

Paul M. W. 4/2/18

ATTESTATION PAPER.

No. 2503327

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... LaTour
- 1a. What are your Christian names?..... John
- 1b. What is your present address?..... 610 East 14th. Street Duluth Minnesota USA
- 2. In what Town, Township or Parish, and in what Country were you born?..... Norman Ontario Canada
- 3. What is the name of your next-of kin?..... Mrs. Kate LaTour
- 4. What is the address of your next-of-kin?..... 610 East 14th. Street Duluth Minnesota USA
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... Feb. 2nd. 1889
- 6. What is your Trade or Calling?..... Railway Construction Engineer Helper
- 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. Or Naval
- 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability? .. -
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No
- 16. If so, what was the reason?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John LaTour, do solemnly declare that the above are answers made by me to the above questions and that they 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.

John LaTour (Signature of Recruit)

Date Feb. 6th. 1918 191 . A. J. Goodridge (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John LaTour, 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.

John LaTour (Signature of Recruit)

Date Feb. 6th. 1918 191 . A. J. Goodridge (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 Winnipeg Manitoba this 6th. day of February 191 8

[Signature] (Signature of Justice)

Description of John LaFour on Enlistment.

Apparent Age 29 years ..... 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. 4 1/2 ins.

Chest measurement. { Girth when fully expanded ..... 36 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Black

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

Vision R. Eye ..... 20/30  
 " L. Eye ..... 20/30  
 Hearing R. Ear .....  
 " L. Ear .....  
*[Handwritten initials]*

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 ..... Feb. 6th. 1918 ..... 191 .....

Place ..... Winnipeg Manitoba Canada .....

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:—

MOBILIZATION  
 MEDICAL BOARD  
 APPROVED FIT

*[Signatures]*  
 PRESIDENT  
 MEMBER  
 MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

..... John LaFour ..... 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]* ..... Captain  
 Officer Commanding No. 10 Forestry & Railway Construction Depot (Signature of Officer)

Date ..... Feb. 6th. 1918 ..... 191 .....

