42nd Regiment - 130 Battalion, C.E.F. TRIPLICATE

ATTESTATION PAPER.

No. 788809

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Joseph Laronde
2. In what Town, Township or Parish, and in what Country were you born? ..... Pembroke, Renfrew Co., Ont.
3. What is the name of your next-of kin? ..... Lemab Laronde (father)
4. What is the address of your next-of-kin? ..... Pembroke, Ont.
5. What is the date of your birth? ..... 5Sept. 1896.
6. What is your Trade or Calling? ..... Labourer.
7. Are you married? ..... No.
8. Are you willing to be vaccinated or re-vaccinated? and inoculated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... No.
    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? ..... his
13. Date of Enlistment Nov. 23 1915. ..... J. X Laronde (Signature of Man.)
    mark
    ..... H. Jonnop (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Laronde, 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.

his
..... J. X Laronde (Signature of Recruit)
mark

Date Nov. 23 1915. ..... H. Jonnop (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Laronde, 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.

Dec. 28th D

his
..... J. X Laronde (Signature of Recruit)
mark

Date ~~Nov. 23~~ 1915. ..... H. Jonnop (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 Pembroke, Ont. this 28th day of December 1915.

W H Bonnell ..... ~~Lieut. Adjt. 130th~~ Capt. (Signature of Justice)

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

W Jeffrey Gilchrist ..... Capt. (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-59-841.

Description of Joseph Laronde on Enlistment.

Apparent Age 19 years 2 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Weight	140
Height	5 ft. 10 ins.
Chest measurement. Girth when fully expanded	35½ ins.
Chest measurement. Range of expansion	2½ ins.
Complexion	Dark
Eyes	Dark Brown
Hair	Black
Religious denominations. Church of England	
Presbyterian	
~~Wesleyan~~ Methodist	
Baptist or Congregationalist	
Other Protestants (Denomination to be stated.)	
Roman Catholic	X
Jewish	

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).

scar left knee

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 Nov 24 1915.

Place Pembroke, Ont.

F C Delahey
Lieut Ame Medical Officer.

*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.

Joseph Laronde 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.

J. E. deHortel Lieut. Col. (Signature of Officer)
Commanding 130th Overseas Battalion

28th D

Date Dec ~~1st~~ 1915.

28 3 79 Pte LARONDE JOSEPH 788809. #3DD 130th

O. H. M. S.

CONTENTS

ATTESTATION PAPER (M. F. W. 23, 133 OR 51) 3
CASUALTY FORM (M. F. W. 54 OR A. F. B. 103) 1
TRAINING HISTORY SHEET (M. F. W. 113)
FIELD CONDUCT SHEET (M.F.W. 178 OR A.F.B. 122) 1
REGT. CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121)
COMPANY CONDUCT SHEET (M.F.B. 263A OR A.F.B. 121)
MEDICAL HISTORY SHEET (M.F.B. 313 OR A.F.B. 178) 2
DENTAL HISTORY SHEET (M. F. B. 465) 1
MEDICAL REPORT (M. F. B. 227 OR A. F. B. 179)
MEDICAL EXAMINATION (M. F. W. 129) 1

TRANSFER CLOTHING STATEMENT (M. F. W. 97, [illegible]) 1
PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 OR A. F. A. 2)
DECLARATION, COURT OF INQUIRY (M. F. B. 259 OR A. F. B. 115)
LAST PAY CERTIFICATE (M. F. W. 44) 1
PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR A. F. B. 268) 1
PARTICULARS OF CHARACTER (A. F. W. 3226)
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A) 1
[illegible] (C. A. D. C. 5009) 1
[illegible] 71 OR 192) 1

DMS 1375 — 1
MFW 67 — 1
cascard — 2
AWG — 1
R-122 — 1
Pay card — 1

130

Demotn

M

H

M

JUDICIAL ARCHIVES
RECORDS CENTRE

10229

4
7.16
7.16
26 16

407335

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

788809	LARONDE	JOSEPH K
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

DEC'D 03/11/68

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU PERSONNEL

Location
Lieu 5417

Ham 162

B
V

Number. 788809 Rank Pte

Surname. LARONDE

Christian Name. Joseph

Unit. 3rd Bn. Can. Inf. Theatre of War. France

Date of Service. 12-11-16

Remarks.

Latest Address Pembroke Ont

Roll No. B Page 4677

DEPT. FEB 22 1929
REGN. No. 42220

542 Giroux St.,
Pembroke, Ont.(Req.)

REGT'L. No. 788809

H. Q. FILE No. 649

NAME Laronde Joseph

RANK AND CORPS Pte. 3rd Bn form 130th Bn

FOLLOWS NO.

CABLE NO.	DATE	NATURE OF CASUALTY
K of R	Lamab	Laronde (Father) Pembroke Ont
111-3 H 254	16-8-18	Adm 9 Gen H Rouen Aug 9th 1918 GSW Larm (also HL a 291-4)
3-4 Or 600	6-10-18	Adm 10 Gen H Rouen Sept 28th/18
H.L. A336	4-10-18	GSW Relbow

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A636 Ex	No 1 Conv. Dep. Boulogne	28-4-17	Eczema
A636	No 25 Gen. Hardelot	28-4-17	Eczema
A705	Disc to details Boulogne	20-7-17	" + Scabies.
A163-1.	4 Can. Fld. Amb.	8-3-18	Trench Mouth.
A183-3	No 4 Can Fld Amb	27-3-18	Trench Mouth
a293-8	2 Conv Dep Rouen	10-8-18	GSW Larm
A308 7	11 " " Beechy.	12-8-18	" " "
A315 8	11 " " "	3-9-18	" " Disch
B338 12	War. Reading	1-10-18	GSW. Rt elbow.
B351 1	Mil. Conv. Wdcte Pk. Epsom	18-10-18	" " "
B366 2	" "	28-10-18	" " " Disch

Form R. 149.

