Queen's Field Amb. Corps.

ATTESTATION PAPER.

No. 2098853

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Auth Statutory Declaration 4/3 16 Sth Ont d/25 3 18 Can Stat Corp

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Leblanc. Alias LeBrun.
1a. What are your Christian names? ..... Narcisse.
1b. What is your present address? ..... Sudbury, Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Sandy Bay, Que.
3. What is the name of your next-of kin? ..... Alex Begres
4. What is the address of your next-of-kin? ..... Elmer Ont.
4a. What is the relationship of your next-of-kin? ..... friend
5. What is the date of your birth? ..... Feb. 6th., 1876.
6. What is your Trade or Calling? ..... Carpenter.
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? ..... Yes

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
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?
16. If so, what was the reason?

H. F. Moody LIEUT. COL. I/C RECORDS C.O.M.F.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, N. Leblanc. Alias LeBrun H.F.M., 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.

N. Leblanc (Signature of Recruit)

Date Feb. 21st., 191 7 O. E. Kennedy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, N. Leblanc. Alias LeBrun H.F.M., 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.

N. Leblanc (Signature of Recruit)

Date Feb. 21st. 191 7. O. E. Kennedy (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 Ottawa this 21st day of Feb. 191 7

J. Hamilton Gray (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

Description of NARCISSE LEBLANC. Alias LeBrun on Enlistment.

Apparent Age 41 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 2½ ins.

Chest measurement.
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes Blue

Hair Brown

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

14D

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).

1 vac. mark left arm.

Tattoo right forearm.

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. 21st., 1917. O. E. Kennedy Capt.

Place Ottawa. 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.

N. Leblanc. Alias 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.

R. M. Tilson Capt. R.M.C. (Signature of Officer)

Date Feb. 21st., 1917. Field Ambulce. Depot, M. D., No. 3

REGIMENTAL DOCUMENTS

NAME HEBRUN NARCISSE REGT. NO. 2098853 UNIT CAMC 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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Deceased 26-1-53			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demobe.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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)					
43	Misc.					
1	D.M.S. 1394					
1	cas card					
1	Rec					
1	index					

L/07431

W. 2589
100M-11-18
17-2-39-1377

Number 209 885 3 Rank Pte

Surname LEBRUN

Christian Name Marcus

Unit C.A.M.C. Theatre of War France

Date of Service 5/12/17

Remarks

Latest Address Thompsons Mills
Washington Co.
New York State
U.S.A.

Roll No. Page 4313

NAME LeBrun M REGT. No. 209885-3

RANK AND UNIT pte. (8 sta) C.G.M.C.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
9380.	8 Con. Stat. Dunkirk.	22-11-18	Myalgia.
9385²	Disc.	24-11-18	"

Form R. 149.

Narcisse

Name LEBRUN Rank Pte Reg No. 2098853

Unit Camc 8th C Sty Hp.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W O. List
21-11-18	8 C. Sty Hsp	Dunkirk	Myalgia	2380	783	5829-6
24-11-18	Disc			2385		5945-3

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

Alias Leblanc N. #2098553.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
Lebrun.	Narcisse	Pte	S.O.S. Dis 31-5-19 Do 1708 19-6-19. Demob. # 4 DD
2098553.	Fld Amb Dpo. (Queens)		(No 15 Fld Amb).
N.O.K.	Bigras Alex (friend) Elmer, Ontario.		
Born	Canada Lady Boyd	Date	Feb. 6th 1876.
Enl.	Ottawa, Ont.	Date	Feb 21st 1917.
A/S 28-3-17.			R/6 28-5-19 $\frac{33s}{51}$ P6.

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

Surname	Christian Name or Names	Reg. No.
		? 2098853.
LEBRUN.	N.	2096853.
Rank	Unit	
Pte.	C.A.M.C. 8STA.	

Cas. List.	8. Can. Staty. Dunkirk. 21-11-18.
27-11-18. A380.	Myalgia.
3-12-18 A385	Disc. 24-11-18.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

D.M.S. 1300. 50M-30-8-18.

Cas. List.

July 9th. 1919.

Rank Private. Date Jan. 21st. 1919.

Regimental Number 2098863. Date of Discharge May 31st. 1919.

Unit C.A.M.C.

Name LEBRUN Narcisse.

Address Washington County, New York Sates U.S.A.

B.P.C. District Office Mont eal, Que.

Attestation Form:-

Weight on enlistment: 140 pounds

Marks of Identification: Tattoo Arm Right.

Rank at attestation: Private.

Casualty Form:-

Disability: Hallux Valgus Present on enlistment:

Miscl.: Nil

Conduct:-

Venereal disease: Nil

Conduct: good

Self inflicted wound: Nil

BPC. Form 871.
20M-2-19.