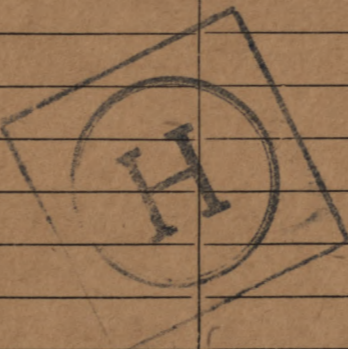
REGIMENTAL DOCUMENTS

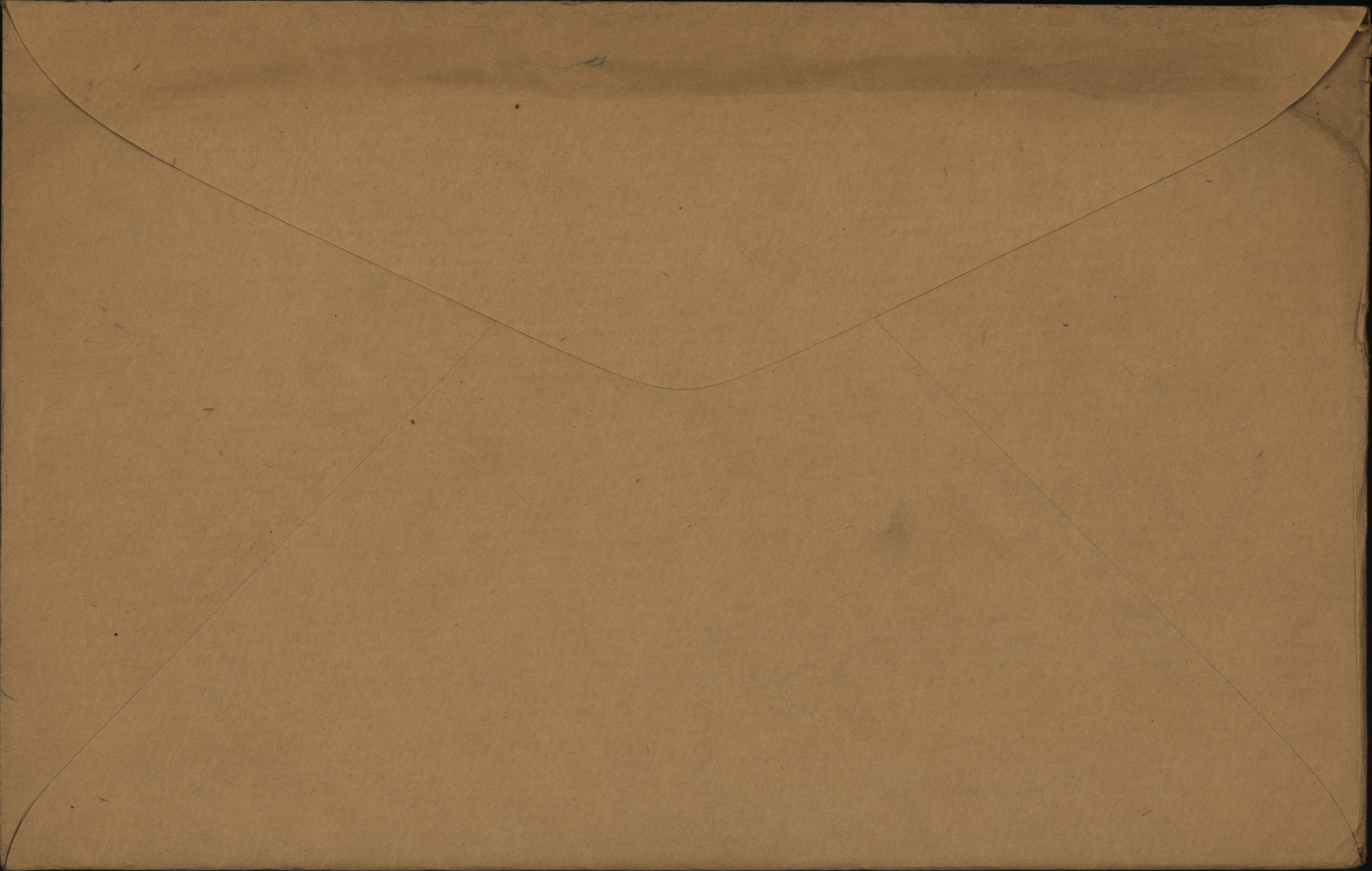
13/15/1990  
 NAME **LATOUR JOHN**

REGT. NO. **2503327** UNIT **CRT** 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)		<i>SCR</i>			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		<i>M</i>		11226	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
23 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
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.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 Misc					
1 cas end					
1 CMB					
1 R 149					14 - 16
1 MFW 67					21 - 16
1 R 122					23 - 16





SURNAME. *La Tour.*

CHRISTIAN NAMES *John.*

REGL. NO. *250.3327.* RANK *Plé.*

UNIT *Rly Com + For Dpo. m. s. 10.*

FORMER CORPS *Nil.*

4

CARD NO.  
*m. s. 10. "M10"*  
*806 Dis 27-4-19*  
*Demot Foll 250*  
*120 of 30-4-19*  
*#1053*

NAMES IN FULL *La Tour, Mrs Kate.*

NEXT OF KIN.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS *610 E. 14<sup>th</sup> St. Duluth, Minn.  
U.S.A.*

COUNTRY OF BIRTH *Canada. Norman, Ont*

DATE *Feb 2<sup>nd</sup> 1889.*

PLACE OF ATTESTATION *Winnipeg, Man.*

DATE *Feb. 6<sup>th</sup> 1918.*

*O/S. 17-4-18 <sup>1175</sup>/<sub>5</sub>*

*R/E 23-4-19 <sup>311</sup>/<sub>121</sub> spr*

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

FILE No.....

DENTAL EXAMINATION ON DISCHARGE.

RANK *Spr* NAME *La-Touff* REGT. No. *2503327*

DATE OF ENLISTMENT.....SERVICE, WHERE.....

IF ANY DENTAL TREATMENT IN ARMY, WHERE.....

DISCHARGE EXAMINATION AT.....DATE *27/4/19*

TREATMENT TO BE RECEIVED *consult*

AT.....EXAMINED BY *Capt Hughes*

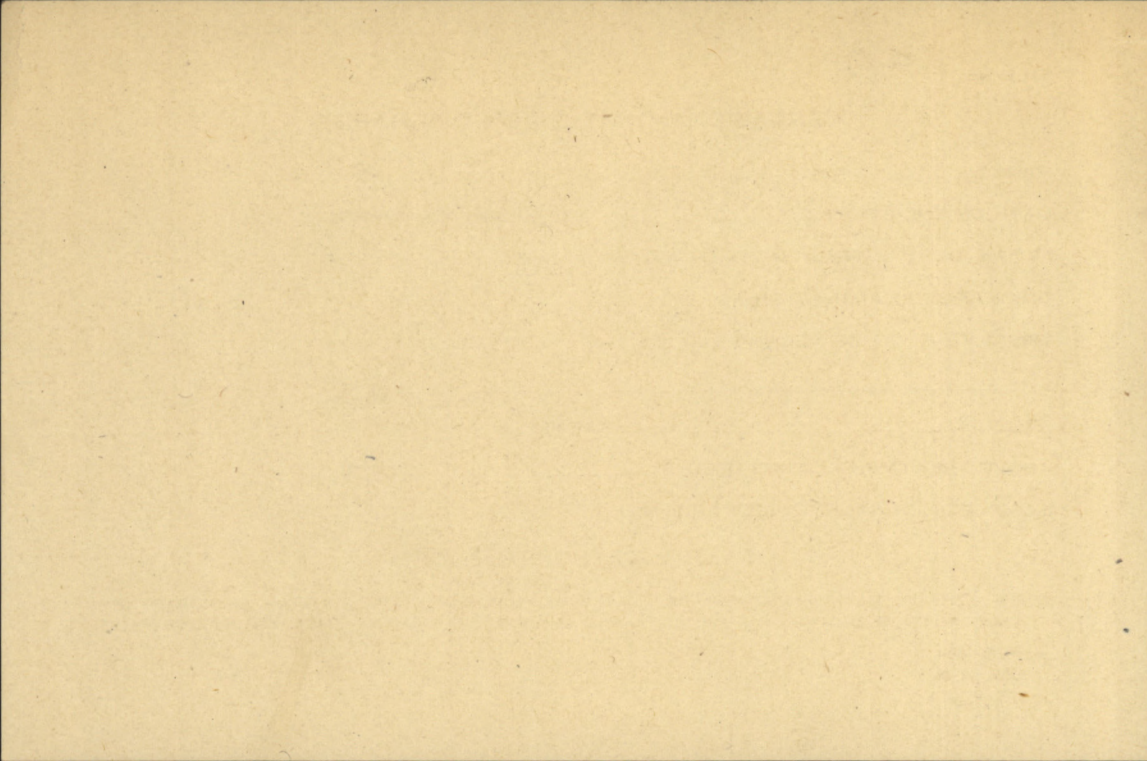
ABOVE TREATMENT COMPLETED BY.....DATE.....