Joseph

1ST CEN. ONT. REGT.

Name LARONDE Rank Pte. Reg. No. 788809

Unit 3rd Bn.

Next of Kin Canada

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-3	No. 4 Can. Field Amb.		Trench Mouth	A163	[illegible]	14998.
27.3	Dis. to Duty		do	A183		16400
9.8.	No. 9. U.S.A. G.H. Rouen		G.S.W. Arm Lt	H254		3144.4
				H291		
10.8.	2. Con. Dep. Rouen		do	A293		3147/3
12.8	No. 11. C.D. Buchy		do	A308		3642/13.
3.9	Dis. to Base Dept. Etaples		do	A315		3855/7.
28.9.	No. 10 Gen. H. Rouen		G.S.W. Elbow R/A	336	Good	4487.2
1.10	Reading W.H. Reading		do	B338		27925.
18.10	Mil (Conv). H. Epsom		do	B357		29468
28-10-18	Will proceed on	7-11-18.	1st Conv.	B366		R/c
28-10-18.	Discharged		do			9223

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W[illegible] List

C

SURNAME. Laronde.

CHRISTIAN NAMES Joseph.

REGL. No. 788809 RANK Pte.

UNIT 130th. Batt.

FORMER CORPS Nil.

CARD No. 3

S.O.S. Dis. 7-2-19

Demob. D.O. 41 of 3 10/2/19 FOLL. #3 D.D.

NEXT OF KIN.

NAMES IN FULL Laronde Lamab.

RELATIONSHIP TO SOLDIER Father

ADDRESS Pembroke Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Pembrooke Ont. Sept. 3rd 1896

PLACE OF ATTESTATION Pembroke Ont. DATE Dec. 28th 1915

Sailed from Halifax per. S.S. "Lapland" 23-9-16 547/8

R/C 17-1-19 254/84 Pte.

L. L. 90 89.—M. & D. 6312. M. F. W. 22. 100m.—1-16. H. Q. 1772-39 839.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 19 YEARS 2 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 35 1/2 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION Dark EYES Dk. Brown HAIR Black.

DISTINGUISHING MARKS Scar left knee.

MEDICAL EXAMINATION. PLACE Pembroke Ont. DATE Nov. 24th 1915

FORM [illegible] 149.
7106—2[illegible]/2/17.

Name LARONDE Joseph *Rank* Pte *Reg. No.* 788809

Unit 3rd Battalion

Next of Kin Canada

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-4	No 1 Conv.Depot Boulogne		Eczema	A636		
28-4	No 25 Gen.H.Hardelot		do	A636		
20-7.	Dis to Details Boulogne		do & Scabies	A705		

Date	Movement	Place	Casualty	List No.	Notified N/K O.	[redacted]. List

No. 788809 RANK Pte. NAME Laconde Jos.

T.O.S. 1-12-15 UNIT 130th Battalion

D.O. 1 of 1-12-15

Trans. from 42nd Regt.

D.O. 1 of 1-12-15

M.D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY
1915 Dec. 1	1915 Dec. 31	✓		
1916				
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Sep		✓		

UNIT SAILED
SEP 23 1916

*Name Laronde, Joe Rank Pt Regtl. No. 788809

Fyle Depot 3 L 2010

Original unit 13th Batt Present unit 12th Res ~~M~~ or S. Age 23 Religion R.C. Ref. H.Q.

Port, ship and date of arrival Halifax Olympic 17-1-19

Next of kin Father Lemab Laronde Pembroke

Address on leave Pembroke Ont

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Butcher Date and place of enlistment Pembroke. 28 Dec 1915

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
10-1-19	T.O.S. Sub-Depot Ottawa from overseas	S.D. 22
17-1-19 to 3-2-19	Leave with pubs.	S.D. 22
7-2-19	S.O.S. Discharged H.M. Service R.O. 1343	S.D. 39.

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

DEPARTMENT OF VETERANS AFFAIRS

To [redacted] Copy for HO file

Ottawa 4, Ont
Date Dec. 9, 1968

Attention of

NAME LARONDE Joseph K. SERVICE NUMBER 788809 CEF C.P.C. No. W.V.A. No. 210944

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

MRS E. RADBOURNE 637 ELGIN ST PEMBROKE ONT Nov 30, 1968

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Nov 30 1968
Cause of Death
Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
X [redacted]
D.C.
H.O.
OTTAWA

} Destroy form if advice of death already received.

E C Richards
for
Chief, Central Registry

DVA 24

Department of Veterans Affairs

Address: Ottawa

PUBLIC ARCHIVES RECORDS CENTRE
JAN 9 1969
OTTAWA, ONT., CANADA

The Public Archives Records Centre,
Tunney's Pasture,
OTTAWA 3, Ontario.

Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname LARONDE
2. Christian names Joseph
3. Date of Birth 13 September 1896
4. Military Honours Nil.
5. Units (including that on discharge) / Highest Rank in Unit

(a)	130 Bn	Pte
(b)	3 Bn	Pte
(c)	12 Res Bn	Pte
(d)		
(e)		
(f)		

DVA 1001 (Rev. June, 1963)

J. H. Logan,
Head,
Accessions and Reference Section.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 788809 (Rank) Private

Name (in full) LARONDE, Joseph enlisted in

the 130th Battalion

CANADIAN EXPEDITIONARY FORCE at Pembroke, on the 28th

day of December 19 15.

HE served in Canada, England and France

and is now discharged from the service by reason of DEMOBILIZATION R.O. 1343 -

3DD 3- L-2010

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

Age	22 yrs, 5 mths	Marks or Scars	
Height	5' 10"		
Complexion	Dark	G.S.W. middle third left upper	
Eyes	Dark Brown	arm.	
Hair	Black		

J Laronde
Signature of Soldier

A. V. Heathcote
Issuing Officer

Capt for Major
Rank

Date of Discharge February 7, 1919

O.C. Sub.Depot, #3 D.D.
Appointment

Signed at Ottawa, Ontario this 7th day of February 19 19.

in Military District No. 3

File Reference No. 3DD 3-L-2010.

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.
250m.—6-18.
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 .....

.....

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

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

..... Name of Officer

..... Rank

..... Appointment

R—122

CHS Rank Name LARONDE Joseph Reg'l No. 788809

Unit 130th. Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Pembroke. Ont. Nov.23rd.1915. Place of Birth Pembroke, Renfrew Co. Ont.

Name and Address, Next-of-Kin Lemab Laronde
Pembroke Ont box.

Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character Overseas

N/E R.B. No. 17444
File R.L.
Category CAN.OR

H. W. & V., Ld.—7165-16.

Report. Date.	Report. 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.
		Arrived in England, S.S. Lapland 6-10-16.			
9.10.16	I30 'BN	SOS TO 12th Bn.	W.Sandling	6-10-16	DO 247
9.10.16	12 Bn	Taken on strength.	do	6.10.16	" 275
12-11-16	12th Bn	SoS to 3rd Bn Overseas	" "	12-11-16	" " 306
18.11.16	3rd Bn.	To S.	Field	14.11.16	" " 86
7.5.17	"	To No 1 Conv Depot	Boulogne	28.11.17	Ch A636 Eczema
7.5.17	"	To No 25 Gen Hp.	Hardelot	28.11.17	Ch A636
28.7.17	"	Disch to Details	Boulogne.	20.7.17	— 705.
14.8.18	1 COR.	Wounded -	Field	9.8.18	Ch.A 291
4-10-18	1 COR.	Wounded	-	28.9.18	Ch A 336

A.F.B. 103 CHECKED 15 NOV. 1916

Report. Date.	Report. 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.
10-10-18	1CORD	T.O.S. from 3Bn	Pte Wetley		1-10-18	Pt 281 (102 7.10.18 3BN) o/c
21-10-18	1CORD	Ch. Com to 1 CCD	✓	✓	20-10-18	Pt 302 (309 8.11.18 1CCD
26-11-18	12Res	T.O.S. from 1 CORD	✓	✓	25-11-18	Pt 281 (334 2.12.18 1CORD
9.12.18	12	Attc to Kimel Park			8.12.18	292 (14.24.12.18 3MDC
20.1.19	12Res	Cease attc SOS to CE Canada	Pte	✓	9-1-19	Pt 16

Army Form B. 103. 3rd. Sheet Regimental Number 788809

Casualty Form—Active Service.

Regiment or Corps .....

Rank ..... Surname Laronde Christian Name Joseph

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) 23-11-16 Terms of Service (a) ..... Service reckons from (a) 23-11-16

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) Laborer

or Corps Trade and Rate .....

Occupation .... Signature of Officer.

Report: Date	Report: From whom received	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.
		Embarked ...			
		Disembarked...			
10-10-18	12 CORPS	T.O.S. from 3 Bn	Witley	1-10-18	Pt II 281
					LIEUT: FOR LT. COL. I/C RECORDS, C.E.M.F.
25.11.18.	Ceases to be attached on proceeding to	12th Reserve	D.O.Ro.	326	26.11.18
					Adjutant Canadian Command Depot,
26-11-18	12th Res	T.O.S. 12th Res Battn	Witley	25-11-18	Part II/ 281
9.12.18.	do	On Command to Kinmel Park	do	8.12.18	pt II 292

(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) Signaller, Shoeing-Smith, &c.

W. 11814—M1188 1000m 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354.

[P.T.O.

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				
	Att. to Kinmel Park		Pt II Do	1 of	9-12-18
~~24/12/18~~	Ceases to be att. on transfer		to CEF		
~~23/12/18~~				~~14~~	~~DEC 23/18~~
9/1/19	on proceeding to Canada		Pt II DC	~~13~~	~~21st of Dec/18~~
				11 —	11/1/19
		A.B. Hennessy Lieut. M.D.C. Wing Z.			
7/2/19	S.O.S.	Discharged	Ottawa	7/2/19	HQ P II 8-2-19
					R.V. Heathcott Capt Major for O. C. District Depot No. 3

Mma.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 130th OVERSEAS BATTALION, C.E.F.

Regimental No. 788809 Rank Pte. Name Laronde Joseph.

Enlisted (a) 23-11-16 Terms of Service (a) C.E.F. D.O.W. Service reckons from (a) 23-11-16

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) Labourer.