Narcisse LE BRUN

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

FIELD AMBLCE. DEPOT (Queen's) ORDERLY ROOM FEB 21 1917 M. D. No. 3

15TH CANADIAN FIELD AMBULANCE ORDERLY ROOM

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Queen's Field Ambulance

Regimental No. 2098853 Rank Pte Name Narcisse ~~Lebland~~ Le Brun

Enlisted (a) 21/2/17 Terms of Service (a) C. E. F. War & 6 mos Service reckons from (a) 21/2/17

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) Carpenter.

W.S.B. class "A"

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.
		1.Embarked-Canada 28-3-17 2.Arrived-England 7-4-17	15TH CANADIAN FIELD AMBULANCE		
4-12-17	OC. 15th Cdn Field Ambulance	S.O.S. on being posted to No. 8 Cdn. Stationary Hosp. ~~Bromshott~~	Witley	4-12-17	Pay P.O. 253. [illegible] Lt. Col. O.A.M.C. O.C. 15th Canadian Field Ambulance.
4-12-17.	15th Can Fld Amb.	attached to No. 8. Can. Staty Hosp.	Witley	4-12-17	Part II D.O. No. 9. 4-12-17 [illegible] Lieut-Col. C.C. No. 8. Canny Staty Hosp
17.12.17	8 C.S.H.	Arrived in France with 8 Cdn Staty Hosp.		5.12.17	file K.M. 16/34496. Pt II 34/26/18
19-12-18	" "	Sentenced to 2 days F.P. No. 2. for while on A.S. - absent from Parade from 7.45 pm to 8.0 pm. 17.1.18.		18.1.18	B2069. Pt II 4 d/31.1.18

CERTIFIED TO BE A TRUE COPY OF ORIGINAL

(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.

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				
2.2.18	86th Stat	Sentenced to 5 days F.P. No. 2 for while on a/S. (1) absent from duty from 1.30 pm to 4.30 pm 27.1.18. (2) Reporting sick without a cause.	8 C.S. Hosp	28.1.18	B2069 Pt II 6 d/9.2.18.
2.2.18	O.C. unit	Having declared his true name to be Narcisse Le Brun will in future be known as such. all documents to be altered accordingly Autty A.A.G. Can Sec 3rd Echelon G.H.Q. KM 18/6046 d/ 13/3/18	"	2/2/18	R12 ord 10 d/ 24/3/18
26.4.18	" "	Sentenced to 7 days F.P. No. 2. for W.O. a.S. (1) creating a disturbance in camp. (2) using insolent language to a N.C.O.	"	23.4.18	B2069. Pt II 16 d/24.5.18.
30.5.18	" "	Sentenced to 5 days F.P. No. 2 for When on a/S. (1) Improperly dressed in town (2) Not complying with an order (3) Drunkenness.	"	30.5.18	B2069 Pt II 18 d/6.6.18.
25.7.18	" "	Sentenced to 4 days F.P. No. 2 for when on a/S. absent from duty with Sanitary Section from 8 am till found in Billet at 9.40 pm. same date. Forfeits 1 day's pay under R.W.	"	24.7.18	B2069. Pt II 25 d/13.8.18.

CANADIAN EXPEDITIONARY FORCE

WSB
Class A.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2098863 (Rank) Private

Name (in full) Lebrun Narcisse enlisted in

the Can. 15th Canadian Field Ambulance

CANADIAN EXPEDITIONARY FORCE at Ottawa on the Twenty-first

day of February 1916.

HE served in France with No 8 Can. Stat. Hospital.

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

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

Age 49 yrs 2 mths.

Height 5 ft. 4 ins.

Complexion Dark.

Eyes Blue.

Hair Brown.

Marks or Scars Tattoo Arm Right

Narcisse Lebrun +
Signature of Soldier. Mark

Date of Discharge

Dispersal Station "E" MAY 31 1919 Military District No. 4

Issuing Officer. Lieutenant
Officer i/c Discharge Section, Dispersal Station "E"

Rank

Date May 31 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.

M.F.B. 39A.

Form R 122
2353—100M—9-12-16.

(Auth) RL 61-2 of 21-3-18 Statutory declaration received. appeared in PC II 10 of 25 3/18 of 8th Sty Hp.

LEBRUN

J. Rank Name ~~LEBLANC~~, Narcisse. alias Lebrun, Narcisse Reg'l No. 2098853.

Unit 15th Field Ambulance If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Ottawa. 21st. Feb. 1917. Place of Birth Sandy Bay. Que.

Name and Address, Next-of-Kin Alex. Bigus.

Elmer. Ont. Relationship Friend.

