ORIGINAL 44

Hqs.

ATTESTATION PAPER.

No. 754538

119th OVERSEAS BATTALION

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Lebrun
1a. What are your Christian names?	Henry.
1b. What is your present address?	Thessalon Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Three Rivers Quebec
3. What is the name of your next-of kin?	Alphonsia Lebrun
4. What is the address of your next-of-kin?	Three Rivers
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	May 15th. 1891
6. What is your Trade or Calling?	Moulder
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? If so, state particulars of former Service.	~~No~~ Yes —
11. Do you understand the nature and terms of your engagement?	private 65th Batt Three Rivers
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry Lebrun, 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.

Henry his Lebrun (Signature of Recruit)

Date Dec 18th 1915 mark J H Glauwiler (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Lebrun, 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.

Henry his Lebrun (Signature of Recruit)

Date Dec 18th 1915 mark J H Glauwiler (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 Thessalon this 18th day of Dec 1915.

J J Ansley J.P. (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Henry Lebrun on Enlistment.

Apparent Age 24 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8½ ins.

Chest measurement:
- Girth when fully expanded 35 ins.
- Range of expansion ~~34~~ 4 ins.

Complexion Fair

Eyes Brown

Hair Dark Brown

Religious denominations:
- ~~Church of England~~
- ~~Presbyterian~~
- Methodist
- ~~Baptist or Congregationalist~~
- Roman Catholic Yes
- ~~Jewish~~
- Other denominations (Denomination to be stated.)

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).

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 Dec. 18 1915. James McLean

Place Thessalon Capt

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.

Henry Lebrun 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.

W. Morrow Lt. Colonel (Signature of Officer)

O.C. 119th O.S. Battalion: C.E.F.

Date Dec. 18 1916

BP 1-10-18.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers 2-3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms 1

Proceedings on discharge 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate 1

P Card

Index

M. F. W. 62.
50M.—9-16.
H Q. 1772—39—935.

DESERTERS

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name LEBRUN. HENRY.

Regt. No. 754538 Rank Pte

Corps Base. 119th Bn. C.E.F.

S.O.S. 18-4. 16 N/R ~~18-4-16~~ 14.9.18

Hq 652-17-5. Vol 5.

~~[illegible]~~

16765

SURNAME. Lebrun.

CHRISTIAN NAMES Henry

REGL. No. 754538 RANK Pte.

UNIT 119th Bn

FORMER CORPS 65th Bn.

CARD NO. 4

808 Des 18-4-16
Auth b 52 FOLL 17-15 Vol
5 of 11-9-18-2-

NEXT OF KIN.

NAMES IN FULL Lebrun, Mrs. Alphonsia

RELATIONSHIP TO SOLDIER Mother

ADDRESS Three Rivers, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Three Rivers, P. Q. DATE May 15th, 1891

PLACE OF ATTESTATION Thessalon, Ont. DATE Dec. 18th, 1915.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Moulder RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 24 YEARS 7 MONTHS

HEIGHT 5 FEET 8½ INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 4 INCHES

COMPLEXION Fair EYES Brown HAIR Dk. Brown

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Thessalon, Ont. DATE Dec. 18th, 1915.

Present address: Thessalon, Ont.

No. 754538 RANK Pte NAME Lebrun, H. M

T. O. S. 18-12-15 UNIT 119th Battalion

D. O. #4 of 18-12-15

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Dec. 18	Dec. 31	M		
1916 Jan.		M		
Feb.		M		
Mar.		M		
Apr		O. S	A. W. L. Apr. 12. 16	B.O. 57 of April paylist
May		O. S.		
June.		O. S.		
July 1	July 7	R	Discharged.	B. O. 119 of July Paylist
				UNIT SAILED AUG 8 1916
			C/C Carried Forward R.	

M. F. W. 54

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

Casualty Form—Active Service

Unit, Regiment or Corps 119th OVERSEAS BATTALION C. E. F.

Regimental No. 754538 Rank Pte Name Lebrun Henry

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

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

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

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

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

(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties [P. T. O.]

ORIGINAL

MEDICAL HISTORY SHEET. 754538

Surname Lebrun Christian Name Henry

Examined { on 18 day of Dec 1915 / at Thessalon Ont

Approved by James McLean

Birthplace { City or Town Thessalon / County

Rank Lieut M.O.

Apparent age 24

Trade or occupation Laborer

Height 5' Feet 8' Inches.

Weight 175 Lbs.

Chest measurement { Minimum 35 inches. / Maximum expansion 39 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. no Left. no / Number —

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection does not speak English. None

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 18th day of Dec 1915 at Thessalon Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	119th O.S. Bn	754538		18-12-15
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Lebrun Christian Name Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

B.D. 5-2

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 154538 Rank Pte Name Lebrun, H.

Corps 119TH OVERSEAS BATTALION who was* Discharged

On April 18th 1916 to

*Insert "discharged" or "transferred."

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

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from previous month			Regimental pay 17 days at $ 1 c 00	17	00
Total payments during period from	—		Field allowance 17 " $ c 10	1	70
~~Assigned Pay~~ Billet	10	20	Other allowances Billet	10	20
Civilian Clothing Dep. Forfeited	10	00	Other Credits (give particulars) Clothing Deposit	10	00
Other Charges (give particulars) Kit Shortage	42	70			
Bal. Cr. on discharge or transfer	—		Bal. Dr. on discharge or transfer	24	00
TOTAL	62	90	TOTAL	62	90

From ~~July 1st~~ Apr 1 To ~~July 7th~~ Apr 17

From Apr 1 To Apr 17

The amount shewn as Balance ~~Cr.~~ Dr. due on discharge or transfer has † not been paid.

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

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

REMARKS:—

State (1) date of enlistment December 18th, 1915

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

(3) cause of discharge and authority B.O. 119. Camp's Orders July 5 Illegially Absent.

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

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

Date July 25th, 1916

Place Niagara Camp

B. H. B. Dawson
Capt.
Paymaster.

M. F. W. 44.

200M—1-16.
H. Q. 1772-39-903.

PAYMASTER, 119th OVERSEAS BATTALION

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. 754538

Rank Private

Name Lebrun Henry

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

Corps (Squadron, Battery or Company) 'Base' 119th Bn. C.E.F.

Date of Discharge 18/4/16

Place of Discharge Niagara Camp Ont

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 7 months.
Height 5 feet 8½ inches.
Complexion Fair
Eyes Brown
Hair Dark Brown
Trade Moulder
Intended place of residence (To be given as fully as practicable.)

Descriptive Marks

Nil

2. The above-named man is discharged in consequence of Being 'Illegally Absent' Camp Orders Niagara Camp 5/7/16

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.

Good

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

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

Moulder

M. F. B. 218.

50m.—3-16.
H. Q. 1772-39-113.

(OVER)

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.~~ Battalion Paymaster *(Squadron or Battery)*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Niagara Camp Ont

(Date) 6/7/16

W Rowland Lt-Colonel.
O.C. 119th O.S. Battalion, C.E.F.
Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Niagara Camp Ont *(Signature of Soldier.)*

(Date) 6/7/16 *(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) Niagara Camp Ont

(Date) 6/7/16

(Signature) W Rowland Lt-Colonel.
O.C. 119th O.S. Battalion, C.E.F.

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.)

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.