Report: Date	Report: From whom received	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.
		Embarked Halifax 23.9.16 Disembarked L. pool 3.10.16		~~9-10-16~~	
9.10.16	130th Bn.	Trans. 12th BN ~~BO 275~~	W. Sandling	6.10.16	Pt II D.O. # 247
NOV 9 - 1916	O.C. 12th	Trans to 3rd Bn. B O. 303	W. Sandling	NOV 12 - 1916	F. E. Rutley. Capt. ASST. ADJ. 12th RESERVE BATTALION C.E.F.
9.10.16	12 Bn	Taken on strength	W Sandling	6.10.16	Pt II D.O. # 275

CERTIFIED CORRECT. 17 NOV. 1916 CAN. RECORDS, LONDON.

CAPTAIN ADJUTANT 130TH OVERSEAS BATTALION, C.E.F.

W. C. Parmer Lieut for Colonel i/c Records, C.E.F.

(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.

788809. Pte. Laronde. J.

Report Date	Report From whom received	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.
14-11-16	C. B. D.	ARRIVED C. B. D.	FRANCE	14-11-16	N. R. D/- 14-11-16 PART II ORDERS No 86 D 18-11-16
14.11.16	C. B. D.	LEFT C. B. D. FOR	1st Can Ent Bn	1.12.16	N. R. D
3.12.16	1st Can O C. Ent. BN	ARRIVED 1st Can Ent BN	FIELD	3.12.16	~~B. 213 D~~ N Roll
22/3/17	1 ST CAN ENT BN	LEFT FOR UNIT	"	22/3/17	NR
24-3-17.	3rd Bn.	Joined Unit.	Field.	22-3-17.	B.213. DCS. 503. d/- 6/4/17
21.4.17.	do.	To 3 Hospital		20.4.17	B.213. DCS. 516 d/- 5.5.17
28.4.17	1 Can. Depot.	Eczema.	To 25 Genl.	28.4.17	W 3034.
28.4.17	do.	"	Adm.	28.4.17	do.
28.4.17	25 Genl.	" " "	Adm.	28.4.17	do.
20.7.17.	25 Genl.	" " " to.	Details Camp.	20.7.17.	W. 3034.
23.7.17.	1st C.I.B.D.	T. on S. "A."		23.7.17.	N.R.
7.8.17.	do.	Left for 1st Can. Ent. Bn.		8.8.17.	N.R.
11.8.17.	1st C.E. Bn.	Arrived 1st C.E. Bn.		11.8.17.	N.R.
31.8.17.	1 ST CAN ENT BN	LEFT FOR UNIT		31.8.17.	N.R.
1.9.17	3RD CAN BN.	JOINED UNIT		31.8.17.	B 213. D. C. S. 557.
19.1.18.	do.	GRANTED 14 DAYS LEAVE		13.1.18.	B 213. Pt. 11 No 6. d/ 26.1.18.
2.2.18.	"	RETURNED FROM LEAVE		29.1.18.	B 213.
9.3.18.	"	TO HOSPITAL.		8.3.18.	"
9.3.18.	2 C. F. Am.	French Mouth Adm. 8.3.18 to 4 C. F. Am.		8.3.18.	D. 6710.
8.3.18.	4 C. F. Am.	do. Adm. 8.3.18.		8.3.18.	D. 6950.
24.3.18.	do.	do. Taken over by 2 C. F. Am.		24.3.18.	D. 9678.
26.3.18.	2 C. F. Am.	do. " " from 4 C. F. Am.		26.3.18.	D. 9555.
31.3.18.	4 C. F. Am.	do. to Duty		27.3.18.	E. 2185
30.3.18.	3rd Bn.	Rejoined Unit.		27.3.18.	B. 213.
10.8.18.	do.	WOUNDED TO HOSPITAL.		8.8.18.	"
8.8.18.	1 C. F. Am.	S. W. Arm R. Adm. 8.8.18. to C.C.S.		8.8.18.	A/6813.
13.8.18.	5 C.C.S.	do. Adm. 8.8.18. to 26 A.T.		8.8.18.	H. 1719.

Sheet. 2

Army Form B. 103. Regimental Number 788869

Casualty Form—Active Service.

Regiment or Corps 3RD CAN BN.

Rank Pte. Surname Laronde Christian Name J.

Religion ..... 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 .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	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
		Embarked ...			
		Disembarked ...			
9.8.18.	9. Genl.	G. S. W. Arm L.	Adm.	9.8.18.	G. 8457.
10.8.18.	do.	do. to	2 Con. Dept.	10.8.18.	G. 9036.
10.8.18.	2 Con. Dep.	Wounded.	Adm.	10.8.18.	G. 7996.
12.8.18.	do.	do. to	11. Con. Depot.	12.8.18.	W. 9609.
12.8.18.	11 Con Dep.	G. S. W. Arm. L.	Adm.	12.8.18.	H. 2668.
3.9.18.	"	do. to	Base.	3.9.18.	H. 6051.
5.9.18.	C. G. B. D.	V. on. S. "A"		5.9.18.	N.R. 437
11-9-18	do.	Sentenced to forfeit 7 days pay, 10-9-18 for "When on Active Service, absenting without leave from about 9-15 p.m. 8-9-18 until apprehended about 1-30 pm. 9-9-18". About 16 hours 15 minutes. Forfeits 1 days pay by R.W.			A.F.B.2069. Pt.11 Ord.90. dated 17.9.18.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(6396) Wt. W1289 300,000 5/18 McA & W Ltd. Form B/103 (E. 3109)

[P.T.O.