Assigned Pay Monthly $ Payable to

Relationship F

Separation Allowance $ Payable to Pte

Relationship

N/E. R.B. No. 8111
File R.L.
Category OR CAN

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

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. 7 APR 1917 S.S. MISSANABIE.			Wosset 12-12-17.
4.12.17.	15th Amb.	S.O.S. to 8th b. Sty Hp.	Pte Witley	4.12.17.	PAD 253 (9/4.12.17. 8th Sty)
26.1.18.	8 Sty Hp.	Arrived in France.	Pte Lamier	5.12.17	3.
23-4-19	8 Sty Hsp	Proce to England	Pte Rouen	16-4-19	11
19-5-19	8 Sty Hsp	SOS to Canada	Pte Bexhill	20-5-19	14
		Sailing 61 - J - 32 of 20-5-19			

Le Brun, N. 2098853.

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.					

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Married or Single: Single

Place of Birth: Sandy Bay Que

Name and Address of Next of Kin: Mr Alex Bigrow Elmer Ont

Relationship of Next of Kin: Friend

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. 2098853 Rank Private Name ~~Leblanc~~ Le Brun Narcisse; (Auth. DO. 10. 25/3/18).

If in Permt. Corps What Unit: Unit 15th F. Ambulance — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Ottawa. — Transferred to — Date — Authority

Date of Attestation: February 21, 1917 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15-00/xy Date Effective April 1, 1917

Payable to ~~Mr Alex Bigrow. Elmer Ont~~ Relationship Friend

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 6-8-17 Effective 1-9-17 AB Reason Wished this at request of his Co'ndg. O.P.

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date 1917	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	C	C.S. Remarks
April														18 20	18 20									Bal from Canada							18 20					
8/30	23	1.00 .10	25	30											25 30													15-	3 30	18 30	25 20				3 days F.P. No. 2. DO. 105. 13/4/17
May	31		34	10											34 10													15	4 40	19 40	39 90				4 days F.P. No. 2 DO 122, 1-5-17
30-6-17	30		33												33	5 Div. Sig. Co 53 / 14	27-4 / 17-4							2 43 / 21 90				15		39 33	33 57				
31-7-17	31		34	10											34 10	5 Div. F. Amb. 163 / 121 / 68 / 22	30 / 15-6 / 30 / 15-5							4 87 / 4 87 / 2 43 / 4 87				15		15	52 67				
31-8-17	31		34	10											34 10									9 73 / 7 36				15		32 04	54 73				
30-9-17	30		33												33	243 / 205	30 / 15-7											Stop		17 04	70 69				

Brun.

2098853 Pte Le ~~blanc~~ Narcisse (Auth. DO 10. 25/3/18).

A.P. Nil

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			Amount				Amount				Amount					1		2		3		4													
MONTH	PARTICULARS	No. of Days	Rate	$	c.	No. of Days	Rate	$	c.	No. of Days	Rate	$	c.					No.	Date	No.	Date	No.	Date	No.	Date	1	2	3	4				Credit	Debit			
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS										DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE ENG.	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SERVICE ALLOWANCE ENTD.
																		70 69		15															
Oct	P. Pay			34 10						1 days F.P. #2. DO. 2344, 3-10-17					1 10																				
										AR. 329. 21-8-17, 15 to F Amb				9 73																					
										" 370. 15-9-17	"			12 17																					
				34 10						" 288. 15-8-17	"			12 17				69 62		30															
														34 07	1 10																				
Nov	P.P.			33 00						" 502 31-10-17	"			9 73																					
										" 462. 15-10-17	"			7 30																					
										" 441 15-10-17	"			9 73																					
										" 413. 30-9-17	"			12 16																					
Dec	PP			34 10						" 544. 15-11-17	"			9 73																					
										Q103. 30-6-17	"			26				87 81		60															
1918				67 10										48 91				34 10																	
Jan	PP			34 10						" 379. 29-11-17	"			1 01				121 91																	
																		10 74																	
										" 582 30-11-17	"			9 73				111 17		75															
				34 10										10 74				30 80																	
																		141 97																	
Feb	P. P.			30 80						5 days 7.P. #2. 28-1-18. 8th Hosp					5 50			25 54																	
										RD. 6. 11-2, 18.								116 43																	
										2 days 7.P. #2. 18-1-18 8th Hosp					2 20																				
										RD. 4. 31-1-18.																									
										AR 5619. 6.2.18. 1st Gen Hosp.				4 46																					
										" 5040. 22.12.17 " "				4 46																					
										" 5421. 23.1.18. " "				4 46																					
										" 5776. 9.1.18 "				4 46				116 43																	
				30 80										17 84	7 70			34 10																	
																		150 53																	
Mch	P. P.			34 10						AR 6152. (236) 20-3-18. 1st H.				4 46				13 38																	
										" 5834. (237) 21-2-18. "				4 46				137 15																	
										" 6043 (239) 6-3-18 "				4 46						105.00															
				34 10										13 38				137 15																	

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/4/18	EFFECTIVE DATE:-
AMOUNT:- 15.00	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.

