

5th M. D. FIRST

Depot Battalion

SECOND QUEBEC

TRIPPLICATE

Regiment

Regtl. No. 3286163

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname.....LEBRUN

2. Christian name.....MEVILLE HONORE

3. Present address.....St Pacome, Kamouraska, P.Q. Canada

4. Military Service Act letter and number.....Not Known
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth.....29th May 1897

6. Place of birth.....St Pacome, Kamouraska, P.Q. Canada
(town, township or county and country)

7. Married, widower or single.....Single

8. Religion.....Roman Catholic

9. Trade or calling.....Farmer

10. Name of next-of-kin.....Elzear Lebrun

11. Relationship of next-of-kin.....Father

12. Address of next-of-kin.....St Pacome, Kamouraska, P.Q. Canada

13. Whether at present a member of the Active Militia.....No

14. Particulars of previous military or naval service, if any.....No

15. Medical Examination under Military Service Act :—
(a) Place.....Quebec (b) Date.....1-6-18 (c) Category.....A 2

DECLARATION OF RECRUIT

I, MEVILLE HONORE LEBRUN, do solemnly declare that the above particulars refer to me, and are true.

Meville Honore Lebrun (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	21	yrs.....	-	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....	5	ft.....	2½	ins.....	
Chest measurement } fully expanded.....			35½	ins.....	
	range of expansion.....			3½	
Complexion.....	Medium				
Eyes.....	Brown				
Hair.....	Brown				

J. O. G. [Signature]
O.C. FIRST DEPOT BATTALION, SECOND QUEBEC Depot Btln.
SECOND QUEBEC Regt.

Place.....Quebec Date.....1-6-18

PARTICULARS OF RECRUIT
DRAWN UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Christian name

3. Present address

4. Military Service Act, 1917, number

5. Date of birth

6. Place of birth

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether or not a member of the Army Reserve

14. Particulars of previous military service, if any

15. Medical examination under Military Service Act, 1917

(a) Place of issue

(b) Category

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Height	Weight	Complexion	Hair	Eyes
Build	Stature	Complexion	Hair	Eyes
Complexion	Hair	Eyes	Build	Stature
Build	Stature	Complexion	Hair	Eyes

(Signature of Recruiting Officer)

(Signature of Recruit)

(Signature of Medical Officer)

REGIMENTAL DOCUMENTS

APB
17-4-19 Pte

NAME **ZEBRUN MEVILLE, HONORE**

REGT. NO. **3286163**

UNIT **1st Bn 2nd Qd**

H. Q. FILE NO.

S

M

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

- 1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 1 TRAINING HISTORY SHEET (M.F.W. 113)
- 1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- 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)
- 1 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)
- 1 MEDICAL EXAMINATION (M.F.W. 129)
- 1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- 1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- 1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- 1 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)
- 1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

Sgt J. J. ...
Ret 14-1-20

DEATH

Category

DISCHARGE

Category *Amn*

DESERTION

H

msc
19122

Index

Jan *LD* *13*
Number. *3286163* Rank *Pte*

Surname. *LEBRUN*

Christian Name. *Miville* *Honore*

Unit. *P. P.* Theatre of War. *Eng.*

Date of Service. *8/8/18*

Remarks.

Latest Address. *St. Racome*

C. Panouras ka

Roll No. *a page 341* *P. 9*

DESP JAN 19 1922
REGN. NO. J 4/29

Surname *Le Brun* H. Q.
Christian names *Meville Honore* M. D. No. *5- "8" 5-*
Regtl. No. *3286163* Rank *Plé* T. O. S. *June 1st* 19 *18*.
Unit ~~*2nd Que. Regt. 1st Depo. Bn.*~~ D. O. Pt. II *173* of *22/6/18*.
C. O. J. C. Laval, Quebec (92nd Regt) S. O. S. 19
Reason
Auth.

Next of kin *Le Brun, Elgear* Relationship *Father*
Address *St. Pacome* Also notify:
Kamouraska Co. P.Q.

BORN—Place *Canada, St Pacome, P.Q.* Date *May 29th 1897*
ATTESTED—Place *Quebec, P.Q.* Date *June 1st 1918*
O/S *21-7-19 1329* R/C *2-7-19 360*



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 3286163 (Rank) Private

Name (in full) LEBRUN Meville Honore enlisted in
the 1st Dep Bn. 2nd Quebec Regiment. (C.O.T.C.Laval)
CANADIAN EXPEDITIONARY FORCE at Quebec on the 1st
day of June 19 18

HE served in England. Quebec Regiment.

and is now discharged from the service by reason of Demobilization.
Medical Unfitness.