13

788809 Pte. Laronde J.

Report Date	Report From whom received	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
18.9.18.	C. 2 B.D.	Left for CAN. CORPS, REINF. CAMP		18.9.18.	S.R.
18.9.18.	CAN. CORPS REINF. CAMP	Arr. CAN. CORPS REINF. CAMP		18.9.18.	"
19.9.18.	"	LEFT FOR UNIT		19.9.18.	"
SEP 21 1918	3RD CAN BN.	JOINED UNIT	SEP 20 1918		B 213.
28.9.18.	10 Gen.	G.S.W. Elbow R.	Arbre.	28.9.18.	K. 4872.
30.9.18.	do.	Invalided ... Wounded.	H.S.	30.9.18.	W.3083/6119.
		Posted to 1st Central Ontario Regtl. Depot Witley	"Managuan"		Pt. 11 No 102 dl 7.10.18.

LIEUT.
FOR LT-COL.
A.A.G.

ORIGINAL

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 130th Bn C.E.F.

(2) Regimental Number 788809

(3) Full Name of Soldier Joseph Laronde

(4) Place of Birth Pembroke Ont

(5) Are you married, or not? No

(6) If married, state,

(a) Full name of your wife

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1372-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Amable Laronde Pembroke, Ont

(10) Is your Mother alive? No.

If so, state name and address ——

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. Jeffrey Moffat for Maj.
Officer Commanding.
Lieut. Col.
Commanding 130th Overseas Battalion

Date SEP 18 1916

KC

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 788809 Rank Pte. Name Larondé, J.
(Surname first)

Unit No. 3 District Depot who was* discharged.

On 7-2-19 191..., to 1

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 7-2-19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		14 40
Regimental Pay 38 days at $ 1 c.		38 00
Field Allowance 38 days at $ c. 10		3 80
Separation Allowance		35 00
Clothing Allowance		70 00
Post Discharge Pay		425 99
*Other Credits Cr. per L.P.C.		
	25 00	
Advances 1236		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges C.M.B.	2 49	
	559 70	
Balance on transfer or on discharge, cheque No. 1291	~~587 19~~	~~587 19~~
Total		

*Give particulars.

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

Assigned Pay for the month of ...191...
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 ... married or single...

(2) Separation Allowance, entitled or not no (3) Reason for discharge Demob.

(4) Authority for discharge or transfer R.O. 1343.

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 February 8th, 1919.

Place Ottawa, Ont. [signature] Major.

Paymaster.

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 purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a 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 Certificates 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.		
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....
.....	.....	.....	.....	...	.....	...	.....

Wagoner Gipsom III

ORIGINAL ORIGINAL 134

MEDICAL HISTORY SHEET. 788809

Surname Laronde Christian Name Joseph

OCT. 1918

Examined on 24 day of Nov 1915 at Pembroke

Birthplace City or Town Pembroke County Renfrew

Apparent age 20.

Trade or occupation Laborer

Height 5 Feet 10 Inches.

Weight 141 Lbs.

Chest measurement Minimum 35½ inches. Maximum expansion 2½ inches.

Physical development Good.

Small-Pox Marks yes

Vaccination Marks Arm — Right. — Left. — Number 0 — 0

When Vaccinated last Never.

(a) Marks indicating congenital peculiarities or previous disease a few Pockmarks

(b) Slight defects but not sufficient to cause rejection None

Approved by F C DeLahey

Rank Lieut A M.O

Date	Fit or Unfit	Examined for Re-engagement,
21.10.18	D.	[illegible] M.O
		Capt Cam C M.O.
		M.O.
		M.O.
		M.O.
		M.O.
7 AB 2	24.5.18	[illegible] M.O. Capt Cam C

Date	Result	Vaccinations.
25/8/16		D. R. Wark, capt ame M.O.
1-9-16	o.k.	H. H. Birdsall Capt. ame M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1916 Apr 25		[illegible] M.O.
4/7/16		C A Mollen Capt ame M.O.
21/7/16		J Dist Capt ame M.O.

Enlisted on 23 day of Nov 1915 at Pembroke

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	130th Batt C.E.F.	788809	Good.	Nov 23/15
Transferred to..	TRANS. TO 12th. Bn. BO 275 October 9th 1916 Trans to 3rd Bn. B O. 303			

6 NOV 12 - 1916

CANADIAN

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Mutlee Camp	24/11/18	Fit	Cat. A. [illegible]

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Laronde Christian Name Joseph

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
Reading	War	2	10	18	17	10	18	G S W Elbow ~~Cap~~ RV Shrapnel	16	Penetrating. Small SW in tip of olecranon. Wound healed, no interference with use of joint	A Mounsell Capt & Rance
MC 18 Epsom		14	10	18	28 OCT 1918			Do	12	Small scar right elbow not adherent. all movement good. Heart & lungs normal fit. Do	[illegible] Capt. Caine

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. 788809 Rank Pte. Surname Laronde
(Give name in full)
Joseph

Unit or Corps 12th Battalion Birthplace Pembrooke Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 10 in. Colour of Eyes Brown

Nutrition good

Pulse 92

Condition of arteries good

Vision Rt. 616 Left 616

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
G. S. W. middle third left upper 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 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.

A, Arsf.