Mrs Marie Le Brun
Thomson Mills. New York
Washington County. U.S.A
(Wife)

Stopped 1-5-19

F.R.B. 7923
S'Cliffe 2
Seaford. M.D. 4

NAME:- ~~LEBLANC~~ LE-BRUN. Narcisse — Amd-D.O.10 25/3/18

NUMBER:- 2098853

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 15 Fd Amb.

DATE ACCOUNT FIRST OPENED:- 8-4-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	21-7-19		Canada

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
~~3.4.19~~	~~18~~	~~Field~~	~~9 13~~				
~~14.4.19~~	~~65~~	~~"~~	~~13 60~~				
~~28.4.19~~	~~718~~	~~Cooden~~	~~38 93~~			Lhez Bal	139 23
			61 75			L.P.6.	77 48

DAILY RATES OF PAY AND ALLOWANCES

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

Cr. Sd

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans Dn Canada 30/4/19 FRB 7923. S'Cliffe 30/4/19 Seaford M.D. 4.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March	Brought Forward								137 15		
Apl	Pte Pay	33.							170 15		
				Can a Pay				15	155 15		
				CR 38 (1) 4-4-18. 1 Gen Hosp	4 46				150 69	105 00	
				" 179. (3) 12.4-18 " "	4 46				146 23		
		33			8 92			15			
May	Pte P.	34 10							180 33		
				C a P.				15	165 33		
				CR 231. (1) 7-5-18. 8 St Hosp	4 46				160 87		
				" 62. (12) 21.5.18. "	4 46				156 41		
				7 days 7 P. #2. 23.4.18. 50. 16. 24/5/18 8 St Hosp		7 70			148 71		
		34 10			8 92	7 70		15			
June	Pte P.	33							181 71		
				C a P				15	166 71		
				5 days 7 P. #2 30.5.18. 50 18. 6-6-18 8 St Hosp.		5 50			161 21		
				CR 85. (2) 6.6.18. 8 St Hosp	4 46				156 75		
		33			4 46	5 50		15			
July	Pte P.	34 10							190 85		
				C a P.				15	175 85		
		34 10						15			
Aug	P P	34 10		C a P.				15	194 95		
				CR 195. (3) 9.8.18. 8 St Hosp.	4 46				190 49		
				" RAF 469 (3) 20.7.18. HQ S.7. RAF.	5 35				185 14		
				" 21. (3) 13.7.18 "	5 35				179 79		
				~~4 Dn 7 P #2. 24.7.18. 4 R. Pay RAF. 50 25. 21/8/18~~ 8 St Hosp		~~16 50~~ as.					
				(Cancelled Dn 26. 20.8.18. 8 S. Hosp)						105	
				4 Dn 7 P. #2. 4 R. Pay RAF 24.7.18 Dn. 26. 20/8/18 8 S. Hosp		5 50			174 29		
				CR 243. (8) 22-8-18. 8 S. Hosp	4 46				169 83		
		34 10			19 62	5 50		15			

COMPILED BY J Butler
CHECKED BY [illegible]

NUMBER 2098853 RANK Pte NAME LeBrun. R. (Sum Sheet 90.)

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bal fd					169 83	105	
Sept	P P	33						15	187 83		
				AR 270 (1) 5.9.18 8 St Hosp	4 46				183 37		
				" 310 (14) 24.9.18 "	4 46				178 91	agmd 26 2/4	
		33			8 92			15			
Oct	P P.	34 10						15	198 01		
				AR 340 (24) 18.10.18 "	4 66				193 35		
				" 390 (49) 28.10.18 "	4 66				188 69		
	Loan A Pay 1-4-17 to 31-8-17. charged ~~75~~								263 69	agmd 15 1/19	
	unpaid abs L1723. 10.8.18		75		9 32			15			
		34 10	75					~~15~~			
Nov	P P	33						15	281 69		
				AR 5535 (8) 12.11.18 4 ~~HQ~~ 3rd Bel.	4 66				277 03		
				AR 426 (22) 25/11/18 8 Stat Hospital	13 99				263 04		
Dec	P.P.	~~34~~ 10						15	282 14		
				AR 454. 10.12.18. " " 54.	4 66				279 48		
1919				" 161, 20 11-18 " 73.	23 31 3 73				273 75		
Jany	P P	34 10							307 85		
				bP 26 2/4 6/19 b AP				15	292 85		
				b.P. 31/12 1/2							
		101 20			27 04			45			
Feby	P.P	30 80		b AP				15	308 65		
				AR 478, 23.12.18. " . 1	4 66				303 99		
				bP 91624, 26 12 18 — 1	92 47				211 52		
				AR 2C 21, 23.12-18 . 2	73 -				138 52		
				AP. 95883 31.12.18. 5	9 73				128 79		
				" 68819, 5 1-19 9.	4 87				123 92		
				" 523, 28 1-19 " 60,	4 66				119 26		
				" 544, 15.2.19 " 37,	18 66				100 60		
Mar	P.P	34 10		b AP.	208 05			15 -	119 70		
				AR 604 19-3-19. 8 C.S.H. (153)	4 66				115 04		
		64 90			212 71			30 -			
April	P.P.	33 -		C.A.P.				15 -	133 04		
	Int on Defd Pay	6 19.							139 23		
				18. 3-4-19. " (10)	9 13						
				65. 14-4-19. " (29)	13 69						
				718. 28-4-19. Cancd (41)	38 93				77 48		
				1308 15-5-19. Endorsed " (81)	61 75 9 73				~~85 25~~		
		39 19.			71 48			15 -	67 75		