COMPLETED HISTORY SHEET FILE No.....

OTHER SIDE FOR REMARKS.

NOTE:—THIS IS TO BE PRESENTED TO C.A.D.C. OFFICERS ONLY, AS CIVILIAN DENTISTS ARE NOT AUTHORIZED TO DO THIS WORK AND CLAIMS FOR SAME BY THEM CANNOT BE PAID.

M.F.B. 484.  
100M.-12-18.  
1772-39-1219.





Name <sup>John</sup> LATOUR Rank <sup>Sp4</sup> Reg. No. 2503327  
 Unit C-R-T-D.  
 Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
4-2	C. Sp. Inf. Battery	N.Y.D. Co.		C 427		6445
Rep. 6427	11-2-19	Rep. N.Y.D.		C 435		7304
	changed to	7360		C 463		2717
21-3	Discharged		736	C 463		



50  
140

13

Number. 22-03327 ✓ Rank. Spc ✓

Surname. LATOUR ✓

Christian Name. John ✓

Unit. 3rd Cav. Riv. 2ps ✓ Theatre of war. France

Date of Service. 9-7-18 ✓

Remarks.

Latest Address Duluth

minn.

Roll No. "B" Page 4705 ✓ U.S.A.



NAME

*Latorre J.*

REGT. No.

*2503327*

RANK AND UNIT

*Sp. (10 ps.)*

*C.R.I.*

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C.427.	Com. Spec. Witley.	4/2/19	<del>7.4.20 "A"</del> "736" as spec. C435. <sup>2</sup>
C463.	L. Desi.	21/3/19	736

Surname  
LATOOR

Christian Name or Names

Reg. No.

J.

2503327

Rank

Unit

Pte.

CRT Depot.

Cas. List.

11-2-190427

CS Witley 4-2-10.

NYD "Q"

V.D.S.C. 6.

20. 2. 190435-2

Ref 427 Diag: how as above

25. 3. 19 0463

Discharged

21. 3. 19

A.M.D. 2 Dept.

Cas. List.



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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps Railway Const Depot aft. Hq. No 1  
 Regimental No. 2503327 Rank Pte Name La Tour John  
 Enlisted (a) 6-2-18 Terms of Service (a) 2 1/2 Yrs Service reckons from (a) 6-2-18  
 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) Railway Const Engine Helper

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				

**RAILWAY CONSTRUCTION DEPOT M.D. 2 FEB 21 1918**

**CERTIFIED CORRECT.**  
**16 JUN 1918**  
**CAN. RECORDS**  
 29/4/18 C.P.M.T. LONDON.  
 Depot

*Embarked*  
 Disembarked  
 Taken on strength on arrival from Canada  
 Disembarked  
 Halifax 17/4/18.  
 Liverpool 28/4/18 ✓  
 Purfleet, 28/4/18. ✓  
 Part 11. D.O.119.

10/7/18 C.R.T. Depot  
 S.O.S. on proceeding O/S. to 3rd Bn.CRT.  
 Purfleet. 9/7/18 Part 11 D.O.189.  
 Canadian Railway Troops Depot.  
 Lieut for Adjt.

**L.O.S. 3 CRT on arrival in FRANCE**  
 10.7.18 No. 167 d/22.7.18  
 N. R. 703

Leaving for Unit  
 13.7.18 ✓ 1304

Joined Unit in the FIELD  
 20.7.18 3 CRT  
 6.1.19 C 2 B D  
 Spd to England and posted to CRT Depot Witley  
 6.1.19 NR 58  
 D.O. 1919

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

*Chas. B. Chapwell*  
 Lieut. for Lt. Col., A. A. G.  
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

~~10-1-19~~ O.C. C.R.T. T.O.S. on reporting from Bordon 6-1-19 Bo. Pt II  
 Can. Inf. Base, Depot, No. 10.  
 France.

*W. J. King*  
 Lieut.  
 for Lieut-Colonel,  
 O.C. 3rd Bn. C.R.T.

14-2-19 O.C., S.O.S. on transfer to Witley 14-2-19 Pte. O. No. 43.  
 C.R.A. 4th Can. Res. Battn.

*A. Benson*  
 Lieutenant,  
 for Lieut-Colonel, Commanding,  
 Canadian Reserve Artillery.