(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 Ottawa (Canada)

Date 5-2-19 Signed R B Sardwan 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 J. Laronde

Approved R M Cairns Capt AMC for A D No 3

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

5/2/19

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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. 788809 Rank Pte. Surname LARONDE,
(Give name in full)
Joseph

Unit or Corps 12th Battalion Birthplace Pembroke, Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 10 in. Colour of Eyes Brown.

Nutrition Good

Pulse 92

Condition of arteries Good.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

G.S.W. middle third left upper 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 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.

A I
RBS.

(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 Ottawa (Canada)

Date 5-2-19 Signed R B Gardiner 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.

Approved Signature J. Lavande

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

5/2/19 for A D M S (This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1143.

99-L-110

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. 788809 Rank Pte. Surname LARONDE,
(Give name in full)
Joseph

Unit or Corps 12th Battalion Birthplace Pembroke, Ont.

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

General Registry Office
MAR 6 1919
M.D. No. 3 Kingston

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 10 in. Colour of Eyes Brown.

Nutrition Good

Pulse 92

Condition of arteries Good.

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

G.S.W. middle third left upper 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 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.

"A"
RBJ

(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 Ottawa.....(Canada)

Date Feb. 2-19..... Signed R B Gardman 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 J. Laronde.....

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

Approved R M Cairns Capt AMC for A D MS 5/2/19

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

D.M.S. 1375. 1918 24

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Joseph Surname Laronde

Unit or Corps 12th Reserve (If a soldier) Regtl. No. 788809

Born at Pembroke Ont. on, date Sept 3, 1894

Signature (for identification) J Laronde

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

None

Weight 165 lbs.

Height 5 ft. 10 ins.

2. NUTRITION AND DIATHESIS?

Normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

Normal

4. RESPIRATORY SYSTEM.

Normal

5. HEART? Normal

Abnormal Sounds? None

Abnormal Size? None

Pulse Rate? 72 Intermittence or irregularity? None

6. ARTERIES.—Any hardening?

Normal

7. DIGESTIVE SYSTEM?

Normal

8. GENITO-URINARY SYSTEM? Normal

Urinalysis—S.G.? 1010 Reaction? Acid Albumen? Nil Sugar? Nil

9. SKIN, MIDDLE EAR, EYE or any other part?

Normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

None

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Kinnel Park Signed [signature] M.O.

Date Dec 14/12/18 Signed [signature] M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Laronde J

RANK Pte

No. 788809

REGIMENT 130. Batt

M.F.B. 465
[illegible]-10-18
[illegible]39-950

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 from the Service.

	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	Prophylaxis	OPERATOR	Military District	REMARKS
	7919																						
Condition on first Examination	Feb 3									1. 9	5. 5.8 13. 36 32										H S Allen Capt	3	Cavities 14 30 Extractions 19.20
																							Refused treatment. Laronde J

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

M.D.3.

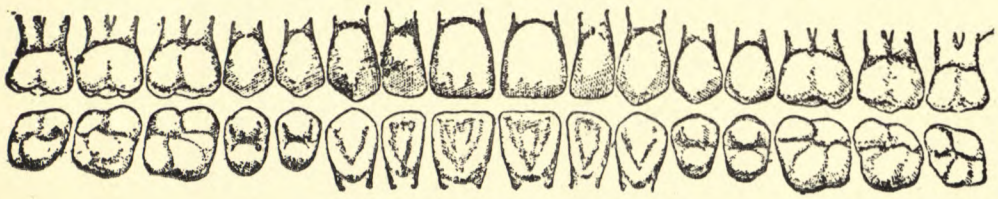
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Laronde. J.

REGIMENT 12th Res. RANK Pte. No. 788809.

Date of Examination in England 11-12-18 Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

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 14-20-29-31
2. EXTRACTIONS 19
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

Mumbel Park. N Wales.

Signature of Dental Officer H W Reid Capt. CADC

WHY STORE IT WHEN YOU CAN

MEMOS

To Pembroke Observer

CLASSIFIED ADVERTISERS

1. CLASSIFIED REGULAR ADS: Accepted Daily for the FOLLOWING DAY'S Publication, from 8:30 a.m. until 5:00 p.m. py bhone or counter.

2. CLASSIFIED CHARGES:
   6 Consecutive Insertions — 3½ cents per word.
   3 Consecutive Insertions — 4 cents per word.
   1 Insertion — 4½ cents per word
   All Insertions — 24 Word Minimum Charge.
   10% Additional Charge if not paid within 10 days.

3. DEADLINE FOR CLASSIFIED DISPLAY: All display copy must be in our office by 12 o'clock noon day prior to publication.

4. ERRORS OR CORRECTIONS: The Classified Advertisement Dept. requests all advertisers to kindly re-check their advertisements immediately upon first insertion in order that any errors or omissions may be reported before 9:30 a.m. in order that same may be rectified for that day's insertion order. We wish to point out that The Pembroke Observer is responsible for only one incorrectly printed insertion of any advertisement and then only to the extent or portion of ad that involves the misprint. Errors which do not lessen the

Deaths

LARONDE, Joseph K.: Died in the Pembroke General Hospital, Sunday, November 3, 1968. Joseph K. Laronde of 542 Giroux Street, Pembroke, in his 72nd year. Beloved husband of Clara Gilbert; Father of Harold, Deep River; Edward, Orleans; Daryl of Pembroke; Mrs. Julia Wietzel and Mrs. Isabel Calback of Ottawa; Mrs. Helen Radburn and Miss Alice Laronde, both of Pembroke; Brother of Hector, William and Duff of Pembroke, and Arthur of Windsor. Resting at the Neville Funeral Home, 491 Isabella Street, until Wednesday, November 6th; thence to St. Columbkille's Cathedral for Requiem Mass at 9 a.m. Interment in the Parish Cemetery. N5-c