S.O.S. to Canada 19-5-19
S.L. 61.

Service Group 10
Occupational Group 14
Dispersal Area F

W. D. B.
Class "A"
301127

M

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No. 2098853
2. Rank Private
3. Name Lebrun, N.
4. Unit Canada. No 8 Canadian Stationary Hospital.
5. Date of Discharge 31-5-19 Place Montreal P.Q.
6. Reason for Discharge Demobilization

Deceased 26-1-53

7. Authority D.D.#4 R.O. 1420 D.O.Pt.II#180.
8. Proposed Residence after Discharge Thompsons Mill Washington County, New York State. U.S.A.

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 Montreal

Sail-61 HMT Regina
Emb Liverp 20 5 19 MAY 31 1919
Disembk Halfx 28 5 19

Signature of Soldier. Narcisse Lebrun

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal
MAY 31 1919

Date

Signature
(O. C. Discharging Unit.)

M.F.B. 218a.—50M -12-18—1772-39-113.

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. Dental Certificate (C.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 (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group HR

Checked by No. 29

Date 14 MAY 1919

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

Camb. STATION Cooder Camp DATE 25-4-19

1. 1 (a) Unit No 8 C.S.H. (b) Regimental No. 2098853 (c) Rank Pte

(d) Surname LE BRUN (e) Christian name NARCISSE

(f) Home address Thompson's Mills, New York, Wash Co, U.S.A.

(g) Next of Kin Mrs Mary Le Brun (h) Relationship Wife

(i) Address of Next of Kin Thompson's Mills, New York, Wash Co, U.S.A.

2. Age last birthday 49 Date of birth Feb 2nd 1870

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date 21st Feb 1917

4. Personal description:

(a) Height 5' 4" (b) Weight 125 (stripped) (c) Complexion Medium

(d) Colour of hair Light Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Tattoo "Lady on Drapes" right forearm

5. Former trade or occupation Millwright

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	32

	Periods From	Periods To
Canada	Feb 21st 1917	Mar 28th 1917
England	Mar 28th 1917	Dec 5th 1917
France or other theatres of War	Dec 5th 1917	Apl 16th 1919

7. Original disease, or injury Hallux Valgus Right + Left

(a) Date of origin 1912 (b) Place of origin U.S.A.

(c) Cause Wearing tight shoes

M. F. B. 227.

400M.—11-18.
1772-39-117.

76

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(Hallux Valgus R+L) – Feet become painful on a long march.

No restriction on choice of occupation

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Marked Hallux Valgus R foot. Less marked on L foot.

Patient states that feet become painful on a long march but do not trouble him on ordinary walking

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.): No — Genito-Urinary System (Albumen and Sugar will be excluded.): No

Special Senses: No — Respiratory System: No — Integumentary System: No

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: No

10. (a) History (of the condition referred to in Section 9 (a).)

Noticed the feet about 1912 but not got any worse on Service.

Boarded for Myalgia + Hallux Valgus 29.11.17 + categorized B1

The Myalgia is now fully recovered + gives him no inconvenience whatever

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

26.11.18 Myalgia - Recovered

(*c*) (Here give a description of wounds, scars and deformities.

Hallux Valgus R & L

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? a + b — No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

N.A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

H. E. Freemayne Capt CAMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Narcisse Le Brun have heard the description of my disability and present condition read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.)

I complain in addition of

his
Narcisse X Le Brun Pte Rank.
mark

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

No comment

1418
33

19. Is the invalid fit for

(*a*) General service,	(Category A)	(~~Yes or~~ No.)	~~Yes~~ No
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~)	Yes B1
(*c*) Home service (Canada only),	(" C)	(Yes or No.)	
(*d*) Temporarily unfit.	(" D)	(Yes or No.)	
(*e*) Unfit for service in Categories A, B and C	(" E)	(~~Yes or~~ No.)	

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. ~~It is recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

Boarded for Return to Canada with Ag. tel 9.08.3 7.11.11.18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Geo. L. Sheldon Capt. — President.