17. 2. 19 4<sup>th</sup> Res. J.O.S. on transfer from Witley 14. 2. 19 Pte 2 D.O. No. 40  
 Bn. C.R.A.

11. 3. 19 -do. Having been admitted to Hospital, is S.O.S. on posting to C.R.T.D. do. 10. 3. 19 Pte 2 D.O. No. 59.

*A. Benson*  
 ADJUTANT 4TH CANADIAN RESERVE BATTALION

CRTD S.O.S. to Kirmel (NOOTY ASH) PART 2 91  
 Park, M.D. Wing, No. 10  
*Mosmest*

8 APR 1919

LTR Rank Name **La TOUR, John** Reg'l No. **2503327**  
**RLY CONST Dft. H. Q. No 1** If in perm. Corps, }  
 Unit What Unit? }  
 Married or Single **Single.**  
 Place and Date of Enlistment **Winnipeg, Feb, 6th, 1918.** Place of Birth **Norman Ont. Canada**  
 Name and Address, Next-of-Kin **Mrs Kate LaTour**  
**610 East 14th St. Dulth Minn, USA.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No **9747**  
 File R.L.  
 Category **Can OR**

Discharge, Date and Place Reason Character  
 H. W. & V., Ltd.-9546-16.

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.				
		Arrived in England		28-4-18	S/S MELIT
29.4.18	Deput C.R.S.	T O S as reins.	Sturtevant	28.4.18	Sto. 119
10.7.18	" "	S O S to 3 <sup>rd</sup> C.R.S. 6 <sup>th</sup> Sec	"	9.7.18	--- 189.
22.7.18	3 <sup>rd</sup> C.R.S.	T O S as reins.	" Field	10.7.18	--- 67.
9.1.19	do	Posted to C.R.S.D.	" "	6.1.19	Rt 01
22.3.19	C.R.S.D.	T.O.S. from 3 <sup>rd</sup> Bn. C.R.S.	" Kt. Ash.	3.2.19	--- 76.
		<i>44-7A-170</i>		<i>10.4.19.</i>	
18-2-19	4 <sup>th</sup> Res Bn.	T.O.S. from C.R.A.	- Whitley	14.2.19	- 41
10-3-19	4 Res.	S.O.S. to C.A. T.O.	Whitley	10-3-19	-- 59
10-1-19	Res. exa	T.O.S. from France	Borden	5-1-19	- 10.

A.F.B. 103 CHECKED  
 10 JUL 1918  
 1:2

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.				
6-4-19	C.R.T.D.	SOA to MDC Wing No-10 Rhyf	K/Ash	Apr 5-4-19	MD-10-270 95 MD-10-91-27-7-4-19.
17-4-19	MD-10	SOS. to Canada	Rhyf	" 16-4-19	-104-

## MEDICAL HISTORY SHEET.

Surname La Tour Christian Name John

Examined { on 11<sup>th</sup> day of July 1918  
 at McGowan Bldg Winnipeg  
 Birthplace { City or Town  
 County Canada

Approved by J.W. Shaw  
 Rank Lieut M.O.

Apparent age 29  
 Trade or occupation Rly Construction  
 Height 5 Feet 11 1/2 Inches  
 Weight 148 Lbs.  
 Chest measurement { Minimum 33 inches.  
 Maximum expansion 3 inches.  
 Physical development Good  
 Small-Pox Marks Nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT.	M.O.
	APPROVED FIT		
		C.H. Gullen Capt. PRESIDENT	M.O.
		J.W. Shaw Lieut. MEMBER	M.O.
		Vision R. Eye <u>20/30</u>	M.O.
		" L. Eye <u>20/30</u>	M.O.
		Hearing R. Ear <u>N</u>	M.O.
		" L. Ear <u>N</u>	M.O.

Vaccination Marks { Arm Right  Left  
 Number one

Date	Result	VACCINATIONS.	M.O.
<u>12/7/18</u>		<u>Gregory</u>	M.O.
			M.O.
			M.O.

When Vaccinated last 16 years ago  
 (a) Marks indicating congenital peculiarities or previous disease Scar top of RT foot

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>9-2-18</u>	<u>+</u>	<u>W. B. Shaw Capt.</u>	M.O.
<u>16-2-18</u>	<u>+</u>	<u>Both</u>	M.O.
<u>7/2/18</u>		<u>Gregory</u>	M.O.

(b) Slight defects but not sufficient to cause rejection  
Dental attention

Enlisted on 1st day of February 1918 at Superior Wis USA

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>10th District Railway Const</u>	<u>2503327</u>		
Transferred to	<u>36 RJ</u>			
<b>RAILWAY CONSTRUCTION DEPOT M. D. 2 FEB 21 1918</b>				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Knotty Ash</u>	<u>6/3/18</u>		<u>A</u>
<u>Knotty Ash</u>	<u>7.5.18</u>		<u>A</u>
<u>Knotty Ash</u>	<u>1-4-19</u>	<u>A</u>	<u>A</u>

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.

Comp Dark.  
 Eyes Grey.  
 Hair Black.





DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

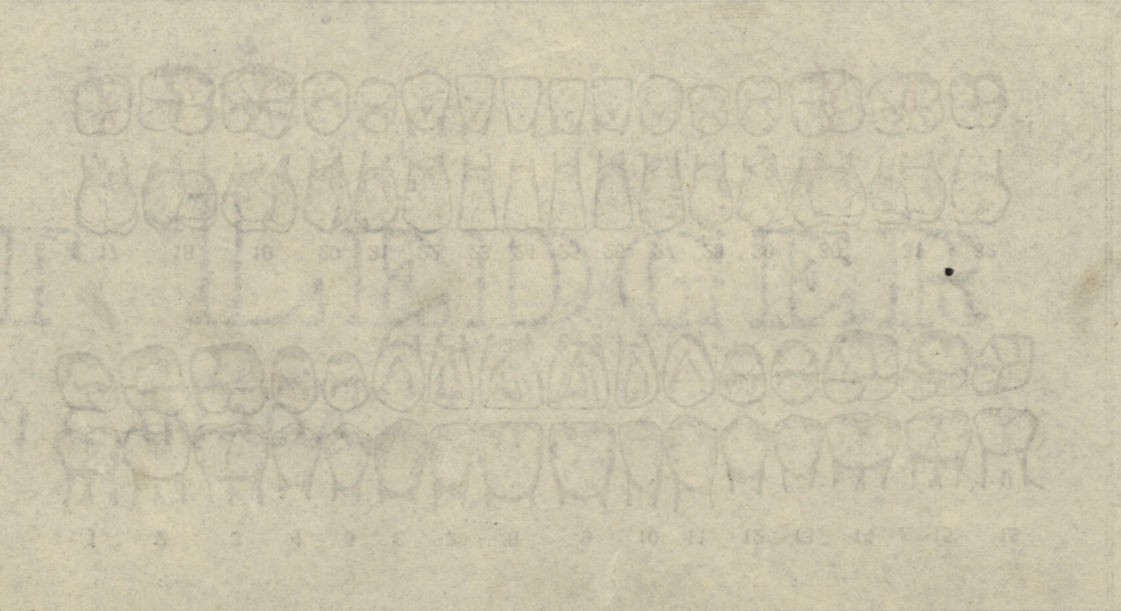
DATE: \_\_\_\_\_

NO. \_\_\_\_\_

NAME: \_\_\_\_\_

REG. NO. \_\_\_\_\_

General Condition	Good
Weight	150 lbs
Temperature	98.6
Pulse	72
Blood Pressure	110/70
Respiration	18
Stomach	Good
Intestines	Regular
Urinary	Normal
Genitalia	Normal
Neurological	Normal
Head	Normal
Eyes	Normal
Ears	Normal
Nose	Normal
Throat	Normal
Lungs	Clear
Heart	Normal
Abdomen	Normal
Spine	Normal
Extremities	Normal
Other	None



1. Condition of mouth

2. Condition of teeth

3. Condition of occlusion

4. Condition of gingiva

5. Condition of pulp

6. Condition of periodontium

7. Condition of extraction sites

8. Condition of dentures

9. Condition of prostheses

10. Condition of appliances

11. Condition of orthodontics

12. Condition of radiographs

13. Condition of dental hygiene

14. Condition of dental care

15. Condition of dental records

16. Condition of dental equipment

INSTRUCTIONS



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. 10 Forestry and Railway Const. Depot.

(2) Regimental Number 2503327

(3) Full Name of Soldier. John LaFour

(4) Place of Birth. Norman Ontario Canada

(5) Are you married, or not? single

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? No

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? **Yes**.....

If so, state name and address **Joseph. LaTour 610 East 14th. St. Duluth Minnesota USA**

(10) Is your Mother alive? **Yes**.....

If so, state name and address **Kate LaTour  
620 East 14th. St. Duluth Minnesota USA**

(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.

Date **Feb. 6th. 1918**.....

*[Signature]*  
.....  
Captain  
Officer Commanding  
No. 10 Forestry & Railway  
Construction Depot

L

# FORM OF WILL.

I, John La Tour (Name in full)

Regimental Number 2503327 serving in No 10 For & Rly. Const. Co.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Kate La Tour  
610 East 14<sup>th</sup> Street  
Minnetonka, W. S. A.

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 6 day of Jun A. D. 1918

John La Tour Signature of Soldier.

\*N.B.—Personal estate includes ~~effects, money in bank, insurance policy, in fact~~ everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness O. F. Goodridge  
Address of Witness Broadway Barracks Winnipeg Manitoba Canada  
Occupation of Witness Soldier  
Signature of Second Witness A. J. Faulk  
Address of Witness Broadway Barracks Winnipeg Manitoba Canada  
Occupation of Witness Soldier

# FORM OF WILLS

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_  
 do hereby certify that the within and foregoing is a true and correct copy  
 of the original of the will of \_\_\_\_\_ deceased and is a true  
 and correct copy of the will of \_\_\_\_\_ deceased and is a true  
 and correct copy of the will of \_\_\_\_\_ deceased.