FUNERAL HOME

Close By In Time Of Need

HATTIN

Funeral Home

(Gene Murphy, Director)

296 Isabella Street

TELEPHONE 735-5711

O2-1M-dh

Cards of Thanks

OSHER — I would like to thank the clerk who returned a sum of money to me which I forget to collect on October 31st at the Pem-

WANTED TO RENT

TWO or THREE Bedroom HOUSE Wanted to Rent in Pembroke or Petawawa Area. Telephone 732-3890 for further information. N4-tf-c

WANTED Immediately — One or Two Bedroom House or Apartment, centrally located, stove and refrigerator supplied. No children. Reasonable Rent. Telephone Mr. Joseph St. Amand 732-8245. N2-3t-c

WANTED Immediately — One Bedroom Furnished Apartment for two girls. Near Champlain High School. Telephone 623-2708 or Write Box S 34, Pembroke Observer, Pembroke, Ontario. N5-3t-c

Articles For Sale

MISC. FOR SALE

IF YOU CAN'T AFFORD To Buy A Gun—Why Not Rent One. Our Rates are reasonable. Sportsmart 732-2835. O17-21t-c

ELECTRIC Stove and Refrigerator, Apartment Size, new condition. Apply 361 Maple Avenue. No phone calls please. N3-c

TWENTY-ONE Inch Admiral Television for sale. Console model. 1966 model. In excellent condition. Telephone 732-3537 or Apply 841 Pembroke Street West. N3-3t-c

SET of Six Foot Skis and Harness for sale. Ski Boots, size 8½. In excellent condition. For any further details please telephone 735-6471.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– LARONDE Joseph

NUMBER:– 788809

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 130 Bn

DATE ACCOUNT FIRST OPENED:– 1/10/16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			3rd Bn
			Can. Sec.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
13/11/18	5328	1st CCB	~~4 9 7~~				
24/11/18	3415	12 Res	~~7 3 0~~ 12 17				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 . . 10			

663

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharged to Canada 1/1/19. Casualty 663 3/12/18 C2 Bal. 475 57

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	B.F.								280 06	270	
Apl	P Pay	33		24. 3rd Bn 7 4/18	8 03						
				83 " 28 4/18	3 57				301 46	285	
May	"	33		132 " 3 5/18	11 69 4 46						
				189 " 17 5/18	3 57				327 53	300	
June		34/10			8 03						
		33		2R. W3069. 22 5/18	2 46						
				249. 3rd Bn. 4 6/18	4 46						
				279 " 17 6/18	3 57				352 26	315	
July		33			8 23						
		34/10		29. 2. 1st Bde 2/8	4 46						
				242 " 21/8	3 57				378 33	330	
Aug		34/10			8 03				412 46	345	
Sept		34/10									
		33		1746 1/9 C. S. B. D.	8 92						
				Forfeits 7d. Pay, 10 9/18, W.O.A.'s							
				A.W.L 9.15 P.M. 8 9/18 – 1.30 P.M. 9 9/18		8 80					
				Forfeit 1d. Pay R.W., Qrs. 90 17. 9.18							
				5962 19/8 " Com. Defat.	1 78						
				7094 30/8 ✓	1 78						
				2013 19/9 C.C.H.Q.	3 57				420 58	360	
		33			16 05	8 80					
Oct		34/10		AR 7825. 11/10. Bearwood	2 43						
				– 6205. 18/10. Epsom	4 87						
				– 8216. 28/10 "	24 33						
				bk. 5555. 29/10 London	24 33				398 72	375	
		34/10			53 96						
Nov	P. Pay	33		AR 55-28 15.11.18 1CCS	4 87						
Dec.		34/10		✓ 3415 29.11.18 12 Res.	7 30						
	Interest on Def. Pay To 30/4/18.	21 94									
	S.F. 28.10.18 – 7.11.18 10 days	7 30							482 89		
	Do. 309 8/11/18 1CCS P.868	96 34			12 17						

NUMBER 788809 RANK NAME LARONDE J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Fwd								482 89		
Feb.				AR 5631 (no date) Kimmel (Endorsed on L.P.C.)	9 73				473 16		
					973						

CANADIAN
ASSIGNED PAY AUDITED
UNIT CLERK
DATE 18/6/19

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN Lemab Laronde
Pembroke. Ont. Can

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 788809 RANK Private NAME Laronde Joseph

IF IN PERMT. CORPS WHAT UNIT } UNIT 130th Bn TRANSFERRED TO 12th Res Bn DATE 6.10.16 AUTHORITY DO 247

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 3rd Bn DATE 1/12/16 AUTHORITY B.O. 306 12/11/16