PLACE Camden Camp — Members

DATE 25-4-19

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE..... Members

DATE.....

APPROVED BY — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE 28-4-19 — DATE.....

Sheet 2

Army Form B. 103. Regimental Number 2098853

Casualty Form—Active Service.

Regiment or Corps C. A. M. C.

Rank Pte Surname Le Brun Christian Name Narcisse

Religion ..... Age on Elistment ..... 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		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
21.11.18	8 C.S. Hosp	Myalgia admitted	8 C.S. Hosp	21.11.18	W3034/W2997
24.11.18	"	" Dis. to duty	"	24.11.18	W.3299/M.7610
28.12.18	"	Granted 14 days leave		25.12.18	B.B. No 2 4/16/19
11.1.19	"	Rejoined from leave	8 C.S. Hosp	8.1.19	B213
23.4.19	Pte D.O. 10	Proceeded to England.	16/4/19		
			C. Murdon		
			Capt. for Lt.-Col., A. A. G.		
			Canadian Section. G. H. Q. 3rd Echelon. B. E. F.		
14.5.19.	Pte D.O. 14	S.O.S. on proceeding to Canada.	16/5/19.		
			M. B. Sutherland Major & Adj		
			No 8 Canadian Stationary Hospital		

(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. 5527—M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555.

[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				
		Sail-61 HMT Regina			
		Emb Liverp 20 5 19			
		Disembk Halfx 28 5 19			
		✡✡✡✡			
19-6-19	O/S	T.O.S. D.D.#4 Disp.Stn"F"	Montreal	20-5-19	D.O.Pt.II#170.
19-6-19		S.O.S. D.D.#4 Demob.	Montreal	31-5-19	D.O.Pt.II#170.
					R.O. 1420
		E.H.Fletcher Lieutenant. a/ Assistant Adjutant, District Depot No. 4.			

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET

Surname Leblanc Alias Lebrun Christian Name Narcisse.

Examined on 21st. day of Feb. 191 7 at Ottawa.

Birthplace City or Town Sandy Bay, County Que.

Apparent age 41

Trade or occupation Carpenter.

Height 5 feet 2½ Inches

Weight 140 lbs.

Chest measurement Minimum 34 inches, Maximum expansion 37 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks Arm Right Left, Number 0 1

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

Nil.

(b) Slight defects but not sufficient to cause rejection

Small bunions on both feet.

Approved by O E Kennedy Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement
Cat. A.		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
15/3/17	Good	~~W H Hicks Capt AMC~~ M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
11/3/17	Good	~~W H Hicks Capt AMC~~ M.O.
8/3/17	Good	~~W H Hicks Capt AMC~~ M.O.
5/3/17	Good	~~W H Hicks Capt AMC~~ M.O.

Enlisted on 21st. day of Feb. 191 7 at Ottawa.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		2098853		21/2/17
Transferred to	15th Cdn Fld Amb.			
	No 8 Cdn. Stationary Hosp			4-12-17.

FIELD AMB. DEPOT (Queen's) ORDERLY ROOM FEB 21 1917 M. D. No. 3

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Witley	24-11-17	Lumbago and Hallux Valgus	B#
approved	29-11-17	GSC or Bell Lord	Comm.
Woodcote Camp Appd	25.4.19	Hallux Valgus	B#

A.D.M.S. 5th Canadian Division

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Kilbane Christian Name Maurice

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				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

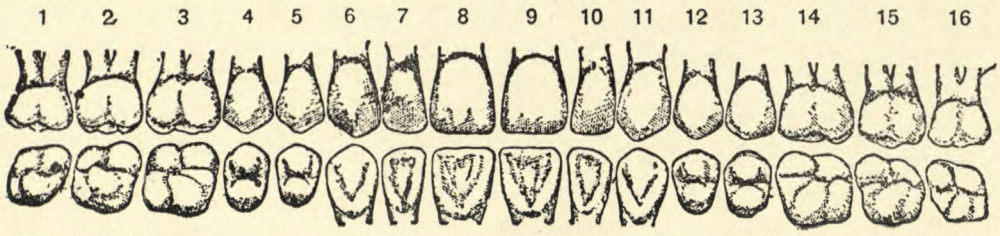
DIRECTIONS TO DENTAL OFFICERS

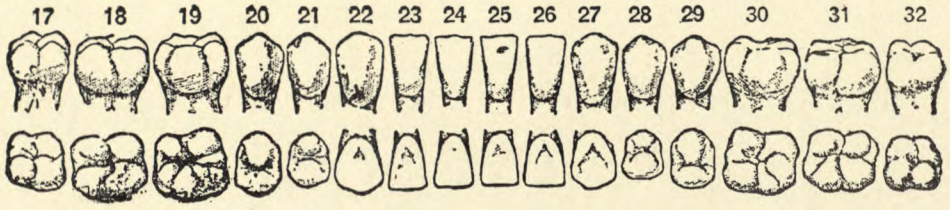
1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) LEBRUN N.