Par 11 Order No 1857/4-7-19

THE DESCRIPTION OF THIS SOLDIER on the DATE Demobilization R O 1420 (10) of 12-1-19 below is as follows:

<p>Age <u>22 yrs</u></p> <p>Height <u>5ft 2 1/4</u></p> <p>Complexion <u>Medium</u></p> <p>Eyes <u>Brown</u></p> <p>Hair <u>Brown</u></p>	<p>Marks or Scars _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	--

M. L. Brum
Signature of Soldier

J. D. LeMoine
Issuing Officer Major
Commanding Dispersal Station E.

Date of Discharge _____ Rank _____

JUL 4 1919

Date JUL 4 1919 19 _____

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.

DISCHARGE CERTIFICATE CANADIAN EXPEDITIONARY FORCE

THIS IS TO CERTIFY that No. _____ (Rank) _____ (Name in full) _____ enlisted in the _____ CANADIAN EXPEDITIONARY FORCE in _____ day of _____ 19____. He served in _____ and is now discharged from the service by reason of _____ (Medical Condition) _____ (Mobilization) _____

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

<p>Age _____</p> <p>Height _____</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Mark or Scars _____</p>	<p>Signature of Soldier _____</p> <p>Date of Discharge _____</p>
---	--

Issued at _____ on _____ 19____
 _____ (Rank) _____ (Name)
 _____ (Title)

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

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

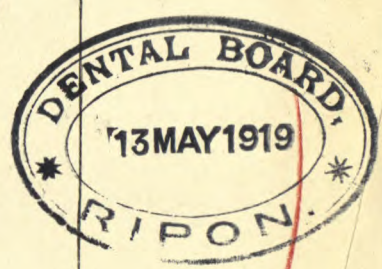
NAME OF SOLDIER (Block Letters) LEBRON H M

REGIMENT 10th Res RANK PTE No. 3286163

Date of Examination in England 13-5-19 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

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

This is to certify that the Dental Treatment to be completed as shown here has been transferred to M. F. B. 484.

[Signature]
Capt.
i/c Dental Discharge D. D. 5

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England yes
- (c) In France _____

Signature of Dental Officer *[Signature]*

1875

1875



1875

1875

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. 3286163 Rank Pte. Surname LEBRUN,
 (Given name in full)
Miville Honore.
 Unit or Corps 10th CANADIAN RESERVE BATTALION Birthplace St-Pacome, Co. Kamouraska.

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

I. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 ft 2 1/4 in. Colour of Eyes Brown
 Nutrition good
 Pulse 72 regular
 Condition of arteries soft
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 10 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 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.

no disability

LOI DU SERVICE MILITAIRE FEUILLE MÉDICALE

Original
3186163

IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerá qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

- 1. Nom de famille..... *Levesque* Nom de baptême..... *Honoré*
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste.....
- 3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... *St Pacôme, Kamouraska*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le *1er*

jour de *juin* 191*7*, par le bureau médical soussigné siégeant à *Palais de Justice - Québec*.

- 5. Âge affirmé *21* ans *—* mois.
- 6. Âge apparent *21* ans *—* mois.
- 7. Hauteur *5* Pieds *2 1/4* pouces.
- 8. Poids *118 1/2* livres.
- 9. Mesure de poitrine { Minimum *32* pouces
Maximum *35 1/2* pouces
- 10. Couleur *Medium* { Yeux *Brun*
Cheveux *Brun*
- 11. Développement physique *Bon* { Bon
Moyen
Pauvre
- 12. Marques de vérole.....
- 13. Nombre de vaccinations { Bras droit.....
Bras gauche..... *1*
- 14. Dernière vaccination..... *Empoison*
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

Signature de l'homme..... *Levesque Honoré*

16. Défauts légers insuffisants pour l'exemption.....
Le sujet nie avoir souffert de { Rhumatisme
Tuberculose
Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme
Tuberculose
Syphilis }

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie *A II*

P. M. Brun Capt. Membre *Levesque* Capt. Membre
Hearing - O.K.
Wiggin - O.K.
Levesque Président.

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
<i>2/3/18</i>	<i>+</i>	<i>Jos. J. L.</i>	<i>7/6/18</i>	<i>+</i>	<i>Jos. J. L.</i> O.M.
			<i>10/6/18</i>	<i>+</i>	<i>Jos. J. L.</i> O.M.
			<i>25/6/18</i>	<i>+</i>	<i>Jos. J. L.</i> O.M.