I, \_\_\_\_\_  
 Notary Public  
 in and for the State of \_\_\_\_\_  
 do hereby certify that the within and foregoing is a true and correct copy  
 of the original of the will of \_\_\_\_\_ deceased and is a true  
 and correct copy of the will of \_\_\_\_\_ deceased and is a true  
 and correct copy of the will of \_\_\_\_\_ deceased.

**IMPORTANT**  
**NOTE**  
 This will be signed  
 and sealed  
 by the Notary  
 Public.  
**HUBBARD**

THE TWO  
 WITNESSES  
 AND  
 SIGN HERE  
 ATTEST  
 COUNTY OF \_\_\_\_\_ STATE OF \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS

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. 2505527 Rank S.P.R. Surname LA TOUR  
(Given name in full)

JOHN  
 Unit or Corps C.P.T.D. Birthplace NORMAN ONT.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 145 lbs. Height 5-4½ ft. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 78  
 Condition of arteries Normal  
 Vision Rt. 4/6 Left 4/6  
 Hearing (conversational voice) Rt. 27 ft. Left 21 ft.

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

Opinion as to general health and physical condition Good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary Sytem Yes 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.**

V.D. (G) 3/2/19 to 10/3/19  
Has no complaints.

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

**THIS SECTION FOR USE OVERSEAS—**

Examined at *Knotty Bog* (Overseas)

Date ..... *1-4-19*

Signed ..... *D. Stewart* ..... M.O.

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

Signature ..... *[Signature]* .....

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

**THIS SECTION FOR USE IN CANADA—**

Examined at ..... (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 Medical Board.)

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

Question as to general health and physical condition  
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 .....  
Genito-Urinary System .....  
Special Senses .....  
Infermentary System .....  
Circulatory System .....  
Respiratory System .....  
Digestive System .....  
Gastro-intestinal System .....  
Other special conditions .....

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

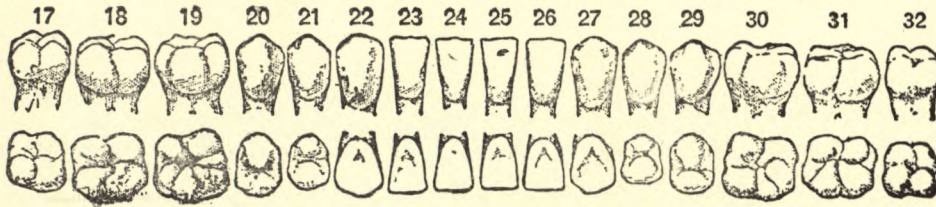
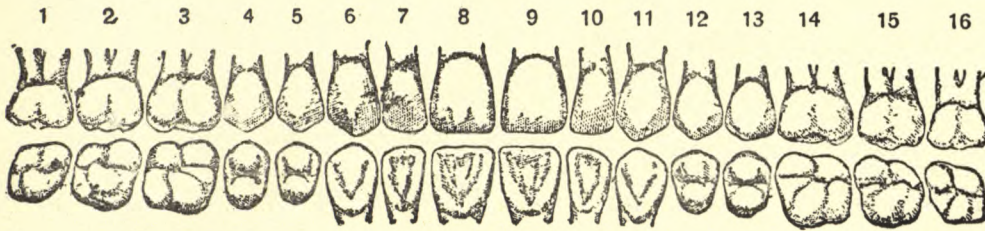
NAME OF SOLDIER (Block Letters) LATOUR J

REGIMENT 3 CRT RANK SPR No. 2503327

Date of Examination in England 24/3/19 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 3. 4. 6. 25.
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower 17. 18. 19. 30. 31.

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 YES
- (b) In England —
- (c) In France —

*AW Myles - Capt.*

KNOTTY ASH CAMP,  
LIVERPOOL

Signature of Dental Officer

*AW Myles Capt.*

1900

1900

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# CANADIAN EXPEDITIONARY FORCE

## WAR SERVICE BADGE DISCHARGE CERTIFICATE

CLASS "A" NO. 167400 ISSUED

THIS IS TO CERTIFY that No. 2503324 (Rank) Sp4

Name (in full) La Tour John enlisted in  
the 10th C.R.Y.

CANADIAN EXPEDITIONARY FORCE at Saperow (Wis) on the 1st  
day of Feb 1918

HE served in France with C.R.Y.

and is now discharged from the service by reason of Demobilization. *Demobilization R.O. 1420 (a)*  
Medical Unfitness.

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

Age 30 yrs

Marks or Scars

Height 5 4

Nil

Complexion Dark

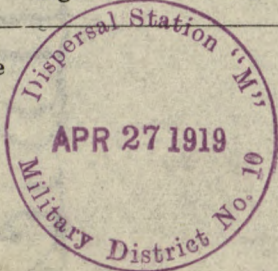
Eyes Blue

Hair Black

John La Tour  
Signature of Soldier

Wm. H. ...  
Issuing Officer

Date of Discharge



Issuing Officer

Lieut  
Rank

Date 27. 4 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No.

(Rank)

Name (in full)

enlisted in

the

CANADIAN EXPEDITIONARY FORCE at

on the

day of

He served in

and is now discharged from the service by reason of

Demobilization

Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER ON THE DAY OF HIS DISCHARGE IS AS FOLLOWS:

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

Height

Complexion

Eyes

Hair

Signature of Soldier

Leading Officer

Date of Discharge

Rank

19

19

V.B.—As no duplicate of this Certificate will be issued any person finding same is requested to forward it in the stamped envelope to the Secretary, Military Council, Ottawa, Canada.