REGIMENT Attached ~~No. 8 Canadian Stationary Hospital~~ RANK PRIVATE No. 2098853

Date of Examination in England ..... Date of Examination in France 21 APR 1919





PRESENT DENTAL REQUIREMENTS

1. FILLINGS 12 31
2. EXTRACTIONS 13. 30
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

(a) In Canada
(b) In England } no
(c) In France

R Lumsden Capt
A.D.D.S. M.D. No. 4

Signature of Dental Officer J. Moffatt Capt

Form D.M.S. 1394
50M-1[illegible]-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 29-11- 1917.

No. 2098857 Rank Pte Name LE BLANC Alias LeBrun N

Local Unit 15th Fld Amb. Overseas Unit _____ Age 41

Examination held at Witley

DISABILITY. MYALGIA + HALLUX VALGUS
~~Overseas~~-Local
(SCRATCH ONE OUT).

PRESENT CONDITION.

This man states his real age is 53; his appearance is more this age than his attestation age; there is some arterial change. He complains of rheumatic pains in his legs especially in wet weather and unable to march. There is a marked bunion and hallux valgus on rt. foot. Will never be an H1 man.

BOARD RECOMMENDS:- B1

1. Fit for Duty
2. Fit for duty after ____ weeks' physical training.
3. Fit for Temporary Base Duty ____ weeks
4. Fit for Permanent Base Duty
5. Discharge

Signatures:-

P D Stewart Maj President.

Members: E J de Beaupre captaine.

APPROVED

Dated 29-11-17 1917. G Corbet LeBel Colonel For A.D.M.S.

A.D.M.S. 5th Canadian Division.

Form D.M.S. 1294
30M-1-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
(Overseas-Local
(Scratch one out).

PRESENT CONDITION

BOARD RECOMMENDS:-

1. Fit for Duty .....

2. Fit for duty after ..... weeks' physical training.

3. Fit for Temporary Base Duty ..... weeks.

4. Fit for Permanent Base Duty .....

5. Discharge .....

Signatures:-

..... President.

Members (.....
.....
.....
.....

APPROVED

Dated ..... 1917. ..... For A.D.M.S.

ORIGINAL CATE

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.

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(1) Name of Overseas Unit which Soldier joins: Queen's Field Ambulance Corps

(2) Regimental Number: 2098853.

(3) Full Name of Soldier: Narcisse Leblanc Alias Le Brun

FIELD AMBLCE. DEPOT Queen's ORDERLY ROOM FEB 21 1917 M. D. No. 3 J. H. Snoody Lt. for Officer i/c Records, O.M.C.

(4) Place of Birth: Sandy Bay Quebec

(5) Are you married, or not? no

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

(b) Present Postal Address: nil

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls: nil

Also their names and ages: nil

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address no

(10) Is your Mother alive? no

If so, state name and address no

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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.

no

(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.

~~Mr.~~ Alex Bryas
Collmer
Ont

(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.

no

(15) Are you insured? no

If so, in what Company? no

Have you made arrangements for payment of your Insurance premium no

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

R. M. Filson Capt. A.M.C.
Officer Commanding.

Date Feb 23rd/17

Field Ambice. Depot, M. D., No. 3

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Apr. 1- 17.

6

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2098853.

Rank Pte. Promoted Reverted Discharge

Soldier's Name Narcisse Leblanc. LeBrun

Battalion 15 Queens Fld. amb.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Alex Bigros.

Address Elmer. Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
			nil	

Cons in Cons

REMARKS File 010818-N-1

See file 10818-N-5 for N. LeBrun #2098853

no such place as Elmer. Ont.

Stop payment 1st Sept 1917 pte Lebanc wishes his assignment to go to his credit as deferred pay as assignee in his mind is not doing what is right by him

3 m 30 8/17 Egd. 1 9/17 Eard 18 12/17

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment 21/12/17.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

L 3897

Date of Assignment 1 apr, 1918

RATE OF SEPARATION ALLOWANCE

25	30 1-9-15		

1/4/18 PC2753 MO30356

RATE OF ASSIGNMENT

15.00			

PARTICULARS OF SEPARATION ALLOWANCE

No. 2098853.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion 15th Field Ambulance

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1 MRS. ~~M.~~ Marie LE BRUN,