Enrôlé le *1er* jour de *juin* 191*7* à *Québec*

CORPS	No. dans le régiment	HABITUDES	DATE
			<i>1/6/18</i>

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RESULTAT

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Rank *Private* Name *Miville, Honore Lebrun* Reg'l No. *32 86163*
 Unit *92nd Dft G O T C LAVAL UNIV* If in perm. Corps, }
 What Unit? }

Place and Date of Enlistment *Quebec June 10th 18* Married or Single *Single*
 Place of Birth *St. Paterome*

Name and Address, Next-of-Kin *Elgear Lebrun*
St. Paterome, Kamouraska Co. P. Que. Relationship *Father*

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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.				
<i>19-8-18</i>	<i>10 R.</i>	<i>T.O.S.</i>	<i>Arrived in England.</i>	<i>8-8-18</i>	<i>8.8.18 S S SOMALI</i>
<i>24-6-19</i>	<i>"/</i>	<i>S.O.S. Canada S.L. 94</i>	<i>Ripon</i>	<i>25-6-19</i>	<i>147</i>
S.L.84 D,D.4507E/25-6-19					

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- LEBRUN, Miville Honore			
EFFECTIVE DATE:-	EFFECTIVE DATE:-	NUMBER:- 3286163					
AMOUNT:-	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			
			1/5/19	Plt			
UNIT AND TRANSFERS							
ORIGINAL UNIT:- 92.6028. Laval MD #5							
DATE ACCOUNT FIRST OPENED:- 1/8/18							
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD			
				10th Res.			
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
28th 19	746	10 Res	23.21	15 09			
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
	1.00	10					

L.R.B. Credit Bal @ 31st 19 \$14.34⁰⁰ completed 30th 19

PARTICULARS OF RENDERING NON-EFFECTIVE:- Trans to Canada 1st 19 Auth 11R9912. 28th 19 Report to Report 7m D 5.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918									34.10		
31/7/18									68.20	15	
Aug	PP	34.10		Can at					63.33		
		34.10		AR 3296 Frensham 15/8/18	4.87						
					4.87						
Sept		33							96.33		
				AR 4961 10 th Res Frensham 2/9/18	4.87				91.46		
				AR 1510 10 th Res M 16/9/18	29.20				62.26		
					24.23				67.13		
				AR 1623 "	26/9/18	4.87			57.39	30	12/11/18.
		33			38.94						
Oct	PP	34.10		AR 1867 10 Res 10/10/18	7.30				84.19	45	
				AR 2077 " 25/10/18	5.11				79.08		
		34.10			12.41						
Nov	PP	33		AR 2337 10 Res 12/11/18	10.22					60	
				AR 2494 " 27/11/18	5.36						
				AR 2641 " 5/12/18	5.36				91.14		
Dec	PP	34.10		AR 2834 " 19/12/18	12.17				113.07	75	
Jan	PP	34.10							147.17	90	
		101.20			33.11						
Feb	P.P.	30.80		AR 2911 10 th Res 23/1/19	19.47				158.50	105	
				" 3129 " 10/1/19	7.30				151.20		
				" 3260 " 21/1/19	7.79				143.41		
				" 3571 " 14/2/19	7.30				136.11		
				" 3750 " 28/2/19	7.79				128.32		
Mar	PP	34.10		AR 3971 10 Res 1/3/19	7.30				162.42	120	
									155.12		

64.90

56.95

Carried Forward

CERTIFIED THAT THIS A.S.P.B. has been duly verified with the relative ledger account and all uncharged items properly extra-acted to Form P. 697.

Pay Sgt. Unit

* Strike out whichever inapplicable.

NUMBER 3286163 RANK

NAME LEBRUN M. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Brought Forward								15512	120	
Apr	R.P.	33							15812	135	
				AR 4204 10 Res 25 ³ / ₁₉	730				18082		
				" 108 " 10 ⁴ / ₁₉	1022				17060		
				" 265 " 20 ⁴ / ₁₉	1022				16038		
May	R.P.	34	10						19448	160	
				" 427 10 Res 2 ⁵ / ₁₉	2920				16528	160	
				AR 531 10 Res 14 ⁴ / ₁₉	1022				15506		
	Int on def pay up 31 ⁵ / ₁₉	3	43						15849		
June		70	53						6716		
				AR 716 10 Res 28 ⁵ / ₁₉	1509				14340		
				AR 987 1 18 ¹ / ₁₉	913				13367		
					2482						
					2482						

158.49
15.09
143.40
82.25
225.65

67.16
15.09
82.25

Set bar 25/6/19 SL 84

CERTIFIED THAT
has been duly
relative ledg
uncharged ite
cted to form

H M T. CANADA
SAILING, 1918
Embarked 25, 6, 1918



E-5

SHORT FORM.