Printed and Published by the Government of Canada, Ottawa, 1919.

\* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <b>LATOUR John</b>						
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <b>2503327</b>						
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT						
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.		AUTHORITY						
				<b>Gau L.P.C.</b>						
				DATE EFFECTIVE						
				RANK OR APPOINTMENT						
				<b>Apr</b>						
UNIT AND TRANSFERS										
ORIGINAL UNIT:- <b>#1 Hamilton D/L CR. 1.</b>										
DATE ACCOUNT FIRST OPENED:- <b>1-18</b>										
				AUTHORITY						
				DATE EFFECTIVE						
				DATE LEDGER SHEET T'P D						
				UNIT TRANSFERRED TO						
				<b>CR 1. D.</b>						
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			
<b>27/11/19</b>		<b>London f.i.</b>	<del>457</del>	<b>London</b>		<b>123.69</b>				
<b>23/3/19</b>		<b>Wp Charr</b>	<del>27.00</del>	<b>Apr 7</b>		<b>112.09</b>				
<b>24/2/19</b>	<b>9263</b>	<b>CR 20</b>	<del>272</del>			<b>41.60</b>				
			<b>41.60</b>							
DAILY RATES OF PAY AND ALLOWANCES										
						AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
						<b>Gau L.P.C.</b>	<b>1.00</b>	<b>10</b>		

10/1/19  
 10/2/19  
 10/3/19  
 10/4/19  
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 10/7/19  
 10/8/19  
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 10/28/19  
 10/29/19  
 10/30/19  
 10/31/19

Discharged to Canada 24/1/19 (L.P.C. continues 24/1/19)  
 L.P.C. Encl. on dly pay 24/1/19 - NR 5297. 25/3/19 K. Ash & K. Ash MA 10

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<b>30/78</b>	<b>Bal from Gau</b>								<b>37.40</b>		
<b>May P.P.</b>		<b>3410</b>		<b>186 CR 1A</b>	<b>9/5/18</b>	<b>48.67</b>					
				<b>317 7</b>	<b>29/5/18</b>	<b>7.30</b>			<b>15.53</b>	<b>15.</b>	
		<b>2410</b>				<b>25.99</b>					
<b>June P.P.</b>		<b>33.</b>		<b>433</b>	<b>8/6/18</b>	<b>9.73</b>					
				<b>By warrant 64-854939</b>	<b>11-5-18</b>	<b>22.</b>				<b>30</b>	
				<b>572. CR 1A</b>	<b>26/6/18</b>	<b>4.87</b>			<b>33.71</b>		
		<b>33</b>				<b>14.82</b>					
<b>July P.P.</b>		<b>3410</b>		<b>5931 CR 1A</b>	<b>14/7/18</b>	<b>4.46</b>					
				<b>1892 CR 1A</b>	<b>22/7/18</b>	<b>3.57</b>					
		<b>3410</b>				<b>8.03</b>			<b>59.78</b>	<b>40.</b>	
<b>Aug P.P.</b>		<b>3410</b>		<b>1195 CR 1A</b>	<b>15/8/18</b>	<b>8.03</b>			<b>85.85</b>	<b>60.</b>	
		<b>3410</b>				<b>8.03</b>					
<b>Sept. P.P.</b>		<b>33.</b>		<b>1388 CR 1A</b>	<b>20-9-18</b>	<b>8.03</b>			<b>110.82</b>	<b>95</b>	<b>Meaned</b>
		<b>33</b>				<b>8.03</b>					
<b>Oct P.P.</b>		<b>3410</b>		<b>1659 CR 1A (21)</b>	<b>21/10/18</b>	<b>8.39</b>			<b>124.92</b>		
						<b>8.39</b>			<b>126.53</b>	<b>90</b>	
		<b>3410</b>				<b>8.39</b>					
<b>Nov. P.P.</b>		<b>33.</b>		<b>1728 CR 1A (21)</b>	<b>20/11/18</b>	<b>17.72</b>			<b>169.53</b>		
						<b>17.72</b>			<b>187.81</b>	<b>105</b>	
		<b>3410</b>				<b>17.72</b>			<b>185.91</b>	<b>120</b>	
<b>Dec. P.P.</b>		<b>3410</b>				<b>17.72</b>			<b>220.01</b>	<b>135</b>	
						<b>17.72</b>			<b>237.73</b>	<b>150</b>	
		<b>10120</b>				<b>17.72</b>			<b>255.45</b>	<b>165</b>	
				<b>1873 CR 1A (1)</b>	<b>17/12/18</b>	<b>8.39</b>			<b>263.84</b>	<b>180</b>	
				<b>7674 CR 1A (5)</b>	<b>2/1/19</b>	<b>4.66</b>			<b>268.50</b>	<b>195</b>	
				<b>CR 1A (5)</b>	<b>2/1/19</b>	<b>4.66</b>			<b>273.16</b>	<b>210</b>	
				<b>2955 CR 1A (3)</b>	<b>17/1/19</b>	<b>73.00</b>			<b>346.16</b>	<b>283</b>	
<b>Jan. P.P.</b>		<b>3080</b>				<b>73.00</b>			<b>419.16</b>	<b>356</b>	
						<b>73.00</b>			<b>492.16</b>	<b>429</b>	
		<b>3080</b>				<b>73.00</b>			<b>565.16</b>	<b>502</b>	
				<b>Forward</b>					<b>134.92</b>	<b>100.</b>	