2 THOMSON ~~MILLS~~, NEW YORK, ~~WASHINGTON CO.~~, U.S.A. 15 15.00

3 % 2098853 PTE NARCISSE MARK LE BRUN

4 FIFTEEN DOLLARS

Date 1918	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						Fyle 010818-h5, NR. 501a.
June	Z 17388		45	45	✓	Mailed 20/6/18 - To adjust from 1/4/18 to 30/6/18.
	~~V 27158~~		~~15~~	~~15~~	✓	See also a/c for Narcisse LeBlanc in
July	Z 23563		15	15	✓	Stop Ledger. Same Reg. No.
	Z 29721	100		100	+	V 27158 Cancelled 25/6/18 a/c payment included in Z 17388
Aug	Z 35948	25	15	40	✓	Z 29721 Refused by P.O. Returned 10/8/18.
Sept	Z 49653	25	15	40	✓	S.A. to wife from date of assignment
Oct	Z 64416	25	15	40	✓	1/4/18 P.A.B. ruling 24/7/18. MRO No. 731, 26/7/18
Nov.	Z 78986	25	15	40	✓	+ Order No 871, 26/7/18 to adjust from 1/4/18 to 31/7/18 NR
Dec	Z 90194	45	15	60	✓	+ Mailed 2/8/18. NR
Jany	Z 109652	30	15	45	✓	MRO No. 6504 on address. 24/8/18. NR
Feby	Z 123047	30	15	45	✓	
March	Z 135135	30	15	45	✓	
April	Z 4595	30	15	45	✓	MR0118848
May	Z 12782	30	15	45		
		395	210	605		

A/c Closed 31.5.19

Ret'd per Regina

Date 28.5.19 M.F.W 187 5.6.19

Closed Hamilton

m 94

AUTHORITY FOR NEW ACC'T. 2 m. apr 22/18. m: Shipley. 19/6/18

AUDITED.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128.
400M.—'-17—1772 39-1141
L. L. 22320—M. & D. 7993.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Alex. Bigros (Assignee)

Name of Soldier Leblanc, Mareisse 2098853 - Pte #15 Queen's Hland.

L. L. Job 5470—Req. 6888.

#15

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		~~A 6155~~	~~15~~	A 6155 Retd & cancelled 27/4/17 bs.
May			—	Issue no further cheques till
June				better address 27-4-17
July				
Aug.				
Sept.				① Stop 1st Sep 1917
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

I.-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom	Alex. Bigros	By Whom Assigned	Leblanc, Marcisse
Address	Elmira, Ont.	Regtl. No.	2098853.
		Rank	Pte
		Corps	#15 Queen's Fd Amb.
Rate	#15.00		

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT 2

(1) Stop payment 1st Sep. 1917
"Pte Leblanc wishes his assignment"
"to go to his credit as deferred pay"
"as assignee, in his mind, is not"
"doing what is right by him"
3 Nc 30 8/17 Exp D 1 9/17

C/1818

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 2098853 RANK Pte NAME (IN FULL) LeBrun Narcisse (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1/6/19

TO WHOM PAID — RELATIONSHIP

Mrs Marie LeBrun (wife)

ADDRESS

Thompson. N.Y.

U.S.A.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
J.O.A.	20/5/19	D.O.170 Pt B u R 66

ORIGINAL UNIT C.E.F. 15 Fd Ambulance — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 21-2-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 XX — DATE EFFECTIVE 1/6/19

PAYABLE TO Mrs Marie LeBrun — RELATIONSHIP (wife)

ADDRESS Thompson. N.Y. U.S.A.

ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. Thompsons Mill (Washington County) N. York U.S.A.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Montreal — DATE 31/5/19 — REASON Demob.n — AUTHORITY D.O. 170 Pt B u R 66 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	L.P.P. $	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS "Pegasus"
BALANCE FROM PREVIOUS ACCOUNT 30/4/19							67	75	67	75																											67	75	Cr. Bal. Eng L.P.C. 67.75
1/5/19					35	00																																	Cr. all 35= W.S.G. 70.00
4/6/19	35	1.00	38	50	70	00			143	50	Boat Train		192752				4	87	5	00	186	38	15	00			4	40					215	65	4	40				Dr. Bal. as pay for mo. 15.00 Pay. all on pp 1-4/6/19 4.40
									211	25																													
			Other Credits		W.S.G.		S.A.		Total		War Service Gratuity														Other Charges		W.S.G.		S.A.				Total		Soldier		Dependant		
					350	—	150	—	500	—																	70	—					70	—	280	—	150	—	
																									4	40							4	40	272	60			
17/7/19																											70	—	60	—			130	—	202	60	90	—	1068140 1068141
31/7/19																											70	—	30	—			100	—	135	60	60	—	1265328 1265329
31/8/19																											70	—	30	—			100	—	65	60	30	—	1519028 1519028
30/9/19																											65	60	30	—			95	60					1630137 1630138
																																	500	—						

Omit

200M-3-19.—L. L. 58768-I.I. & D. 9985.
M. F. W. 2596.
1772-39-1298.