Dispersal Area "E"
Service Group 33
Occupational Group 1

PROCEEDINGS ON DISCHARGE.
(Demobilization.)

W.S.B. Class

1. No. 3286163

2. Rank. Pte.

3. Name. LEBRUN, Miville Honore.

4. Unit. 10th. Canadian Reserve Battalion Quebec Regt. *1st Depot Bn. 2nd Que Regt*

5. Date of Discharge

JUL 4 1919

Place

Quebec

6. Reason for Discharge DEMOBILIZATION.

Demobilization R.O. 1420 (10) of 12-12-18
Cat. "A"
Occ Group: Farmer
Next of Kin: Father
Religion: P.C.

①

7. Authority.

Post sent to file #1809 of 4-7-19

8. Proposed Residence after Discharge

Transportation to:

St-Pedrome, Co. Kamouraska, P. Q. Canada.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W. *B 39*

M. LeBrun

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Quebec

Date

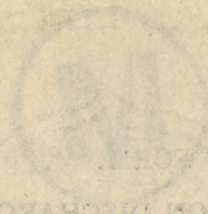
JUL 4 1919

Signature

W. H. [Signature]
Major
Commanding Dispersal Station E.
(O. C. Discharging Unit.)

E. R. J.

PROCEEDINGS ON DISCHARGE
(Demobilization)



1. No.		
2. Rank		
3. Name	LITTLE, W. J.	
4. Unit	10th Canadian Reserve Battalion Quebec Regt.	
5. Date of Discharge	Place	
6. Reason for Discharge	DEMobilization	
7. Authority	<p align="center">The undersigned is the holder of the original copy of the discharge certificate and has signed the same in accordance with the instructions of the Director of the Department of Military and Naval Affairs, Ottawa, Canada.</p>	
8. Proposed Residence after Discharge	<p align="center">I hereby acknowledge that at the undated place and date I received my discharge Certificate.</p> <p align="center">J. W. H. P.</p> <p align="center">Signature of Soldier</p>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER	<p align="center">CONFIRMATION</p> <p align="center">The discharge of the above named man is hereby confirmed.</p> <p align="center">Place</p> <p align="center">Date</p> <p align="center">Signature</p> <p align="center">O. C. Discharging Unit</p>	
10. CONFIRMATION	<p align="center">O. C. Discharging Unit</p>	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triplicate.....

or Particulars of Recruit.....

Field Conduct Sheet.....

Casualty Return.....

Last Pay Certificate.....

Certificates that missing documents are unobtainable.....

Medical History Sheet.....

Proceedings of Medical Board.....

Dental History Sheet.....

Medical Report.....

Regimental Conduct Sheet.....

Company Conduct Sheet.....

1. Triplicate Attestation Paper (A, B, C) or
 2. Certificate of Discharge (A, B, C)
 3. Casualty Return (A, B, C)
 4. Last Pay Certificate (A, B, C)
 5. Medical History Sheet (A, B, C)
 6. Proceedings of Medical Board (A, B, C)
 7. Dental History Sheet (A, B, C)
 8. Medical Report (A, B, C)
 9. Regimental Conduct Sheet (A, B, C)
 10. Company Conduct Sheet (A, B, C)

Out

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. 129)
- 5 Discharge Certificate (O.A.D.C. 5009a),
- 6 Field Conduct Sheet (A.F.B. 122.)
- 7 Proceedings on Discharge (M.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.D.S).
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. Summary Documents.

Group.....
 Checked by No. *21*
CMS
 Date *10-6-19*

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Unit, Regiment or Corps

Regimental No. 3186163 Rank Private Name LEBRUN MIVILLE HONORE

C. E. F.

Enlisted (a) 1-6-18 Terms of Service (a) Can. Expd. Force Service reckons from (a) 1-6-18

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) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			<i>Embarked Quebec</i>	<i>21-7-18</i>	<i>H. M. 2.</i>
			<i>Arrived Tilbury</i>	<i>8.8.18</i>	<i>"Somali"</i>
<i>19.8.18</i>	<i>O.C. 10th Can. Res. Bn.</i>	<i>T.O.S. on transfer from arriving from Canada</i>	<i>Bishott</i>	<i>8.8.18</i>	<i>D.O.P. II 195-</i>
<i>24/6/19</i>	<i>O.C. 10th Can. Res. Bn.</i>	<i>Struck Off Strength on proceeding to Canada</i>	<i>Ripon</i>	<i>24/6/19</i>	<i>D.O.P. II 147.</i>
			<i>Reginald Morin</i>		
			<i>Lieut. Asst. Adjutant,</i>		
			<i>10th Canadian Reserve Battalion.</i>		

(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.