PLACE OF ATTESTATION Pembroke Ont. Can TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23.11.15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT C.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT C.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Oct														13 90	13 90									Balance from Canada							13 90				
1-6	6	1-	6	-	6	16		60							6 60																20 50				
7-31	25		25		25		2	50							27 50					N85157/0				974						974	38 26				
Nov	30		30		30		3								33	866	30/10/1920	15/11						973	487				5 78	2038	50 88		30 00			Q4005 # 210 12/10/16. Trans to 3rd Bn 1/12/16 B.O. 306 12/11/16
Dec 31	31	1.	31	.	31	.10	3	10							34 10					8600	2/11	C.A.S.				1308				1308	71 90		45 00	26 90	
1917			920				920																												
Jan	31	1.10	34	10											34 10					797	21/12	S.D.C.				523				523	100 77		60 00	40 77	
Feb 1/28	28	1.10	30	80											149 20 / 30 80					866	2/1	1/8 of 1/3				262				785 27	126 33		70	57 33	
Mch	31	1.10	34	10											34 10					540	12/1	"				262									
																				670	7/2	"				262									
																				780	20/2	"				32									
																				682	10/3	"				261									
																				A 2020	31/12/16					261				816	152 27		90	62 27	
																															185 27		105		
April	30	/	33	.											33 .																					
May	31		34	10											34 10	72 / 60		16.4.17						349 / 524						873	210 64		120		
June	30		33	.											33 .																243 64		135	108 64	
			300	30										13 90	314 20									206	144	61	31	91		578	70 56				

788809. Pte Laronde, Joseph.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917																																			
			300	30										13 90	314 20									20 46	14 61	31 71			5 78	70 56	243 64				
July	31		34	10											34 10																277 74		150		
Aug	31		34	10											34 10																311 84		165	146 84	
Sept	30		33	–											33					2320	CAB 22/7					4 46									
															415 40					311	1 SBD 28/7					4 46				8 92	335 92		180	155 92	
																														79 48					

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
30 9/17		~~335 92~~							335 92	180	
Oct	P. Pay	34 10		240. 3rd I.B.D. 11/8	4 46						
				590 3rd Bn 2/9	2 68				362 88		
Nov	" "	34 10 33		761. 3rd Bn 15 10/17	7 14 3 57						
				703 " 2 10/17	4 46						
				654 " 25 9/17	4 46						
Dec	" "	34 10		DN. 76126 aR. 567 1st IB 23/1 8/17	2 67						
1918		67 10		821. 3rd Bn 1 11/17	4 46 19 62				410 36		
Jan				866 " 23 11/7	8 03						
				919 " 20 12/17	12 49						
				C.P. 76692. 15/18	73 00						
				C.P. 77811. 17/18.	4 87						
	✓ ✓	34 10							346 07	240	
Feb	✓	34 10 30 80		967. 3rd Bn 3/18	98 39 4 46						
				C.P. 83718 27/18	2 43						
				C.P. 82949. 20/18	4 87						
				✓ 81330. 23/18	4 87						
				1003. 3rd Bn 15/18	4 46						
				F.C.I. 18431 ✓ 12/18	9 73						
				✓	87 60						
				1083. 3rd Bn 10/2/18	4 46				253 99	255	
Mar	✓	30 80 34 10 34 10		1155 ✓ 6/3/18	122 88 8 03 8 03				280 06	270	

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.

CANADIAN
ASSIGNED PAY AUDITED
[signature]
AUDIT CLERK
DATE 18/6/19

AUDITOR Hw PAYMASTER

M. OR S.

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

REGT. No. 788809 RANK Pte. NAME (IN FULL) Laronde J.

NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE | AUTHORITY

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP | Pte. Joseph Laronde, Pembroke, Ont

ADDRESS

ORIGINAL UNIT C.E.F. 130th Bn. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

L-565

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Ottawa DATE Feb. 7/19 REASON AUTHORITY R.O. 1343 IF ENTITLED TO POST DISCHARGE PAY

$3

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. NO. 1 NO. DATE	COL. NO. 2 NO. DATE	COL. NO. 3 NO. DATE	CASH PAYMENTS COL. NO. 1 $ C.	COL. NO. 2 $ C.	COL. NO. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
							War Service Gratuity													
				W.S.G.	S.A.										W.S.G.	S.A.		Soldier Dependent		
183 days @		$ minimum		420 -		420 -									70 -		70 -	350 -		Pay. # 3 D. D. Ottawa
															70 -		140 -	280 -		G234248 March 7th 19
Apl 8/19							G300406								70 -		210	210		M.F.W. 2595 Recd
May 5/19							G332602								70		280	140		
May 24/19							G334856								70		350	70	Hw	
July 3/19							G439700								70		420			

OK

100M-1-19.—L. L. 53962-M & D. 9723.
M. F. W. 2596.
1772-39-1390.

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. 788809

Rank Private

Surname LARONDE,

Christian name Joseph.

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #8 District Depot

Date of discharge February 7, 1919

Place of discharge Ottawa, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 5 months.	Descriptive marks
Height 5 feet 10 inches.	
Complexion Dark	
Eyes Dark Brown	G.S.W. Middle third left upper arm.
Hair Black	
Trade Butcher	
Intended place of residence (To be given as fully as practicable.)	Pembroke, Ont.

2. The above-named man is discharged in consequence of

Authority for discharge DEMOBILIZATION R.O. 1343 3DD 3-L-2010.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

✓

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

/

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

17, 3, 19
B

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.....

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, and that I have received my permanent discharge certificate.

(Place) Ottawa, Ontario. J. Faronde *(Signature of Soldier.)*

(Date) February 7, 1919 J McGillivray *(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) Ottawa, Ontario.

(Signature) R. V. Heathcott Capt. Major for O. C. District Depot No. 3

(Date) February 7, 1919

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.)

NIL.

J Laronde

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.