NUMBER 2503327 RANK Sgt. NAME LATOUR JOHN.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch	Forward	30 80			134 72				116 09 100.		
	Inc on ad. Pay	24 10							150 19 115.		
		3 50							153 69		
				VII fr. 1/2/19 to 2/13/19 45 days @ 60¢ To 47 23/3/19 C.R.D.		27 00				126 69	
		68 40			134 72	27 00					
				85 to. 2/13/19. b. spec. Insp. 1/2 1	. 24				126 45		
				9263. 2/13/19 C.R.T.D. 2	9 73				116 72		
				233 1/4. ✓ (conty) 1	9 73				106 99		
				1318. 1/4. K.P. conty. 2.	9 73				97 26		
					29 43						
July				London. 27-1-19	4 87				92 39		
				S.O.S. to Canada 16. 4. 19							
				S. L. 44 C.R.D.							

Feb Balance  
 116.09  
 Less  
 Army  
 Payments of 87  
 117.22

*WJL*



SHORT FORM.

*M*

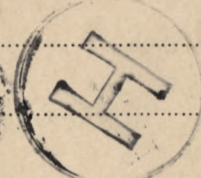
PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Group 21

1. No.		2503327	
2. Rank.		Spr.	
3. Name.		La Tour, J.	
4. Unit.		CRT	CRT
5. Date of Discharge		27 4 19	Place Winnipeg.
6. Reason for Discharge		Demob.	
		A Father	
		War Service Badge Class "A" No. 167400	
7. Authority.		Do 120	
8. Proposed Residence after Discharge		Duluth, Minn.	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ? .....</p> <p>.....</p> <p><i>John La Tour</i></p> <p>Signature of Soldier.</p>			
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place .....</p> <p>Date .....</p> <p><i>Wm. H. ...</i></p> <p>Signature (O. C. Discharging Unit.)</p>			

Embarked Liverpool SS BELGIO  
 April 16th 1919  
 Disembarked Halifax Apr 23/19  
 Capt & Adj.



*E. R. J.*

PROCEEDINGS ON DISCHARGE

(Symphonization)

1. Name	
2. Rank	
3. Service No.	
4. Unit	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Remarks	
CERTIFICATE TO BE SIGNED BY SOLDIER	
I hereby acknowledge that at the aforesaid place and date I received my discharge Certificate	
Signature of Soldier	
CONFIRMATION	
The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature	
(G. C. Dressing Unit)	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Trifoliate	.....
or Particulars of Receipt	.....
Field Conduct Sheet	.....
Casualty Form	.....
Last Pay Certificate	.....
Certificate that missing documents are unobtainable	.....
Medical History Sheet	.....
Proceedings of Medical Board	.....
Dental History Sheet	.....
Medical Report	.....
Regimental Conduct Sheet	.....
Company Conduct Sheet	.....

The following documents are included in the  
 discharge packet of the soldier named above.  
 The documents are as follows:  
 1. Attestation Paper, Trifoliate  
 2. Field Conduct Sheet  
 3. Casualty Form  
 4. Last Pay Certificate  
 5. Certificate that missing documents are unobtainable  
 6. Medical History Sheet  
 7. Proceedings of Medical Board  
 8. Dental History Sheet  
 9. Medical Report  
 10. Regimental Conduct Sheet  
 11. Company Conduct Sheet

Checked by No. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Grant.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 133).
5. Dental Certificate (C.V.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (A.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (D.B).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

RECEIVED  
 1919  
 JAN 15 1919  
 1919

Group..... A  
 Checked by No. 26  
J.M.M.  
 Date..... 6-4-19



Baltic

AUDITOR 20 PAYMASTER 20

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

REGT. No. 2503327 RANK Spr NAME (IN FULL) Latour J

Form with fields for NEXT OF KIN, ADDRESS, IS SEPARATION ALLOWANCE PAID?, TO WHOM PAID, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, DATE OF ATTESTATION, ASSIGNED PAY \$, PAYABLE TO, ADDRESS, STOP PAYMENT FORM, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

6666

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE. Includes handwritten entries for 1919, 31-3-19, 1-4-6-5, 152 Day @ minimum, 24/6, 9-3/7.

PARTICULARS OR REMARKS: BAL. ENG. L. P. C., Clothing Allee. 1st payment W.S.G., Advances - Boat - Train, A. P. chgd. on Eng. L. P. C. to, 1st Payment W. S. G. as above, 9 Day O.P.R.A. to dis, 70 1st Payment W.S.G., 70.32, 60 1st final

AUDITED JUL 29 1919 Audit Clerk M. O. 12



~~11/11/11~~

2

10

10

11/11/11

11/11/11