Casualty Form - Active Service

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

DISPERSED WITH EFFECT..... JUL 4 1919
 PART II ORDER No. *1875 g*..... JUL 4 1919
Demobilization R 0 1420 (1c) of 12-12-18

J. L. Heimerl
 Major
 Commanding Dispersal Station E.

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

(75)

M. OR S. *[Blank]* REGT. No. *3286163* RANK *PTE* NAME (IN FULL) *LEBRUN HONOREM*
 NEXT OF KIN *[Blank]* ORIGINAL UNIT *1st D Br* IF IN P.F. *[Blank]* WHAT UNIT? *[Blank]*
 ADDRESS *[Blank]* C.E.F. *2nd Que. Regt* PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*
 DATE OF ATTESTATION *1-6-18* TRANSFERRED TO *Highland* DATE *[Blank]* AUTHORITY *[Blank]*
 IS SEPARATION ALLOWANCE PAID? *N/A* DATE EFFECTIVE *[Blank]* ASSIGNED PAY \$ *15.20* DATE EFFECTIVE *21-7-18*
 TO WHOM PAID *[Blank]* RELATIONSHIP *[Blank]* PAYABLE TO *Phil 15.20* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*
 ADDRESS *[Blank]* ADDRESS *St. Jacques Kamauiska Ca*
 STOP PAYMENT FORM *[Blank]* EFFECTIVE *[Blank]* ASSIGNED PAY RENDERED, DATE *[Blank]*
 DISCHARGED *[Blank]* PLACE *QUEBEC* DATE *4-7-19* REASON *Demat* AUTHORITY *[Blank]* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		TOTAL CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE											
																							T.O.S. 4-7-19 19.185
						1336.7	1336.7																EX. "CARONIA"
JUNE 1																							Co. Orig. L.P.C.
JULY 10	10	1.14	11.40	3.50	7.00	14.90																	BOAT TRAIN MONEY
																							CLOTHING ALLOW
																							1st PAYMENT W.S.G.
																							6 days ex. paid on last day
						282.67																	
						WSG. S.A.	TOTAL																
						280																	1st PAYMENT W.S.G.
																							1-8-19-108688
																							A.P. 10817-M-6 (12-9-19)
																							M.D.S. (11-1-19)
																							T.O.S. S.C.R. 5-1-20
																							I.P.C. Forwarded 30-1-20
																							Swearing Deb. 46.60 to be rec.
																							Ball Deb-
																							No action by R.C.
																							Debit being carried by Ottawa
																							10817-M-6 14/6/20

BALANCE FROM PREVIOUS ACCOUNT

Ad
"

St Jacome
Co Karn.
P.L.

11

Date of Enlistment

1-6-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L 10086

1-8-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15.00			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	C.O.S.C. Bt 92			
Beneficiary				
Relationship				
Address				

Name			
Address			
Change of Address			
1	E. LEBRUN,		
2	ST. PACOME,		
3	CO. DE KAMOURASKA, P.Q. #15	15.00	
4	% 3286163 PTE H. MISELLE LEBRUN		
	FIFTEEN DOLLARS		

11/15 2.14
gop

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Apr	X 40332		15	15	✓
Sept	K 47988		15	15	✓
Oct	P 52777		15	15	✓
Nov	J 58098		15	15	✓
Dec	Q 66503		15	15	✓
Jan	P 71601		15	15	✓
Feb	K 81278		15	15	✓
Mar	J 83022		15	15	✓
Apr	J 1601		15	15	✓
May	V 7700		15	15	
June	J 10832		15	15	
July	R 13030		15	15	
			180	180	

10817-716

(1) M/RD 44001-11-10-157
 Soldiers name altered after M/R J.A.C. Slip dated 6-8-15 Feb 11-10-157
 Reg. Slip #3451-#180 - rend 29/9/15 J.S.
 Credit Slip #5793-133⁴⁰ - recovered by A.D.P.S.5 - rend 29/9/1928

ENTERED IN
AUDIT LEDGER
AUG 25 1918
BY N.F.N.
VOUCHER SECTION

M. F. W. 128
400mc-6-17-1772-38-1141
L. L. 22320-M. & D. 7863.

A/c Closed 31 7 19
 Ret'd per... *Caravia*
 Date... 27/19... M.F.W. 187 127/19
Caravia
 M/RD 129392 dest.

M.A. 5 B7.

AUDITED

AUTHORITY } *H. Duncan*
 FOR }
 NEW ACCT. } 22-8-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 4008-437-1772-33-1141
 L. L. 2320-NI. & D. 7992.