd to Moore B'ks. Hp.	CHAPLAINS	18/3/16.	<i>Pt Ord 85 New Bks Hp</i> Auth. H.Q. Can Cab 208-16-4 Div. O. 1388. (3-3-16) R.O. 466.
1/6/16	<i>g.o.c</i>	<i>Proceeded seas to 3 Gen Hoops</i>		30/5/16	<i>D.O. 2834 Pt. Ord. 154. Moore Bks</i>
30-6-16.	<i>3. Gen. Alp.</i>	<i>Attached for duty</i>		13-6-16.	<i>Pt. Ord. 26</i>
7. 8. 16.	<i>D.O.</i>	<i>ceases to be attached on proceeding to 8th Can. Inf Bde. for duty.</i>		27. 7. 16.	<i>8th Inf Bde 1st Ord. 29 Pt. Ord. 31.</i>
5. 3. 17.	<i>8th Bde</i>	<i>reposted to H.Q. 3rd Inf Bde. Field</i>		17. 2. 17.	<i>Pt. O. 4. Pt. II 98 (3rd Bde H.Q.)</i>
29. 6. 17	<i>3rd Inf Bde</i>	<i>Granted 10 days leave of abs from 8. 6. 17</i>			<i>Pt Ord 17.</i>
31. 12. 17	<i>- do -</i>	<i>granted 14 Days leave of absence to UK.</i>		30. 11. 17	<i>Pt Ord 34.</i>
11. 1. 18	<i>- do -</i>	<i>Trans to Can. Forestry Group. Bordeaux.</i>		26. 12. 17	<i>Pt II 9 I</i>
4. 1. 18.	<i>No 12 Dist CFC.</i>	<i>act. to H.P. No 12 District C. F.C.</i>		21. 12. 17	<i>Pt II 9 I</i>
8. 11. 18	<i>C. Chap Form</i>	<i>ceases to be act HQ CFC (12) & is att'd for duty to 2 Bde. CE HQ</i>		5. 10. 18	<i>Pt II 45</i>
4 6 19	<i>..</i>	<i>ceases to be att for duty 2 Bde CE</i>		13 4 19	<i>Pt 32</i>
10 6 19	<i>DCS</i>	<i>was on reporting from France</i>		14. 4. 19	<i>Pt C O 192</i>

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				
4. 6. 19	captured	Bos & Hstah proceeded to Ingham		13.4.19	T4 ¹¹ 32
10 6 19	DCS	posted to CCC W Hley from 14.4.19 to 24 4 19		29 4 19	Co 193
22. 10. 19	omfe Pers!	SOS to C&F Canada		11.9.19	Aferoid 1 No 8
		Ed for Canad 11 9 19	ARAGUAYA	sl 510	
				Jus. 26.9.19	24911

ORIGINAL.

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Labonte Christian Name Arthur James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Francis Town County New Hampshire

Examined ... { on 14 day of March 1916
at 86 Thaird London.

Declared Age ... 32 years ... days.

Traie or Occupation ... Priest. (R.C.)

Height ... 5 feet, 6 inches.

Weight ... 134 lbs.

Chest Measurement { Girth when fully Expanded. 34 inches.
Range of Expansion 2 inches.

Physical Development ... Fair

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... at 11 years of age

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) small mole over left shoulder

(b) Slight defects but not sufficient to cause rejection ... { (b) no

Approved by (Signature) David Donald
(Rank) Major Campbell Medical Officer.

Enlisted ... { at ...
on ... day of ... 191 ...

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>6th Dragoon</u>	
Transferred to ...		

Became non-effective by ...
on ... day of ... 191 ...

(Signature) _____
(Rank) _____

List in the case of Warrant Officers treated in quarters.

cases bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
<p>March 14/16 25/8/19</p>	<p>1st Typhoid inoculation Boarded Co. A 1st Regt. Cavalry Capt.</p>

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

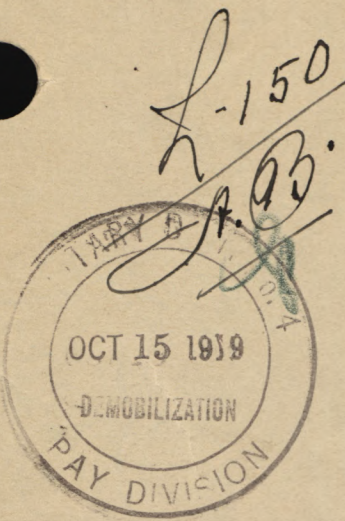
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No.

RANK *CAPT.* NAME (IN FULL) *LABONTE, ARTHUR J.*

NEXT OF KIN: _____ RELATIONSHIP: _____
 ADDRESS: *205 Front St. St. Boniface* PARTICULARS: *20763* EFFECTIVE DATE: *11-9-19* AUTHORITY: *[Signature]*
 IS SEPARATION ALLOWANCE PAID? *nil* DATE EFFECTIVE: _____
 TO WHOM PAID: *nil* RELATIONSHIP: _____
 ADDRESS: _____
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: _____ EFFECTIVE: _____
 DISCHARGED: *SOS6 PA AM Unit 26-9-19* PLACE: _____ DATE: _____ REASON: *For Sent 202198 to 2445/3* AUTHORITY: *[Signature]* IF ENTITLED TO POST DISCHARGE PAY: *men*



L-150
A.93.

St. S. G.
40 Reg 7th Bays
Juniorate O.M.I
St Bonifaces

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
																		<i>Maquana</i>
																		<i>nil</i>
																		<i>17500</i>
																		<i>1000</i>
																		<i>30500</i>
																		<i>30080</i>
																		<i>Other</i>
																		<i>W.S.G. S.A. Total</i>
																		<i>30080</i>
																		<i>43120</i>
																		<i>43120</i>
																		<i>1805903</i>

BALANCE FROM PREVIOUS ACCOUNT

18/3/20

